

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155232	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/02/2014
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NAME OF PROVIDER OR SUPPLIER TWIN CITY HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 627 E NORTH ST GAS CITY, IN 46933
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F000000	<p>This visit was for the Investigation of Complaint IN00150993.</p> <p>Complaint number IN00150993 - Substantiated. Federal/ State deficiencies related to the allegations are cited at F156 and F465.</p> <p>Survey dates: July 1, and 2, 2014</p> <p>Facility number: 000137 Provider number: 155232 AIM number: 100266140</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: SNF: 2 NF: 49 Total: 51</p> <p>Census payor type: Medicare: 2 Medicaid: 41 Other: 8 Total: 51</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings</p>	F000000	<p>F 000 Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged o the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under state and federal laws. Please accept this Plan of Correction as our credible allegation of 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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F000156 SS=E	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 7, 2014 by Randy Fry RN.</p> <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p>						

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	<p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives</p>			

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	<p>requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on observation, interview, and record review, the facility failed to maintain posting of the State Ombudsman program. This had the potential to affect 23 of the 51 residents residing at the facility.</p> <p>Findings include:</p> <p>On 7-1-2014 during the initial tour at 9:05 AM, the posting for the State Ombudsman program was unable to be located in a resident accessible area of the building.</p> <p>On 7-1-2014 at 10:45 AM, the posting for the State Ombudsman was still not able to be located.</p> <p>On 7-1-2014 at 10:52 AM, SSD#1 indicated in an interview, the Ombudsman information was posted on</p>	F000156	F 156 1. Ombudsman contact information was posted on bulletin board at the beginning of D Hall. Staff reminded the importance of information being posted. Social Services will ensure that the information remains current and posted with weekly checks of bulletin board. 2. All residents have the potential to be affected. Residents are informed of the location of posting of State client advocacy groups such as State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit. Residents are educated upon admission where the information is posted and are reminded at monthly Resident Council meetings as to where the information is posted. 3. Social Service Director will check weekly to ensure that the information remains posted in the	07/18/2014	

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	<p>the bulletin board at the end of "D" hall close to the entry and exit doors.</p> <p>On 7-1-2014 at 10:54 AM, SSD #1 accompanied the surveyor to the bulletin board at the end of "D" hall. SSD #1 indicated the Ombudsman information was not there, but should have been there. SSD#1 further indicated she was unsure how long the Ombudsman information had not been posted. SSD#1 indicated she had the business card of the local Ombudsman and would enlarge the card to a readable size and place the information on the bulletin board.</p> <p>A review of the card provided by SSD#1 on 7-1-2014 at 11:01 AM, indicated the name, phone number, e-mail, and emergency contact of the local Ombudsman.</p> <p>A Resident Census and room roster provided by the Director of Nursing (DON) on 7-1-2014 at 10:34 AM indicated there were 23 residents in the building alert and oriented enough to use the Ombudsman posting if necessary.</p> <p>On 7-2-2014 at 10:24 AM, the State Ombudsman information was observed posted on the bulletin board on "D" hall.</p> <p>This Federal tag relates to complaint</p>		<p>designated location. (Attachement A). Should concerns be noted, immediate corrective action shall be taken to ensure postings remain in place and current. New employees will be informed during orientation as to the location of information and importance. Staff will be in-serviced to the location and importance of information.</p> <p>4. Results of these reviews and any corrective actions taken will be discussed at the facility's monthly QA meetings and the plan revised, if indicated.</p> <p>5. 7/18/2014</p>		

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F000465 SS=E	<p>IN00150993.</p> <p>3.1-4(I)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to maintain clean bathroom floors in 6 resident bathrooms. This had the potential to affect 9 residents in a census of 51. The facility failed to maintain walls free of gouges and tears on the walls of 5 resident rooms. This had the potential to affect 5 residents residing in the rooms. The facility failed to maintain an electrical outlet securely in the wall in 1 room. This had the potential to affect 1 resident residing in the room.</p> <p>The facility further failed to maintain wheeled chair equipment in good repair. This had the potential to affect 5 residents residing in the facility using wheeled chairs. Additionally, the facility failed to maintain a clean toilet in 1 bathroom in the facility. This had the potential to affect 1 resident residing in the facility.</p>	F000465	<p>F 465</p> <p>1. 6 resident rooms failed to maintain clean bathroom floors. Walls in 5 residents rooms were not free of gouges and tears. Failed to maintain an electrical outlet securely in the wall. Failed to maintain wheeled chair equipment in good repair. Failed to maintain a clean toilet in 1 bathroom. All effected bathroom floors have been cleaned. Walls in residents' rooms will be repaired. Electrical outlet has been repaired. Wheeled chairs have been inspected and provided preventative maintenance as indicated. Toilet has been cleaned. All resident rest rooms will be deep cleaned. (See Attachment B)</p> <p>2. All other residents have the potential to be affected. Housekeeping Supervisor will check residents' bathrooms weekly for 2 months, bi-weekly for 1 month then as policy. Housekeeping Supervisor has been re-educated to the</p>	07/18/2014

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	<p>Findings include:</p> <p>1. During the initial tour, conducted on 7-1-2014 at 9:15 AM, the following was observed: In the bathroom of room 104, the cove base was observed to have small black specks easily removed by rubbing. In the bathroom of room 111, tiny black specks were observed on the cove base and on the tiles in the corners of the bathroom. The specks could be removed by rubbing. In the bathroom of room 112, there were tiny black specks observed on the cove base. The specks could be removed by rubbing. In the bathroom of room 120, the cove base had multiple tiny black specks that could be removed by rubbing. In the bathroom of room 122, around the base of the toilet, tiny black specks were observed around the caulking of the toilet. In the bathroom of room 125, the cove base and tiles in the corner of the room had multiple tiny black specks that could be removed by rubbing.</p> <p>A Resident Census and Room Roster provided by the Director of Nursing (DON) on 7-1-2014 at 10:34 AM indicated there was 1 resident in room 104, 2 residents in room 111, 1 resident in room 112, 2 residents in room 120, 2 residents in room 122, and 1 resident in room 125.</p>		<p>importance of checking residents' bathrooms as per policy to ensure cleanliness. Quality Control Inspection log implemented for routine checks of residents rooms. (Attachment C)</p> <p>Maintenance supervisor has been re-educated on importance of monthly room inspections and the need to communicate issues to Housekeeping Supervisor as well as the Administrator. Monthly room inspections will be discussed with the Administrator to ensure issues are resolved. All staff re-educated on the proper process of creating work orders for maintenance.</p> <p>3. The facility's policy and procedure for preventative maintenance checks has been reviewed and no changes are indicated. Quality Control Inspection implemented with housekeeping to be done weekly in all rooms x 2 months. Bi-Weekly for 2 months then monthly thereafter. Should any concerns be identified, re-education will be completed immediately.</p> <p>4. Results of these reviews and any corrective actions taken will be discussed at the facility's monthly QA meetings and the plan revised, if indicated.</p> <p>5. 7/18/2014</p>				

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	<p>In an interview on 7-1-2014 at 11:52 AM, CNA #2 indicated all the residents in the facility used their bathrooms.</p> <p>An undated policy titled Bathroom Cleaning provided by the Administrator on 7-2-2014 at 9:35 AM indicated under "Dry steps: use a dust mop in the room prior to using water, then under Wet steps: to damp mop, starting in the farthest corner, to ensure getting behind the commode, then mop out the door."</p> <p>2. During the initial tour, conducted on 7-1-2014 at 9:15 AM, the following was observed: In room 103, 2 gouges in the paint on the west wall of the room were noted approximately 3 inches long and 1/2 inch wide. In room 110, behind the bed, was a gouge approximately 1/8 inch deep and approximately the diameter of a baseball. In the bathroom of room 125, behind the sink, torn wall board was observed about 1/8 inch deep and about the size of a baseball. In the bathroom of room 129, behind the soap dispenser, the wall board was torn approximately the size of an orange. In room 205, behind the bed, and area approximately 1/8 inch deep and approximately the diameter of a baseball was observed to be gouged.</p> <p>In an interview on 7-1-2014 at 10:30</p>			

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	<p>AM, the Maintenance Director indicated the facility was changing soap dispensers a little at a time, and when they were replaced, the walls would be repaired. The Maintenance Director indicated he was unsure how long it would take to replace all the soap dispensers. He further indicated he had no knowledge of the gouges in the walls, but would fix them prior to leaving for the day.</p> <p>A Resident Census and Room Roster provided by the DON on 7-1-2014 at 10:34 AM indicated there was 1 resident in room 103, no residents in room 110, 1 resident in room 125, 1 resident in room 129, and 2 residents in room 205.</p> <p>A Preventative Maintenance outline provided by the Administrator on 7-2-2014 at 9:35 AM indicated the Maintenance Supervisor was to examine the walls for needed repairs monthly.</p> <p>3. During the initial tour, conducted on 7-1-2014 at 9:15 AM, in room 106, the electrical outlet the room air conditioner was plugged into was observed to be pulled away from the wall approximately 1/4 inch. The Maintenance Director easily pushed the receptacle back into the opening.</p> <p>In an interview on 7-1-2014 at 10:30</p>						

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	<p>AM, the Maintenance Director indicated he was not informed the receptacle had pulled free from the wall, but would secure the receptacle to the wall prior to leaving for the day.</p> <p>A Resident Census and Room Roster provided by the Director of Nursing (DON) on 7-1-2014 at 10:34 AM, indicated one resident resided in room 106.</p> <p>In an interview on 7-1-2014 at 11:01 AM, the Administrator indicated maintenance work orders are located at the Nurse's station. She further indicated all staff have a responsibility to report issues needing maintenance attention using the work order then, place the order in the box provided at the Nurse's station. Daily, Monday through Friday, the Maintenance Supervisor checks the box, and completes, or assigns the task to be completed that day. When the task is completed, the work order is sent to the Administrator for review.</p> <p>A Job Description titled Maintenance Supervisor with no date, provided by the Administrator on 7-1-2014 at 11:01 AM, under the heading Job Responsibilities indicated " complete day-to-day routine maintenance and repairs required to keep the facility and equipment in good</p>			

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	<p>working condition.</p> <p>4. During a dining room observation on 7-1-2014 at 12:06 PM, the following was observed: Resident #X was seated in a wheelchair. Both wheelchair arms were cracked through the vinyl. The cracks were across the arms of the chair, there were 4 cracks on the right arm and 5 on the left. Resident #Y was seated in a wheelchair, the right arm by the front of the arm on the outer side of the arm had a hole the size of a dime. Resident #Z was seated in a wheelchair, the right arm rest by the seam had approximately 1 inch tear. Resident #A was seated in a wheelchair. The right arm rest was cracked approximately 1/2 inch by the seam on the outer side of the arm.</p> <p>On 7-2-2014 at 10:19 AM, a BRODA chair identified by CNA #3 as belonging to Resident #B was observed in the hall way. The left arm rest by the back of the chair had a quarter sided area missing.</p> <p>In an interview on 7-1-2014 at 11:36 AM, CNA #4 indicated when wheelchair or other equipment needed repair, they were to fill out a work order for maintenance. CNA #4 further indicated the arm rests could not be properly sanitized if there were cracks or holes in them.</p>						

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	<p>5. During the initial tour conducted on 7-1-2014 at 9:15 AM, the following was observed: In the bathroom of room 104, the toilet was observed to have a bubbly, brownish, whitish powdery substance approximately 1/4 inch thick on the back of the toilet seat where the toilet bowl adjoins the tank. The substance was easily removed with a paper towel.</p> <p>In an interview, on 7-1-2014 at 9:32 AM, the Administrator indicated the substance should have been removed with cleaning.</p> <p>An undated policy titled Bathroom Cleaning provided by the Administrator on 7-2-2014 at 9:35 AM, indicated under "Wet steps: Sanitize the commode, tank, bowl, base"</p> <p>This Federal tag relates to Complaint IN00150993.</p> <p>3.1-19(f)</p>			