

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155710	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/19/2016
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NAME OF PROVIDER OR SUPPLIER  CHASE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2 CHASE PARK LOGANSPORT, IN 46947
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 15, 16, 17, 18 &amp; 19, 2016.</p> <p>Facility number: 000021 Provider number: 155710 AIM number: 100275270</p> <p>Census bed type: SNF: 8 SNF/NF: 59 Total: 67</p> <p>Census payor type: Medicare: 8 Medicaid: 49 Other: 10 Total: 67</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on February 26, 2016.</p>	F 0000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during this inspection I would like to formally request your consideration for granting this facility, paper compliance Chase Center submits this Plan of Correction (POC) in accordance with specific regulatory requirements The submission of the POC does not indicate an admission by Chase Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Chase Center If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact myself, Lacey Schnurpel, Administrator at 574-753-4137 Thank you</p>	

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 0241 SS=E Bldg. 00	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>A. Based on observation, record review and interview, the facility failed to ensure residents' dignity was maintained at meal time for residents who were served lunch on the unit for 3 out of 3 units observed. The affected residents were not served the same variety of foods as residents who ate in the Main Dining Room, 16 of 67 residents. (Residents #78, #71 and #47)</p> <p>B. Based on observations and interview, the facility failed to provide a dining experience similar to the residents served in the Main Dining Room for 16 of 16 residents who dined on 3 of 3 resident halls observed for dining. The residents were not served in the same manner and did not have the same holiday decorations as the Main Dining Room. (Fulton Hall, Monticello Hall and Burlington Hall) (Residents #44, #118, #6, #20, #31, #62, #89, #1, #35, #46, #78, #5, #41)</p>	F 0241	<p>1. A.)Effective 3/14/16, all residents will be served the same Hot Entrée menu in the Main Dining Room and on the three neighborhoods for Snack-N-Yak (Fulton, Burlington and Monticello Neighborhoods). All residents will be offered extra snack items each day. These items may be: sandwich of the day, pudding, yogurt, cottage cheese, fruit of the day, sweet treat of the day, Assorted Beverages, Pureed hot entrée, fruit and/or alternate items. See attached Exhibit 1 (Sample 2 week menu) B.) All residents who eat in the Main Dining Room, Fulton Dining Room, Burlington Dining Room and Monticello Dining Room, will be offered the same style of clothing protector. C.) The Maintenance Department hung pictures/wall decorations on the walls in the Fulton neighborhood, Burlington neighborhood and the Monticello neighborhood on 3/1/16. D.)Effective 3/14/16, all tables used for Breakfast, Snack-n-yak</p>	03/14/2016

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	<p>Findings include:</p> <p>A.1. Review of the current facility menus for 2/15/16 through 2/18/16, provided by the Staffing Development Coordinator, on 2/17/16 at 10:45 a.m, indicated the following:</p> <p>a. Residents served lunch in the Main dining room had menu titled "Snack and Yack" and included: 2/15/16 ham and potato casserole and pineapple, 2/16/16 sausage pizza, chips and mixed fruit, 2/17/16 beef and noodles and mixed fruit.</p> <p>b. Residents served lunch on the units had menu titled "Unit Snack and Yack" and included: 2/15/16 vegetable soup, 2/16/16 corn chowder, 2/17/16 mac and cheese with ham.</p> <p>c. Residents always available items were peanut butter and jelly on white or wheat, lunch meat sandwich on white or wheat, meat salad on white or wheat, cottage cheese, yogurt, pudding, fruit, ice cream, peanut butter crackers, oatmeal cream pies, pureed sandwiches and pureed fruit.</p> <p>d. Resident items available upon request included grilled cheese and hamburger/cheeseburger.</p>		<p>and Dinner will have table cloths, silverware placed in a rolled cloth napkin with a table centerpiece and/or condiment holder with condiments Additional clothing protectors, napkins and table cloths were purchased on 3/1/16 (See Exhibit 1A-Purchase order) E.)Snack-n-Yak will be presented to the resident who chooses to eat on the Neighborhood with all items in appropriate glassware/container, served to the resident on a tray, just as it is in the Main Dining Room effective 3/14/16. 2. A.) Administrator observed Snack-n-Yak on the three Neighborhoods on 3/4/16 and interviewed all of the interview able residents. Administrator completed 52 interviews and all responses were positive. See Exhibit 2 (Sample Interview Questionnaire) B.) Resident Council Meeting was held on 3/4/16. Resident Council consisted of residents that eat in the Main Dining Room and Residents that eat on the Neighborhoods of the three units. Administrator reviewed with the residents that beginning 3/14/16, they will be served the same options in the Main Dining Room, as offered on the Neighborhoods. Administrator asked residents if they enjoy the current Snack-n-yak process and the residents stated the food is good and they are satisfied with the current process but stated they</p>	

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	<p>A.2. During the lunch dining observation on the Monticello, Burlington and Fulton units from 2/15/16 through 2/17/16 the following was noted:</p> <p>a. On 2/15/16, residents were given the choice of vegetable soup, chicken salad sandwich, peanut butter and jelly sandwich or meat sandwich.</p> <p>b. On 2/16/16, residents were given the choice of corn chowder, tuna salad sandwich, peanut butter sandwich or meat and cheese sandwich. On the Monticello unit at 12:22 p.m., Resident #78 refused all the sandwich choices and requested a hamburger. Resident #78 was then served cottage cheese and pears and did not receive a hamburger.</p> <p>c. On 2/17/16, residents were given the choice of macaroni and cheese, meat sandwich, meat salad sandwich or peanut butter sandwich.</p> <p>A.3. During an interview on 2/19/16 at 4:09 p.m., the Training Manager indicated the unit "Snack and Yack" menu and main dining room "Snack and Yack" menu was dependent upon what the facility had the night before for dinner. He indicated staff prepared food based on left overs such as peas then split pea soup was made or leftover ham and</p>		<p>are ok with improving the process on 3/14/16. Administrator also reviewed with the residents their choices at this meal for food. See Exhibit 3 (Resident Council Minutes) 3. In-Service with all staff re: Resident Rights, Choices, 5-Meal Plan Policy at Chase Center on 3/12/16, completed 3/14/16 See Exhibit 4 (In-Service re: Resident Rights/Choices and 5 Meal Plan) 4. The Managers will complete a monthly questionnaire that requires a Dining Observation to be completed. These results will be reviewed at the monthly QAPI Meeting. See Exhibit 5 (Monthly Questionnaire and QA Report)</p>				

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	<p>grilled ham and cheese sandwiches were made.</p> <p>A.4. The clinical record for Resident #71 was reviewed on 12/17/2016 at 2:00 p.m. Diagnoses included, but were not limited to, Parkinson Disease, dementia with lewy bodies, anxiety, muscle weakness and anorexia.</p> <p>On 2/17/2016 at 12:20 p.m., Resident #71 was observed to be served a meal with other residents at the table. Resident #71 required feeding assistance to eat the meal. At 12:30 p.m., CNA (Certified Nursing Assistant) #2 assisted resident #71 with his meal, other residents at the table had been eating since 12:15 p.m.</p> <p>A.5. The clinical record for Resident #47 was reviewed on 12/17/2016 at 2:30 p.m. Diagnoses included, but were not limited to, Chronic Kidney Disease stage 3, major depressive disorder, mild cognitive impairment, anxiety disorder, chronic pain, difficulty in walking weakness and hypertensive heart disease with heart failure. Resident #47 was on a regular diet.</p> <p>During the meal observation on 2/17/2016 at 11:45 p.m., CNA#3 asked Resident #47 if she wanted lunch,</p>			

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	<p>Resident #47 indicated she did not want lunch today.</p> <p>During an interview on 2/17/2016 at 1150 a.m., Resident #47 indicated she did not want lunch today because she did not want just soup and sandwiches. Resident #47 indicated if she had been given other choices she might eat lunch.</p> <p>During an interview on 2/17/2016 at 11:55 a.m., CNA #3 indicated the residents who chose to eat their lunch meal in their room on the hall/unit are not given the choice of meals served in the main dining area. They are served the meal of sandwiches and soup or casserole that is delivered to the floor/unit at lunchtime.</p> <p>During an interview on 2/18/2016 at 3:20 p.m., Unit Manager #1 indicated not all residents are served the same meals throughout the building during lunch time.</p> <p>B.1. During an observation of the Main dining room on 12/15/2016 at 12:00 p.m., the residents were served on tables with placemats, napkins, silverware, trays and condiment caddies with valentines day decorations.</p> <p>B.2. During an observation of the Fulton</p>				

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	<p>dining area on 2/15/2016 at 12:00 p.m., residents were served their meals by the staff with a bowl of soup on the bottom, then a plate for the sandwich was placed on top of the soup bowl, and then a napkin was placed on top of the sandwich. Residents # 44 and #118 were served dessert on the same plate as the sandwich and dessert was served at the same time as the lunch entree. No tray was utilized to serve residents # 44 and #118. Residents tables did not have a condiment caddy with valentines day decorations, placemats, nor silverware similar to the observation of the main dining room.</p> <p>During an observation of the Fulton dining area on 2/16/2016 at 12:05 p.m., residents were served their meals by the staff with a bowl of soup on the bottom, then a plate for the sandwich was placed on top of the soup bowl, and then a napkin was placed on top of the sandwich. Residents # 44 and #118 were served dessert on the same plate as the sandwich and dessert was served at the same time as the lunch entree. No tray was utilized to serve residents # 44 and #118. Residents tables did not have a condiment caddy with valentines day decorations, placemats, nor silverware similar to the observation of the main dining room.</p>			

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	<p>During an observation of the Fulton dining area on 2/17/2016 at 12:10 p.m., residents were served their meals by the staff with a bowl of soup on the bottom, then a plate for the sandwich was placed on top of the soup bowl, and then a napkin was placed on top of the sandwich. Residents # 44 and #118 were served dessert on the same plate as the sandwich and dessert was served at the same time as the lunch entree. No tray was utilized to serve residents # 44 and #118. Residents tables did not have a condiment caddie with valentines day decorations, placemats, nor silverware similar to the observation of the main dining room.</p> <p>During an interview on 2/18/2016 at 3:20 p.m., Unit Manager #1 indicated the residents on the Fulton unit do not get the same dining experience as the Main dining room, residents are not served on trays and do not have condiment caddies, placemats nor silverware at table settings</p> <p>B.3. During an observation of the Burlington dining area on 2/15/2016 at 12:05 p.m., residents were served their sandwich by the staff on a saucer or a bowl. No tray was utilized to serve residents #6, #20, #31, #62 and #89. Residents tables did not have a</p>			

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	<p>condiment caddie with valentines day decorations, placemats, nor silverware similar to the observation of the main dining room.</p> <p>During an observation of the Burlington dining area on 2/16/2016 at 12:10 p.m., residents were served their sandwich by the staff on a saucer or a bowl. No tray was utilized to serve residents #6, #20, #31, #62, and #89. Residents tables did not have a condiment caddie with valentines day decorations, placemats, nor silverware similar to the observation of the main dining room.</p> <p>During an observation of the Burlington dining area on 2/17/2016 at 12:15 p.m., residents were served their sandwich by the staff on a saucer or a bowl. No tray was utilized to serve residents #6, #20, #31, #62, and #89. Residents tables did not have a condiment caddie with valentines day decorations, placemats, nor silverware similar to the observation of the main dining room.</p> <p>B.4. During an observation of the Monticello dining area on 2/15/2016 at 12:00 p.m., residents were served their sandwich by the staff on a saucer. Soup was served separately by staff but no tray was utilized to serve residents #1, #35, and #46 . Residents tables did not have a</p>			

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	<p>condiment caddie with valentines day decorations, placemats, nor silverware similar to the observation of the main dining room.</p> <p>B.5. During an observation of the Monticello dining area on 2/16/2016 at 12:10 p.m., residents were served their sandwich by the staff on a saucer. Soup was served separately in a bowl. No tray was utilized to serve residents #35, #46, and #78. Residents tables did not have a condiment caddie with valentines day decorations, placemats, nor silverware similar to the observation of the main dining room.</p> <p>During an observation of the Monticello dining area on 2/17/2016 at 12:15 p.m., residents were served their sandwich by the staff on a saucer. Soup was served separately in a bowl. No tray was utilized to serve residents #1, #5, #35, #41, and #46. Residents tables did not have a condiment caddie with valentines day decorations, placemats, nor silverware similar to the observation of the main dining room.</p> <p>3.1-3(t)</p>			

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F 0329 SS=D Bldg. 00	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to accurately and completely monitor and track depressive behaviors for 1 of 5 residents reviewed for unnecessary medications. (Resident #20)</p> <p>Finding includes:</p> <p>The clinical record of Resident #20 was reviewed on 2/17/2016 at 4:15 p.m. Diagnoses included, but were not limited to, vascular dementia, hypertension,</p>	F 0329	<p>Chase Center has a contract with FourCounty Counseling Center through 3/25/16. Crystal Ridenhour, Nurse Practitionersees residents at Chase Center every 2-4 weeks, as appropriate. This residentwas seen on the following dates: 10/5/15 PHQ9= 4 Resident is on: Zoloft 100mg. Trazodone 50mg. for sleep Order to discontinue the Remeron</p> <p>11/16/15:</p>	03/12/2016			

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	<p>cerebrovascular disease, pancreatitis, chronic kidney disease, osteoarthritis, insomnia, gout, hyperlipidemia, hypokalemia, anemia and major depressive disorder.</p> <p>A physician's order for Trazodone (an antidepressant) indicated to increase from 50 mg (milligrams) to 100 mg, on 11/16/15, for sleep and mood and continue on 100 mg of Zoloft (an antidepressant).</p> <p>A physician's order, on 12/28/15, indicated to increase Zoloft from 100 mg to 150 mg and continue the Trazodone 100 mg.</p> <p>A physician's order, on 2/2/16, indicated to increase Zoloft from 150 mg to 200 mg and continue the Trazodone 100 mg.</p> <p>The Medication Administration Record (MAR) indicated the behavior of depression was to be monitored every shift for Resident #20.</p> <p>The Nursing notes for depression monitoring for the months of August, September, October, November, December 2015, and January and February 2016, received from the Executive Director on 2/18/16 at 2:38 p.m. indicated during these months 1</p>		<p>PHQ9=9 Resident is on Zoloft 100mg. Trazodone increase to 100mg for sleep and mood</p> <p>12/7/15: PHQ9= 4 Resident is on Zoloft 100mg. and Trazodone 100mg.</p> <p>12/28/15: PHQ9= 12 Resident is on Increase of Zoloft to 150mg. and Trazodone 100mg. Note from Crystal Ridenhour on 12/28/15: "She reports she does feel afraid and nervous often. She reports she is worrying all the time. She reports she has been feeling down every day. She reports increase in irritability. She denies SI/HI. She admits she is being impatient. Staff reports she has been more demanding than her normal. She reports her appetite is up and down. She reports her energy level has been down. She reports her sleep is fair. She reports feeling restless much of the time."</p> <p>2/2/16: PHQ9= 7 Resident is on Increase of Zoloft to 200mg. and Trazodone 100mg. Note from Crystal Ridenhour on 2/2/16: "Martha reports her depression has barely improved. She reports she still has more bad days than good days. She denies SI. She reports fair sleep. She reports she engages in "some" activities. She reports feeling anxious often, worrying</p>	

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	<p>(one) depressive episode was noted on 10/31/15.</p> <p>The Monthly Behaviors Meeting notes for the months of August, September, October, November, December 2015, January and February 2016, received from the Executive Director on 2/19/16 at 4:37 p.m., indicated there were no new problems or no behaviors noted for these months.</p> <p>During an interview with the Executive Director, on 2/18/16 at 2:27 p.m., she indicated Resident #20's medications were controlled by (name of counseling service). The nursing staff monitors for signs and symptoms of depression every shift and document symptoms when noted.</p> <p>The current policy titled "Behavior Changes/Modification," dated 10/29/15, received from the Executive Director on 2/19/16 at 4:30 p.m., indicated "...Procedure:...5. When monitoring s/s [signs and symptoms] of depression, the nurse will put their initials in the box for the date and time of administration on the MAR and will be reverted to the "Behavior/Depression" folder to accurately document any behavior changes or signs/symptoms of depression...."</p>		<p>alot. She is afraid bad things will happen. She denies AH/VH. She doesn't feel interested in things. She feels irritable and at times unable to relax. She reports her sleep and appetite are "fair". Her Zolofit will be increased again." See Exhibit A: Attached Progress notes</p> <p>1. Resident was reviewed at the monthly Behavior Meeting on 3/3/16 and recommendation was made for Social Services to complete a depression screen and if resident scored well, we will recommend a gradual dose reduction to her physician of the trazodone from 100mg. to 50mg. x30 days and we will re-evaluate again in 30 days. On 3/9/16 the Trazodone was decreased from 100mg. to 50mg. through 4/8/16 and then will be discontinued. See Exhibit B</p> <p>2. On 3/3/16 the Behavior team (Pharmacist, Director of Nursing, Administrator, Resident Care Manager and Social Services Director) met and reviewed all residents on anti-depressants, anxiolytics, psychotropic medications to ensure all residents had supportive documentation to support the use of anxiolytics, anti-depressants and psychotropic medications. Along as, hypnotic medications.</p> <p>3. Policy labeled, "Behavior Change/Modification" policy was revised on 3/12/16 and Electronic Charting System</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155710	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  02/19/2016
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	3.1-48(a)(3)		message was sent to all nurses to reflect the changes. See Exhibit C- Policy revision and ECSMessage to all Nurses 4. This will be monitored monthly by ourSocial Services Director and a report will be submitted to the QAPI Committeeeach month for review. See Exhibit D-QAPI Report		