

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155220	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/15/2013
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NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 601 SHEFFIELD AVE DYER, IN 46311
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F000000	<p>This visit was for the Investigation of Complaint IN00128447.</p> <p>Complaint IN00128447-Substantiated. Federal/state deficiencies related to the allegation are cited at F157 and F203.</p> <p>Survey date: May 15, 2013</p> <p>Facility number: 000125 Provider number: 155220 AIM number: 100266740</p> <p>Survey team; Janet Adams, RN</p> <p>Census bed type: Residential: 46 SNF/NF: 128 Total: 174</p> <p>Census payor type: Medicare: 30 Medicaid: 65 Other: 79 Total: 174</p> <p>Sample: 3</p> <p>Theses deficiencies reflect state</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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	findings cited in accordance with 410 IAC 16.2. Quality review completed on May 22, 2013, by Janelyn Kulik, RN.			

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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 notify the Physician when the resident's responsible party requested a resident not be transferred from the</p>	F000157	Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only	06/04/2013			

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	<p>facility to a Geriatric psychiatric facility for 1 of 3 residents reviewed for being sent out to a psychiatric facility in the sample of 3. (Resident #C)</p> <p>Findings include:</p> <p>The closed record for Resident #C was reviewed on 5/15/13 at 10:00 a.m. The resident was admitted to the facility on 1/10/2012. The resident was discharged from the facility on 3/27/13. The resident's diagnoses included, but were not limited to, dementia, pneumonia, anxiety state, depressive disorder, esophageal reflux, and altered mental status.</p> <p>The 1/21/13 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (4). A score of (4) indicated the resident's cognitive patterns were severely impaired.</p> <p>A Physician's order was written on 3/27/13 at 9:15 a.m. to send the resident to (name of a hospital geriatric psychiatric unit) for an evaluation and treatment.</p> <p>Review of the 3/2013 Physician Progress Notes indicated a note was</p>		<p>in response to the regulatory requirement.</p> <p>F-157</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident was discharged from the facility and has not returned. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All facility residents have the potential to be affected by the same alleged deficient practice. There were no other residents with this same situation noted. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; In-serviced held on 6/3/13 by Director of Nursing/designee regarding the following: 1. Notifying the physician if a family declines to send a resident out when an order is present. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; Director of Nursing/designee will audit the medical record of any resident in which the family chooses to not</p>		

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	<p>made on 3/26/13 at 1:25 p.m. The note indicated "called once again due to agitation. Continues to be hard to control. She is a danger to self, staff, and other patients...Unable to control her. Consider transferring to a dementia unit for better care."</p> <p>A Social Service Progress Note was completed on 3/26/13 at 4:33 p.m. The note indicated the Social Worker spoke with the resident's Physician related to the resident's recent behaviors and the Physician was in to see the resident. Information was sent to (name of a hospital geriatric psychiatric unit). The note also indicated the resident's family was contacted of the Physician's findings and the family indicated they would like to continue the current interventions and did not want the resident to receive any psychotropic medications. There was no documentation of the Physician being notified of the family requesting current interventions.</p> <p>There was no documentation in the 3/26/13 Nursing Progress Notes made after the Physician's visit of the family requesting only current interventions to be continued for the residents behaviors</p>		<p>send the resident out to the hospital to ensure the physician was notified of the family's decision. If the physician was not notified, the physician will be called immediately. A summary of the audits will be presented to the Quality Assurance committee monthly by Director of Nursing/designee for three months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going. Date by which systemic corrections will be completed: 6/4/13</p> <p>_____</p> <p>_____</p> <p>The facility respectfully requests F157 be deleted or at a minimum the scope in severity be reduced.</p> <p>DyerNursing & Rehabilitation Center F157 Informal Dispute Resolution</p> <p>On 5/15/2013 ISDH completed a complaint survey citing the facility F157 (Notify of Changes) at a 'D' level.</p> <p>F 157 states <i>facility must immediately inform the resident; consult with the resident's physician; and if know, notify the resident's legal representative or and interested family member when there is an accident involving the resident which</i></p>	

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	<p>The 3/27/13 Nursing Progress Notes indicated an entry was made at 10:00 a.m. This entry indicated the resident was yelling out on the unit despite interventions by staff members. The entry also indicated the resident was also attempting to put her legs over the recliner chair and would kick out at staff. The entry also indicated the staff called the resident's family member and the family member indicated they did not have time to talk. An entry made at 11:59 a.m. indicated the Physician was called related to the resident's behaviors and orders were received to send the resident to (name of a hospital geriatric psychiatric unit).</p> <p>When interviewed on 5/15/13 at 3:00 p.m., the Director of Nursing indicated when the resident's family was contacted on 3/26/13 they requested time to possibly look for another place. The Director of Nursing indicated there was no documentation of the Physician being notified of the family's request to continue current interventions.</p> <p>This federal tag relates to Complaint IN00128447.</p> <p>3.1-5(a)(3)</p>		<p><i>results in injury and has the potential for requiring physician interventions; 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)</i></p> <p><i>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. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</i></p> <p>The complaint survey alleged the facility failed to notify the Physician when the resident's responsible party requested a resident not be transferred from the facility to a Geriatric psychiatric facility. It is the facility's position the findings reported in the Complaint</p>				

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			<p>Survey are not correct. The facility is presenting compelling information to dispute the deficiency and respectfully requests the violation be deleted or reduced in severity.</p> <p>Introduction and Supporting Evidence</p> <p>Resident #C was admitted to Dyer Nursing & Rehabilitation Center on January 10, 2012 with the Diagnosis (list not all inclusive) of Dementia, muscle weakness, history of left humerous fracture, and Hypertension.</p> <p>It should first be noted the facility has supplied several Social Service progress notes regarding resident #C, which document numerous communications from the staff regarding the difficulty the facility was having providing for all of resident #C's needs in the facility and the conversations with the family. (See Exhibit 1, Social Service Resident Progress Notes).</p> <p>Next, the facility submits nursing progress notes (See Exhibit 2, Nursing Resident Progress Notes) which detail the numerous conversations the nurses, as well as resident #C's Physician and Psychiatrist (See Exhibit 3, Physician Resident Progress Notes), had with the resident's family regarding her Dementia, behaviors, and need for psychotropic medication.</p> <p>Finally, the facility submits nursing progress notes of</p>		

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			<p>resident #C which document the dangerous behaviors resident #C was exhibiting in the hours and days leading up to March 27, 2013. (See Exhibit 4, Nursing Resident Progress Notes). It is as a result of these behaviors that resident #C's Physician issued an order on March 27, 2013 that this resident be sent out to the hospital. (See Exhibit 5, Physician Order). It is this distinction the facility wants to highlight. This resident was not involuntarily discharged, she was ordered to the hospital by her treating physician. It should also be noted this resident remained at the hospital for approximately 5 weeks. This is not a situation where the hospital could place the resident on medication to stabilize her and then return her to a nursing home facility. This resident required several weeks of treatment before she was stabilized. This bolsters the facility's argument that this discharge was medically necessary and ordered by the physician.</p> <p>Conclusion It is the position of the facility, that even if resident #C's physician was not aware that resident #C's family did not want her to be transferred, it is not a violation of F157. Tag F157, as is cited above, clearly sets out what information a facility has to provide to a particular individual in various situations. F157 only</p>		

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			<p>requires that a physician, a resident or the resident's family need to be notified of the decision to transfer a resident. There is no requirement at a physician be notified of the way a particular family member feels about that decision. The State seems to be adding an additional requirement to the guidelines than what was located in the guidelines. Additionally, the interpretive guidelines to F157 do not include any such requirement that the facility make a physician aware of preferences of resident's family members when determining the appropriateness of transfers or discharges.</p> <p>In addition, the facility does not feel that the scope and severity should be assessed at a D level for the alleged violations. In order to establish a D level, the surveyors must show isolated scope a severity of no actual harm with potential for more than minimal harm that is not an immediate jeopardy. The facility would acknowledge that this situation is isolated in scope but would take issue with the allegation that these allegations arise to a situation involving the potential for more than minimal harm. If you look the all the facts in the light most favorable to the surveyors and assume all those facts are true; what you have here is a facility that discharged a resident to the hospital upon the orders of that resident's physician</p>	

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			<p>and against the wishes of the resident's family. There is at worst, potential for minimal harm because the family's wishes are not honored. This particular resident never faced any potential for harm and based upon her 5 week stay in the hospital benefited from being transferred to the hospital.</p> <p>In conclusion, the facility contends the requirements of F157 were met and after review of the all the facts, the facility respectfully requests F157 be deleted or at a minimum the scope in severity be reduced.</p>	

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F000203 SS=D	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a) (6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a) (4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone</p>			

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	<p>number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on record review and interview the facility failed to ensure a 30 day notice was provided to the resident's responsible party prior to discharging a resident due to not being able to met the needs of the resident for 1 of 3 involuntary discharges reviewed in the sample of 3. (Resident #C)</p> <p>The facility also failed to attempt to find other placement for the resident after discharge from the hospital she was transferred to for 1 of 3 involuntary discharges reviewed in the sample of 3. (Resident #C)</p> <p>Findings include:</p> <p>The closed record for Resident #C was reviewed on 5/15/13 at 10:00 a.m. The resident was admitted to</p>	F000203	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident was discharged and has not returned to the facility. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All facility residents have the potential to be affected by the same alleged deficient practice. No other residents were found to have the same situation. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; In-service to be held on 6/3/13 by Director of Nursing/designee for social service staff and nursing regarding the following: 1. How to complete the discharge paperwork for an emergency discharge and appropriate boxes</p>	06/04/2013

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	<p>the facility on 1/10/2012. The resident was discharged from the facility on 3/27/13. The resident's diagnoses included, but were not limited to, dementia, pneumonia, anxiety state, depressive disorder, esophageal reflux, and altered mental status.</p> <p>The 1/21/13 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (4). A score of (4) indicated the resident's cognitive patterns were severely impaired.</p> <p>A "Notice of Transfer or Discharge" form was completed on 3/27/13. The form indicated the resident was to be discharged from the facility effective 3/27/13 to (name of a geriatric psychiatric hospital). The reason for the transfer or discharge section on the form indicated "The transfer or discharge is necessary to meet the resident's welfare and the resident's needs cannot be met in the facility" was checked by the facility.</p> <p>There was no documentation in the resident's clinical record of the resident's responsible party being provided with a 30 Day notice of the resident's discharge to the geriatric psychiatric facility.</p>		<p>to check off 2. Writing the words 'Emergency Discharge' at the top of the Notice of Transfer or Discharge form. In-service to be held on 6/3/13 by Director of Nursing/designee for social service staff regarding the following: 1. Assisting and communicating with the hospital of the facilities the resident's paperwork was faxed to in an attempt to place the resident elsewhere How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place; Director of Nursing/designee will follow-up on any resident who has been given an emergency discharge to ensure the Notice of Transfer or Discharge form has been filled out correctly. If corrections need to be made, they will be done so immediately and the form reissued. Director of Nursing/designee will also follow-up with social service to ensure the appropriate medical record paperwork has been faxed to other facilities to assist the hospital in placement. A summary of the audits will be presented to the Quality Assurance committee monthly by Director of Nursing/designee for three months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at</p>		

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	<p>A Physician's order was written on 3/27/13 at 9:15 a.m. to send the resident to (name of a hospital geriatric psychiatric unit) for an evaluation and treatment.</p> <p>The 3/27/13 Nursing Progress Notes were reviewed. An entry made at 12:49 p.m. indicated staff were waiting for the ambulance to pick up the resident.</p> <p>Review of the 3/2013 Physician Progress Notes indicated a note was made on 3/26/13 at 1:25 p.m. The note indicated "called once again due to agitation. Continues to be hard to control. She is a danger to self, staff, and other patients...Unable to control her. Consider transferring to a dementia unit for better care."</p> <p>When interviewed on 5/15/13 at the ADON (Assistant Director of Nursing) indicated at 2:00 p.m., the Director of Nursing indicated the geriatric psychiatric hospital notified the facility of the resident's need for discharge from the facility. The Director of Nursing indicated the facility made attempts on 5/6/13 to discuss a possible plan of care with the residents family to ensure they could met the residents need. The Director</p>		<p>the QA meeting. Monitoring will be on going. _____</p> <p>DyerNursing & Rehabilitation Center F203 Informal Dispute Resolution</p> <p>On 5/15/2013 ISDH completed a complaint survey citing the facility F203 (Notice Requirements Before Transfer/Discharge) at a 'D' level.</p> <p><i>F203 states before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include the notice the items described in paragraph (a) (6) of this section.</i></p> <p><i>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health</i></p>	

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NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 601 SHEFFIELD AVE DYER, IN 46311			
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	<p>of Nursing indicated the family did not return calls made by the ADON. The Director of Nursing indicated records had been requested and received and the records indicated the resident still had physical behaviors and sitters.</p> <p>When interviewed on 5/15/13 at 10:45 a.m. the Admissions coordinator indicated she received a call from the psychiatric facility Social Worker who questioned if they were going to take her back. The Admissions staff indicated she requested copies of the residents record be faxed to the facility to have the facility team review them. The Admissions coordinator indicated they faxed the information and she gave the information to management and it was reviewed. The Admission staff indicated on 5/7/13 she informed the psychiatric facility they could not meet her needs.</p> <p>When interviewed on 5/15/13 at 12:20 p.m. the Assistant Administrator indicated when Resident #C was sent out to the psychiatric hospital on 3/27/13 it was an "emergency discharge" and the intent was for the resident to be placed at an other facility if her needs did not change.</p>		<p><i>improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharger is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</i></p> <p><i>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</i></p> <p>The complaint survey alleged the</p>				

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	<p>When interviewed on 5/15/13 at 12:45 p.m., Social Worker #1 indicated he was not aware of any attempts to contact other facilities for placement for Resident #C prior to the facility indicating on 5/7/13 they could not accept the resident.</p> <p>An interview with the 5/15/13 at 10:45 a.m. the Administrator indicated, after the ruling from the ALJ (Administrative Law Judge), per the facility's Attorney advice the resident was issued the discharge and titled it an Emergency discharge on 4/22/13.</p> <p>When interviewed on 5/15/13 at 4:00 p.m., the facility Administrator indicated no other arrangements were made for other placement upon discharge from the psychiatric hospital. The Administrator indicated they had not made attempts to assist in finding other placement for Resident #C upon discharge from the psychiatric hospital due to privacy concerns since the resident had been discharged from this facility on 3/27/13.</p> <p>The facility policy titled "Transfer and Discharge Policy" was reviewed on 5/15/13 at 12:30 p.m. There was no date on the policy. The facility provided the policy on 5/15/13. The</p>		<p>facility failed to ensure that a 30 day notice was provided to resident #C's responsible parties prior to discharging this resident due to the facility's inability to meet the needs of this resident. The facility would submit despite the fact the basis for the discharge was marked as the facility's inability to meet the needs of the resident (which was true); there were also safety concerns for the well-being of the resident #C and the other residents in the facility that made the immediate discharge of resident #C necessary. This necessity negated the 30 day notice requirement. Additionally, the resident was in no way prejudiced because the resident and her responsible parties were notified of the discharge, were provided the opportunity to have a hearing and availed themselves of that hearing right. The facility respectfully requests that F203 be deleted or at a minimum the scope in severity be reduced.</p> <p>Introduction and Supporting Evidence Resident #C was admitted to Dyer Nursing & Rehabilitation Center on January 10, 2012. While at the facility her diagnoses included but not limited to: Dementia, muscle weakness, history of left humerous fracture, Hypertension, Altered Mental Status, Anxiety, Depression, Cachexia and history of Pneumonia.</p>		

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	<p>policy indicated "The state mandated notice must be given to the resident at least thirty (30) days before the transfer/discharge unless the resident waives the notification periods desiring the transfer, emergency situation exists or other specific criteria is met."</p> <p>This federal tag relates to Complaint IN00128447.</p> <p>3.1-12(a)(7)</p>		<p>The facility submits Social Service progress notes (See Exhibit 1, Social Service Resident Progress Notes) which document the behaviors exhibited by this resident throughout her stay at the facility. This resident was diagnosed with dementia, as well as, other mental illnesses. This resident would scream gibberish throughout the day and night, push and strike staff when they would try to provide treatment, disturb other residents with her screaming, and also strike other residents. The progress notes indicate that these behaviors persisted throughout the resident's stay at the facility and escalated in the days prior to the resident being sent out (See Exhibit 2, Nursing Resident Progress notes). These notes not only document these issues were discussed with both resident's family and physician, but also the number of interventions that were attempted by the facility throughout the resident's stay at the facility. Ultimately, the facility's only option was to supervise the resident one-to-one. Because one-to-one supervision is not a long-term option for providing care to this resident, on March 26, 2013 the facility spoke with the resident's physician (See Exhibit 3, Physician Progress note). The physician suggests the possibility of this resident being transferred to another</p>		

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			<p>facility to better meet her needs be considered. The resident's behaviors continued (as submitted in Exhibit 2) into the next day, so the physician gave an order to send the resident out to the hospital on 3/27/2013 (See Exhibit 4, Physician Order). At that time, the facility again spoke with the resident's family and made them aware of the physician's order and the status of this resident.</p> <p>It should also be noted that the family of resident #C did in fact receive a notice of involuntary discharge and were notified that they could ask for a hearing on this matter. As a matter of fact, that is exactly what the family of resident #C did.</p> <p>Conclusion</p> <p>It is apparent from the progress notes this resident's situation deteriorated quickly and her physician felt it was necessary to have her sent out to the hospital immediately for further treatment. However, it was also the position of the facility that its staff were unable to meet the needs of resident #C because they had tried several different types of interventions, and in the end even the most supervised measures didn't work. This is the reason why the resident's physician ordered the resident be sent out to the hospital. This is also the reason why the facility indicated that it could not meet the needs of the resident along with the</p>	

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			<p>resident's physician's recommendation that an alternative placement be considered for this resident only 24 hours prior to resident #C being sent out to the hospital. So while the facility believed that it could not meet the needs of the resident, independently, an emergency situation was created by resident #C decompensating on March 27, 2013 that made it necessary for the facility to discharge this resident immediately.</p> <p>Finally, the facility does not feel that the scope and severity should be assessed at a D level for the alleged violations. In order to establish a D level, the surveyors must show isolated scope a severity of no actual harm with potential for more than minimal harm that is not an immediate jeopardy. The facility would acknowledge that this situation is isolated in scope but would take issue with the allegation that these allegations arise to a situation involving the potential for more than minimal harm. If you look the all the facts in the light most favorable to the surveyors and assume all those facts are true; what you have here is a facility that discharged a resident to the hospital upon the orders of that resident's physician and against the wishes of the resident's family. There is at worst, potential for minimal harm because the family's wishes are</p>		

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			not honored. This particular resident never faced any potential for harm and based upon her 5 week stay in the hospital benefited from being transferred to the hospital. The facility has shown evidence the guidelines outlined in F203 were indeed met, and after review of the all the facts, the facility respectfully requests F203 be deleted or at a minimum the scope in severity be reduced.	