

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155072	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/05/2016
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NAME OF PROVIDER OR SUPPLIER BEECH GROVE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ALBANY ST BEECH GROVE, IN 46107
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00196385.</p> <p>Complaint IN00196385 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F309.</p> <p>Survey dates: April 4 & 5, 2016</p> <p>Facility number: 000029 Provider number: 155072 AIM number: 100275200</p> <p>Census bed type: SNF: 16 SNF/NF: 99 Residential: 16 Total: 131</p> <p>Census payor type: Medicare: 18 Medicaid: 75 Other: 22 Total: 115</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

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 0157 SS=D Bldg. 00	<p>Q.R. completed by 14466 on April 08, 2016.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or</p>			

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	<p>interested family member.</p> <p>Based on record review and interview, the facility failed to notify the physician of a change in condition for 1 of 3 residents reviewed for physician notification in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 4/4/16 at 9:45 a.m. Diagnoses for Resident #B included, but were not limited to obesity, chronic obstructive pulmonary disease, diabetes, osteoarthritis, and hypertension.</p> <p>A therapy note dated 3/14/16 at 3:02 p.m., by Physical Therapist (PT) #1 indicated the resident complained of the inability to move her left arm and left leg and notified nursing of the problem.</p> <p>A therapy note dated 3/14/16 at 5:12 p.m., by Occupational Therapist (OT) #2 indicated the resident made 3 attempts of active and passive range of motion to lift her left hand using her right hand. OT notified nursing of the changes.</p> <p>The record lacked any documentation the facility notified the physician related to a change in the resident's condition as reported by PT and OT on 3/14/16.</p>	F 0157	<p>1. Resident #B no longer resides at the facility. II. The IDT met to discuss the communication of change in condition between departments, and any current issues with any resident that may have needed to be addressed. Daily activity reports were reviewed by the IDT to ensure changes in condition were identified, and communication appropriately to the physician. All residents have the potential to be affected by this delinquent practice. III. In-service training was provided to all staff on the "Stop and Watch" program and its full implementation at the facility as the preferred means to communicate changes in condition for all residents. In-service training was provided to licensed nursing staff related to identifying change in condition and initiating appropriate assessments accordingly. In-service training was provided to licensed nursing staff on timely and appropriate physician notification for change in condition. IV. Stop and Watch forms will be reviewed daily and as needed by the DNS/designee to ensure effective communication of resident concerns throughout the operation. Changes in condition management will be monitored via Change of Condition CQI tool monthly for 6 consecutive months scoring at</p>	04/15/2016

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	<p>A nursing progress note dated 3/15/16 at 2:30 p.m., indicated the resident complained about left sided weakness, was not able to move her upper and lower extremities on the left side and was sent to the hospital emergency room at that time.</p> <p>A hospital radiology report dated 3/15/16 at 17:29 (5:29 p.m.), indicated a CT (computerized tomography-xray) scan of the resident's head had been completed. The results of the CT scan indicated the resident had left-sided hemiparesis secondary to a right central pontine stroke.</p> <p>A hospital note dated 3/15/16 at 23:54 (11:54 p.m.), indicated an MRI (magnetic resonance imaging-xray) of the head was completed. The results of that MRI indicated the resident had suffered an acute 8 x 7 mm (millimeter) infarct (stroke).</p> <p>During an interview with the Director of Nursing (DON) on 4/5/16 at 4:00 p.m., she indicated she was unable to find nursing notes for physician notification.</p> <p>On 4/5/16 at 10:55 a.m., the (DON) provided the Resident Change of Condition policy, dated 8/1998 and</p>		95% or higher efficiency, then quarterly thereafter. Any issue discovered through this CQI process will be addressed immediately by corrective action plan through the CQI committee.	

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F 0309 SS=D Bldg. 00	<p>revised on 1/2015, and indicated the policy was the one currently being used by the facility.</p> <p>"Policy It is the policy of this facility that all changes in resident condition will be communicated to the physician and that appropriate, timely and effective intervention takes place.</p> <p>... 2. Acute Medical Change a. Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician."</p> <p>This Federal tag relates to Complaint IN00196385.</p> <p>3.1-5(a)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview,</p>	F 0309	1. Resident #B no longer	04/14/2016	

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	<p>the facility failed to assess a resident after reports of a change in condition from 2 therapy staff for 1 of 3 residents reviewed for assessments in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 4/4/16 at 9:45 a.m. Diagnoses for Resident #B included, but were not limited to obesity, chronic obstructive pulmonary disease, diabetes, osteoarthritis, and hypertension.</p> <p>A therapy note dated 3/14/16 at 3:02 p.m., by Physical Therapist (PT) #1 indicated the resident complained of the inability to move her left arm and left leg and notified nursing of the problem.</p> <p>A therapy note dated 3/14/16 at 5:12 p.m., by Occupational Therapist (OT) #2 indicated the resident made 3 attempts of active and passive range of motion to lift her left hand using her right hand. OT notified nursing of the changes.</p> <p>The clinical record lacked any documentation the facility assessed the resident after reports of a change in condition from PT and OT on 3/14/16.</p> <p>A nursing progress note dated 3/15/16 at</p>		<p>resides at the facility.</p> <p>II. The IDT met to discuss the communication of change in condition between departments, and any current issues with any resident that may have needed to be addressed. Daily activity reports were reviewed by the IDT to ensure changes in condition were identified, and appropriate assessments of residents were completed timely. All residents have the potential to be affected by this delinquent practice.</p> <p>III. In-service training was provided to all staff on the "Stop and Watch" program and its full implementation at the facility as the preferred means to communicate changes in condition for all residents. In-service training was provided to licensed nursing staff related to identifying change in condition and initiating appropriate assessments accordingly. In-service training was provided to licensed nursing staff on timely and appropriate physician notification for change in condition.</p> <p>IV. Stop and Watch forms will be reviewed daily and as needed by the DNS/designee to ensure effective communication of resident concerns throughout the operation. Changes in condition management will be monitored via</p>	

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	<p>revised on 1/2015 and indicated the policy was the one currently being used by the facility.</p> <p>"Policy It is the policy of this facility that all changes in resident condition will be communicated to the physician and that appropriate, timely and effective intervention takes place.</p> <p>... 2. Acute Medical Change ... d. All nursing actions/interventions will be documented in the medical record as soon as possible after resident needs have been met."</p> <p>This Federal tag relates to Complaint IN00196385.</p> <p>3.1-37(a)</p>			