

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155741	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/27/2013
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NAME OF PROVIDER OR SUPPLIER  FRIENDSHIP HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203
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F000000	<p>This visit was for the Investigation of Complaints IN00123408 and IN00124238.</p> <p>Complaint IN00123408 - Unsubstantiated due to lack of sufficient evidence. Complaint IN00124238 - Substantiated. Federal/state deficiencies related to the allegations are cited at F-157, F-272, and F-323.</p> <p>Survey dates: February 25, 26, &amp; 27, 2013</p> <p>Facility number: 004700 Provider number: 155741 AIM number: 100266630</p> <p>Survey team: Diana Zgonc, RN - TC</p> <p>Census bed type: SNF/NF: 45 Total: 45</p> <p>Census payor type: Medicare: 4 Medicaid: 38 Other: 3 Total:45</p> <p>Sample: 6</p>	F000000		
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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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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on March 06, 2013; by Kimberly Perigo, RN.</p>			

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F000157 SS=D	<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 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 and interview, the facility failed to inform a resident's family the resident had been found away from the facility unsupervised for 1 of 1 residents</p>	F000157	Resident F's family was notified about the events of 2/12/13 and it is documented in the Social Service notes. Resident F's family member lives in Nevada and has minimal	03/29/2013			

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	<p>reviewed for elopement (Resident F).</p> <p>Findings include:</p> <p>The record for Resident F was reviewed on 2/25/13 at 12:30 P.M.</p> <p>Diagnoses for Resident F included, but were not limited to, Korsakoff syndrome (memory problems), seizure disorder, paranoid schizophrenia, and Alzheimer's disease.</p> <p>A nurses note on 2/12/13 at 12:45 P.M., indicated Resident F was sent out to a dentist appointment, via a transportation company at 11:00 A.M. The dentist office notified the facility with a 2nd phone call at 1330 (1:30 P.M.) that transportation had not returned to pick up the resident.</p> <p>A "Facility Incident Reporting Form" dated 2/13/13, indicated when transportation arrived at the dentist's office to pick up the resident at approximately 1:50 P.M., Resident F was no longer at the dentist.</p> <p>The record lacked documentation the facility notified resident's family she had eloped (left without permission) while at the dentist's office.</p>		<p>contact with Resident F, however is interested in resident's well-being.</p> <p>All residents with significant changes in treatments and incidents are identified as having potential to be affected.</p> <p>A nurse staff meeting was held on 3/19/13 to educate and inform nurses on the proper procedure for responsible party notification. Additionally, the "Notification of Changes" policy was reviewed. Each day the ADON will check doctor's orders for completion and 24 hour report for documentation of family notification to ensure that responsible parties have been notified of changes. SSD is responsible to notify responsible parties of room changes and roommate changes as well as being responsible for documenting the notification in the Social Service notes.</p> <p>The QA Committee will review notification of responsible parties monthly to identify any deficiencies and implement corrective action immediately. An action plan has been written and reviewed with the QA Committee.</p>		

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	<p>During an interview with the Administrator on 2/26/13 at 4:30 P.M., she indicated no one had notified the resident's family.</p> <p>A current facility policy dated September 20, 2007 and titled, "Notification of Changes" and provided by the Administrator on 2/27/13 at 11:00 A.M., indicated: "Policy Residents and/or responsible parties will be notified of changes in resident conditions/care ..."</p> <p>3.1-5(a)(1)</p>		<p>The Administrator and Quality Assurance Committee are responsible for compliance.</p> <p>Completion date 3/29/2013</p>	

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F000272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:                      Identification and demographic information;                      Customary routine;                      Cognitive patterns;                      Communication;                      Vision;                      Mood and behavior patterns;                      Psychosocial well-being;                      Physical functioning and structural problems;                      Continence;                      Disease diagnosis and health conditions;                      Dental and nutritional status;                      Skin conditions;                      Activity pursuit;                      Medications;                      Special treatments and procedures;                      Discharge potential;                      Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and                      Documentation of participation in assessment.</p> <p>Based on record review and interview, the facility failed to ensure elopement assessments were completed according to the facility policy for 1 of 6 residents reviewed for</p>	F000272	Resident F's elopement assessment has been completed. All residents in the facility have had a new elopement risk assessment completed. Those residents	03/29/2013

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	<p>assessments in a sample of 6 (Resident F).</p> <p>Findings include:</p> <p>The record for Resident F was reviewed on 2/25/13 at 12:30 P.M.</p> <p>Diagnoses for Resident F included, but were not limited to Korsakoff syndrome (memory problems), seizure disorder, paranoid schizophrenia, and Alzheimer's disease.</p> <p>The record for Resident F lacked documentation of an assessment for risk of elopement.</p> <p>During an interview on 2/25/13 at 4:30 P.M., with the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), and the Assistant Administrator an elopement assessment was requested for Resident F.</p> <p>During an interview on 2/26/13 at 11:00 A.M., with the Assistant Administrator, he indicated an elopement assessment, prior to the resident's elopement, could not be found.</p> <p>A current policy dated and revised</p>		<p>assessed as being at risk for elopement are identified in a three ring binder at each nurses' station along with pictures of the residents. An addition has been made to the head to toe assessment to be completed at each care plan cycle to insure elopement risk is assessed quarterly.</p> <p>On 3/19/13 all licensed nurses were oriented to the elopement book as well as the facility's policies to prevent elopements.</p> <p>Each new admission has been identified as having potential to be affected. Elopement risk assessment is added to the admission process.</p> <p>The SSD is responsible to insure elopement assessments are completed and binder is updated.</p> <p>The care plan team will monitor these at each care plan cycle to be sure that elopement assessments are completed quarterly and document on the head to toe assessment.</p>	

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	<p>9/9/10 and titled, "Elopement" and provided by the Administrator on 2/26/13 at 8:16 A.M., indicated: "Policy: ... Prevention Procedure: 1. All residents will be assessed for elopement risk by the Interdisciplinary Team upon admission and at least quarterly thereafter ..."</p> <p>3.1-31(d)(3)</p>		Completion date 3/29/2013	

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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to ensure a cognitively impaired resident was supervised when she left the facility for an appointment, which resulted in an elopement for 1 of 1 residents reviewed for elopement in a sample of 6 (Resident F).</p> <p>Findings include:</p> <p>The record for Resident F was reviewed on 2/25/13 at 12:30 P.M.</p> <p>Diagnoses for Resident F included, but were not limited to Korsakoff syndrome (memory problems), seizure disorder, paranoid schizophrenia, and Alzheimer's disease.</p> <p>A current Minimum Data Set (MDS) dated 1/14/13 indicated Resident F was severely, cognitively impaired. The Brief Interview for Mental Status (BIMS) score was 6.</p> <p>A nurses note on 2/12/13 at 12:45</p>	F000323	<p>Staff from our facility immediately went to search for Resident F as soon as the dental office informed the facility of the issue. Resident F was found by facility staff unharmed. Resident F continues to wear a "code alert" which is checked weekly by maintenance supervisor for proper function. Resident F's elopement assessment has been reviewed and updated to include staff supervision during appointments or outings. All residents who are cognitively impaired or need assistance from staff are identified as having potential to be affected. New elopement risk assessments have been completed for each resident in the facility. The SSD has created three ring binders with elopement assessments and pictures of residents at risk for elopement. These have been placed at each nurse's station. All residents who are cognitively impaired or needing assistance will be accompanied by a staff member, family member, or other responsible person to appointments or outings. The ADON will review resident appointments that are scheduled</p>	03/29/2013	

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	<p>P.M., indicated Resident F was sent out to a dentist appointment, via a transportation company at 11:00 A.M. The dentist office notified the facility with a 2nd phone call at 1330 (1:30 P.M.) that transportation had not returned to pick up the resident.</p> <p>A "Facility Incident Reporting Form" dated 2/13/13 indicated when transportation arrived at the dentist's office to pick up the resident at approximately 1:50 P.M., Resident F was no longer at the dentist.</p> <p>During an interview with the MDS Coordinator on 2/25/13 at 1:15 P.M., he indicated he took a call from the dentist office on 2/12/13 at approximately 1:50 P.M., that transportation had arrived at the dentist's office to retrieve Resident F and return her to the facility, but she was no longer there.</p> <p>During an interview with the LPN #1 on 2/25/13 at 1:40 P.M., he indicated the dentist office had called twice to let the facility know that transportation would pick up Resident F but would be 1.5 or 2 hours late to get her.</p> <p>During an interview with Dental Assistant (DA) # 2 on 2/25/13 at 2:15 P.M., she indicated Resident F had</p>		<p>to ensure that any cognitively impaired resident or resident needing assistance has a responsible person to accompany them to appointments.</p> <p>Completion date 3/29/2013 ADDENDUM: When an appointment is made for a resident who needs someone to accompany them, the nurse making the appointment will arrange for someone to accompany the resident to the appointment. Nurses will be inserviced of this procedure on Friday 3/29/2013.</p> <p>The ADON or designee will review the appointment calendar each day that she works. When reviewing the calendar, the ADON or designee will look at appointments listed for the next several days to be sure that transportation and a responsible person to accompany the resident is scheduled and documented on the calendar.</p> <p>The ADON will report to department heads at morning meeting daily indefinitely to monitor the effectiveness of charge nurses scheduling responsible people to accompany residents on appointments.</p>		

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	<p>an appointment at 11:00 A.M. and they finished with her at approximately 12:00 P.M. Staff then went to lunch and returned at approximately 2:00 P.M. At that time, Resident F and another patient were still sitting in the dentist office waiting room. Shortly after returning from lunch the dentist staff noticed the patient and Resident F had left. (They're not supposed to send patients unescorted). DA #2 indicated we thought they might be together so we called the facility to see if the resident had returned. The facility indicated Resident F had not yet returned. The dentist office then called the other patient to inquire if Resident F was with her and she was not. DA #2 indicated they began searching for the resident and notified the facility that she was no longer there and transportation had not picked her up.</p> <p>Resident F was found at approximately 2:45 P.M., at the post office (approximately 5 blocks from the dentist office).</p> <p>During an interview with LPN # 1 on 2/26/13 at 9:45 A.M., he indicated Resident F has always had a wanderguard (alarming device to alert staff resident is near the exit door) on,</p>			

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	<p>even before she left for the dentist office.</p> <p>During an interview with the Administrator on 2/26/13 at 4:30 P.M., she indicated she did not know why the resident had been allowed to leave the facility without supervision.</p> <p>A current facility policy dated and revised on 9/9/10 and titled "Elopement" and provided by the Administrator on 2/26/13 at 8:16 A.M., indicated: "Prevention Procedure: ...2. Residents assessed as being at risk for elopement or wandering from facility will have a care plan addressing this risk. Interventions will be put in place to reduce elopement risk. One of these interventions may be used of the facility's Wanderer Monitoring System ... 3. Residents assessed as being at risk for elopement or wandering from the facility will not be allowed outside the building without supervision of a staff member or visitor ..."</p> <p>3.1-45(a)(2)</p>				

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