

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155756	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/24/2015
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NAME OF PROVIDER OR SUPPLIER  COVENTRY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 7843 W JEFFERSON BLVD FORT WAYNE, IN 46804
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00182695.</p> <p>Complaint IN00182695- Substantiated. Federal/State deficiency related to the allegations is cited at F514</p> <p>Survey dates: September 23, and 24 2015</p> <p>Facility number: 004945 Provider number: 155756 AIM number: 200814400</p> <p>Census bed type: SNF: 33 SNF/NF: 106 Total: 139</p> <p>Census payor type: Medicare: 27 Medicaid: 77 Other: 35 Total: 139</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1</p>	F 0000	<p>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 the 2567 Plan of Correction be considered the Letter of Credible Allegation. Due to relative low scope and severity of this survey, this facility respectfully requests a desk review in lieu of a post-survey revisit on or after October 9th, 2015.</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 0514 SS=D Bldg. 00	<p>QR completed on September 25, 2015 by 17934.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure accurate documentation of family notification for 3 of 3 records reviewed in a sample of 3. ( Resident #A, Resident #B, Resident #C)</p> <p>Findings include:</p> <p>1. Resident #A's record was reviewed 9-23-2015 at 1:34 PM. Resident #A's</p>	F 0514	<p><b>F 514 Resident Records – Complete/Accurate/Accessible,</b> It is the practice of this facility to ensure that resident records are kept and are in accordance with accepted professional standards and practices that are complete, accurately documented; readily accessible; and systematically organized.</p>	10/09/2015

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	<p>diagnoses included, but were not limited to, diabetes, depression, and osteoarthritis.</p> <p>A review of Resident #A's Skin Evaluation Report dated 9-1-2015 indicated the physician had been notified on 9-1-2015 at 6:12 PM. Additionally, the form indicated the family had been notified on 9-1-2015 at 6:12 PM.</p> <p>A further review of Resident #A's Nurse's notes for the date of 9-1-2015 did not indicate the time of family notification. There was no documentation of why the physician was notified regarding the resident's skin condition.</p> <p>An interview with Resident A's Power of Attorney (family member) on 9-23-15 at 11:00 AM indicated they had not been notified by the facility on 9-1-2015.</p> <p>In an interview on 9-24-2015 at 10:18 AM, LPN #1 indicated the facility had definite difficulties reaching the POA for any reason. LPN#1 indicated there were rarely 2 nurses calling physician and family at the same time unless the situation was an emergency. Further, LPN #1 indicated the computer program the facility used automatically populated the date and time on the forms, and the staff should have edited the form to</p>		<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>-The record for Resident A was reviewed to determine if any other events were inaccurately documented with regards to family notification with none found.</p> <p>- The record for Resident B was reviewed to determine if any other events were inaccurately documented with regards to family notification with none found.</p> <p>The record for Resident C was reviewed to determine if any other events were inaccurately documented with regards to family notification with none found.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b></p>	

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	<p>include the actual times.</p> <p>2. Resident #B's record was reviewed 9-24-2015 at 9:09 AM. Resident #B's diagnoses included, but were not limited to, depression, high blood pressure, and diabetes.</p> <p>A review of Resident #B's Skin Evaluation Report dated 9-1-2015 indicated the physician had been notified 9-1-2015 at 5:58 PM. The form additionally indicated the family had been notified on 9-1-2015 at 5:58 PM.</p> <p>A further review of Resident #B's Nurse's notes for the date of 9-1-2015 did not indicate the time of family notification. There was no documentation of why the physician was notified regarding the resident's skin condition.</p> <p>3. Resident #C's record was reviewed 9-24-2015 at 10:10 AM. Resident #C's diagnoses included, but were not limited to, high blood pressure, dementia and depression.</p> <p>A review of Resident #C's Skin Evaluation Report dated 9-22-2015 indicated the physician had been notified 9-22-2015 at 4:26 PM. The form additionally indicated the family had been notified on 9-22-2015 at 4:26 PM.</p>		<p>- All residents have the potential to be affected by the alleged deficient practice.</p> <p>-DNS/Designee will review resident records on an on-going basis to ensure family notification occurs and is documented accurately in the medical record.</p> <p>-The facility will inservice all licensed staff and IDT members on notification of family and accurate documentation in the medical record of the notification to include accurate time and date of the notification.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</b></p> <p>- DNS/Designee will review resident records on an on-going basis to ensure family notification occurs and is documented</p>	

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	<p>Additionally, a review of Resident #C's Nurse's Notes for the date of 9-22-2015 did not indicate the actual time of family notification. There was no documentation of why the physician was notified regarding the resident's skin condition.</p> <p>In an interview on 9-23-2015 at 2:10 PM, RN #2 indicated the company tried to eliminate duplicate charting by having the notifications of family, and physician on the event forms, however, the forms were expected to be completed accurately.</p> <p>This Federal Tag relates to Complaint IN00182695.</p> <p>3.1-50(a)(2)</p>		<p>accurately in the medical record.</p> <p>- The facility will inservice all licensed staff and IDT members on notification of family and accurate documentation in the medical record of the notification to include accurate time and date of the notification. The inservice will be on or before October 9th, 2015.</p> <p><b>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:</b></p> <p>-A CQI monitoring tool, Change of Condition, will be completed weekly x 4 weeks, then monthly x 3 months and quarterly thereafter for at least 6 months and discussed with IDT.</p> <p>-Data will be collected by Administrator and submitted to the CQI committee. If threshold of 100% is not met, an action plan will be developed.</p>	

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			-Non-compliance with facility procedure may result in disciplinary action up to and including termination.  <b>Completion date:</b> October 9th, 2015.		