

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155512	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/01/2016
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NAME OF PROVIDER OR SUPPLIER  PRESENCE SACRED HEART HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 515 N MAIN ST AVILLA, IN 46710
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00200078.</p> <p>Complaint IN00200078 Substantiated. Deficiencies related to the allegations are cited at F156 and F174.</p> <p>Survey dates: May 31, and June 1, 2016</p> <p>Facility number : 000404 Provider number: 155512 AIM number: 100290810</p> <p>Census bed type: SNF/NF: 110 Total: 110</p> <p>Census payor type: Medicare: 10 Medicaid: 66 Other: 34 Total: 110</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on June 2, 2016 by 17934.</p>	F 0000	<p>Submission of this plan of correction and credible allegation of compliance does not constitute an admission by the certified and licensed provider at Presence Sacred Heart Home that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and services at this health care facility. Presence Sacred Heart Home, as a licensed and certified provider, recognizes its obligation to provide legally and medially required care and services to our residents in an economic and efficient fashion. Please accept this plan of correction as our written credible allegation of compliance. As we are requesting a paper compliance audit.</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 0156 SS=D Bldg. 00	<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> <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>			

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	<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 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</p>			

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	<p>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 interview and record review, the facility failed to ensure information was given regarding resident rights on admission for 1 of 3 residents reviewed for informing of resident rights. (Resident #F)</p> <p>Findings include:</p> <p>Resident #F's record was reviewed 5-31-2016 at 3:05 PM. Resident #F's diagnoses included, but were not limited to, heart failure, heart disease, and edema.</p> <p>A review of Resident #F's Advance Directives indicated they were signed on 3-13-2016, the date of admission.</p> <p>A review of Resident #F's Interdisciplinary Care plan meeting indicated the Power of Attorney (POA) had signed the meeting notes on 3-17-2016.</p> <p>A review of Resident #F's consent to treat, and explanation of Medicare services was signed on 3-28-2016.</p> <p>In an interview on 5-31-2016 at 10:44</p>	F 0156	<p>The consent to treat and Explanation of Medicare Service was signed by the daughter of resident #F on 3-28-16 To ensure other residents having the potential to be affected by the same deficient practice all admission agreement documents including the consent to treat and explanation of Medicare Services is reviewed by the Admissions Director daily to ensure the documents are fully executed on the day of admission and are accurately completed. To ensure that the deficient practice does not happen again the Administrator receives a scanned copy of all admission agreement documents including the consent to treat and explanation of Medicare Services. The Administrator is responsible to review each document to ensure the documents are accurate and completely executed and completed on the day of admission. On a monthly basis for the next 12 months the AdmissionsDirector is responsible to report to the QAPI Committee on all admissions forthe previous month. The QA Committee isresponsible to monitor for timeliness and accuracy, completed on the day ofadmission and accuracy of all</p>	06/14/2016

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	<p>AM, LPN #1 indicated the admission paperwork was to be signed within 72 hours of admission, and if family was having difficulty getting into the facility to sign paperwork, then it could be taken to them, sent snail mail, or faxed for signature. LPN #1 indicated all paperwork should be signed within 72 hours of admission.</p> <p>In an interview on 5-31-2016 at 3:10 PM, RN #2 indicated Resident #F's family was in frequently and the admission paperwork should have been signed.</p> <p>A current policy titled Admission Procedure dated 5-18-2012 and updated 3-17-2016 provided by the Director of Nursing indicated: "On the day of admission, the Admission Director will obtain the following information....4. Consents/ Authorizations/ Acknowledgements. a. Consent to care and treat resident..... c. Authorization to release information for reimbursement purposes...."</p> <p>This Federal Tag relates to Complaint IN00200078.</p> <p>3.1-4(j)</p>		admission agreement documents.				

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F 0174 SS=D Bldg. 00	<p>483.10(k),(l) RIGHT TO TELEPHONE ACCESS WITH PRIVACY</p> <p>§483.10(k) Telephone The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.</p> <p>§483.10(l) Personal Property The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>Based on interview and record review, the facility failed to ensure personal belongings were accurately accounted for 2 of 3 residents reviewed for personal items. ( Resident #F and Resident #H)</p> <p>Findings include:</p> <p>1. Resident #F's record was reviewed 5-31-2016 at 3:05 PM. Resident #F's diagnoses included, but were not limited to, heart failure, heart disease, and edema.</p> <p>A review of Resident #F's Personal Effects Inventory indicated Resident #F was admitted with 3 socks, 2 undershorts, 2 undershirts, a full set of dentures, 1 billfold, and 1 watch. There were no other items listed on the inventory.</p>	F 0174	For the resident found to have been affected by the deficient practice the daughter of resident #F was reimbursed for the clothing that had been donated to other male residents. For other current residents having the potential to be affected by the same deficient practice on a quarterly basis during the resident's care plan review the Social Worker will review with the resident and or resident's family the Personal Effects Inventory to ensure the inventory is updated and signed. To ensure the deficient practice does not recur the Social Worker will review the inventory for all new admissions to ensure the Personal Effects Inventory is completed and signed. In-services were held with nursing staff to review the Inventory of Residents Personal Belongings Policy, a copy of the policy and In-Service Sign in	06/14/2016

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	<p>The form was not signed under the "on admission" section of the form, but there was a Licensed Nurse signature under the "on discharge" section of the form and dated for the date of admission. There was a further note on the form that indicated "Administrator said not to send out for signature."</p> <p>In an interview on 5-31-2016 at 3:10 PM, RN #2 indicated she could not recall when the family came in to pick up Resident #F's personal items after discharge, but usually, personal items are kept for 30 days or until they were given further instruction.</p> <p>In an interview on 6-1-2016 at 9:08 AM, the Administrator indicated he had received a call from Resident #F's Power of Attorney (POA) about his clothing being distributed to other residents. The Administrator indicated the clothing had been in the room about 2 weeks, and although the facility usually contacted the family prior to redistribution, and usually waiting 30 days, either nursing or laundry made a mistake, and gave the clothing to someone else. The Administrator further indicated reimbursement was made for the missing clothing, despite it not being listed on the Personal Effects Inventory.</p>		<p>sheets are attached. The Social Worker is responsible to monitor monthly for the next 12 months the accuracy and completeness of the Personal Effects Inventory and report her findings to the Quality Assurance Committee. The QA Committee is responsible to monitor the findings for 12 months.</p>				

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	<p>2. Resident #H's record was reviewed 5-31-2016 at 4:15 PM. Resident #H's diagnoses included, but were not limited to, heart failure, diabetes, and high blood pressure.</p> <p>A review of Resident #H's Personal Effects Inventory indicated Resident #H had 1 long sleeved multicolor shirt. The form was not dated on admission. Although there was a note on the form that indicated "family donating all items" there was no family or facility witness signature on discharge.</p> <p>A current policy dated 1-3-1996 titled Inventory of Resident's Personal Belongings provided by the Director of Nursing on 6-1-2016 at 9:27 AM indicated " PURPOSE: To provide proper... identification of personal belongings...to prevent loss or damage of personal items...I. Resident belongings will be ....recorded on inventory sheet. IV. Inventory sheet must be signed by responsible party and witnessed.....Discharge IV. The resident, relative, or sponsor is responsible for signing receipt for personal articles."</p> <p>This Federal Tag is related to complaint IN00200078.</p>			

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	3.1-3(f)				