

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155029	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/18/2015
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NAME OF PROVIDER OR SUPPLIER COMMUNITY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 E 16TH ST INDIANAPOLIS, IN 46218
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00174733 and Complaint IN00175252.</p> <p>Complaint IN00174733 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00175252 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: June 16, 17 and 18, 2015</p> <p>Facility number: 000012 Provider number: 155029 AIM number: 100274900</p> <p>Census bed type: SNF/NF: 108 Total: 108</p> <p>Census payor type: Medicare: 21 Medicaid: 70 Other: 17 Total: 108</p> <p>Sample: 3</p>	F 0000	The creation and submission of this Plan of Correction does not 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 this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey on or after July 17, 2015	

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 0278 SS=D Bldg. 00	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement. Based on interview, observation and</p>	F 0278	The corrective action for Resident	07/18/2015

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	<p>record review, the facility failed to ensure accurate coding of a quarterly Minimum Data Set (MDS) assessment for 2 of 3 residents reviewed for accuracy of the MDS assessments in a sample of 3. This deficient practice has the potential to adversely affect the care and services provided to the residents by the facility. (Resident #C and Resident #D)</p> <p>Findings include:</p> <p>1. Resident #C's clinical record was reviewed on 6-16-15 at 3:00 p.m. Her diagnoses included, but were not limited to, cerebral palsy, dysphagia (difficulty with swallowing), chronic pain, muscle spasms, anemia and high blood pressure.</p> <p>In review of Resident #C's annual MDS assessment, dated 1-16-15, it indicated she did not ambulate (walk) in her room and was totally dependent of one person to assist her with locomotion in her room or in the halls of her unit or off of her unit. It indicated she required the use of a wheelchair when out of bed and had an impairment (limited use) of one side of her upper and lower extremities. It indicated she required extensive assistance of one person to eat and drink at meals and for hygiene needs.</p> <p>In review of Resident #C's most recent</p>		<p>#C and Resident #D is to have the MDS Coordinator or Designee modify and correct each individual's MDS assessment by 7/18/15. All MDS's will be audited by 7/18/15 for accuracy by the MDS Coordinator or Designee to ensure that other resident s having the potential to be affected by the same deficient practice will be identified. To ensure that MDS assessments are submitted accurately, an in-service re-educating staff on how to accurately complete MDS assessments will be conducted by the MDS Consultant or Designee by 7/18/15.</p> <p>Additionally, MDS's will be reviewed on the care plan schedule utilizing the care plan guideline that is to be used during the Interdisciplinary Team (IDT) Meeting. The corrective action will be monitored through Weekly audits times four weeks and through facility Continuous Quality Indicators (CQI) monthly meetings for the next five months. Any MDS assessments found to be out of compliance during weekly and or monthly audits will be immediately corrected. All systematic changes will be completed by 7/18/15.</p>	

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	<p>quarterly MDS assessment, dated 4-6-15, it indicated she was able to ambulate with extensive assistance of two or more persons her in her room or in the halls of her unit or off of her unit. It indicated she did not require the use of any mobility device, such as a wheelchair. It indicated she had no impairments of her upper or lower extremities. It indicated she required extensive assistance of two or more persons to eat and drink at meals and for hygiene needs.</p> <p>In an interview with the MDS Coordinator on 6-17-15 at 11:10 a.m., she indicated Resident #C did not walk and had a a Broda chair (type of specialized wheelchair). She only required one person to assist her with meals, because with her contractures, she couldn't really feed herself, as well as with hygiene needs.</p> <p>2. Resident #D's clinical record was reviewed on 6-18-15 at 2:03 p.m. Her diagnoses included, but were not limited to, diabetes, bilateral below the knee amputation of the legs, chronic kidney disease, stage 4 (advanced), high blood pressure, peripheral vascular disease and chronic pain.</p> <p>In review of Resident #D's most recent quarterly MDS assessment, dated</p>			

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	<p>4-28-15, it indicated she was able to ambulate (walk) with the extensive assistance of two or more persons, but used a wheelchair for mobility. It indicated a pain assessment was not conducted with the resident as "resident is rarely/never understood." It indicated a pain assessment was conducted by staff members with no indicators of pain. It indicated the resident was cognitively intact.</p> <p>During an interview with Resident #D on 6-18-15 at 9:35 a.m., she was observed to be seated in a wheelchair and was observed to have bilateral below the knee amputations with no prosthesis present. Her speech was observed at this time to be clear and easily understandable.</p> <p>In review of Resident #D's most recent MDS, a re-admission MDS, dated 6-6-15, as well as a previous quarterly MDS, dated 1-29-15, each indicated Resident #D was unable to ambulate, used a wheelchair for mobility and had a pain assessment conducted with her that indicated she had no pain in the previous five days.</p> <p>In an interview with the MDS Coordinator on 6-18-15 at 3:15 p.m., she indicated Resident #D, "did not walk because she is a bilateral below the knee</p>			

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	<p>amputee. That is definitely wrong. It will need to be modified. [Name of Resident #D] is very alert and oriented and speaks clearly. There is no reason why a pain assessment couldn't have been conducted with her. She did not require a staff assessment for pain."</p> <p>In an interview with the Executive Director on 6-18-15 at 10:15 a.m., he indicated the facility does not have a specific policy in regard to ensuring the accuracy of MDS assessments. He indicated the facility follows the guidelines provided by the RAI [Resident Assessment Instrument or MDS] manual. He provided a copy of the Centers for Medicare and Medicaid Services's (CMS), version 3.0, manual (September, 2010), section 5.7, "Correcting Errors in MDS Records." This information indicated, "Errors identified in QIES [Quality Improvement and Evaluation System] ASAP [Assessment Submission and Processing] system records must be corrected within 14 days after identifying the errors..."</p> <p>The CMS's RAI Manual, Version 3.0 (October, 2014), Chapter 1, indicates, "The purpose of the manual is to offer clear guidance about how to use the Resident Assessment Instrument (RAI) correctly and effectively to help provide</p>			

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	<p>appropriate care. Providing care to residents...is complex and challenging work. Clinical competence, observational, interviewing and critical thinking skills, and assessment expertise from all disciplines are required to develop individualized care plans. The RAI helps nursing home staff gather definitive information on a resident's strengths and needs, which must be addressed in an individualized care plan..."</p> <p>3.1-31(a)</p>			