

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/03/2014
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NAME OF PROVIDER OR SUPPLIER HEARTH AT STONES CROSSING LLC THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2339 S SR 135 GREENWOOD, IN 46143
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R000000	<p>This visit was for the Investigation of Complaint IN00147001.</p> <p>Complaint IN00147001 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: April 2 & 3, 2014</p> <p>Facility number: 005722 Provider number: 005722 AIM number: N/A</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: Residential: 123 Total: 123</p> <p>Census payor type: Other: 123 Total: 123</p> <p>Sample: 3</p> <p>This state residential finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 07,</p>	R000000	<p>The statements made in this Plan of Correction are not an admission to, nor does it constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the community has taken or is planning to take the actions set forth in the following Plan of Correction. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.</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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	2014; by Kimberly Perigo, RN.			

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R000090	<p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency</p> <p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any</p>			
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	<p>subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on record review and interview, the facility failed to report injuries of unknown origin according to the facility policy for 1 of 3 residents reviewed for injuries of unknown origin in a sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 4/2/14 at 11:15 A.M. Diagnoses for Resident #B included, but were not limited to Alzheimer's dementia, reflux disease, hypertension, hyperlipidemia, hypothyroidism, B-12 deficiency, and supranuclear palsy.</p> <p>A facility "Resident Incident/Accident Form" dated 1/23/14, indicated the resident had a small hematoma and purple bruise near the left eye with unknown origin. A nurses note dated 1/23/14 at 5:00 P.M., indicated the family was called and the sitter queried about the bump and bruise to</p>	R000090	<p>1. Resident #B was assessed and treated at the time of both injuries. These injuries of unknown origin have been reported to the Indiana State Department of Health as an unusual occurrence. 2. All residents have the potential to be affected by this alleged deficient practice. An audit of resident charts will be completed to ensure that all injuries of unknown origin per ISDH policy and procedure have been correctly reported. Any unusual occurrences found to not have been reported will be reported at that time. 3. A review of the ISDH Reportable Unusual Occurrences policy will occur by the Corporate Clinical Staff of Hearth Management to the Executive Director and the Clinical Services team at The Hearth at Stones Crossing. An in-service will also be conducted to all staff by the Executive Director regarding identifying and reporting unusual occurrences. 4. The ED and/or designee will conduct a review of resident unusual occurrences to ensure they have been appropriately reported weekly x4</p>	04/18/2014
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	<p>the left eye. The family indicated, at that time, the sitter saw the bump on Tuesday and the bruise on Wednesday, but failed to notify the family or the facility.</p> <p>A facility "Resident Incident/Accident Form" dated 2/4/14, indicated the resident had bruising to her right breast with unknown origin. Staff, family, nor the sitter were unable to report any incidents for this resident.</p> <p>The resident is unable to communicate what happened.</p> <p>During an interview with the Director of Nursing (DON) on 4/2/14 at 1:55 P.M., she indicated we have incident reports on the injuries of unknown origin, but they were not reported to the state agency (ISDH).</p> <p>A current undated facility policy titled "Reportable Unusual Occurrences" and provided by the DON on 4/2/14 at 4:00 P.M., indicated: "Procedure: ... Facilities are required by law to report unusual occurrences within 24 hours of occurrence to the Long Term Care Division. ... Injuries of Unknown Source: An injury should be classified as an injury of unknown source when both of the following conditions are met:</p>		<p>weeks; monthly x1 month and quarterly thereafter. Results of these audits will be reviewed by the QA Committee, who will establish the threshold of compliance and make further recommendations accordingly. 5. These systematic changes will be completed by 4/18/14</p>				

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	<p>--The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; AND --The injury is suspicious because of the extent of the injury or the location of the injury ..."</p>			