

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155698	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/08/2016
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NAME OF PROVIDER OR SUPPLIER BETHANY POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 BETHANY RD ANDERSON, IN 46012
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint #IN00192731.</p> <p>Complaint #IN00192731 - Substantiated. State deficiencies related to the allegations are cited at R0214.</p> <p>Survey Dates: February 8, 2016</p> <p>Facility Number: 011045 Provider Number: 011045 AIM number: N/A</p> <p>Residential Census: 72</p> <p>Sample: 3</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on February 9, 2016.</p>	R 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint (IN00192731) Survey on February 8, 2016. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	

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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R 0214 Bldg. 00	<p>410 IAC 16.2-5-2(a) Evaluation - Deficiency</p> <p>(a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on record review and interview the facility failed to appropriately evaluate the individual needs of a resident prior to admission. This deficient practice resulted in the admission of a resident whose chest x-ray results could not rule out tuberculosis and placed in a private room for isolation without negative air flow. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 2/8/16 at 9:00 a.m. Diagnoses included, but were not limited to non small cell lung cancer right lower lobe, metastasis to axillary lymph nodes, pain, weight loss and arthritis.</p> <p>Review of the nursing note, dated 1/28/16 at 5:00 p.m., indicated Resident B was admitted on isolation due to an</p>	R 0214	<p>R 214 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident B has been discharged. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents admitted to the residential campus have the potential to be affected by this same alleged deficient practice. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Admission, Leadership and Nursing Leadership Team on the following campus guidelines: Pre-Admission Screening of Infectious Referrals How the corrective measures will be monitored to ensure the alleged deficient practice does</p>	02/26/2016

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	<p>unclear chest x-ray. The admission assessment indicated Resident B had a dry cough and denied night sweats The nursing note also indicated Resident B was confused at times.</p> <p>Review of a chest x-ray result, dated 1/28/16, indicated tuberculosis could not be excluded.</p> <p>During an interview on 2/8/16 at 10:13 a.m., the Director of Nursing stated the following: " When we realized the chest x-ray was questionable we stopped the admission to health care and admitted to a private room on residential and isolation precautions were initiated. The resident did not leave the room and the staff were required to wear gloves, gowns and N95 mask. We should not have admitted this resident with a questionable chest x-ray because we do not have the ability to provide a negative air flow room. "</p> <p>During an interview on 2/8/16 at 12:48 p.m., CNA #4 stated the following: "I took care of [Resident B's name] the day after he was admitted. He was in isolation. I was told it was for possible TB. We had to gown, glove and mask to go into his room. He never left his room. I did question it when he was not in a</p>		<p>not recur: The following audits and /or observations will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 2 months to ensure compliance: review pre-admission screening (evaluations) for all residential admissions to ensure the individual needs of a resident, prior to admission, is evaluated. No residents will be admitted to the campus unless we have documentation for a negative PPD and/or chest x-ray related to ruling out tuberculosis. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 4 months then randomly thereafter for further recommendation.</p>				

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	<p>negative air flow room." She indicated she told a nurse of the concern but could not give a specific name.</p> <p>Review of a current policy, dated January 2010, titled "Guidelines For Pre-Admission Screening of Infectious Referrals", provided by the Director of Nursing on 2/8/16 at 9:45 a.m., indicated the following:</p> <p>"Purpose: To ensure proper infection control precautions are implemented upon admission of residents with infections.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Screen residents seeking the following information:.. <ol style="list-style-type: none"> j. PPD skin test results (if known), or chest x-ray results... 4. The facility does not accept an applicant requiring AFB (Tuberculosis Isolation). 			