

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/31/2014
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NAME OF PROVIDER OR SUPPLIER WOODLANDS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304
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F000000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 9/16/14.</p> <p>Survey dates: October 30, and 31, 2014</p> <p>Facility number: 000134 Provider number: 155229 AIM number: 100275430</p> <p>Survey team: Ginger McNamee, RN-TC Karen Lewis, RN Tina Smith-Staats, RN Toni Maley, BSW</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 8 Medicaid: 57 Other: 7 Total: 72</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.3.1.</p> <p>Quality review completed by Debora Barth, RN.</p>	F000000	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 request a desk review of certification of compliance on or after 11/21/14.	

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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F000248 SS=E	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview and record review, the facility failed to develop and implement an activity program for resident with dementia who could not self initiate activities for 4 of 4 Residents reviewed for activity programing as had been described in the plan of correction. (Resident #45, #13, #111 and #51)</p> <p>Findings include:</p> <p>1. During a 10/30/14, 10:19 a.m., observation of the Dementia Unit Dining/Activity area the following was observed:</p> <p>On 10/30/13 at 10:20 a.m., the Activity Assistant stated "Lunch is in a little bit we will do Trivia now. Lunch is in 45 minutes. So we will set them up for lunch then do Trivia."</p> <p>On 10/30/14 at 10:27 a.m., the Activity Assistant then moved Residents #45, #13, #51 to the assisted dining section of the room. The assisted dining area was</p>	F000248	<p>1.Residents # 45, 13, 111, and 51 have had their activity evaluations, MDS, care plans and care guides reviewed and if needed updated to assure appropriate programming is in place and occurring for these residents. The Activity Director and activity assistants have been educated on the importance of participation and the encouragement of all residents at activities, to meet their interests and the physical, mental, and psychosocial well-being of each resident as well as the approach indicated for each particular resident by the RVP on 10/31/2014. The Activity calendar for the dementia unit was updated to incorporate all stages of Dementia.</p> <p>2.Other residents have the potential to be affected therefore the residents that reside on the Dementia unit have had their activity assessment, MDS, care plan and care guide reviewed by the Activity Director by November 21st, 2014 to assure these residents are receiving the appropriate activities based on their individual needs.</p>	11/21/2014			

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	<p>approximately 24 feet from the area where the Trivia activity took place. She place Resident #13 in the assisted dining area by the table with his back to the window. She moved Resident #45 to the dining room table and sat her facing the table as if ready to dine. She moved Resident #51 to a table in the assist dining area and sat her at a table as if ready to dine. Resident #51 was seated with her back to the activity area.</p> <p>On 10/30/14 at 10:28 a.m., she left Resident #111 seated with a small groups of residents in a semi-circle. The semi-circle was about 15 feet from the area where the Activity Assistant read the trivia questions.</p> <p>After seating the dependent residents in the assisted dining area she began to read trivia questions. The trivia questions varied in difficulty from simple to moderately difficult. In order to be a participant in this activity an individual would need to be able to understand the spoken word, hear adequately and form words to make a verbal response. The Activity Assistant never addressed Residents #13, #45, #51 and #111. She never moved close to the area where they were seated or faced them directly when speaking. She addressed all the questions to a small verbal group of residents close</p>		<p>3. In-servicing and education will be completed for the activity staff that work the Dementia unit on assuring residents are being approached and encouraged appropriately per their cognitive status to ensure their specific needs are being met and providing their physical, mental, and psychosocial well-being by Wendy Snelling OTR Certified Dementia Trainer and lacy Beal consulting Firm by November 7th, 2014.</p> <p>4. The activity Director/Designee will validate 3 residents daily with various stages of Dementia daily on the Dementia unit for attendance, encouragement, and participation in appropriate activities. The ED/Designee will validate 3 residents 2 times weekly x 12 months. The results will be presented to PI for 12 months. The PI committee will determine the need for further audits. Date of Compliance: November 21st, 2014</p>				

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	<p>to where she was standing. This activity was interrupted periodically by assisting residents to obtain hot drinks. This activity ended at 11:13 a.m., when all residents were then assisted to sit at their dining room table.</p> <p>Resident #45 sat by the table and never participated in the activity from 10:27 a.m. until 11:32 a.m., when he was assisted to eat his meal.</p> <p>Resident #51 sat at the table with her back to the activity and never participated nor was she encouraged to participate from 10:27 a.m. to 11:31 a.m., when she was assisted to eat her meal.</p> <p>Resident #111 sat in a semi circle and did not participate in the active nor was she encouraged to participate from 10:27 a.m. to 11:13 a.m. where she was wheeled to the assist dining area. She then sat at the table until she was assisted to eat her meal at 11:33 a.m.</p> <p>Resident #45 sat at the assisted dining table and did not participate in the activity nor was she encouraged to participate from 10:27 a.m. to 11:45 a.m., when she was assisted to eat.</p> <p>2. During a 10/31/14, 9:14 a.m. to 9:55 a.m. activity observation in the Dementia</p>				

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	<p>Unit Dining/ Activity Room, an activity titled "Coffee" was observed.</p> <p>Residents were seated around dining tables. The Activity Assistant asked the residents if they would like coffee or another hot beverage. Residents #111, #51 and #45 were not served a beverage. After all the residents were served the Activity Assistant walked from table to table and asked them 1 to 2 questions about Halloween. The Activity Assistant spent 1 to 2 minutes at each table. Resident #111, Resident #51 and Resident #45 never spoke and were never spoken to by name.</p> <p>During a 10/31/14, 9:34 a.m., interview, the Activity Assistant indicated Residents #51 and #45 almost never had coffee and didn't always answer. If they answered yes, she must get help because they needed assistance to eat. Resident #111 sometimes said yes and sometimes said no. Resident #111 said no today.</p> <p>3. During a 10/31/2014, 9:57 a.m., observation of the Dementia Unit Dining/Activity where an activity called "Exercise" was offered, the following was observed:</p> <p>The Activity Director began to form a circle of residents. Residents #111 and</p>						

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	<p>#45 were seated in the circle. Resident #51 was seated at the dining table next to the circle.</p> <p>The Activity Director left the area and the Activity Assistant began the exercise activity. All the residents who participated in the activity were able to listen to and follow directions. Resident #111, #45 and #51, although present, did not participate in the activity. These 3 residents were not spoken to by name. They were not encouraged and prompted to participate. Resident #111 sat with her hand on her forehead the majority of the activity. Resident #45 had her chin to her chest the majority of the activities. Resident #51 sat at the table with her head down the majority of the activity. She did look around the room during the end of the activity. This activity needed at 10:20 a.m.</p> <p>4. During a 10/31/2014,10:22 a.m., observation of the Dementia Unit Dining/Activity Room the "Trivia" activity was observed as follows:</p> <p>The residents were seated in a semi-circle. Trivia questions were asked Resident #111, #51 and #45 were present in the activity area. The 3 residents did not participate. The Activity Assistant never spoke directly to Residents #111,</p>			

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	<p>#45 or #51. She never encouraged them to participate in the activities.</p> <p>5. During a 10/31/14, 10:40 a.m., interview, the Activity Director indicated to participate in "Trivia" a residents would need to be able to answer questions. To participate in "Exercise" a resident would need to be able to follow directions. The "Coffee" activity was designed to have both coffee and meaningful conversation.</p> <p>6. A review of the posted Dementia Unit activity calendar included, but was not limited to: October 31: 9:30 a.m. - Coffee 10:00 a.m.- Exercise 10:45 a.m.- Trivia</p> <p>October 30: 9:30 a.m.- BINGO 10:00 a.m.- EXERCISE 10:45 a.m. - TRIVIA</p> <p>7. Resident #45's clinical record was reviewed on 10/31/2014 at 8:38 a.m. Resident #45's current diagnoses included, but were not limited to, dementia with behaviors, anxiety and depression.</p> <p>Resident #45 had a 10/21/14 physician's</p>						

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	<p>progress note which indicated she was nonverbal and required assistance for all activities of daily living.</p> <p>Resident #45 had a current, 7/18/14, care plan problem/needs regarding poor long and short term memory and Alzheimer's disease. Approaches to this problem included, but were not limited to, "escort her to activities that may be of interest and are a short period due to very short attention span and a staff will bring her to group activities and encourage her to participate."</p> <p>Resident #45 had a current, 7/22/14, quarterly, Minimum Data Set (MDS) assessment which indicated the resident rarely made choices, had unclear slurred speech or mumbled words, was rarely or never understood and rarely or never understood others and required staff assistance for all activities of daily living.</p> <p>8. Resident #13's clinical record was reviewed on 10/30/2014 at 2:10 p.m. Resident #13's current diagnoses included, but were not limited to, dementia with behavioral disturbances and Alzheimer's disease.</p> <p>Resident #13 had a current, 10/15/14, care plan problem/need regarding repetitive loud vocalizations in public</p>						

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	<p>areas. Approaches to this problem included, but were not limited to, "place resident so he can be with others and does not feel alone and provide diversionary materials for him to see and feel."</p> <p>Resident #13 had a current, 9/4/14, annual, Minimum Data Set (MDS) assessment which indicated the resident was cognitively impaired and rarely or never made choices, was rarely or never understood by others, rarely or never understood others and required assistance for all activities of daily living.</p> <p>9. Resident #111's clinical record was reviewed on 10/31/2014 at 10:10 a.m. Resident #111's current diagnoses included, but were not limited to, Alzheimer's disease and chronic airway obstruction.</p> <p>Resident #111 had a current, 10/8/14, care plan problem/need regarding cognitive impairment and a short attention span. Approaches to this problem included, but were not limited to, "will attend 2 group activities a week such as exercise, music group or parties if she declines attempt 1 to 1 activities."</p> <p>Resident #111 had a current, 9/29/14,</p>				

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	<p>quarterly, Minimum Data Set (MDS) assessment which indicated she rarely or never made choices, she was rarely or never understood, she rarely or never understood others and she required staff assistance for all activities of daily living.</p> <p>10. Resident #51's clinical record was reviewed on 10/30/2014 at 2:26 p.m. Resident #51's current diagnoses included, but were not limited to, dementia with behavioral disturbances, chronic pain and weakness.</p> <p>Resident #51 had a 10/22/14, physician's progress note which indicated the resident had dementia and was nonverbal.</p> <p>Resident #51 had a current, 8/13/14, care plan problem/need regarding cognitive impairment. Approaches to this problem included, but were not limited to, "escort the resident and encourage participation." Resident #51 had a current, 8/8/14, annual, Minimum Data Set (MDS) assessment which indicated the resident rarely or never made choices, rarely or never understood others and was rarely or never understood by others and required assistance for all activities of daily living.</p> <p>3.1-33(a)</p>				

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F000520 SS=E	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Based on observation, interview and record review, the facility failed to adequately monitor and provide appropriate activities for cognitively impaired residents who were unable to initiate their own activities. This effected 4 of 4 residents reviewed for activity programing. The facility also failed to address the on-going activity plan for</p>	F000520	<p>1. There were no negative outcomes for resident's # 45, 13, 111, and 51. These residents have had their activity evaluations, MDS, care plans and care guides reviewed and if needed updated to ensure appropriate activity programming is place and occurring for these specific residents. The Activity Director and activity staff have been in-serviced and educated on the importance of participation</p>	11/21/2014

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	<p>cognitively impaired resident through their quality assessment and assurance (QAA) program. (Resident #'s 45, 13, 111 and 51)</p> <p>Findings include:</p> <p>1. On 10/30/14 from 10:19 am till 10:27 a.m., the Activity Assistant then moved Residents #45, #13, #51 to the assisted dining section of the room. The assisted dining area was approximately 24 feet from the area where the Trivia activity took place. She place Resident #13 in the assisted dining area by the table with his back to the window. She moved Resident #45 to the dining room table and sat her facing the table as if ready to dine. She moved Resident #51 to a table in the assist dining area and sat her at a table as if ready to dine. Resident #51 was seated with her back to the activity area.</p> <p>On 10/30/14 at 10:28 a.m., she left Resident #111 seated with a small groups of residents in a semi-circle. The semi-circle was about 15 feet from the area where the Activity Assistant read the trivia questions.</p> <p>The trivia questions varied in difficulty from simple to moderately difficult. In order to be a participant in this activity an individual would need to be able to</p>		<p>and the encouragement of all residents at activities to meet their interests and the physical, mental, and psychosocial well-being of each resident as well as the approach indicated for each particular resident by the RVP on 10/31/2014. The Activity calendar for the Dementia unit has been updated to incorporate to reflect all stages of dementia.</p> <p>2. Other residents have the potential to be affected therefore the residents that reside on the Dementia unit have had their activity assessment, MDS, care plan and care guides reviewed by the Activity director by November 21st, 2014 to assure these residents are receiving the appropriate activities based on their individual needs.</p> <p>3. In-Servicing and education will be completed for the activity staff that work the Dementia unit on assuring residents are being approached and encouraged on appropriately per their cognitive status to ensure their specific needs are being met and providing their physical, mental, and psychosocial well-being by Wendy Snelling OTR Certified Dementia Trainer and Lacy Beal consulting firm on November 7th, 2014.</p> <p>4. The activity Director/Designee will validate 3 residents daily with various stages of Dementia on the Dementia unit daily for attendance, encouragement, and participation in appropriate</p>		

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	<p>understand the spoken word, hear adequately and form words to make a verbal response. The Activity Assistant never addressed Residents #13, #45, #51 and #111. She never moved close to the area where they were seated or faced them directly when speaking. She addressed all the questions to a small verbal group of residents close to where she was standing. This activity was interrupted periodically by assisting residents to obtain hot drinks. This activity ended at 11:13 a.m., when all residents were then assisted to sit at their dining room table.</p> <p>Lunch was served to the residents from 11:30 a.m. to 11:45 a.m.</p> <p>2. During a 10/31/14, 9:14 a.m. to 9:55 a.m. activity observation in the Dementia Unit Dining/ Activity Room an activity titled "Coffee", the following was observed:</p> <p>Residents were seated around dining tables. The Activity Assistant asked the residents if they would like coffee or another hot beverage. Residents #111, #51 and #45 were not served a beverage. After all the residents were served the Activity Assistant walked from table to table and asked them 1 to 2 questions about Halloween. The Activity Assistant</p>		<p>activities. The ED/Designee will validate 3 residents 2 times weekly x 12 months to ensure compliance. The results will be presented to PI for 12 months. The PI committee will determine the need for further audits.</p> <p>5.Date of compliance: November 21st, 2014.</p>	

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	<p>spent 1 to 2 minutes at each table. Resident #111, Resident #51 and Resident #45 never spoke and were never spoken to by name.</p> <p>During a 10/31/14, 9:34 a.m., interview, the Activity Assistant indicated Residents #51 and #45 almost never have coffee and don't always answer. If they answer yes, she must get help because they need assistance to eat. Resident #111 sometimes says yes and sometimes says no. Resident #111 said no today.</p> <p>3. During a 10/31/2014, 9:57 a.m., observation of the Dementia Unit Dining/Activity where an activity called "Exercise" was offered, the following was observed:</p> <p>The Activity Director began to form a circle of residents. Residents #111 and #45 were seated in the circle. Resident #51 was seated at the dining table next to the circle.</p> <p>The Activity Director left the area and Activity Assistant began the exercise activity. All the residents who participated in the activity were able to listen to and follow directions. Resident #111, #45 and #51 although present did not participate in the activity. These 3 residents were not spoken to by name.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2014
NAME OF PROVIDER OR SUPPLIER WOODLANDS THE			STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304		
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	<p>They were not encouraged and prompted to participate. Resident #111 sat with her hand on her forehead the majority of the activity. Resident #45 had her chin to her chest the majority of the activities. Resident #51 sat at the table with her head down the majority of the activity. She did look around the room during the end of the activity. This activity needed at 10:20 a.m.</p> <p>4. During a 10/31/2014,10:22 a.m., observation of the Dementia Unit Dining/Activity Room the "Trivia" activity was observed as follows:</p> <p>The residents were seated in a semi-circle. Trivia questions were asked Resident #111, #51 and #45 were present in the activity area. The 3 residents did not participate. The Activity Assistant never spoke directly to Residents #111, #45 or #51. She never encouraged them to participate in the activities.</p> <p>5. During an interview on 10/31/14 at 1:09 p.m., the Administrator indicated the QAA Committee developed a plan of action to ensure all residents on the Dementia Unit received the appropriate activities regardless of their cognitive abilities. The Administrator indicated the activities were monitored by the Activities Director. The QAA</p>				

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F009999	<p>Committee relied on the Activity Director's reports and did not complete any additional monitoring to ensure the concern with activities on the Dementia Unit had been corrected. The Administrator further indicated the QAA Committee was unaware the activities on the Dementia Unit were not addressing individual resident needs.</p> <p>3.1-52(b)(2)</p>	F009999	N/A	11/21/2014	