

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155132	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/24/2014
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NAME OF PROVIDER OR SUPPLIER  DANVILLE REGIONAL REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 255 MEADOW DR DANVILLE, IN 46122
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F000000	<p>This visit was for a Recertification and State Licensure Survey and the Investigation of Complaint IN00150770.</p> <p>Complaint IN00150770 - Unsubstantiated due to lack of evidence.</p> <p>Survey Dates: July 21, 22, 23, and 24, 2014.</p> <p>Facility Number: 155132 Provider Number: 000057 AIM Number: 100266570</p> <p>Survey Team: Lora Brettnacher, RN-TC Kewanna Gordon, RN Megan Burgess, RN Vicki Nearhoof, RN Mary Weyls, RN (July 22, 23, and 24, 2014) Laura Brashear, RN (July 22, 23, and 24, 2014)</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 14 Medicaid: 51 Other: 8</p>	F000000	<p>"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report." Please respectfully request you consider our plan of correction and additional information provided for a desk review. Should you need additional information, please do not hesitate to contact Scott Swaby at 317-745-5451.</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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F000242 SS=D	<p>Total: 73</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 07/28/2014 by Brenda Marshall, RN.</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interview and record review the facility failed to ensure residents' preferences were assessed and accommodated for frequency of bathing and preferred times to be awoken for 2 of 3 residents reviewed for choices (Resident #31 and #23).</p> <p>Findings include:</p> <p>1. During an interview on 7/22/14 at 8:05 A.M., Resident #31 indicated she did not have a choice regarding what time she had to "wake up" in the morning and</p>	F000242	Resident #31 has been interviewed to determine her choice in what time she wants to wake up in the morning. Resident # 23 has been interviewed to determine his choice on bathing frequency. A one time audit of current resident population has been completed reviewing resident choices for preferences on wake up, bed time, shower versus bed bath, and frequency of bathing. The Interdisciplinary Team has been re-educated on ensuring residents assist with making their choices for activities, schedules, and health care that	08/23/2014

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	<p>eat. She indicated staff woke her up early to eat breakfast and she preferred to sleep in and eat later. She indicated she wasn't aware she had a choice to sleep in and and eat breakfast at a later time.</p> <p>Resident #31's record was reviewed on 7/23/14 at 1:16 P.M. Resident #31 had diagnoses which included, but were not limited to, coronary artery disease, hypertension, insulin dependent diabetes, anxiety, panic attacks, and depression.</p> <p>An annual Minimum Data Set Assessment Tool (MDS) dated November 15, 2013, indicated Resident #31 was cognitively intact with a Brief Interview Mental Status (BIMS) score of 15 out of 15, it was very important for her to make choices regarding her bedtime, and she was dependent on staff for activities of daily living.</p> <p>A care plan dated 6/20/14, indicated Resident #31 had a preference to choose her bedtime. A goal indicated staff would ensure her daily activity was per her choice.</p> <p>The record lacked documentation Resident #31 had been assessed regarding her preferred time to be woke up in the morning.</p>		<p>are significant to the resident. It is the responsibility of the IDT to assess residents for their choices. The SSD/designee will be responsible to ensure resident choices have been obtained, and reviewing/updating the plan of care to reflect the resident choices five times per week for 2 weeks, monthly for 5 months, and then quarterly for 2 quarters. Any concerns noted will be addressed by the IDT. Any further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The ADM/designee will be responsible to review the results of auditing of resident choice as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI team. DOC: 8-23-14</p>		

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	<p>During an interview on 7/24/14 at 11:30 A.M., the facility's nurse consultant indicated Resident #31 had not been assessed for her preferred wake up time.</p> <p>2. During an interview on 7/22/14 at 9:48 p.m., Resident #23 indicated he was offered showers twice a week on Mondays and Fridays. He indicated he had not been asked his preference regarding frequency of bathing. He indicated he preferred to bathe more often.</p> <p>During an interview on 7/23/14 at 9:30 a.m., CNA (Certified Nursing Assistant) #4 indicated residents were assigned showers twice a week unless the Unit Manager (UM) indicated differently on the the assignment sheet.</p> <p>During an interview on 7/23/14 at 9:33 a.m., UM #3 indicated residents were assessed for shower frequency on the "Life Enrichment Assessment Short Stay" by social services.</p> <p>Resident #23's record was reviewed on 7/17/14 at 1:30 P.M. Resident #23's diagnosis included, but were not limited to, chronic dermatitis, morbid obesity, cellulitis, bilateral stasis leg ulcers, and bilateral leg edema.</p> <p>A Minimum Data Set (MDS) assessment</p>			

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F000280 SS=D	<p>dated 4/17/14, indicated Resident #23 was cognitively intact with a Brief Interview Mental Status (BIMS) score of 15 out of 15.</p> <p>A review of a document entitled "Life Enrichment Short Stay Care Plan" identified as current by the Clinical Consultant on 7/24/14 at 8:50 a.m., indicated residents were evaluated for choice related to baths verses showers however, they were not evaluated for preferences regarding how frequently they would receive baths or showers. The record lacked documentation Resident #23 had been assessed for his preferred frequency of bathing.</p> <p>A policy and procedure entitled, "Residents Rights" identified as current by the Director of Nursing (DON) on 7/24/14 at 1:50 p.m., indicated the facility would recognize "...the resident's right to a quality of life that supports privacy, confidentiality, independent expression, choice, and decision making, consistent with State law and Federal regulation...."</p> <p>3.1-3(u)(3)</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p>						

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	<p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to evaluate and revise the residents care plan after a fall for 1 of 3 residents reviewed for falls (Resident #41).</p> <p>Findings include:</p> <p>During a review of Resident #41's chart on 7/23/14 at 3:16 p.m., a notation in the nursing notes dated 7/17/14, indicated the resident was found "on the floor next to bed." Upon reviewing the resident's chart for follow up regarding her fall, no further information was found in the residents record regarding her fall.</p> <p>During an interview on 7/23/14 at 3:21 p.m., Registered Nurse (RN) #5 indicated</p>	F000280	Resident # 41's care plans have been reviewed by the IDT to ensure they reflect the current status of the resident. A one time audit of current resident population that have experienced an accident for the past 30 days has been reviewed to ensure timely updating has been completed. The IDT has been re-educated on the care planning process in a timely fashion. It is the responsibility of the IDT and Licensed Supervisory Nurses to ensure the care plans have been updated in a timely manner. The DON/Designee will be responsible to review care planning updates five times per week for 2 weeks, monthly for 5 months, and the quarterly for 2 quarters. Any concerns noted will be addressed by the IDT. Any	08/23/2014

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	<p>the nurses were to complete a Situation Background Assessment Recommendation (SBAR) form on the computer after a resident had a fall and then turn it in to the Unit Manager (UM). She indicated the Interdisciplinary Team (IDT) then reviewed the fall the following day.</p> <p>On 7/24/14 at 8:50 a.m., the Clinical Consultant, indicated that the IDT team reviewed the fall on 7/23/14 at 4:45 p.m. after it had been brought to the facility's attention that this task had been overlooked.</p> <p>During an interview on 7/24/14 at 10:15 a.m., the DON (Director of Nursing) indicated the IDT meetings usually occurred daily at 2 p.m., during the week and they "ideally liked to review falls" and revise the care plans the next day after a fall had occurred.</p> <p>A review of a document entitled, "Falls and Injuries", received from the Clinical Consultant, on 7/24/14 at 9:20 a.m., indicated, the IDT should, "....Review and revise Care Plan annually quarterly and with the change of condition....".</p> <p>3.1-35(d)(2)(B)</p>		<p>further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The ADM/designee will be responsible to review the results of auditing of the care planning process as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI team. DOC: 8-23-14</p>				

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F000356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law,</p>			

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F000431 SS=E	<p>whichever is greater.</p> <p>Based on observation and interview, the facility failed to ensure the nurse staffing data was updated daily. This deficient practice had the potential to affect 73 of 73 residents who resided in the facility.</p> <p>Findings include:</p> <p>During observations made on 7/21/14 at 7:30 A.M., the nurse staffing data was observed in a frame located in the facility's entrance area. The nurse staffing data indicated the information was for the date 7/18/14.</p> <p>During an interview on 7/21/14 at 10:56 A.M., the Director of Nursing indicated it was her responsibility to ensure the nurse staffing data was up to date and posted. She indicated she was not at the facility over the weekend and it was not updated.</p> <p>3.1-13(i)(4)</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in</p>	F000356	<p>No resident identified. Staff have been re-educated on ensuring the nursing staffing data is updated daily. It is the responsibility of the Nursing Administrative Staff to post the Nursing Staffing Daily. In addition, the Weekend Manager on Duty will be responsible to review daily posting accuracy on Saturday and Sunday. The DON/Designee will be responsible to review the posting 5 times per week for 2 weeks, monthly for 5 months, and the quarterly for 2 quarters. Any concerns noted will be addressed by the DON. Any further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The ADM/designee will be responsible to review the results of auditing of the Nursing Staffing postings as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI team. DOC: 8-23-14</p>	08/23/2014			

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	<p>sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to ensure medications stored in emergency drug kits (EDK) were not expired on 1 of 3 medication storage rooms. This deficient practice had the potential to affect 19 of 19 residents who resided on the Alternative Rehab Unit.</p> <p>Findings include:</p>	F000431	No residents were identified. The Emergency Drug Kit (EDK) was immediately replaced. A one time audit of current EDKs has been completed. Staff have been re-educated on checking the EDK content list and expiration dates at shift change daily. It is the responsibility of the Licensed Supervisory Nurses to review the EDK content list and expiration dates of medications. The	08/23/2014

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	<p>During observations made with Licensed Practical Nurse (LPN) #1 on 7/21/14 at 9:45 A.M., the EDK stored in the Alternative Rehab Unit's medication storage had a content list which indicated the Prochlorperazin (anti-nausea) had expired on April 2014, the Promethazine (anti-nausea) had expired on May 2014, and the Novolin (insulin) had expired on May 2014.</p> <p>During an interview on 7/21/14 at 9:45 A.M., LPN #1 indicated the medications in the EDK were expired.</p> <p>During an interview on 07/23/14 at 8:55 A.M., the Director of Nursing (DON) indicated the facility's contracted pharmacy service checked and verified all EDK medications monthly.</p> <p>During an interview on 7/24/14 at 10:00 A.M., the facility's corporate nurse consultant indicated the facility staff did not check for expiration dates on the EDK because the pharmacy checked them monthly.</p> <p>A policy titled "Emergency Medication Supplies" identified as current by the nurse consultant on 7/23/14 at 9:20 A.M., indicated, "...Facility staff should review the Emergency Medication Supply for</p>		<p>DON/designee will be responsible to review the EDK review 5 times per week for 2 weeks, monthly for 5 months, and the quarterly for 2 quarters. Any concerns noted will be addressed by the DON. Any further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The ADM/designee will be responsible to review the results of auditing of the EDK reviews as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI team. DOC: 8-23-14</p>	

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	correct quantity and expiration. Facility should immediately report to Pharmacy any discrepancies in quantity or expiration...."  3.1-25(o)				