

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E187		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/14/2012	
NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY				STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN 46407			
(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
F0000	<p>This was an Offsite Paper Review for the Investigation of Complaint IN00109907</p> <p>Complaint IN00109907-Substantiated, Federal/State deficiency related to the allegation cited at F287</p> <p>Survey dates: June, 14, 2012</p> <p>Facility Number: 000368 Provider Number: 15E187 AIM Number: 100275220</p> <p>Survey Team; Barbara Wheeler, RN</p> <p>Census Bed Type: NF: 22 Total: 22</p> <p>Census Payor Type: Medicaid: 21 Other: 1 Total: 22</p> <p>This deficiency reflects a state finding cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on June 19, 2012 by Bev Faulkner, RN</p>			F0000			

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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F0287 SS=C	<p>483.20(f) ENCODING/TRANSMITTING RESIDENT ASSESSMENT</p> <p>Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility:</p> <p>Admission assessment. Annual assessment updates. Significant change in status assessments. Quarterly review assessments. A subset of items upon a resident's transfer, reentry, discharge, and death. Background (face-sheet) information, if there is no admission assessment.</p> <p>Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the State information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>A facility must electronically transmit, at least monthly, encoded, accurate, complete MDS data to the State for all assessments conducted during the previous month, including the following:</p> <p>Admission assessment. Annual assessment. Significant change in status assessment. Significant correction of prior full assessment. Significant correction of prior quarterly assessment. Quarterly review. A subset of items upon a resident's transfer, reentry, discharge, and death. Background (face-sheet) information, for an</p>						

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	<p>initial transmission of MDS data on a resident that does not have an admission assessment.</p> <p>The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>Based on record review and interview, the facility failed to transmit the electronic MDS records that pass standard edit specifications, for 4 of 5 months in 2012. (February, March, April, and May)</p> <p>Findings include:</p> <p>On 6/14/2012 ISDH (Indiana State Department of Health) records indicated the facility had not transmitted their required MDS data within 14 days of the completion date of the assessments. As of 6/14/2012, ISDH records indicated there had been no MDS submissions since January 19, 2012</p> <p>On 6/14/2012 attempts were made to contact the facility MDS Coordinator and Director of Nursing. The MDS Coordinator and Director of Nursing were not available.</p> <p>Phone interview with the Administrator on 6/14/2012 at 2:35 P.M., indicated there had been a turnover in staff and the submissions may have been missed, but</p>	F0287	<p>F287 A. Residents were not affected by the delay in transmission. Records were available in the MDS binder but were coded as PPS records. B. All residents MDS assessments will be monitored to assure that they are transmitted 14 days after completion by using the enclosed tracking form. This form will be completed by the MDS Coordinator and submitted to the D.O.N. weekly. The D.O.N. will submit a report to the Administrator bi-weekly. C. The D.O.N. will hold ongoing in-services with the MDS Coordinator and MDS team. D. All MDS will be audited for proper transmission and sent immediately. Q.A. Committee will review MDS submission tracking form quarterly. E. 7/14/2012</p>	07/14/2012

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	<p>she would look into the problem.</p> <p>This federal tag relates to Complaint IN00109907.</p> <p>3.1-13(r)</p>				