

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155064	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/31/2014
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NAME OF PROVIDER OR SUPPLIER APERION CARE KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S LAFOUNTAIN ST KOKOMO, IN 46902
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F000000	<p>This visit was for the Investigation of Complaints IN00158341, IN00158412, IN00158554 and IN00158814.</p> <p>Complaint IN00158341 - Substantiated. Federal/State deficiencies related to the allegations are cited at F159, F160, F161, and F225.</p> <p>Complaint IN00158412 - Substantiated. Federal/State deficiencies cited related to the allegations are cited at F157 and F328.</p> <p>Complaint IN00158554 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00158814 - Substantiated. Federal/State deficiencies related to the allegations are cited at F225 and F226.</p> <p>Survey dates: October 29, 30 & 31, 2014</p> <p>Facility Number: 000025 Provider Number: 155064 AIM Number: 100274850</p> <p>Survey Team: Mary Jane G. Fischer RN TC</p> <p>Census Bed Type:</p>	F000000	The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.	

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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F000157 SS=D	<p>SNF: 5 SNF/NF: 37 Total: 42</p> <p>Census Payor Type: Medicare: 8 Medicaid: 29 Other: 5 Total: 42</p> <p>Sample: 7 Supplemental Sample: 18</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on November 5, 2014.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an</p>						

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	<p>existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review, the facility failed to immediately notify a resident's physician and concerned family member, in that when a resident displayed signs and symptoms of coughing with frank bleeding through the mouth and tracheostomy, the nursing staff delayed notification of the resident's physician for possible intervention for 1 of 3 resident's reviewed for special needs in a sample of 7. (Resident "A").</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 10-30-14 at 1:00 p.m. Diagnoses included, but were not limited to, malignant neoplasm of the tongue - dorsal, cellulitis, abscess and pain.</p>	F000157	<p>F157 Notify of Changes</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified:</p>	11/30/2014	

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	<p>These diagnoses remained current at the time of the record review.</p> <p>A review of the Nurses Notes indicated the following: "10-18-14 <sic> 2:00 p.m. - Trache [tracheostomy] patent, coughing clear white thick mucous, No distress. Pain meds. [medications] given PRN [as needed] for c/o [complaints of] discomfort."</p> <p>"10-18-14 3:45 a.m. - Pt. [patient] had large amounts of blood coughing up through mouth et [and] trach. Suction machine made available. PRN pain meds. given for comfort. Drsng's [dressings] changed multiple times et trach care given."</p> <p>"10-18-14 10:00 a.m. Pt. continues to cough up blood through trach et mouth. Will continue to monitor."</p> <p>"10-18-14 10:15 a.m. MD [Medical Doctor] called writer in reference to pt. Informed MD about pt's condition the fact that pt. coughing up blood. MD informed writer to continue to manage pt's pain et monitor."</p> <p>"10-18-14 10:20 a.m. Hospice nurse called. MD wants nurse from Hospice to come see pt."</p>		<p>Resident "A" no longer resides in facility.</p> <p>2) How the facility identified other residents:</p> <p>All residents within the facility have the potential to be affected by this practice.</p> <p>3) Measures put into place/ System changes:</p> <p>Nursing staff were in-serviced on the "Physician/Family/Responsible Party Notification of Change in Condition policy.</p> <p>An audit will be conducted 3 times a week on proper notification of changes in condition.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in the Quality Assurance Meeting monthly x3 months and quarterly x1 for a</p>				

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	<p>"10-18-14 10:50 a.m. Hospice nurse called back et stated he will call [name of physician] to see what he wants him to do."</p> <p>"10-18-14 10:55 a.m. Notified [family members] about pt's condition."</p> <p>A review of the facility policy on 10-31-14 at 9:30 a.m., titled "Physician /Family/Responsible Party Notification For Change In Condition," and undated, indicated the following:</p> <p>"Purpose: To ensure that medical care problems are communicated to the attending physician and family/responsible party in a timely, efficient, and effective manner."</p> <p>"Responsibility: All Licensed Nursing Personnel."</p> <p>"Policy 1. Physician and family/responsible party notification is to include, but is not limited to: Abnormal bleeding, Change in condition that may warrant a change in current treatment."</p> <p>This Federal tag relates to Complaint IN00158412.</p> <p>3.1-5(a)</p>		<p>total of 6 months.</p> <p>DON/Designee will be responsible for oversight of these audits.</p> <p>5) Date of compliance: 11/30/2014</p>				

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F000159 SS=E	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that</p>				

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	<p>receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on record review and interview the facility failed to ensure and maintain a system of general accounting principles in regards to the resident trust fund account, quarterly statements and earned interest for 1 of 7 sampled and 18 of 18 supplemental sampled residents.</p> <p>(Residents "D", "H", "I", "J", "K", "L", "M", "N", "O", "P", "Q", "R", "S", "T", "U", "V", "W", "X", and "Y").</p> <p>Findings include:</p> <p>In addition to the review of the residents who currently had accounts in the Resident Trust Fund, on 10-31-14 at 9:30 a.m., the former Business Office Manager, indicated the facility was representative payee for Resident's "D", "J", "N", "O", "Q", "S", "W" and "Y".</p> <p>The "Resident Trust Summary Report" for Resident "D" was reviewed on 10-30-14 at 12:00 p.m. The Residents total income was noted at \$1037.50 per month with a monthly liability of \$985.00 and a \$52.00 personal needs</p>	F000159	<p>F159 Facility Management of Facility Funds</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified:</p> <p>All residents will be sent a current balance on their resident trust fund account. Residents or responsible parties will confirm the amount currently in the account is accurate. Those that are deemed accurate will move forward with that balance. Those that are deemed inaccurate,</p>	11/30/2014			

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	<p>allowance. The resident's trust summary report indicated the resident's liability was for \$908.00 for the months of May, June and July 2014. The report lacked documentation the resident received the interest from the resident trust fund account and also lacked documentation after 07-03-14 thru 10-31-14.</p> <p>The "Resident Trust Summary Report" for Resident "H" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$2948.00 per month. The resident's trust summary report indicated the resident's account had a balance of \$26.00 on 04-13-14, \$14.00 on 07-14-14 and a -\$6.00 on 09-18-14. The report lacked documentation the resident received the interest from the resident trust fund account and also lacked documentation after 09-18-14.</p> <p>The "Resident Trust Summary Report" for Resident "I" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at "\$0.00 per month." The resident's trust summary report indicated the resident's account had a balance of \$26.00 on 04-13-14, \$14.00 on 07-14-14 and a -\$6.00 on 09-18-14. The report lacked documentation the resident received the interest from the resident trust fund</p>		<p>the facility will work with the resident or responsible party to ensure the balance in the account is as accurate as possible.</p> <p>2) How the facility identified other residents:</p> <p>All residents within the facility who the facility keep resident funds for have the potential to be affected by this practice.</p> <p>3) Measures put into place/ System changes:</p> <p>The new BOM will maintain basic accounting principles to ensure the future accuracy of resident trust funds including earned interest.</p> <p>Monthly statements will be sent to responsible parties beginning in December 2014 to help ensure the accuracy of the residents trust funds.</p> <p>The ED will audit the amount in the resident trust fund account weekly to ensure general</p>		

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	<p>account from 05-12-14 thru 09-26-14. There was no documentation related to the resident's funds 01-01-14 thru 05-12-14.</p> <p>The "Resident Trust Summary Report" for Resident "J" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$1363.50 per month. The resident's trust summary report indicated the resident's account had a balance forward of \$477.00 on 04-07-14. The resident's balance on 09-02-14 was noted at \$643.75. The report lacked documentation the resident received the interest from the resident trust fund account and also lacked documentation after 09-02-14.</p> <p>The "Resident Trust Summary Report" for Resident "K" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$1249.00 per month. The resident's trust summary report indicated the resident's account had a "zero" balance prior to 04-14-14. The "new balance" on 04-14-14 was documental at \$1515.10. The next items listed was a "debit for \$135.81 AT & T." The balance on 06-13-14 was noted at \$1379.29. The report lacked documentation the resident received the interest from the resident trust fund account, additional liability, personal</p>		<p>accounting principles are being followed and statements are being sent.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in the Quality Assurance Meeting monthly x3 months and quarterly x1 for a total of 6 months.</p> <p>ED/Designee will be responsible for oversight of these audits.</p> <p>5) Date of compliance: 11/30/2014</p>		

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	<p>needs allowance and also lacked documentation after 06-13-14.</p> <p>The "Resident Trust Summary Report" for Resident "L" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$2578.84 per month. The resident's trust summary report indicated the resident's account had a balance of \$22.34 on 04-14-14. The report lacked documentation the resident received the interest from the resident trust fund account and also lacked documentation after 04-14-14.</p> <p>The "Resident Trust Summary Report" for Resident "M" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$2634.00 per month. The facility lacked documentation of the resident's monies in the trust fund account, liabilities or personal needs allowance.</p> <p>The "Resident Trust Summary Report" for Resident "N" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$941.00 per month. The resident's trust summary report indicated the resident's account had a zero balance prior to 04-14-14 at which time a balance of \$52.19 was documented. Although the ledger indicated monthly deposits and personal</p>						

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	<p>needs allowances from 04-14-14 thru 09-19-14, the ledger lacked documentation of earned interest.</p> <p>The "Resident Trust Summary Report" for Resident "O" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$2809.04 per month. The resident's trust summary report indicated the resident's account indicated liabilities of various amounts. The 05-03-14 liability amount was noted at \$2570.39, and the 07-04-14 liability was noted at \$1218.04 and the 09-03-14 liability was noted at \$1434.00. The report lacked documentation the resident received the interest from the resident trust fund account and also lacked documentation after 09-15-14.</p> <p>The "Resident Trust Summary Report" for Resident "P" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$912.00 per month. The resident's trust summary report indicated the resident's account had a balance of \$13.88 on 04-14-14, and a current balance of \$8.43 on 09-18-14. The record lacked documentation of interest earned from 04-14-14 thru 09-18-14.</p> <p>The "Resident Trust Summary Report" for Resident "Q" was reviewed on</p>			

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	<p>10-30-14 at 12:00 p.m. The Residents total liability was noted at \$3427.44 per month. The resident's trust summary report indicated the resident's liability was noted at \$1871.00 on 05-02-14, 06-03-14, 07-03-14. The next entry was noted on 08-01-14 as a "withdrawal pension" in the amount of \$1556.44, and the resident had a current balance of \$3203.23 on 09-18-14. The report lacked documentation the resident received the interest from the resident trust fund account and also lacked documentation after 09-18-14.</p> <p>The "Resident Trust Summary Report" for Resident "R" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$1747.00 per month. The resident's trust summary report indicated the resident's account had a negative balance which began on 07-11-14 through 09-15-14 which totaled \$147.79. The report lacked documentation the resident received the interest from the resident trust fund account and also lacked documentation after 09-15-14.</p> <p>The "Resident Trust Summary Report" for Resident "S" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at "zero" per month. Although the resident received</p>			

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	<p>\$52.00 per month for personal needs allowance, the report lacked documentation the resident received the interest from the resident trust fund account and also lacked documentation after 08-29-14.</p> <p>The "Resident Trust Summary Report" for Resident "T" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$1056.00 per month. The resident's trust summary report indicated the resident had not received interest from 01-08-14 through 09-15-14.</p> <p>The "Resident Trust Summary Report" for Resident "U" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$3320.36 per month. The resident's trust summary report indicated the resident's account had an amount of \$97.00 "balance forward" on 12-31-13. The report lacked documentation the resident received the interest from the resident trust fund account.</p> <p>The "Resident Trust Summary Report" for Resident "V" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$419.00 per month. The resident's trust summary report indicated the resident's account</p>			

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	<p>had an adjusted balance of \$.40 on 12-31-13. The report lacked any additional information related to this resident's account for 2014.</p> <p>The "Resident Trust Summary Report" for Resident "W" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at "zero" per month. Although the resident kept her monies in the trust fund account, the account lacked documentation of earned interest.</p> <p>The "Resident Trust Summary Report" for Resident "X" was reviewed on 10-30-14 at 12:00 p.m. The Residents had funds in the Trust fund account with on 06-30-14 there was \$100.00 and the next entry dated 08-27-14 was a balance of \$75.00. The report lacked documentation the resident received the interest from the resident trust fund account.</p> <p>The "Resident Trust Summary Report" for Resident "Y" was reviewed on 10-30-14 at 12:00 p.m. The Residents total liability was noted at \$1893.00 per month. The resident's trust summary report indicated the resident's liability was documented at \$1878.00 on 05-09-14, 06-09-14, and 07-13-14. The liability was listed at \$1141.00 on</p>						

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	<p>09-03-14. The report lacked documentation the resident received the interest from the resident trust fund account.</p> <p>During an interview on 10-30-14 at 12:30 p.m., the former Business Office Manager indicated she had signed the checks to re-reimburse the residents cash drawer in the amount of \$250.00 on 08-15-14, \$300.00 on 09-05-14 and \$300.00 on 09-08-14. The former Business Office Manager indicated that although she signed the checks for Employee #10 to take to the bank and cash, she had not witnessed Employee #10 put the amount of money into the cash box.</p> <p>The former Business Office Manager indicated that when she assumed the position of Marketing Director, the Administrator and employee #10 did the monthly reconciliation of the accounts. "When I helped with the reconciliation the first of August [2014], there was a balance of \$300.00 in the account. When it was later reconciled at the end of September (2014), there was \$3900.00 written for cash and we had receipts, but there was \$1776.00 missing from the box. There should be receipts for everything 'checks and balances.' I can tell you I signed the checks but once she</p>						

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	<p>[in reference to employee #10] came back from the bank I never saw if she put the money in the cash box."</p> <p>In addition a review of the Resident Council Meeting minutes on 10-29-14 at 11:00 a.m., indicated the following:</p> <p>"February 2014 - want money on weekends and also want bank statements. Resident Council Response - 03-21-14 Still waiting on bank statements, realize she [name of former business office manager #8] is busy. Would like money on the weekends. Several residents stated this. "Business office has offered each resident a copy of their statement when they withdraw money, residents have declined a printout just want a verbal balance. Quarterly statements, will be going out at the end of March, business office will ask each resident statements to be signed as they are handed out to ensure everyone gets one."</p> <p>"March 2014 - Needs to let them know what money they have in their accounts. Resident Council Response 03-19-14 Still waiting on statements to let them know how much some have in accounts. I suggested they go up and ask. (same as the February concern)."</p> <p>"August 20, 2014 - There are problems</p>						

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F000160 SS=E	<p>getting money still... . Please see [Name of Former Administrator] with any problems concerning accessing resident funds."</p> <p>During an interview on 10-30-14 at 9:30 a.m., the Social Service Director indicated, "I heard the Business Office was a little disorganized and that the resident's were unsure how much money they had left. One resident told me the Business office put a \$10.00 limit on the amount they could take out of their account."</p> <p>This Federal tag relates to Complaint IN00158341.</p> <p>3.1-6(e)</p> <p>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate. Based on record review the facility failed to ensure the monies in a resident's trust fund account was conveyed within 30 days of a resident's death and a final accounting of those funds to the probate jurisdiction administering the resident's</p>	F000160	<p>F160 Conveyance of Personal Funds Upon Death</p> <p>The filing of this plan of</p>	11/30/2014			

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	<p>estate for 2 of 3 residents sampled for conveyance of funds upon death in a sample of 7. (Residents "E" and "G").</p> <p>Findings include:</p> <p>The record for Resident "E" was reviewed on 10-30-14 at 10:30 a.m. The resident was admitted to the facility on 05-07-11 and expired on 09-11-14. The "Resident Trust Summary Report," indicated that on 09-18-14 the resident's balance was \$1682.57. The report lacked documentation of the conveyance of the resident funds 30 days after the resident's death.</p> <p>The record for Resident "G" was reviewed on 10-30-14 at 11:00 a.m. The resident was admitted to the facility on 07-02-09 and expired on 08-09-14. The "Resident Trust Summary Report," indicated that on 04-07-14 the resident's balance was \$11.51. The report lacked documentation of additional monies to the resident's account from 04-07-14 until the time the resident expired and also lacked documentation the conveyance of the resident funds 30 days after the resident's death.</p> <p>This Federal tag relates to Complaint IN00158341.</p>		<p>correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified:</p> <p>The monies for those residents who have passed have been conveyed back to the appropriate parties.</p> <p>2) How the facility identified other residents:</p> <p>All residents within the facility who the facility keeps resident funds for have the potential to be affected by this practice.</p> <p>3) Measures put into place/ System changes:</p> <p>The BOM will complete a weekly audit to ensure discharged residents have had their balances refunded to them</p>				

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F000161 SS=E	<p>3.1-6(h)</p> <p>483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. Based on record review and interview the facility failed to provide a surety bond which assured the security of all personal funds which were deposited with the facility and into the the trust fund</p>	F000161	<p>within 30 days of discharge.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in the Quality Assurance Meeting monthly x3 months and quarterly x1 for a total of 6 months.</p> <p>ED/Designee will be responsible for oversight of these audits.</p> <p>5) Date of compliance: 11/30/2014</p> <p>F161 Surety Bond – Security of Personal Funds</p>	11/30/2014	

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	<p>accounts for 2 of 2 trust accounts reviewed.</p> <p>Findings include:</p> <p>During a review of the fund accounts on 10-30-14 at 11:30 a.m., the bank account ledgers were reviewed. During this record review the monthly folders included not only the "Business Enterprise Checking," reports but an additional bank statement, titled "Business Interest Checking."</p> <p>During interview at this time, the current Business Office Manager as well as the Interim Administrator were unaware of the additional resident trust account.</p> <p>A review of the bank statements for both accounts were as follows:</p> <p>"May 2014" - Business Enterprise Checking - Deposits and other additions \$24,448.15 and Business Interest Checking Deposits and other additions \$14,664.83 which totaled \$39,112.98.</p> <p>"June 2014" - Business Enterprise Checking - Deposits and other additions \$29,217.10 and Business Interest Checking Deposits and other additions \$3902.48 which totaled \$33,119.58.</p>		<p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified:</p> <p>The Surety Bond was reviewed and increased to \$40,000.</p> <p>2) How the facility identified other residents:</p> <p>All residents within the facility who the facility keeps resident funds for have the potential to be affected by this practice.</p> <p>3) Measures put into place/ System changes:</p> <p>An audit will be conducted weekly to ensure the amount of the surety bond exceeds the amount of money within the</p>	

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F000225 SS=D	<p>"August 2014" - Business Enterprise Checking - Deposits and other additions \$34,337.79 and Business Interest Checking Deposits and other additions \$6333.73 which totaled \$40,671.52.</p> <p>"September 2014" - Business Enterprise Checking - Deposits and other additions/average ledger balance \$30,306.07 and Business Interest Checking Deposits and other additions \$9630.03 which totaled \$39,936.10.</p> <p>A review of the facility Surety Bond on 10-30-14 at 1:00 p.m., indicated the "bond" was renewed on 05-10-14, and the amount of financial security totaled "\$30,000.00."</p> <p>This Federal tag relates to Complaint IN00158341.</p> <p>3.1-6(i)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning</p>		<p>resident trust fund account.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in the Quality Assurance Meeting monthly x3 months and quarterly x1 for a total of 6 months.</p> <p>Business Office Manager/Designee will be responsible for oversight of these audits.</p> <p>5) Date of compliance: 11/30/2014</p>				

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	<p>abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>A. Based on record review and interview the facility failed to ensure a resident's concern and allegation in regard to lost or stolen possession was immediately investigated and reported to the local police for 1 of 1 resident's reviewed for misappropriation of property in a sample</p>	F000225	<p>F225 – Investigate/Report Allegations/Individuals</p> <p>The filing of this plan of correction does not constitute an admission that the alleged</p>	11/30/2014	

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	<p>of 7. (Resident "F").</p> <p>B. In addition the facility failed to ensure thorough criminal history back ground checks of employees and that the facility staff were aware of the Elder Justice Act, which required the reporting of reasonable suspicion of a crime against a resident, reporting of crimes with guidance, advisories, reporting to the ISDH (Indiana State Department of Health) and failed to post a notice for its employees specifying the employee's rights in the reporting of a crime, in that when staff members were interviewed and observations made that facility failed to provide education to the Elder Justice Act. This deficient practice had the potential to affect all resident's in the facility.</p> <p>C. The facility also failed to ensure a thorough criminal history check of employees prior to employment for 2 of 10 employee's reviewed for criminal history checks. (Employee # 10 and # 11)</p> <p>Findings include:</p> <p>A1. The record for Resident "F" was reviewed on 10-30-14 at 2:00 p.m. Diagnoses included, but were not limited to, congestive heart failure, end stage</p>		<p>deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified:</p> <p>Resident F no longer resides in the facility.</p> <p>Staff were educated on the Elder Justice Act and the notice of the act is posted.</p> <p>All current staff have current criminal background checks.</p> <p>2) How the facility identified other residents:</p> <p>All residents within the facility the potential to be affected by this practice.</p> <p>3) Measures put into place/ System changes:</p> <p>An audit will be conducted weekly to ensure all allegations</p>		

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	<p>renal disease, hypertension and chronic obstructive pulmonary disease. These diagnoses remained current at the time of the record review.</p> <p>A review of the resident's Minimum Data Set assessment, dated 09-16-14, indicated the resident was alert and oriented.</p> <p>A review of the resident's "Inventory of Personal Effects," dated 09-27-14, indicated the resident had "wedding rings (3) connected, Value \$5600.00."</p> <p>During an interview on 10-30-14 at 10:00 a.m., the resident indicated "I buried my [family member] on 10-07-14 and on 10-08-14 I went to dialysis. I told my [family member] the rings seemed loose but was going to keep them on. On 10-09-14 I got up and went to physical therapy, then back to my room and then had lunch. After lunch I went to occupational therapy and that's when I realized I didn't have my rings. I said 'where are my rings ?' I called my husband and I also reported it to [name of Administrator]. He didn't do anything so I called the police myself and the Ombudsman and your office. The Social Worker came in after that and started looking around my room. We didn't find them. I was upset that the Administrator didn't act on it right away."</p>		<p>of lost or stolen property are immediately investigated.</p> <p>An audit will be conducted weekly to ensure all new staff were educated on the Elder Justice Act.</p> <p>An audit will be conducted weekly to ensure all new staff had a timely criminal background check.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in the Quality Assurance Meeting monthly x3 months and quarterly x1 for a total of 6 months.</p> <p>Executive Director/Designee will be responsible for oversight of these audits.</p> <p>5) Date of compliance: 11/30/2014</p>	

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	<p>During an interview on 10-29-14, during the Entrance Conference, the Interim Administrator indicated that the local Ombudsman came to the facility about the resident's rings and that he (the interim administrator) would report this loss to the ISDH today as the Initial and 5 day follow up report.</p> <p>During an interview on 10-30-14 at 9:30 a.m., the Social Service Director indicated she did "search" the resident's room for the rings, but they didn't ask me to start interviewing other resident's until today."</p> <p>A review of the facility "Theft/Loss Monitoring Report, dated 10-09-14, indicated the Receptionist completed the document and indicated the following:</p> <p>"Items lost 1 wedding ring (3 rings combined into 1 ring) 3 1/4 K [karat] diamond engage [engagement], 1/4 K wrap, 1/4 K annv. [anniversary] band. Estimated date of loss: 10-09-14 at night time. Pt. [patient] remembers going to sleep with her rings on hand when pt. <sic> woken up she went about her day. It wasn't till [until] several hours later that pt. realized she did not have her rings on. Pt. as well as family member and staff have looked in pts room and her</p>			

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	<p>belongings for the missing ring. The rings have not been found."</p> <p>The "Follow Up Section" of the report was completed by the Social Service Director and indicated, "Pt. has called local Police Department to give a 'theft report' of stolen rings."</p> <p>A review of the facility policy on 10-29-14 at 10:30 a.m., titled "Abuse, neglect and Misappropriation of Property," undated, indicated the following:</p> <p>"Standard: Residents of the facility are protected from any verbal, sexual, physical and mental abuse, corporal punishment, involuntary seclusion, neglect and misappropriation of personal property."</p> <p>"Procedural Guidelines: 2. The facility will investigate all alleged violations thoroughly and prevent further potential abuse when the investigation is in progress. 3. Definitions: Misappropriation of resident property is defined as the patterned or deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident belongings or money without the resident's consent... 6. The Administrator will then notify the Social Services</p>			

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	<p>Director, who will immediately begin the investigation of the alleged abuse. A thorough investigation will be completed. The investigation shall include the following: an interview with the resident, staff on duty at time of allegation, and any other witnesses of the alleged abuse, a review of the documentation and charting, as well as the Incident Report, a written report forwarded to the Administrator."</p> <p>B1. During walking rounds on 10-31-14 at 8:30 a.m., with the Interim Administrator in attendance, signage for the Elder Justice Act was not observed.</p> <p>During an interview on 10-31-14 at 8:45 a.m., the Housekeeping Supervisor indicated she was unfamiliar with the Elder Justice Act.</p> <p>During an interview on 10-30-14 at 9:30 a.m., the Social Service Director indicated she was hired on 07-18-14 and was unfamiliar with the "Elder Justice Act."</p> <p>During an interview on 10-31-14 at 9:15 a.m., CNA (certified nurses aide) #3 indicated she did not know about the Elder Justice Act.</p> <p>During an interview on 10-31-14 at 9:30</p>						

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F000226 SS=D	<p>a.m., Housekeeper #6 indicated she had education about the Elder Justice Act which instructed the staff to make sure "to knock on the resident's doors and ask if it is ok to come in and clean."</p> <p>A review of designated employee files, hired in the year of 2014, 8 of 8 lacked documentation of Education related to the Elder Justice Act.</p> <p>C1. A review of the employee files on 10-30-14 at 12:00 p.m., indicated employee #10 was hired on 07-28-14 as the Business Office Manager. A criminal History check on this employee was not completed until 10-03-14 and was "let go" on 10-07-14.</p> <p>In addition CNA #11 did not have a criminal history check completed.</p> <p>This Federal tag relates to Complaint IN00158814 and IN00158341.</p> <p>3.1-28(a) 3.1-28(c) 3.1-28(d)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of</p>				

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	<p>residents and misappropriation of resident property.</p> <p>Based on record review and interview the facility failed to implement their policy in that when a resident expressed concerns related to stolen/loss item of jewelry, the facility failed to implement their policy related to the investigation of misappropriation of personal property for 1 of 1 resident reviewed for misappropriation of property. (Resident "F")</p> <p>Findings include:</p> <p>The record for Resident "F" was reviewed on 10-30-14 at 2:00 p.m. Diagnoses included, but were not limited to, congestive heart failure, end stage renal disease, hypertension and chronic obstructive pulmonary disease. These diagnoses remained current at the time of the record review.</p> <p>A review of the resident's Minimum Data Set assessment, dated 09-16-14 indicated the resident was alert and oriented.</p> <p>A review of the resident's "Inventory of Personal Effects," dated 09-27-14 indicated the resident had "wedding rings (3) connected, Value \$5600.00."</p> <p>During an interview on 10-30-14 at 10:00</p>	F000226	<p>F226 – Develop/Implement Abuse/Neglect, Ect Policies</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility’s desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified:</p> <p>Resident F no longer resides in the facility.</p> <p>2) How the facility identified other residents:</p> <p>All residents within the facility the potential to be affected by this practice.</p> <p>3) Measures put into place/</p>	11/30/2014

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	<p>a.m., the resident indicated "I buried my [family member] on 10-07-14 and on 10-08-14 I went to dialysis. I told my [family member] the rings seemed loose but was going to keep them on. On 10-09-14 I got up and went to physical therapy, then back to my room and then had lunch. After lunch I went to occupational therapy and that's when I realized I didn't have my rings. I said 'where are my rings ?' I called my husband and I also reported it to [name of Administrator]. He didn't do anything so I called the police myself and the Ombudsman and your office. The Social Worker came in after that and started looking around my room. We didn't find them. I was upset that the Administrator didn't act on it right away."</p> <p>During an interview on 10-29-14, during the Entrance Conference, the Interim Administrator indicated that the local Ombudsman came to the facility about the resident's rings and that he [the administrator] would report this loss to the ISDH today as the Initial and 5 day follow up report.</p> <p>During an interview on 10-30-14 at 9:30 a.m., the Social Service Director indicated she did "search" the resident's room for the rings, but they didn't ask me to start interviewing other resident's until</p>		<p>System changes:</p> <p>New Executive Director will ensure all accusations of misappropriation are thoroughly investigated.</p> <p>An audit will be conducted 3x's weekly on all grievance forms to ensure that any misappropriation has an investigation with them.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in the Quality Assurance Meeting monthly x3 months and quarterly x1 for a total of 6 months.</p> <p>Executive Director/Designee will be responsible for oversight of these audits.</p> <p>5) Date of compliance: 11/30/2014</p>		

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	<p>today."</p> <p>A review of the facility "Theft/Loss Monitoring Report, dated 10-09-14, indicated the Receptionist completed the document and indicated the following:</p> <p>"Items lost 1 wedding ring (3 rings combined into 1 ring) 3 1/4 K [karat] diamond engage [engagement], 1/4 k wrap, 1/4 k annv. [anniversary] band. Estimated date of loss: 10-09-14 at night time. Pt. [patient] remembers going to sleep with her rings on hand when pt. <sic> woken up she went about her day. It wasn't till [until] several hours later that pt. realized she did not have her rings on. Pt. as well as family member and staff have looked in pts room and her belongings for the missing ring. The rings have not been found."</p> <p>The "Follow Up Section" of the report was completed by the Social Service Director and indicated, "Pt. has called local Police Department to give a 'theft report' of stolen rings."</p> <p>A review of the facility policy on 10-29-14 at 10:30 a.m., titled "Abuse, neglect and Misappropriation of Property," undated, indicated the following:</p>			

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	<p>"Standard: Residents of the facility are protected from any verbal, sexual, physical and mental abuse, corporal punishment, involuntary seclusion, neglect and misappropriation of personal property."</p> <p>"Procedural Guidelines: 2. The facility will investigate all alleged violations thoroughly and prevent further potential abuse when the investigation is in progress. 3. Definitions: Misappropriation of resident property is defined as the patterned or deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident belongings or money without the resident's consent. 6. The Administrator will then notify the Social Services Director, who will immediately begin the investigation of the alleged abuse. A thorough investigation will be completed. The investigation shall include the following: an interview with the resident, staff on duty at time of allegation, and any other witnesses of the alleged abuse, a review of the documentation and charting, as well as the Incident Report, a written report forwarded to the Administrator."</p> <p>This Federal tag relates to Complaint IN00158814.</p>			

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F000328 SS=D	<p>3.1-28(a)</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on record review and interview, the facility failed to ensure a resident with a tracheostomy received the necessary care, in that when the resident's condition changed and the physician determined the resident required admission to the local area hospital, the nursing staff failed to provide the needed oral and tracheotomy care for 1 of 1 resident with a tracheostomy in a sample of 7. (Resident "A").</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 10-30-14 at 1:00 p.m. Diagnoses included, but were not limited to, malignant neoplasm of the tongue -</p>	F000328	<p>F328 – Treatment – Care for Special Needs The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>1) Immediate actions taken for those residents identified: Resident A no longer resides in the facility. 2) How the facility identified other residents: All residents within the facility with a tracheostomy have the potential to be affected by this practice. There are currently no residents in the facility that have a tracheostomy.</p> <p>3) Measures put into place/ System changes: Nurses were</p>	11/30/2014

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	<p>dorsal, cellulitis, abscess and pain. These diagnoses remained current at the time of the record review.</p> <p>A review of the resident's current plan of care, dated 08-27-14, indicated the resident "has a tracheostomy r/t [related to] dx. [diagnoses] oral cancer." Interventions to this plan of care included, "Provide good oral care daily and PRN [as needed]."</p> <p>A review of the Nurses Notes indicated the following:</p> <p>"10-20-14 9:00 a.m. Pt. [patient] resting comfortably <sic> in bed. Pt. coughing clear, thick mucous from trach. Pt. suctioned self. Refused trach care. Will attempt later on today. VS [vital signs] [blood pressure] 113/59, P [pulse] 126, R [respirations] 28, T [temperature] 97.6, O2 [oxygen] 92 %."</p> <p>"10-20-14 10:00 a.m. [Name of physician] in to see pt. Lab. [laboratory] results shown et [and] MD [Medical Doctor] N.O. [new order] to direct admit pt to [name of local area hospital] for tachycardia, hyponatremia and possible sepsis."</p> <p>"10-20-14 10:20 a.m. Called hospice et updated on pt's condition et MD's N.O. to</p>		<p>educated on the "Tracheostomy Care" policy. An audit will be conducted on residents with tracheostomy's 3 times a week for proper care.</p> <p>4) How the corrective actions will be monitored: The results of these audits will be reviewed in the Quality Assurance Meeting monthly x3 months and quarterly x1 for a total of 6 months. Director of Nursing/Designee will be responsible for oversight of these audits. 5) Date of compliance: 11/30/2014</p>		

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	<p>send to [name of local area hospital]. Nurse will be in to see pt."</p> <p>"10-20-14 10:50 a.m. House Supervisor at [name of local area hospital] called back with room number for pt. Hospice nurse notified et MD aware. Pt. aware of N.O.'s."</p> <p>"10-20-14 11:15 a.m. [Name of ambulance service] here to transport pt to [name of local area hospital]."</p> <p>A review of the Hospital Case Manager "Consultation Note," dated 10-20-14, indicated "Patients chart reviewed and spoke with the primary nurse. The patient was admitted from Aperion Kokomo for sepsis. Per nursing report when the patient came in there was a foul smelling odor on the patient and his trach appeared to have not been taken care of properly. Nursing made a detailed note regarding the state of the patients trach upon admission. Spoke with the patients primary physician to determine if the amount of old sputum could be caused partly by the patients current cancer diagnosis, the primary physician stated it was not due to the current cancer diagnosis."</p> <p>During an interview on 10-28-14 at 11:30 a.m., a Hospital Case Manager indicated</p>			

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	<p>one of the hospital nurses alerted her to the concerns she had and the lack of care for the resident in regard to the foul odor from the resident's tracheostomy. "When I went to see the patient, you could smell the odor all the way out in the hallway."</p> <p>A review of the nurses "Progress Note," dated 10-20-14 indicated the following: "Pt. was admitted form Aperion with trach and g tube [gastrostomy feeding tube]. Trach dressing and trach tube were visibly soiled. Trach tube was occluded with old, dried sputum. The trach was very foul smelling."</p> <p>A review of the "Respiratory" notation, dated 10-21-14 indicated the resident had "foul smelling, purulent, secretions, copious."</p> <p>A review of the Hospital Nursing Interactive View record, dated 10-20-14 indicated the resident had "thick yellow sputum" from the tracheostomy.</p> <p>The physician Consultation note, dated 10-20-14, indicated, "trach [tracheostomy] - foul odor in the room ? [questioning] coming from trach site."</p> <p>A review of the Hospital History and Physical indicated, "Unable to examine the patient's oropharynx. The patient's</p>				

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	<p>tracheostomy had significant amounts of thick foul smelling sputum. Of note, that when you went into the room, there was just a very foul odor."</p> <p>Although the resident had refused care earlier in the day, the nursing staff failed to attempt tracheostomy care prior to the resident being transported to the local area hospital.</p> <p>A review of the facility policy on 10-31-14 at 9:20 a.m., titled "Tracheostomy Care," and undated, indicated the following:</p> <p>"Standard - Tracheotomy care is provided to maintain an airway, prevent an unconscious or paralyzed resident from aspirating food or secretions, and allow removal of tracheal-bronchial secretions."</p> <p>This Federal tag relates to Complaint IN00158412.</p> <p>3.1-47(a)(4)</p>			
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