

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155289	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/07/2012
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NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4725 S COLONIAL OAKS DR MARION, IN 46953
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: December 3, 4 ,5, 6, and 7, 2012</p> <p>Facility number: 000186 Provider number: 155289 AIM number: 100266300</p> <p>Survey team: Linn Mackey, RN- TC Toni Maley, BSW Shelly Reed, RN</p> <p>Census bed type: SNF/NF: 99 Total: 99</p> <p>Census payor type: Medicare: 22 Medicaid: 61 Other:16 Total: 99</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on December 11, 2012 by Bev Faulkner, RN</p>	F0000	In lieu of survey results, the facility respectfully requests a paper review.	

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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F0156 SS=C	<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> <p>The facility must furnish a written description of legal rights which includes:</p>			

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	<p>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 comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>			

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</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 interview and record review, the facility failed to provide in writing and on admission, the name, telephone number and addresses for the Indiana State Department of Health, the office of the Secretary of Health, the office of the Secretary of Family, Social Services and the ombudsman designated by the Division of Disability, Aging and Rehabilitative Services, the Agency of Aging, the local mental health center, the Protection and Advocacy Services Commission and Adult Protective Services, potentially affecting 99 of 99 residents who reside in the facility.</p> <p>Findings include:</p> <p>During an interview on 12/7/12 at 9:20 a.m., Resident #40, the Resident Council President, indicated he was unaware of who the ombudsman was</p>	F0156	<p>The Social Service Director has reviewed the identified information with resident #40 verbally and in writing. All residents have the potential to be affected by the alleged deficient practice. Social Service Director/designee will individually review the identified information with each resident. In addition, a copy will be mailed to each responsible party. A written copy of identified information has been placed in every admission packet. The Admissions Department has been in-serviced as of December 10, 2012, on the addition to admission packet. A quality assurance tool will be utilized on each admission packet for the next 30 days and quarterly thereafter. Results will be forwarded to the Quality Assurance Committee for review at end of 30 days and quarterly ongoing.</p>	12/23/2012			

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	<p>for the facility or how to contact them. He also indicated he was unaware of how to contact the Indiana State Department of Health or how to file a complaint if needed.</p> <p>During record review on 12/6/12 at 1:31 p.m., the Minimum Data Set (MDS), dated 10/29/12, indicated Resident #40 scored a 15 of 15 for the Brief Interview for Mental Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact. Resident #40's diagnoses include but was not limited to: Multiple Sclerosis, neurogenic bladder, dysphagia, hypertrophy prostate and depression.</p> <p>During an interview on 12/7/12 at 10:30 a.m., the Admission Director indicated the name, telephone number and address for the Indiana State Department of Health, the Office of the Secretary of Family, Social Services and the ombudsman designated by the Division of Disability, Aging and Rehabilitative Services, the Agency of Aging, the local mental health center, the Protection and Advocacy Services Commission and Adult Protective Services were not provided in the admission packet.</p>				

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	3.1-4(j)(3)(A) 3.1-4(j)(3)(B) 3.1-4(j)(3)(C) 3.1-4(j)(3)(D) 3.1-4(j)(3)(E) 3.1-4(j)(3)(F) 3.1-4(j)(3)(G)			

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F0157 SS=D	<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 interested family member.</p> <p>Based on interview and record review, the facility failed to promptly notify physicians of changes in resident's weight which could result in the need to alter treatment for 2 of 3</p>	F0157	The facility is unable to correct the alleged deficient practice. Physician has been notified of the past weight changes for resident #62 and #112. All residents have the potential to be affected by the	12/23/2012			

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	<p>residents who met the criteria of weight change (Residents #62 and #112).</p> <p>Findings Include:</p> <p>1.) Resident #62's record was reviewed on 12/6/12 at 8:50 a.m.</p> <p>Resident #62's current diagnosis included, but were not limited to, depression, anxiety, dementia with delusional features and diabetes mellitus.</p> <p>Resident #62 was not on a planned weight loss program.</p> <p>Resident #62 had the following documented weights and calculated weight changes:</p> <p>"May 24, 2012: 251.8</p> <p>June 11, 2012: 221.8 - 5.0% change over 30 day(s) [11.9%, 30.0]; -7.5% change over 90 day(s)[7.7%, 18.4];</p> <p>July 9, 2012: 208.6 -5.0% change over 30 day(s) [6.0%, 13.2]; -7.5% change over 90 day(s) [17.3%, 43.6]; -10.0% change over 180 day(s) [11.5%, 27.2];</p>		<p>alleged deficient practice. All residents' weights for the last 3 months have been reviewed to ensure no other weight changes have occurred and that physician notification was completed as applicable. All nurses to be in-serviced on the policies on physician notification and weights by the DON/designee. Weights will be reviewed each week during the Nutrition at Risk meeting to ensure all weight changes are identified and have been reported to the physician as applicable. Dietary Manager will audit weights each month for weight changes and notify the DON/designee of any Physician notification needed.</p> <p>DON/designee to review weights and Nursing progress notes each morning to ensure those residents with weight changes have been reported to the Physician. Quality Assurance Committee to discuss the weight change notifications monthly to ensure they are being addressed appropriately ongoing.</p>		

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	<p>July 13, 2012: 209.2 - 7.5% change over 90 day(s) [17.0%, 43.0]; -10.0% over 180 day(s) [11.3%, 26.6];</p> <p>July 20, 2012: 210.4 -7.5% change over 90 day(s) [16.6%, 41.8]; -10.0% change over 180 day(s) [10.8%, 25.4];</p> <p>July 27, 2012: 199.6 -7.5% change over 90 day(s) [20.9%, 52.6]; -10.0% change over 180 day(s) [15.4%, 36.2];</p> <p>August 3, 2012: 201.4 -7.5% change over 90 day(s) [20.1%, 50.8]; -10.0% change over 180 day(s) [14.6%, 34.4];</p> <p>August 10, 2012: 200.2 -7.5% change over 90 day(s) [20.5%, 51.6]; -10.0% change over 180 day(s) [15.8%, 37.6];</p> <p>August 17, 2012: 198.0 -5.0% change over 30 day(s) [5.9%, 12.4]; -7.5% change over 90 day(s) [21.4%, 53.8]; -10.0% change over 180 day(s) [16.7%, 39.8];</p> <p>September 5, 2012: 202.2 -7.5% change over 30 day(s) [8.8%, 19.6]; -10.0% change over 180 day(s) [15.8%, 38.0];</p>			

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	<p>October 5, 2012: 188.6 -5.0% over 30 change over 30 day(s) [6.7%, 13.6]; -7.5% change over 90 day(s) [9.6%, 20.0]; -10.0% change over 180 day(s) [25.2%, 63.6];</p> <p>October 8, 2012: 201.0 +5.0% change over 30 day(s) [6.6%, 12.4], -10.0% change over 180 days [20.3%, 51.2];</p> <p>October 12, 2012: 201.0 +5.0% change over 30 day(s) [6.6%, 12.4], -10.0% change over 180 days [20.3%, 51.2];</p> <p>November 3, 2012: 177.6 -5.0% change over 30 day(s) [5.8%, 11.0]; -7.5% change over 90 day(s) [11.3%, 22.6]; -10.0% change over 180 day(s) [29.6%, 74.6];</p> <p>November 7,2012: 187.0 -5.0% change over 30 day(s) [7.0%, 14.0]; -10.0% change over 180 day(s) [25.7%, 64.8]; "</p> <p>Review of Resident #62's physician progress notes from June to November 2012 (6/13/12, 8/17/12, 10/30/12 and 11/28/12) lacked any mention of weight loss or a plan to address weight loss. The notes did</p>						

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	<p>not indicate the resident desired to lose weight.</p> <p>Resident #62's clinical record lacked documentation of physician notification of significant weight changes for any dates other than 8/17/12 and 9/5/12.</p> <p>During a 12/6/12, 3:34 p.m., interview, Unit Manager #11 indicated the facility did not have documentation of the physician being notified of any weight changes other than the August 17 and September 5, 2012 weights.</p> <p>Resident # 112's record was reviewed on 12/5/12 at 1:00 p.m.</p> <p>Resident # 112's current diagnoses included, but were not limited to; hypertension, congestive heart failure, history of myocardial infarction.</p> <p>Resident # 112 had a current 11/15/12 physician order for daily weights and to notify the M.D. if weight gain /loss is greater than 2 pounds.</p>			

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	<p>Resident # 112 had a current care plan, dated 11/30/12, regarding potential fluid overload. An approach to this problem was weigh daily and record. Notify M.D., Dietician of sudden weight change greater than 5 pounds in one week, 2 pounds in one day.</p> <p>Resident # 112's weights are as follows: 12/6/12: 224.4 12/5/12: 221.9. 12/4/12: 222 12/3/12: 218.2 12/2/12: 221 12/1/12: 218.1 11/30/12: 220 .4 11/29/12 218.8 11/28/12: 221.8 11/27/12: 221.8 11/26/12: 214.8 11/25/12: 229.8 11/24/12: 219.6 11/23/12: 220.8 11/22/12: 221.8 11/21/12: resident refused 11/20/12: 226 11/19/12: 225.1 11/18/12: 226.2 11/17/12: 226. 6 11/16/12: 225 11/15/12: 225 All the above weights are</p>						

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	<p>documented chair weights.</p> <p>Review of the nurse's progress notes from 11/15/12 to 12/6/12 did not include any physician notification of weight changes.</p> <p>On 12/6/12 at 2:30 p.m., during an interview with LPN# 3, LPN #4, LPN #5, LPN # 6, LPN # 7, LPN # 8, and RN # 9, they indicated physician notification was documented in the nurses' progress notes.</p> <p>Review of a current facility policy titled, "PHYSICIAN NOTIFICATION FOR CHANGE IN CONDITION," was provided by the Nurse Consultant on 12/6/12 at 2:00 p.m. The policy indicated physician notification would be documented in the nurse progress notes.</p> <p>3.1-5(a)(2)</p>						

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F0244 SS=C	<p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. Based on interview and record review, the facility failed to listen to the views and act upon the grievances and recommendation by the residents, potentially affecting 99 of 99 residents who reside in the facility.</p> <p>Findings include:</p> <p>During record review on 12/6/12 at 8:46 a.m., the Resident Council Minutes were reviewed and indicated on 10/3/12, 8/3/12, 5/2/12 and 2/1/12 documentation stating "concerns were personal in nature and were individually addressed" were noted. Additional concerns by residents that ice water was not being passed timely on all shifts were indicated on 12/11 and 9/12. Concerns related to insufficient staff was noted on 12/11, 3/12 and 4/12.</p> <p>During an interview on 12/6/12 at 9:30 a.m., the Activity Director indicated a resident may approach</p>	F0244	<p>The facility is unable to correct the alleged deficient practice. Resident #40 will be educated to the facilities corrective actions for addressing grievances/concerns. All residents have the potential of being affected by the alleged deficient practice. All concerns during Resident Council meeting will be documented on the appropriate Resident Council meeting minutes form with appropriate follow-up. All concerns/grievances discussed during Resident Council meetings will be routed to the appropriate departments. Upon completion of corrective action, affected departments will return a written response to the Activity Director within 5 days. Department Managers will be educated to systematic changes addressing grievances/concerns. One time per month, Corporate Nurse Consultant will review follow-up of concerns/grievances for appropriate follow-up. Follow-up responses to be discussed per Quality Assurance Committee meetings monthly ongoing.</p>	12/23/2012

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NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4725 S COLONIAL OAKS DR MARION, IN 46953
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	<p>him before or after a meeting related to a specific concern. He indicated he would then fill out the necessary paperwork and hand it to either the DoN (Director of Nursing) or the HFA (Health Facility Administrator) depending on the specific area of concern. He indicated he does not include every concern or complaint stated by the residents on the resident council minutes, especially if only one resident has a concern.</p> <p>During an interview on 12/6/12 at 4:06 p.m., the DoN indicated she could not provide any additional information or paperwork related the the specific areas of grievances for the dates provided to her.</p> <p>During an interview on 12/7/12 at 9:20 a.m., Resident #40, the Resident Council President, indicated he did not feel like the facility listened to and acted on the grievances of the residents in the facility.</p> <p>During record review on 12/6/12 at 1:31 p.m., the Minimum Data Set (MDS), dated 10/29/12, indicated Resident #40 scored a 15 of 15 for the Brief Interview for Mental Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact. Resident #40's diagnoses include but</p>			

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	not limited to, Multiple Sclerosis, neurogenic bladder, dysphagia, hypertrophy prostate and depression. 3.1-3(l)			

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F0325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on interview and record review, the facility failed to ensure a resident, who had significant weight loss, was assessed for the cause of the weight loss, was provided interventions to address weight loss and the physician was notified of these fluctuations in weight for 1 of 3 residents who met the criteria for significant change in weights/nutritional needs (Residents #62).</p> <p>Findings Include:</p> <p>1.) Resident #62's record was reviewed on 12/6/12 at 8:50 a.m.</p> <p>Resident #62's current diagnosis included, but were not limited to, depression, anxiety, dementia with delusional features and diabetes</p>	F0325	<p>The facility is unable to correct the alleged deficient practice. Physician has been notified of the past weight changes for resident #62. All residents have the potential to be affected by the alleged deficient practice. All resident weights for the last 3 months have been reviewed to ensure no other weight changes have occurred and that physician notification was completed as applicable. Resident #62 care plan has been reviewed and revised as needed. Resident #62 will have a mini-nutritional assessment completed by the Dietary Manager/designee in the attempt to identify reasons for weight loss. All nurses to be in-serviced on the policies on physician notification and weights by the DON/designee. Weights will be reviewed each week during the Nutrition at Risk meeting to ensure all weight changes are identified and have been reported to the physician as applicable. For weight change</p>	12/23/2012	

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	<p>mellitus.</p> <p>Resident #62 was not on a planned weight loss program.</p> <p>Resident #62 had current 11/12 physician's order for a regular diet. Resident #62 did not have an order for any nutritional supplement.</p> <p>Resident #62 had the following documented weights and calculated weight changes:</p> <p>"May 24, 2012: 251.8</p> <p>June 11, 2012: 221.8 - 5.0% change over 30 day(s) [11.9%, 30.0]; -7.5% change over 90 day(s)[7.7%, 18.4];</p> <p>July 9, 2012: 208.6 -5.0% change over 30 day(s) [6.0%, 13.2]; -7.5% change over 90 day(s) [17.3%, 43.6]; -10.0% change over 180 day(s) [11.5%, 27.2];</p> <p>July 13, 2012: 209.2 - 7.5% change over 90 day(s) [17.0%, 43.0]; -10.0% over 180 day(s) [11.3%, 26.6];</p> <p>July 20, 2012: 210.4 -7.5% change over 90 day(s) [16.6%, 41.8]; -10.0% change over 180 day(s) [10.8%, 25.4];</p>		<p>occurrences, the resident in question will receive a mini-nutritional assessment to assist in determining weight loss cause and the care plan will be reviewed and revised as necessary by the Dietary Manager/designee. Dietary Manager will audit weights each month for weight changes and notify the DON/designee of any Physician notifications needed. DON/designee to review weights and Nursing progress notes each morning to ensure those residents with weight changes have been reportd to the Physician. Quality Assurance Committee to discuss the weight change notifications monthly to ensure they are being addressed appropriately ongoing.</p>		

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	<p>July 27, 2012: 199.6 -7.5% change over 90 day(s) [20.9%, 52.6]; -10.0% change over 180 day(s) [15.4%, 36.2];</p> <p>August 3, 2012: 201.4 -7.5% change over 90 day(s) [20.1%, 50.8]; -10.0% change over 180 day(s) [14.6%, 34.4];</p> <p>August 10, 2012: 200.2 -7.5% change over 90 day(s) [20.5%, 51.6]; -10.0% change over 180 day(s) [15.8%, 37.6];</p> <p>August 17, 2012: 198.0 -5.0% change over 30 day(s) [5.9%, 12.4]; -7.5% change over 90 day(s) [21.4%, 53.8]; -10.0% change over 180 day(s) [16.7%, 39.8];</p> <p>September 5, 2012: 202.2 -7.5% change over 30 day(s) [8.8%, 19.6]; -10.0% change over 180 day(s) [15.8%, 38.0];</p> <p>October 5, 2012: 188.6 -5.0% over 30 change over 30 day(s) [6.7%, 13.6]; -7.5% change over 90 day(s) [9.6%, 20.0]; -10.0% change over 180 day(s) [25.2%, 63.6];</p> <p>October 8, 2012: 201.0 +5.0% change over 30 day(s) [6.6%, 12.4], -10.0% change over 180 days</p>						

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	<p>[20.3%, 51.2];</p> <p>October 12, 2012: 201.0 +5.0% change over 30 day(s) [6.6%, 12.4], -10.0% change over 180 days [20.3%, 51.2];</p> <p>November 3, 2012: 177.6 -5.0% change over 30 day(s) [5.8%, 11.0]; -7.5% change over 90 day(s) [11.3%, 22.6]; -10.0% change over 180 day(s) [29.6%, 74.6];</p> <p>November 7, 2012: 187.0 -5.0% change over 30 day(s) [7.0%, 14.0]; -10.0% change over 180 day(s) [25.7%, 64.8]; "</p> <p>This resulted in a 64.8 pound unplanned weight loss in a 7 month period.</p> <p>Review of Resident #62's physician progress notes from June to November 2012 (6/13/12, 8/17/12, 10/30/12 and 11/28/12) lacked any mention of weight loss or a plan to address weight loss. The notes did not indicate the resident desired to lose weight.</p> <p>Review of Resident #62's "Weight Change Notes" 7/16/12 through 12/5/12 (7/16/12, 7/23/12, 8/7/12,</p>						

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	<p>8/13/12, 9/17/12, 10/28/12 and 11/12/12) indicated the facility was monitoring weight loss but had not implemented any interventions to address weight loss.</p> <p>Resident #62 had an 11/4/12 order for health shakes three times daily.</p> <p>Review of Resident #62's current "Involuntary weight loss" care plan problem, which was reviewed on 10/22/12 and 11/10/12, had the following approaches:</p> <p>"Assess meal location and environment" "Monitor food and fluid intake" "Monitor weight, weekly, wts [weights], as warranted" Provide diet as ordered"</p> <p>None of the approaches addressed increasing caloric intake or increased consumption. Other than serving a regular diet as ordered the approaches were limited to monitoring.</p> <p>Resident #62's clinical record lacked documentation of the following:</p>			

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	<p>a.) documentation of physician notification of significant weight changes on any dates other than 8/17/12 and 9/5/12.</p> <p>b.) documentation of any nutritional caloric approaches to weight loss since May 2012.</p> <p>c.) an assessment of weight loss which resulted in and a change in approaches when weight loss continued until 11/4/12.</p> <p>During interview on 12/6/12 at 3:34 p.m., Unit Manager #11 indicated the facility did not have documentation of the physician being notified of any weight changes other than the August 17 and September 5, 2012 weights.</p> <p>During a 12/6/12, 3:50 p.m. interview, the Director of Nursing indicated the facility had not completed assessments that resulted in a change in plan of care and nutritional interventions from May 2012 until the November 2012 addition of the health shake.</p> <p>3.1-46(a)(1)</p>						

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F0520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Based on interview and record review, the facility failed to identify and implement a plan of action related to significant weight changes and physician notification. These deficient practices impacted Residents #62 and #112.</p> <p>Findings Include:</p>	F0520	The Interdisciplinary Team has reviewed the weight changes for resident #62 and #112 and the physician has been notified of those changes. All residents have the potential to be affected by the alleged deficient practice. The Administrator will review the last three minutes from the Quality Assurance meeting to ensure no unidentified trends are present. The weight loss Quality Assurance indicator tool has been modified to include physician notification monitoring. The weight	12/23/2012	

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	<p>1.) During a 12/7/12 interview, the Administrator indicated the facility used a QAA (Quality Assessment and Assurance) process which addresses identified concerns. He indicated the department heads also met five days a week and discussed facility concerns. He indicated this process allowed the facility to address concerns more promptly. At this time, he was questioned if the facility had evaluated and assessed physician notification of weight changes and weight loss during the past year. Concerns regarding Residents #62 and #112 were referenced in regard to weight loss and physician notification. The Administrator indicated the facility had not identified a concern which would lead to a systemic assessment of weight loss and physician notification during the past year; therefore neither had been reviewed.</p> <p>2.) Resident #62's record was reviewed on 12/6/12 at 8:50 a.m.</p> <p>Resident #62's current diagnosis included, but were not limited to, depression, anxiety, dementia with delusional features and diabetes mellitus.</p> <p>Resident #62 was not on a planned</p>		<p>loss Quality Assurance indicator tool will be completed on each resident experiencing weight changes for the next thirty days and semi-annually thereafter. Quality Assurance indicator tool will be forwarded to the Quality Assurance Committee for review after 30 days and semi-annually ongoing.</p>				

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	<p>weight loss program.</p> <p>Resident #62 had a current 11/12 physician's order for a regular diet. Resident #62 did not have an order for any nutritional supplement.</p> <p>Resident #62 had the following documented weights and calculated weight changes:</p> <p>"May 24, 2012: 251.8</p> <p>June 11, 2012: 221.8 - 5.0% change over 30 day(s) [11.9%, 30.0]; -7.5% change over 90 day(s)[7.7%, 18.4];</p> <p>July 9, 2012: 208.6 -5.0% change over 30 day(s) [6.0%, 13.2]; -7.5% change over 90 day(s) [17.3%, 43.6]; -10.0% change over 180 day(s) [11.5%, 27.2];</p> <p>July 13, 2012: 209.2 - 7.5% change over 90 day(s) [17.0%, 43.0]; -10.0% over 180 day(s) [11.3%, 26.6];</p> <p>July 20, 2012: 210.4 -7.5% change over 90 day(s) [16.6%, 41.8]; -10.0% change over 180 day(s) [10.8%, 25.4];</p> <p>July 27, 2012: 199.6 -7.5% change over 90 day(s) [20.9%, 52.6]; -10.0% change over 180 day(s) [15.4%,</p>				

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	<p>36.2];</p> <p>August 3, 2012: 201.4 -7.5% change over 90 day(s) [20.1%, 50.8]; -10.0% change over 180 day(s) [14.6%, 34.4];</p> <p>August 10, 2012: 200.2 -7.5% change over 90 day(s) [20.5%, 51.6]; -10.0% change over 180 day(s) [15.8%, 37.6];</p> <p>August 17, 2012: 198.0 -5.0% change over 30 day(s) [5.9%, 12.4]; -7.5% change over 90 day(s) [21.4%, 53.8]; -10.0% change over 180 day(s) [16.7%, 39.8];</p> <p>September 5, 2012: 202.2 -7.5% change over 30 day(s) [8.8%, 19.6]; -10.0% change over 180 day(s) [15.8%, 38.0];</p> <p>October 5, 2012: 188.6 -5.0% over 30 change over 30 day(s) [6.7%, 13.6]; -7.5% change over 90 day(s) [9.6%, 20.0]; -10.0% change over 180 day(s) [25.2%, 63.6];</p> <p>October 8, 2012: 201.0 +5.0% change over 30 day(s) [6.6%, 12.4], -10.0% change over 180 days [20.3%, 51.2];</p> <p>October 12, 2012: 201.0 +5.0%</p>						

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	<p>change over 30 day(s) [6.6%, 12.4], -10.0% change over 180 days [20.3%, 51.2];</p> <p>November 3, 2012: 177.6 -5.0% change over 30 day(s) [5.8%, 11.0]; -7.5% change over 90 day(s) [11.3%, 22.6]; -10.0% change over 180 day(s) [29.6%, 74.6];</p> <p>November 7, 2012: 187.0 -5.0% change over 30 day(s) [7.0%, 14.0]; -10.0% change over 180 day(s) [25.7%, 64.8]; "</p> <p>This resulted in a 64.8 pound unplanned weight loss in a 7 month period.</p> <p>Review of Resident #62's physician progress notes from June to November 2012 (6/13/12, 8/17/12, 10/30/12 and 11/28/12) lacked any mention of weight loss or a plan to address weight loss. The notes did not indicate the resident desired to lose weight.</p> <p>Review of Resident #62's "Weight Change Notes" 7/16/12 through 12/5/12 (7/16/12, 7/23/12, 8/7/12, 8/13/12, 9/17/12, 10/28/12 and 11/12/12) indicated the facility was monitoring weight loss, but had not</p>			

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NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4725 S COLONIAL OAKS DR MARION, IN 46953
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	<p>implemented any interventions to address weight loss.</p> <p>Resident #62 had an 11/4/12 order for health shakes three times daily.</p> <p>Review of Resident #62's current "Involuntary weight loss" care plan problem, which was reviewed on 10/22/12 and 11/10/12, had the following approaches:</p> <p>"Assess meal location and environment" "Monitor food and fluid intake" "Monitor weight, weekly, wts [weights], as warranted" Provide diet as ordered"</p> <p>None of the approaches addressed increasing caloric intake or increased consumption. Other than serving a regular diet as ordered the approaches were limited to monitoring.</p> <p>Resident #62's clinical record lacked documentation of the following:</p> <p>a.) documentation of physician notification of significant weight changes any dates other than 8/17/12</p>			

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	<p>and 9/5/12.</p> <p>b.) documentation of any nutritional caloric approaches to weight loss since May 2012.</p> <p>c.) an assessment of weight loss which resulted in and a change in approaches when weight loss continued until 11/4/12.</p> <p>During an interview on 12/6/12 at 3:34 p.m., Unit Manager #11 indicated the facility did not have documentation of the physician being notified of any weight changes other than the August 17 and September 5, 2012 weights.</p> <p>During a 12/6/12, 3:50 p.m., interview, the Director of Nursing indicated the facility had not completed assessments that resulted in a change in plan of care and nutritional interventions from May 2012 until the November 2012 addition of the health shake.</p> <p>3.) Resident #112' s record was reviewed on 12/5/12 at 1:00 p.m...</p> <p>Resident #112' s current diagnoses included, but were not limited to hypertension, congestive heart</p>				

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	<p>failure, history of myocardial infarction.</p> <p>Resident #112 had a current 11/15/12 physician order for daily weights, notify M.D. if weight gain /loss is greater than 2 pounds.</p> <p>Resident #112 had a current care plan, dated 11/30/12, regarding potential fluid overload. An approach to this problem was weigh daily and record. notify M.D., Dietician of sudden weight change greater than 5 pounds in one week, 2 pounds in one day.</p> <p>Resident #112' s weights are as follows: 12/6/12: 224.4 12/5/12: 221.9. 12/4/12: 222 12/3/12: 218.2 12/2/12: 221 12/1/12: 218.1 11/30/12: 220 .4 11/29/12 218.8 11/28/12: 221.8 11/27/12: 221.8 11/26/12: 214.8 11/25/12: 229.8 11/24/12: 219.6 11/23/12: 220.8 11/22/12: 221.8</p>						

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	<p>11/21/12: resident refused</p> <p>11/20/12: 226</p> <p>11/19/12: 225.1</p> <p>11/18/12: 226.2</p> <p>11/17/12: 226. 6</p> <p>11/16/12: 225</p> <p>11/15/12: 225</p> <p>All above weights were documented chair weights.</p> <p>Review of the nurse's progress notes from 11/15/12 to 12/6/12 did not include any physician notification of weight changes.</p> <p>During interview on 12/6/12 at 2:30 p.m., with LPN# 3, LPN #4, LPN #5, LPN # 6, LPN # 7, LPN # 8, and RN # 9, they indicated physician notification was documented in the nurses' progress notes.</p> <p>Review of a current facility policy titled, "PHYSICIAN NOTIFICATION FOR CHANGE IN CONDITION," provided by the Nurse Consultant on 12/6/12 at 2:00 p.m., indicated physician notification would be documented in the nurse progress notes.</p> <p>3.1-52(b)(2)</p>						

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