

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/23/2013
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47660
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F000000	<p>This visit was for the Investigation of Complaint IN00138040.</p> <p>Complaint IN00138040 - Substantiated, Federal/State deficiencies related to the allegations are cited at F240.</p> <p>Survey dates: October 22 and 23, 2013</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 87 Total: 87</p> <p>Census payor type: Medicare: 7 Medicaid: 57 Other: 23 Total: 87</p> <p>Sample: 4</p> <p>This deficiency reflect state findings in accordance with 410 IAC 16.2.</p>	F000000	Plan of Correction does not The creation and submission of this constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk review with paper compliance on or after Nov 6, 2013	

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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	Quality review completed on October 27, 2013, by Jodi Meyer, RN			

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F000240 SS=E	<p>483.15 CARE AND ENVIRONMENT PROMOTES QUALITY OF LIFE A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.</p> <p>Based on observation, interview, and record review, the facility failed to provide over-the-bed tables in resident rooms, for residents to place their trays on while eating in their rooms, for 2 of 4 units observed, and for 2 of 2 residents observed during mealtimes, in a sample of 4 units and 4 residents. Cottage 1, Cottage 2, Resident C, Resident D</p> <p>Findings include:</p> <p>1. On 10/22/13 at 4:30 P.M., during interview with LPN # 1 on Cottage 1, a locked Alzheimer's unit, LPN # 1 indicated there were "2 or 3 residents" who sometimes ate their meals in their rooms. He indicated over-the-bed tables were no longer allowed on the Cottages, and he "hated that the residents have to eat off of their beds." He indicated Residents C and D sometimes ate in their rooms.</p> <p>On 10/22/13 at 5:40 P.M., Medical Records Staff # 1 was observed to take a meal tray into Resident C's</p>	F000240	<p>F 240 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? *Over bed tables have been placed in resident C& D room * Resident C&D receive meals utilizing an over the bed table and are served in a manner that promotes independence and quality of life *Over bed tables now in place in resident C&D room How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken *All residents have the potential to be affected by the alleged deficient practice If resident choose to eat in room over bed table will be available for use, Charge nurse to monitor *All staff has been reeducated regarding resident rights and meal service and distribution per DNS/Designee by Nov 6 2013 What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur *All residents are encouraged to go to dining room for meals. Those residents whose preference to dine in room will be provided with an over the bed</p>	11/06/2013			

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	<p>room. Resident C was lying in bed. Medical Records Staff # 1 put the tray on a chair, and pulled the chair near the bed.</p> <p>On 10/22/13 at 5:55 P.M., Medical Records Staff # 1 indicated the over-the-bed tables had been taken off of the unit and had been gone "for a couple of weeks." She indicated a resident had mistakenly pushed an over-the-bed table instead of a walker, and so all tables were removed from the rooms.</p> <p>At that time, Cottage 1 was observed to have 24 residents, and no over-the-bed tables were observed by any of the residents' beds or in the rooms.</p> <p>The clinical record of Resident C was reviewed on 10/23/13 at 10:20 A.M. Diagnoses included, but were not limited to, dementia.</p> <p>A Miniumum Data Set (MDS) assessment, dated 7/31/13, indicated the resident scored a 4 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of 1 staff for eating.</p> <p>A Physician's note, dated 9/3/13,</p>		<p>table to promote independence and promote quality of life Extra over the bed tables will be stored in clean utility on Station 1 for use on cottages if needed. *Charge nurse will round during meal times to ensure appropriate dining preferences are honored *DNS/Designee will monitor for compliance How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place *DNS/Designee will monitor CQI daily x 2 weeks, weekly x 4 weeks and monthly x 6 months. If threshold of 100% is not achieved the CQI committee may develop an action plan to ensure compliance. What is the date by which the systemic changes will be completed? November 6, 2013</p>	

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	<p>indicated, "...She does not eat lunch in the dining room due to fatigue...."</p> <p>Resident Progress Notes included the following notations:</p> <p>10/17/13 at 6:13 P.M.: "Resident refused to come out of room for dinner. Stated she would rather not eat if she had to come out."</p> <p>10/22/13 at 5:30 P.M.: "Resident was asked to come to dining room for supper, when resident [sic], 'I don't want to eat down there, rather stay here.' Multiple staff went to resident to encourage to come to dining room, resident continue [sic] to refuse."</p> <p>2. On 10/22/13 at 5:50 P.M., on Cottage 1, CNA # 1 was observed to take a meal tray into Resident D's room. Resident D was sitting in a chair beside the bed. CNA # 1 placed the tray on the resident's bed. CNA # 1 indicated, "They took the bedside tables away. I don't know why. I've been asking about them for about a month. This is bad; they can't reach their ice water or anything."</p> <p>The clinical record of Resident D was reviewed on 10/23/13 at 10:05 A.M. Diagnoses included, but were not limited to, Alzheimer's disease.</p>			

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	<p>A MDS assessment, dated 9/18/13, indicated the resident scored a 7 out of 15 for cognition. The resident required extensive assistance with eating.</p> <p>Progress notes included the following notations:</p> <p>10/4/13 at 4:08 P.M.: "...Refused to come to dining room for breakfast, ate breakfast in bedroom...."</p> <p>10/22/13 at 6:21 P.M.: "Resident in room at this time. Multiple staff members encouraged resident to come to dining room for supper. Resident stated, to this nurse, after speaking with resident, 'I really don't feel like going down there to eat.'"</p> <p>3. On 10/22/13 at 6:00 P.M., on Cottage 2, a locked Alzheimer's unit, CNA # 2 indicated, "Almost all of the residents usually eat in the dining room." She indicated the Cottage was "not allowed to have bedside tables," but that she would usually "grab one from the lounge area and take one in the room for residents to eat off of."</p> <p>At that time, Cottage 2 was observed to have 10 residents, and no over-the-bed tables were observed by</p>				

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	<p>any of the residents' beds or in the rooms.</p> <p>On 10/22/13 at 6:05 P.M., during interview with the Administrator, she indicated the Director of Nursing (DON) had made the decision to remove the over-the-bed tables, because it was a safety issue. The Administrator indicated she had thought the over-the-bed table had been removed for just that one resident, and not all of the residents. The Adminsitrator indicated residents should not be eating off of their bed or a chair.</p> <p>On 10/22/13 at 6:25 P.M., during interview with the DON, she indicated that she had made the decision to remove the over-the-bed tables from the Cottages. She indicated a resident had fallen, by mistaking an over-the-bed table for a walker. She indicated she had spoken with her consultants, and they had agreed it was a good decision. She indicated the tables will be put back into the rooms.</p> <p>On 10/23/13 at 10:30 A.M., the DON indicated the over-the-bed tables had been removed from the Cottages on 10/4/13.</p>			

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	This Federal tag relates to Complaint IN00138040. 3.1-32(a)				