

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155744	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/25/2014
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NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 351 N ALLEN CHAPEL RD KENDALLVILLE, IN 46755
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F000000	<p>This visit was for the Investigation of Complaint IN00155740.</p> <p>Complaint IN00155740 – Substantiated, no deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited at F 156</p> <p>Survey Dates: September 24 & 25, 2014</p> <p>Facility number: 000570 Provider number: 155744 AIM number: 100275010</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF: 10 SNF/NF: 61 Residential: 4 Total: 75</p> <p>Census payor type: Medicare: 11 Medicaid: 46 Other: 18 Total: 75</p> <p>Sample: 3</p>	F000000		

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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F000156 SS=D	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 26, 2014 by Randy Fry RN.</p> <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which</p>			

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	<p>the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a</p>			

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	<p>complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. Based on record review and interview, the facility failed to ensure 1 resident (resident B) who was receiving medicaid benefits in a sample of 3 resident records reviewed, was reimbursed for the difference in the price of incontinence products the family purchased for her use.</p> <p>Finding includes:</p> <p>On 9/25/14 at 8:30 a.m. review of the clinical record for resident (B) indicated she had diagnose's including but not limited to Infantile Cerebral Palsy, Microcephalus and Convulsions.</p> <p>Review of Social Service notes</p>	F000156	<p>Investigation and corrective action</p> <p>An audit was completed on all 46 Medicaid recipients living in facility. It was discovered that 1 additional resident had 1 withdrawal for incontinence supplies. Nursing facility deposited amount into Resident's RTA account to reimburse for continence supplies. Money was also deposited into Resident B's account for reimbursement for same reason. POAs of each resident were notified and issue was discussed. It was decided facility would purchase both residents' preferred brands. POAs understand that the resident is required to pay the difference in price between the brand that the facility carries and the desired brand if facility decides to charge. At this</p>	10/08/2014

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	<p>dated 9/19/14 indicated resident (B'S) family member gave consent for withdrawal of money for diapers from the Resident's Trust Account.</p> <p>Interview with the Social Service Director on 9/25/14 at 9:10 a.m. indicated the facility does not provide the "pull-up" diapers the resident uses which are size 6 baby diapers. The Social Service Director indicated the resident's sister provides the diapers. Further discussion indicated the Social Service Director did not know the facility was to reimburse the difference in price from the facility provided product and the product the resident and or family prefers.</p> <p>On 9/25/14 at 10:50 a.m. interview with the Administrator indicated resident (B'S) family had always provided the diapers. Further interview indicated the facility had not reimbursed the family for the difference. The Administrator provided the facility policy "Ancillary Charges" which indicated the following:</p> <p>"Residents participating in the Medicaid program cannot be charged for the following items:</p>		<p>time facility will not charge difference.</p> <p>In-services for social workers, admission coordinator, business office coordinator and nursing office coordinator (orders supplies) were completed by 4 of the 5 staff members on Wednesday, October 8, 2014 (1 social worker is on vacation and will complete upon return Monday, October 13. Attachments #1 and #2).</p> <p>Systematic changes</p> <p>The facility informs the resident orally and in writing at or prior to admission, and when a resident becomes eligible for Medicaid of the items that are included in nursing facility services under the State plan and for which the residents will not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services. The facility's social workers will also announce information at Monthly Resident Council meetings and will be addressed at care plan meetings.</p> <p>Care plan and care plan audit forms were revised to include discussion of resident preferences for personal</p>	

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	Routine personal hygiene items, including but not limited to the following: "...incontinence supplies...The facility will purchase the brand that the resident desires, if not carried in stock. The resident is required to pay the difference in price between the brand that the facility carries and the desired brand." 3.1-4(f)(1)(A)		care items (attachment #3). Resident meeting form was updated to include discussion of personal care items (attachment #4.) Posted resident meeting notes will include discussion of same. Monitoring QA nurse will audit care plans, resident council meeting notes, and business office transitions monthly using the monthly audit form (attachment 5). Resident's preferences for personal care items will be addressed as preferences change.		