

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2015
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NAME OF PROVIDER OR SUPPLIER ALLISONVILLE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 10312 ALLISONVILLE RD FISHERS, IN 46038
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint's IN00186586 and IN00187569.</p> <p>Complaint IN00186586-Substantiated. Federal/state deficiencies related to the allegations are cited at F224.</p> <p>Complaint IN00187569-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Dates of survey: December 7, 8, and 9, 2015.</p> <p>Facility number: 012466 Provider number: 155786 AIM number: 201014060</p> <p>Census bed type: SNF: 24 SNF/NF: 117 Total: 141</p> <p>Census payor type: Medicare: 24 Medicaid: 91 Other: 26</p>	F 0000	<p>The creation and submission of the Plan Of Correction does not constitute an admission by this provider of any of any conclusion set forth in the statement of deficiencies, or of any violation or regulation. This provider respectfully requests that the 2567 PLAN OF CORRECTION BE CONSIDERED THE LETTER OF CREDIBLE ALLEGATION AND REQUESTS A DESK REVIEW IN LIEU OF POSTSURVEY REVIEW on or after January 4, 2016</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0224 SS=D Bldg. 00	<p>Total: 141</p> <p>Sample: 9</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on December 15, 2015</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROP RIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview the facility failed to provide appropriate storage of a deceased residents personal belongings for 1 of 3 residents reviewed for misappropriation of property. (Resident #B)</p> <p>Findings include: Review on 12/8/15 at 11:25 a.m., of</p>	F 0224	<p>F224 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident B no longer resides in this facility. · Resident B's family was contacted by Executive Director and offered to pay for lost items. How will you identify other residents having the potential to be affected by the same</p>	01/04/2016			

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	<p>Resident #B's record, indicated her diagnoses included but were not limited to congestive heart failure, chronic kidney disease, acute respiratory failure, sleep apnea and high blood pressure.</p> <p>Inventory of personal belongings, dated 8/14/15, indicated 4 afghans, 7 blouses, 1 coat, 2 housecoats, 1 jacket, 6 nightgowns, 4 robes, 9 slacks, 4 slippers, 1 pair of socks, 9 shirts, 1 flat screen TV, 1 walker, 2 rings, 1 watch, 4 pillows, 4 pillow cases, c-pap machine, dresser, nightstand, (name brand of figurines) figurines (number of figurines not documented), shower caddy with supplies, black and white polka dot bag, gold necklace, and phone. Inventory sheet was signed by Resident #B's Power of Attorney (POA) on 8/14/14.</p> <p>Interview with POA on 12/9/15 at 2:40 p.m., indicated he was out of state when his family member passed and was assured by a nurse at the facility that her personal belongings would be kept safe until he could retrieve them when he returned. He indicted that he received some of her personal items back but quite a few items were not returned such as upper and lower dentures, phone and I-pad chargers, TV remote control, 2 pairs of shoes, 2 nightgowns, a (name of book) book, watch, 3-4 (name brand</p>		<p>deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents who expire have the potential to be affected by the alleged deficient practice. · Staff will be in-serviced by the Social Services Director/designee on The Abuse Policy including misappropriation of property, Resident Rights including personal property, and Discharge Planning Policy by December 31, 2015. · Any resident that expires will have their personal property reconciled per personal inventory sheet and stored appropriately in the Social Services Office by Social Services/designee. · What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? · Staff will be in-serviced by the Social Services Director/designee on The Abuse Policy including misappropriation of property, Resident Rights including personal property, and Discharge Planning Policy by December 31, 2015. · The DNS/designee will complete Medical Records Admission Review on the next business day after admission to ensure that a personal inventory sheet was completed, signed and dated. · Any resident that expires will have their personal property reconciled per personal inventory sheet and stored appropriately in the Social Services Office by Social Services/designee. · 		

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	<p>figurines) figurines, he was unsure of how many she had, mail that POA had brought to her, and her personal journal. POA indicated when he came to the facility to retrieve her items, some items were in the staff development room, he found 1 of her figurines on the staff development shelf, not in the boxes with her other items, he found her walker in the therapy room, c-pap machine was found in the oxygen storage room and he found 1 of her blankets on the shelf in the laundry. The POA indicated he spoke with the Social Services Director and the Administrator about the missing items but has not received any of her missing items back.</p> <p>During an interview, on, 12/9/15 at 3:30 p.m., the Social Services Director indicated "Yes, I'm aware the family didn't receive all her items, all of her things were packed up and placed in staff development office. The family came in a couple of times and found her c-pap machine in the oxygen storage room, 1 blanket was found in the laundry room, they found 1 figurine on the shelf in the staff development room, and I was aware they didn't receive her dentures."</p> <p>Interview, on 12/9/15 at 4:00 p.m., with the Administrator indicated "I am aware the family did not receive all Resident</p>		<p>DNS/designee will complete a closed medical records audit the next business day after resident sheet is signed and dated upon discharge by legal representative or witness. · Legal representative will be contacted and documented in the clinical record by Social Service Director/designee until property is collected. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · Closed Medical Records CQI tool will be completed weekly x 4 weeks, monthly x 6 months and then quarterly for one year with results reported to the Continuous Quality Improvement Committee overseen by the Executive Director. · If a threshold of 100% is not achieved, an action plan will be developed to ensure compliance</p>		

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	<p>#B's personal belongings, she had a lot of things and it took the family awhile to come for her personal belongings. The family knew another resident that was here and they gave her the dresser and nightstand. That residents family was let into the staff development room where items were stored; I'm unsure if they removed any other things. There were too many hands in the pot and this may have been how items became lost. I offered to pay for lost items but I have not heard back from Resident B's POA."</p> <p>Review of Abuse Prohibition, Reporting and Investigation Policy and Procedure provided by the Director of Nursing, on 12/7/15 at 2:00 p.m., indicated, but was not limited to, "Definition of Abuse...Misappropriation of Residents Funds or Property: The deliberate misplacement, exploitation or wrongful temporary or permanent use of a residents belongings or money without the residents consent. Note: Residents property includes all residents possessions, regardless of their apparent value since it may hold intrinsic value to the resident..."</p> <p>This Federal tag relates to Complaint IN00186586.</p> <p>3.1-28(a)</p>			

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F 0353 SS=D Bldg. 00	<p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on interview and record review, the facility failed to ensure adequate staffing to provide for the needs of the residents during mealtimes. This deficient practice has the potential to affect 141 residents in the facility. (Residents #E, G, H, J, K, L, M, N, O, P, Q, R, T, U, V, W, X, Y, Z, AA, BB, CC, DD, EE, FF, GG, HH, JJ, KK, LL, MM, NN, OO, PP, QQ, RR, SS, TT, UU, VV, WW, XX, YY, ZZ, AB, AC, AD, AE,</p>	F 0353	<p>F 353 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · All residents have sufficient staff to provide for their needs during meal time. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the alleged deficient practice. · The</p>	01/04/2016

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	<p>AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AX, AY, AZ, BA, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CD, CE, CF, CG, CH, CI, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DC, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, AND DZ)</p> <p>Findings include:</p> <p>During an interview, on 12/9/15 at 12:30 p.m., Resident # N indicated: "We have had to wait a couple of times on the weekend for over an hour for staff to pass our meals out in the dining room."</p> <p>During an interview, on 12/9/15 at 1:00 p.m., Resident # Q indicated: "Sometimes there's been problems with receiving our meals in the dining room, it has taken staff up to a half hour to give us our meals."</p> <p>During a confidential interview, Employee #1 indicated on weekends they don't have the supervisors who help in the assist feed dining room during the week. They try to give residents as much time as possible to eat. On the weekends it takes longer because more room trays</p>		<p>Executive Director will review the staffing patterns and needs of the residents during mealtimes by December 31, 2015 to develop dining room assignment to ensure the needs of the residents are met. · Staff will by in-serviced by the DNS/designee on Delivery and Documentation of Meal Service and Between Meal Nourishments including ensuring that there is adequate staffing to provide for the needs of the residents during mealtimes by December 31, 2015. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? · Staff will by in-serviced by the DNS/designee on Delivery and Documentation of Meal Service and Between Meal Nourishments including ensuring that there is adequate staffing to provide for the needs of the residents during mealtimes by December 31, 2015. · The Executive Director/designee will review the staffing schedules and dining room assignments daily to ensure that there is adequate staff to provide for the needs of the residents during mealtimes. · The DNS/designee will complete a meal observation audit tool during each meal service to ensure that there is sufficient staff to provide for the needs of the residents during mealtimes, meal trays are passed promptly, and residents are being assisted with</p>		

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	<p>are served in the morning and not all residents are up because of short staffing. The residents have to be fed in their rooms if they aren't in the assist feed dining room. There is usually one nurse in the assist feed dining room on the 300 hall. Staff are told it isn't a staffing issue.</p> <p>During a confidential interview with Family Member #1, the family member indicated that on weekends there is not enough staff to feed residents. One Sunday (11-29-15) there were nine residents and one staff member to feed them on the 300 hall dining room, and on Saturday (11-28-15) there were 13 residents to be fed and one staff member on the same hall.</p> <p>During a confidential interview with Family Member #2, the family member indicated on weekends there are usually two, sometimes three staff feeding and there are six tables with three residents each in the 300 hall dining room.</p> <p>During a confidential interview, Employee #2 indicated there is poor staffing on the weekends; there is not enough CNA's to feed all the residents. There are not as many supervisors on weekends who usually assist with feeding.</p>		<p>their meals as soon as it arrives at the table. Executive Director will oversee compliance · Customer care representative/Manager on duty will interview residents daily to ensure that their meal tray was passed promptly. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> · Meal Service Observation CQI tool will be completed weekly x 4 weeks, monthly x 6 months and then quarterly for one year with results reported to the Continuous Quality Improvement Committee overseen by the Executive Director. · If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance 		

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	<p>During a confidential interview, Employee #3 indicated weekend staffing during breakfast is poor; they are getting residents up at breakfast and have four CNA's in the assist feed dining room on the 300 hall. Lunch is better because more residents are up in the assist feed dining room. Sometimes they work after their shift to make sure everything gets done.</p> <p>During a confidential interview with Family Member #2, the family member indicated on weekends there have been up to four staff with three residents at each table in the assist feed dining room, and there are six tables. There have been at least two staff on the average, sometimes three for the whole dining room. Said the staff have been in the corner of the room where all the residents need feeding, on their cell phones talking. Another family member has been told there is only one nurse working all night on the 500 hall.</p> <p>The main dining room, between the 400 and 500 hallways, was observed on 12/7/15 at 11:45 a.m. Residents were assisted into the dining room or entered on their own. The Activity Director was circulating in the dining room offering beverages from a cart and every resident received two beverages. At 12:15 p.m.,</p>			

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	<p>there were six staff in the dining room, three were waiting at the serving window, and 3 were circulating in the dining room passing clothing protectors, checking on residents and talking to the residents. At 12:26 p.m., the first tray was served; five staff served the meal and one CNA assisted a resident at a table that had three residents. One of the residents was cued by a Speech Therapist, and a Hospice Aide assisted a resident at another table. 42 residents were in the Main Dining Room and 4 of those residents were being assisted.</p> <p>The assist feed dining room, on the 300 hall, was observed on 12/7/15 at 12:30 p.m. There were six tables, with three residents at each table, for a total of 18 residents. Staff present were three CNA's, two RN's, and one LPN, and one staff sat at each of the six tables to assist the residents.</p> <p>During an interview, on 12/9/15 at 11:15 a.m., the Director of Nurses indicated they schedule staff depending on census, and if they have call in's, they make sure they have nurses who can help the CNA's. They also use the unit managers. They have a manager on duty that is in every weekend, and it might not be a nursing person; they stay at least four hours each day and help with meals and</p>			

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	<p>meet new residents. She said they try to staff for the weekends with as much staff as she has through the week. The Director of Nurses indicated they don't have a specific policy and procedure for staffing.</p> <p>3.1-17(a) 3.1-17(b)</p>				