

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155650	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/04/2012
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NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8380 VIRGINIA ST MERRILLVILLE, IN 46410
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F0000	<p>This visit was for the Investigation of Complaints IN00110517, IN00115157 and IN00117497.</p> <p>Complaint IN00110517-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00115157-Substantiated. Federal/state deficiencies related to the allegations are cited at F166.</p> <p>Complaint IN00117497-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 3 & 4, 2012</p> <p>Facility number: 000577 Provider number: 155650 AIM number: 100266950</p> <p>Survey team: Lara Richards, RN, TC Heather Tuttle, RN</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 18</p>	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Medicaid: 55 Other: 7 Total: 80</p> <p>Sample: 8</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/5/12 Cathy Emswiller RN</p>			

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F0166 SS=A	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on record review and interview, the facility failed to ensure a grievance related to missing clothing was initiated and investigated for 1 of 3 allegations of missing property reviewed in the sample of 8. (Resident #B)</p> <p>Findings include:</p> <p>The closed record for Resident #B was reviewed on 10/3/12 at 1:00 p.m. Review of the Social Service and Nursing progress notes for the month of August 2012, indicated there was no documentation related to missing clothing.</p> <p>Interview with the resident's family on 10/4/12 at 11:50 a.m., indicated they had reported to someone at the desk, whom they thought was a nurse, that the resident had some missing clothing. Continued interview at the time, indicated this was reported in August 2012.</p> <p>Interview with the B Wing Manager on 10/4/12 at 12:00 p.m., indicated that she was not aware of the resident having any</p>	F0166	<p>The facility would like to request paper compliance on this citation. F 166 Corrective Actions Taken for those residents affected by the alleged deficient practice: The facility's multiple attempts to contact the family to investigate this claim further have been unsuccessful. We are unsure of what the missing item is and who it was reported to. We have spoken to one family member who knew nothing about a missing item. This resident has discharged from the facility on 9/5/12. Identification of and corrective actions taken for other residents having to potential to be affected by the alleged deficient practice: The facility will attempt to contact every family member to find out if there have been any grievances voiced that have not been addressed in the last 30 days. Measures taken and systemic changes made to ensure the alleged deficient practice does not recur: The facility will in-service all staff members on the grievance policy and procedure .The facility will randomly interview at least three</p>	10/24/2012

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	<p>missing clothing.</p> <p>Interview with Social Service Staff Member #1 on 10/4/12 at 12:30 p.m., indicated that she did not have a grievance form related to any missing clothes for the resident. She further indicated, the Laundry Supervisor was not aware of any missing clothes.</p> <p>Review of the Grievances and Concerns policy provided by the Administrator on 10/4/12 at 1:20 p.m., and identified as current, indicated the following: "Copies of the Grievance/Concern Form will be kept at each Nurses's Station and in the Social Service Office or other areas as determined by the facility. Any staff member may assist a Resident or family member in completing the Facility form. Completed Grievance/Concern Forms will be given to the Social Service Department. The Social Service Department will route the Grievance/Concern Form to the appropriate department within 24-48 hours."</p> <p>Interview with the Administrator on 10/4/12 at 1:30 p.m., indicated that he was not aware of the resident having any missing clothes. He further indicated if the resident's family reported this to any staff member, a grievance form should</p>		<p>residents or family members weekly to ensure that any grievances are followed up on. How the corrective actions will be monitored and the QA system implemented to ensure the alleged deficient practice does not recur: All findings will be reviewed monthly x 3 and quarterly x1 during QA meetings. Completion Date: 10-31-12</p>				

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	<p>have been completed and an investigation initiated.</p> <p>This Federal tag relates to Complaint IN00115157.</p> <p>3.1-7(a)(2)</p>			