

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155214	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/30/2013
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NAME OF PROVIDER OR SUPPLIER  ST ANTHONY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 203 FRANCISCAN DR CROWN POINT, IN 46307
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F000000	<p>This visit was for the Investigation of Complaint #IN00124820 and IN00127768.</p> <p>Complaint #IN00124820 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint #IN00127768 - Substantiated. Federal/State deficiencies related to the allegations are cited at F 154 and F 250.</p> <p>Survey date: April 29 and 30th, 2013</p> <p>Facility number: 000120 Provider number: 155214 AIM number: 100274780</p> <p>Survey Team: Shannon Pietraszewski, RN, TC</p> <p>Census Bed Type: SNF: 31 SNF/NF: 131 NCC: 7 Total: 169</p> <p>Census by Payor Type: Medicare: 28 Medicaid: 92 Private: 40</p>	F000000	<p>St. Anthony Home ("the provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and / or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services ("CMS"), the state of Indiana or any other entity; or (2) to serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.</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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	<p>Other: 9 Total: 169</p> <p>Sample: 9</p> <p>This deficiencies reflect State findings cited in accordance with 410 IAC 16.2</p> <p>Quality Review completed on May 3, 2013, by Janelyn Kulik, RN.</p>				

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F000154 SS=D	<p>483.10(b)(3), 483.10(d)(2) INFORMED OF HEALTH STATUS, CARE, &amp; TREATMENTS</p> <p>The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.</p> <p>Based on interview and record review, the facility failed to inform a cognitive intact resident of a Psychological consultation, ordered by a Nurse Practitioner, in relation to the resident demonstrating behaviors, for 1 of 3 resident's reviewed for notification of treatment and services. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's record was reviewed on 4/29/13 at 10:20 a.m. Resident #C's diagnoses included, but were not limited to, diabetes mellitus, cerebral vascular accident (stroke), pain, neuropathy, congestive heart failure and lupus.</p> <p>A 90 day Quarterly MDS (Minimum Data Set Assessment) dated 2/14/13, indicated the resident was cognitively</p>	F000154	<p>1.1 Resident C no longer resides in this facility.</p> <p>1.2 All residents referred for psychological evaluation, treatment and / or services will be assessed via most recent BIMS score by the Unit Social Worker / designee to determine ability to make own / competent decisions regarding care. Resident with a BIMS score of eight (8) or above will be asked to sign their own psychological consent to treat form. For residents who have a BIMS score of seven (7) or less, the Responsible Party will be contacted for consent.</p> <p>1.3 Unit Social Worker / designee will discuss physician's order for psychological services with resident and obtain consent for psychological services from residents with a BIMS score of eight (8) or above. Social Service Director (SSD) / designee who submits all referrals to contracted psychological services group will</p>	05/24/2013	

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	<p>intact.</p> <p>A physician order on March 22, 2013, indicated for the resident to have a Psychological consult.</p> <p>A care plan was initiated on 3/22/13 indicating the resident had admitted to feeling down, depressed, increased sleeping, physical changes and difficulty adjusting to new placement.</p> <p>There was no nursing or social service documentation indicating the resident was informed of the new order for the psychological consult.</p> <p>An interview with the DON on 4/30/13 at 12:45 p.m., indicated the resident was her own person and did not need to wait on family approval on the psychological evaluation order on 3/22/13.</p> <p>An interview with the SSD and SSA #1 on 4/30/13 at 1:30 p.m., indicated they did not inform the resident of the order and did not verify with staff or the ordering physician if this was discussed with the resident. The SSD indicated the resident had a history of indicating she "didn't mind but to talk to her son".</p> <p>This Federal tag relates to complaint</p>		<p>assure consent has been obtained from resident(s) as indicated above. If resident refuses psychological service, Unit Social Worker / designee will document the refusal in clinical notes. If a resident refuses psychological services or has a BIMS score of seven (7) or less and psychological services are believed to be in the resident's best interest or are needed due to behaviors impacting provision of care, a meeting will be held with the resident and Responsible Party to discuss the physician's order. If the resident with a BIMS score of eight (8) or more agrees to psychological services following the meeting the resident will sign the consent form at the meeting; if the BIMS score is less than eight (8) and the resident's Responsible Party agrees they can sign the consent. Results of the meeting will be documented in the clinical record. SSD / designee will audit every psychological referral on a weekly basis by comparing consents with resident BIMS scores and assure needed documentation regarding refusals is in place as appropriate. All current records will be audited for compliance by the date of correction of this citation.</p> <p>1.4 The SSD / designee will report audit findings to the Quality Assurance (QA) Committee monthly for twelve (12) months with the next meeting held in May</p>		

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	IN00127768.  3.1-3(n)(2) 3.1-3(n)(3)		2013. The QA Committee will monitor data presented for any trends, and determine if further monitoring/action is necessary for continued compliance. 1.5 Systemic changes will be completed by 5/24/13.		

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F000250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on interview and record review, the facility failed to provide Mental Health services, as ordered by a Nurse Practitioner, in relation to a resident who began demonstrating behaviors, for 1 of 3 resident's reviewed. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's record was reviewed on 4/29/13 at 10:20 a.m. Resident #C's diagnoses included, but were not limited to, diabetes mellitus, cerebral vascular accident (stroke), pain, neuropathy, congestive heart failure and lupus.</p> <p>A 90 day Quarterly MDS (Minimum Data Set Assessment) dated 2/14/13, indicated the resident was cognitively intact.</p> <p>A physician order on March 22, 2013, indicated for the resident to have a Psychological Consult.</p> <p>A care plan was initiated on 3/22/13 indicating the resident had admitted</p>	F000250	<p>1.1 Resident C no longer resides in this facility.</p> <p>1.2 All residents referred for psychological evaluation, treatment and / or services will be assessed via most recent BIMS score by the Unit Social Worker /designee to determine ability to make own / competent decisions regarding care.</p> <p>Resident with a BIMS score of eight (8) or above will be asked to sign their own psychological consent to treat form. For residents who have a BIMS score of seven (7) or less, the Responsible Party will be contacted for consent.</p> <p>1.3 Unit Social Worker will discuss physician's order for psychological services with resident and obtain consent for psychological services from residents with a BIMS score of eight (8) or above. Social Service Director (SSD) / designee who submits all referrals to contracted psychological services group will assure consent has been obtained from resident(s) as indicated above. If resident refuses psychological service, Unit Social Worker / designee will document the refusal in clinical notes. If a resident refuses</p>	05/24/2013	

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	<p>to feeling down, depressed, increased sleeping, physical changes and difficulty adjusting to new placement.</p> <p>An interview with the SSD (Social Service Director) and SSA #1 (Social Service Assistant #1) on 4/29/13 at 1:45 p.m., indicated they had made several attempts to contact the son for permission for a Psychological consult but had been unsuccessful until April 11, 2013.</p> <p>An interview with the DON on 4/30/13 at 12:45 p.m., indicated the resident was her own person and did not need to wait on family approval on the psychological evaluation order on 3/22/13.</p> <p>An interview with the SSD and SSA #1 on 4/30/13 at 1:30 p.m., indicated they did not inform the resident of the order and did not verify with staff or the ordering physician if this was discussed with the resident. The SSD indicated the resident had a history of indicating she "didn't mind but to talk to her son".</p> <p>This Federal Tag relates to complaint #IN00127768.</p> <p>3.1-34(a)(4)</p>		<p>psychological services or has a BIMS score of seven (7) or less and psychological services are believed to be in the resident's best interest or are needed due to behaviors impacting provision of care, a meeting will be held with the resident and Responsible Party to discuss the physician's order. If the resident with a BIMS score of eight (8) or more agrees to psychological services following the meeting the resident will sign the consent form at the meeting; if the BIMS score is less than eight (8) and the resident's Responsible Party agrees they can sign the consent. Results of the meeting will be documented in the clinical record. SSD / designee will audit every psychological referral on a weekly basis by comparing consents with resident BIMS scores and assure needed documentation regarding refusals is in place as appropriate. All current records will be audited for compliance by the date of correction of this citation.</p> <p>1.4 The SSD / designee will report audit findings to the Quality Assurance (QA) Committee monthly for twelve (12) months with the next meeting held in May 2013. The QA Committee will monitor data presented for any trends, and determine if further monitoring/action is necessary for continued compliance.</p> <p>1.5 Systemic changes will be completed by 5/24/13.</p>		

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