

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155694	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/25/2016
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NAME OF PROVIDER OR SUPPLIER BETZ NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 116 BETZ RD AUBURN, IN 46706
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>This visit included the investigation of Complaints IN00199240 and IN00200233.</p> <p>Complaint IN00199240 – Substantiated. Federal/State deficiencies related to the allegations are cited at F282.</p> <p>Complaint IN00200233 –Substantiated. No deficiencies related to the allegations were cited.</p> <p>Survey dates: May 17, 18, 19, 20, 23, 24, and 25, 2016.</p> <p>Facility number: 000306 Provider number: 155694 AIM number: 100273860</p> <p>Census bed type: SNF/NF: 108 Total: 108</p> <p>Census payor type: Medicare: 18 Medicaid: 50 Other: 40</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 the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a post survey revisit on or after June 9, 2016.	

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 0282 SS=D Bldg. 00	<p>Total: 108</p> <p>Sample: 3</p> <p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on May 26, 2016 by 17934.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to follow a physician's order and care plan for fall prevention interventions for 1 of 3 residents (K) reviewed for falls.</p> <p>Findings include:</p> <p>On 5/17/16 at 11:36 A.M., an interview with the Regional Consultant nurse indicated Resident (K) had two falls without injury in the previous 30 days.</p>	F 0282	<p>F282 Services by Qualified Persons/per Care Plan -Residents affected by the alleged deficient practice: One resident(#K) was found to have been affected by the alleged deficiency. All residents with a physician order for a body pillow to be in place to establish bed boundaries have the potential to be affected by the alleged deficient practice What corrective actions will be taken for those residents found to have been affected by the deficient practice?: Resident K care plan was reviewed per IDT and</p>	06/07/2016

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	<p>An observation on 5/19/16 at 11:15 A.M. of Resident K in bed showed no body pillow in place tucked under the sheet on the outside edge of the bed.</p> <p>An observation on 5/19/16, at 2:46 P.M., 2 staff members took Resident K to her room and assisted her to bed. A body pillow was not put in place under the sheet on the outside edge of the bed. The observation continued until 3:12 P.M. and Resident K did not have a body pillow in place.</p> <p>An observation was made on 5/23/16 at 10:13 A.M. of Resident K in bed without a body pillow in position tucked under the sheet on the outside edge of the bed. A body pillow was noted on top of the covers at the foot of the bed.</p> <p>On 5/23/16 at 10:18 A.M. the Director of Nursing Services (DNS) was called into the resident's room and shown the body pillow was not in place. The DNS indicated the body pillow was supposed to have been in place under the sheet next to the resident,</p> <p>Review of Resident K's care plans, indicated on 3/21/16, a care plan for Falls was started: "Resident is at risk for falls due to decreased mobility, balance deficit, receives antidepressant and</p>		<p>recommendations were to discontinue the body pillow to establish bed boundaries and implement a Stage 4 air mattress with bolsters. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? DNS/designee conducted a whole house audit to identify all residents having a physician order for a body pillow to be in place to establish bed boundaries. DNS/designee will educate all licensed staff on the appropriate fall interventions for establishing bed boundaries. DNS/designee will educate all nursing staff on fall interventions and the importance of and proper procedure of following resident plan of care on or before 06/07/2016. What measures will be put into place or what systemic changes will you make to ensure that the alleged deficient practice does not recur?: DNS/designee will educate all licensed nursing staff on the importance of following physician orders, care plans, and care-giver profiles. Physician orders, care plans and care-giver profiles will be reviewed at the end of the month, with each fall, and during care plan review to ensure accuracy of fall interventions. How will the corrective action be monitored to ensure the deficient practice will not recur, ie, what QA program will be put into place: The Care</p>	

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	<p>antihypertensive medications. On 4/4/16 an approach was added for a body pillow tucked under sheet on outside edge of bed.</p> <p>On 4/6/16, a physician's order was received for a body pillow while in bed, every shift.</p> <p>This Federal tag relates to complaint IN00199240.</p> <p>3.1-35(g)(1)</p>		<p>Plan Review tool, the Care Plan Updating tool, and the Fall Management tool will be implemented daily for 4 weeks, weekly for 3 months then quarterly thereafter per DNS/designee and submitted to the CQI committee. If threshold of 95% is not met, an action plan will be developed. Date of Compliance will be 06/07/2016.</p>		