

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155698	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/11/2013
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NAME OF PROVIDER OR SUPPLIER BETHANY POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 BETHANY RD ANDERSON, IN 46012
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F000000	<p>This visit was for Recertification and State Licensure Survey.</p> <p>Survey Dates: June 5, 6 ,7,10 and 11, 2013</p> <p>Facility Number: 011045 Provider Number: 155698 AIM Number: 200380790</p> <p>Survey Team: Ginger McNamee, RN, TC Karen Lewis, RN Tina Smith-Staats, RN</p> <p>Census Bed Type: SNF: 56 SNF/NF: 16 Residential: 30 Total: 102</p> <p>Census Payor Type: Medicare: 34 Medicaid: 9 Other: 59 Total: 102</p> <p>Residential sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the annual survey on June 11th, 2013. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	
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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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	Quality Review completed by Debora Barth, RN.				

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F000156 SS=B	<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 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:</p>			

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	<p>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 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,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits. Based on record review and interview, the facility failed to ensure residents were informed of possible charges that could be incurred as a result of the lack of Medicare coverage benefits for 3 of 3 residents who had received Notification of Medicare Non-Coverage. (Residents #'s 111, 112, and 23)</p> <p>Findings include:</p> <p>The Notices of Medicare Non-Coverage Letters were reviewed for Resident #'s 111, 112, and 23 on 6/11/13 at 3:30 p.m.</p> <p>Resident #111 was given a Notice of Medicare Non-Coverage Letter dated 1/22/13, and signed on 1/22/13 for discharge on 2/1/13. No Demand Bill was requested.</p> <p>Resident #112 was given a Notice of Medicare Non-Coverage Letter dated 4/9/13, and signed on 4/9/13 for discharge on 4/11/13. No Demand Bill was requested.</p> <p>Resident #23 was given a Notice of Medicare Non-Coverage Letter dated 4/9/13, and signed on 4/9/13 for discharge on 4/11/13. No Demand</p>	F000156	<p>F156It is the mission of this facility to notify its residents of the possible charges that could be incurred as a result of the lack of Medicare covered benefits.</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: The facility sent Notice of Medicare Non-Coverage letters to resident's #111, #112 , #23 in which they signed and returned to the facility. The facility also verbally notified residents #111, #112 and #23 of possible charges that could be incurred as a result of the lack of Medicare coverage benefits through Resident First Meetings/Care Plan Meetings/ individual meetings with the Social Service Department/ individual meetings with the Business Office Manager prior to the termination of their Medicare benefits. The facility failed to write the list of individual charges which could be incurred as a result of the lack of Medicare coverage in the Notice of Medicare Non-Coverage letters. The facility immediately initiated a new form to be completed by the Social Service Department /Business Office Manager and/or their designees which notifies in writing all a list of possible individual charges that could be incurred as a result of the lack of Medicare coverage benefits to be</p>	07/11/2013			

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	<p>Bill was requested.</p> <p>The Administrator was interviewed on 6/11/13 at 4:55 p.m. The Administrator was not aware of the need for billing information to be provided to residents who were no longer qualified for Medicare Part A benefits. She indicated the billing for services would revert back to the original contract signed by the resident or the resident's representative at the time of admission. She acknowledged this billing information had not been provided to Resident #'s 111, 112 and 23.</p> <p>3.1-4(f)(3)</p>		<p>sent with the Notice of Medicare Non-Coverage letter. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All other residents were effective by this practice. The facility initiated a new form which notifies residents in writing of the a list of possible charges that will be incurred as a result of the lack of Medicare coverage benefits. The Social Service Department in conjunction with the Business Office Manager and/or their designees will to be responsible for completing and sending the new form with the Notice of Medicare Non-Coverage letter. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: The facility initiated a new form which notifies residents in writing of the a list of possible charges that will be incurred as a result of the lack of Medicare coverage benefits. The Social Service Department in conjunction with the Business Office Manager and/or their designees will to be responsible for completing and sending the new form with the Notice of Medicare Non-Coverage letter. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The</p>		

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			following audits and /or observations for 5 residents will be conducted by the SSD and/or designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: Notice of Medicare Non-Coverage letter with new form Audit. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.	

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F000223 SS=D	<p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on interview and record review, the facility failed to ensure residents were not psychologically or physically abused during care for 1 of 19 residents interviewed for abuse. (Resident #53)</p> <p>Findings include:</p> <p>Resident #53 was interviewed on 6/6/13 at 8:50 a.m. The resident indicated third shift CNA #1 was rough with him when she assisted him to the bathroom. He indicated the CNA would just drop the side rails on his bed instead of gently lowering them and it would jar the whole bed. He indicated she would run his feet into the wall when she pushed his wheelchair into the bathroom. He indicated he had a fractured left leg and it was in a cast. He indicated it would hurt when she ran his feet into the wall and she did not apologize for doing it. He indicated she was rough assisting him to pull down his pants</p>	F000223	<p>F223It is the mission of this facility to provide its residents with a safe and pleasant environment in which to live. The facility will endeavor to prevent, investigate, report the mistreatment, neglect or abuse of all residents. The facility will not tolerate verbal, mental, sexual or physical abuse, corporal punishment or involuntary seclusion, nor will it allow any staff member to punish a resident at any time during a resident's stay in this facility.</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: The facility immediately investigated the allegations from Resident #53. The facility immediately reported the allegations to ISDH. CNA #1 was immediately suspended. As CNA #1 refused to cooperate with the investigation, CNA #1 was terminated. Resident #53 reported no other incidents. Identification of other residents having the potential to be affected by the same</p>	07/11/2013

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	<p>and once his pants were down, she exited the bathroom without assisting him to sit on the toilet. He indicated he was afraid he was going to fall while trying to lower himself onto the toilet.</p> <p>Resident #53's clinical record was reviewed on 6/11/13 at 9:17 a.m. The resident's diagnoses included, but were not limited to, left tibia fracture.</p> <p>The resident had a 5/12/13, admission Minimum Data Set Assessment. The assessment indicated the resident had a BIMS (Brief Interview for Mental Status) indicating he was cognitively intact and required extensive two person assist for transfers and toileting.</p> <p>During an interview with the Administrator on 6/10/13 at 3:25 p.m., she indicated CNA #1 had been suspended during the investigation. She indicated the CNA refused to cooperate with the investigation and was going to be terminated.</p> <p>During an interview with Resident #53 on 6/11/13 at 6:25 p.m., he indicated he felt like he had been abused physically and psychologically by CNA #1.</p>		<p>alleged deficient practice and corrective actions taken: No other residents were affected by this practice, interviews were conducted with other residents Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: The Facility's Abuse Policy and neglect Procedural Guidelines was reviewed. All staff were in-serviced on the Abuse Policy and neglect Procedural Guidelines. All new employees will receive and be in-serviced on the Abuse Policy and neglect Procedural Guidelines How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the DHS and/or designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: Five interviews regarding staff treatment. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>		

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	<p>The undated "Abuse and Neglect Procedural Guidelines" was provided by the Administrator on 6/11/13 at 8:40 a.m. The policy indicated "...Abuse means the willful infliction of injury...resulting in physical harm, pain or mental anguish (known or alleged). This includes deprivation by an individual, including a caregiver, of goods and services that are necessary to attain or maintain physical, mental or psychosocial well being. This presumes the instances of abuse of all resident, event those in a coma, cause physical harm, or pain and mental anguish....Mental Anguish - presumes that incidents of abuse of all residents, even those in a coma cause physical harm, pain, or mental anguish...."</p> <p>3.1-27(a)(1)</p>			

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive plan of care was developed related to a resident's diagnosis requiring medication administration and monitoring for 3 of 36 residents reviewed for comprehensive plans of care. (Resident #'s 70, 124, and 32)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #70 was reviewed on 6/11/13 at 10:20 a.m.</p>	F000279	<p>F 279</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #70 and #124 - careplan was developed related to the resident's diagnosis of constipation and requiring a bowel protocol medication administration and daily bowel monitoring. Resident #32 - careplan was developed related to the resident's diagnosis of constipation, hallucinations/delusions, and hypertension requiring medication</p>	07/11/2013			

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	<p>Diagnoses for Resident #70 included, but were not limited to, diabetes mellitus, constipation, Parkinson's disease, and hypertension.</p> <p>A recapitulation of physician's orders, signed 5/8/13, indicated Resident #70 had the following bowel protocol order:</p> <p>If no bowel movement in 48 hours give natural laxative (a mixture of prune juice, bran flakes, and applesauce), 2 tablespoons by mouth two times a day.</p> <p>If still no results in 24 hours give Milk of Magnesia (a laxative), 30 milliliters (ml) by mouth and continue natural laxative.</p> <p>If still no results in 12 hours insert 1 Dulcolax suppository (a laxative) 10 milligrams (mg), rectally.</p> <p>If still no results in 24 hours insert 1 enema rectally.</p> <p>If still no results after enema notify physician for further orders.</p> <p>The original date of this protocol was 3/29/13.</p> <p>A review of the resident's comprehensive plans of care, lacked any health care plan related to the resident's diagnosis of constipation and requiring a bowel protocol</p>		<p>administration and daily monitoring.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will review all residents with a diagnosis requiring medication administration and monitoring to ensure a comprehensive plan of care has been developed.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Interdisciplinary Team on the following campus guidelines: Care Plans.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits for 5 residents will be conducted by the DHS or designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: review residents with a diagnosis requiring medication administration and monitoring to ensure a comprehensive plan of care has been developed.</p>	

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	<p>medication administration or daily bowel monitoring.</p> <p>The bowel movement records for May and June 2013 indicated the resident did not have a bowel movement for the following time periods:</p> <p>May 23, 24, and 25, 2013- indicated no bowel movement. A time period of 3 days without a recorded bowel movement.</p> <p>June 3, 4, and 5, 2013- indicated no bowel movement. The natural laxative was given on June 5 with no results. June 6, and 7 also indicated no bowel movement. A time period of 5 days without a recorded bowel movement.</p> <p>During an interview with the Director of Nursing (DoN) on 6/11/13 at 6:00 p.m., she indicated Resident #70 did not have a health care plan related to constipation.</p> <p>2.) The clinical record for Resident #124 was reviewed on 6/10/13 at 8:52 a.m.</p> <p>Diagnoses for Resident #124 included, but were not limited to, depression, constipation, dementia with behaviors, and hypertension.</p>		<p>The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>				

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	<p>A recapitulation of physician's orders, signed 5/23/13, indicated Resident #124 had the following bowel protocol order:</p> <p>If no bowel movement in 48 hours give natural laxative (a mixture of prune juice, bran flakes, and applesauce), 2 tablespoons by mouth two times a day.</p> <p>If still no results in 24 hours give Milk of Magnesia (a laxative), 30 milliliters (ml) by mouth and continue natural laxative.</p> <p>If still no results in 12 hours insert 1 Dulcolax suppository (a laxative) 10 milligrams (mg), rectally.</p> <p>If still no results in 24 hours insert 1 enema rectally.</p> <p>If still no results after enema notify physician for further orders.</p> <p>The original date of this protocol was 3/29/13.</p> <p>A review of the resident's comprehensive plans of care, lacked any health care plan related to the resident's diagnosis of constipation and requiring a bowel protocol medication administration or daily bowel monitoring.</p> <p>The bowel movement records for June 2013 indicated the resident did</p>						

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	<p>not have a bowel movement on June 1, 2, and 3, 2013. A time period of 3 days without a recorded bowel movement.</p> <p>During an interview with the Director of Nursing (DoN) on 6/11/13 at 6:00 p.m., she indicated Resident #124 did not have a health care plan related to constipation.</p> <p>3.) The clinical record for Resident #32 was reviewed on 6/11/13 at 3:37 p.m.</p> <p>Diagnoses for Resident #32 included, but were not limited to, constipation, Alzheimer's dementia with hallucinations/delusions, and hypertension.</p> <p>A recapitulation of physician's orders, signed 5/9/13, indicated Resident #32 had the following orders:</p> <p>a.) Colace (a laxative) 100 milligrams (mg), give 1 capsule by mouth twice a day. The original date of this order was 7/3/06.</p> <p>b.) Colace (a laxative) 100 milligrams (mg), give 1 capsule by mouth as needed for constipation. The original date of this order was 7/3/06.</p>				

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	<p>c.) Milk of Magnesia (a laxative), give 30 milliliters (ml) by mouth daily as needed for constipation. The original date of this order was 8/18/06.</p> <p>d.) Enema, give 1 enema rectally once each day as needed for constipation. The original date of this order was 8/17/09.</p> <p>e.) Seroquel (an antipsychotic) 25 milligrams (mg) give a half tablet (12.5 mg), by mouth at breakfast every day. The original date of this order was 4/4/13.</p> <p>f.) Seroquel (an antipsychotic) 25 milligrams (mg) give 2 half tablets (25 mg), by mouth at supper every day. The original date of this order was 4/4/13.</p> <p>g.) Diovan (a blood pressure medication) 80 milligrams (mg), give 1 tablet by mouth daily. The original date of this order was 7/3/06.</p> <p>A review of the resident's comprehensive plans of care, lacked any health care plan related to the resident's diagnosis of constipation, hallucination/delusions, and hypertension requiring medication administration and daily monitoring.</p>						

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	<p>During an interview with the Director of Nursing (DoN) on 6/11/13 at 5:44 p.m., she indicated Resident #32 did not have a health care plan related to constipation, hallucination/delusions, and hypertension.</p> <p>3.1-35(a)</p>						

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure bowel monitoring was completed to prevent constipation for 3 of 10 residents reviewed for unnecessary medications. (Resident #'s 70, and 124)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #70 was reviewed on 6/11/13 at 10:20 a.m.</p> <p>Diagnoses for Resident #70 included, but were not limited to, diabetes mellitus, constipation, Parkinson's disease, and hypertension.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 4/14/13, indicated Resident #70 was severely cognitively impaired.</p> <p>A recapitulation of physician's orders, signed 5/8/13, indicated Resident #70 had the following bowel protocol</p>	F000309	<p>F 309 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #70 and #124 - bowel monitoring protocol in place to prevent constipation. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will complete a ongoing review during daily clinical meeting (5 times per week) of all residents with no bowel movement in 48 and 72 hours to ensure bowel monitoring and bowel protocol orders are being followed to prevent constipation. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Nursing Team on the following campus guidelines: Guideline for Bowel Protocol. How the corrective measures will be monitored to ensure the alleged deficient practice does</p>	07/11/2013			

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	<p>order:</p> <p>If no bowel movement in 48 hours give natural laxative (a mixture of prune juice, bran flakes, and applesauce), 2 tablespoons by mouth two times a day.</p> <p>If still no results in 24 hours give Milk of Magnesia (a laxative), 30 milliliters (ml) by mouth and continue natural laxative.</p> <p>If still no results in 12 hours insert 1 Dulcolax suppository (a laxative) 10 milligrams (mg), rectally.</p> <p>If still no results in 24 hours insert 1 enema rectally.</p> <p>If still no results after enema notify physician for further orders.</p> <p>The original date of this protocol was 3/29/13.</p> <p>The bowel movement records for May and June 2013 indicated the resident did not have a bowel movement for the following time periods:</p> <p>May 23, 24, and 25, 2013- indicated no bowel movement. A time period of 3 days without a recorded bowel movement.</p> <p>June 3, 4, and 5, 2013- indicated no bowel movement. The natural laxative was given on June 5 with no results. June 6, and 7 also indicated</p>		<p>not recur: The following audits for 5 residents will be conducted by the DHS or designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: residents with no bowel movement in 48 and 72 hours to ensure bowel monitoring and bowel protocol orders are being followed to prevent constipation. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>				

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	<p>no bowel movement. A time period of 5 days without a recorded bowel movement.</p> <p>The nursing notes lacked any information related to any further interventions having been given or tried during these time periods.</p> <p>During an interview with the Director of Nursing (DoN) on 6/11/13 at 4:55 p.m., additional information was requested related to the lack of bowel monitoring and interventions having been completed for the May 23 - 25, and the June 3 - 7 time frames.</p> <p>During an interview with the DoN on 6/11/13 at 6:00 p.m., she indicated the bowel protocol had not been followed as ordered by the physician.</p> <p>2.) The clinical record for Resident #124 was reviewed on 6/10/13 at 8:52 a.m.</p> <p>Diagnoses for Resident #124 included, but were not limited to, depression, constipation, dementia with behaviors, and hypertension.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 4/11/13, indicated Resident #124 was severely cognitively impaired.</p>			

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	<p>A recapitulation of physician's orders, signed 5/23/13, indicated Resident #124 had the following bowel protocol order:</p> <p>If no bowel movement in 48 hours give natural laxative (a mixture of prune juice, bran flakes, and applesauce), 2 tablespoons by mouth two times a day.</p> <p>If still no results in 24 hours give Milk of Magnesia (a laxative), 30 milliliters (ml) by mouth and continue natural laxative.</p> <p>If still no results in 12 hours insert 1 Dulcolax suppository (a laxative) 10 milligrams (mg), rectally.</p> <p>If still no results in 24 hours insert 1 enema rectally.</p> <p>If still no results after enema notify physician for further orders.</p> <p>The original date of this protocol was 3/29/13</p> <p>The bowel movement records for June 2013 indicated the resident did not have a bowel movement on June 1, 2, and 3, 2013. A time period of 3 days without a recorded bowel movement.</p> <p>The nursing notes lacked any information related to any further interventions having been given or</p>						

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	<p>tried during these time periods.</p> <p>During an interview with the Director of Nursing (DoN) on 6/11/13 at 4:05 p.m., additional information was requested related to the lack of bowel monitoring and interventions having been completed for June 1, 2, and 3.</p> <p>During an interview with the DoN on 6/11/13 at 6:00 p.m., she indicated the bowel protocol had not been followed as ordered by the physician.</p> <p>3.1-37(a)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to ensure a resident who had an increase in her anti-anxiety medication had documented indicators of anxiety for 1 of 10 residents reviewed for unnecessary medications. (Resident #15)</p> <p>Findings include:</p> <p>The clinical record for Resident #15 was reviewed on 6/11/13 at 1:35 p.m.</p>	F000329	<p>F 329</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #15 - does not currently have a PRN psychoactive medication order.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS</p>	07/11/2013	

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	<p>Diagnoses for Resident #15 included, but were not limited to, constipation, anxiety with depression, and hypertension.</p> <p>Current physician's orders, signed 4/30/13, indicated Resident #15 had the following orders:</p> <p>a.) Ativan (an anti-anxiety medication) 1 milligram (mg), 1 tablet by mouth three times a day. The original date of this order was 4/22/13.</p> <p>b.) Ativan (an anti-anxiety medication) 1 milligram (mg), 1 tablet by mouth three times a day as needed for anxiety with depression. The original date of this order was 4/15/13.</p> <p>The May 2013 Medication Administration Record indicated the resident received Ativan 82 times on the "as needed" order. The clinical record lacked any indicators and/or behaviors for the resident during May.</p> <p>During an interview with the RN Consultant on 6/11/13 at 2:08 p.m., additional information was requested related to the lack of documented indicators and/or behaviors for the</p>		<p>or designee will review all residents with an order for PRN psychoactive medication to ensure a PRN tracking log is in place to ensure behavior indicators are being documented.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Nursing Team on the following campus guidelines: 1). Administration of PRN Medications 2). PRN Medication Tracking Log 3). Behavior Documentation In-service 4). Guidelines for Behavior Observations</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits for 5 residents will be conducted by the DHS or designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: Review of PRN psychoactive medication administration to ensure behavior indicators are being documented.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then</p>		

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	<p>increase in Resident #15's anti-anxiety medication.</p> <p>During an interview with the RN Consultant on 6/11/13 at 2:47 p.m., she indicated the facility did not have any documentation of indicators and/or behaviors to indicate the need for an increase in the resident's anti-anxiety medication.</p> <p>3.1-48(a)(4)</p>		randomly thereafter for further recommendation.		

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure documentation of bowel monitoring and bowel protocol was completed in the resident's clinical record for 3 of 10 residents reviewed for unnecessary medications. (Residents #'s 70, 124, and 20)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #70 was reviewed on 6/11/13 at 10:20 a.m.</p> <p>Diagnoses for Resident #70 included, but were not limited to, diabetes mellitus, constipation, Parkinson's disease, and hypertension.</p> <p>A recapitulation of physician's orders,</p>	F000514	<p>F 514</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #70 and #124 - documentation of bowel monitoring and bowel protocol is in place.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will complete a ongoing review during daily clinical meeting (5 times per week) of all residents with no bowel movement in 48 and 72 hours to ensure documentation of bowel monitoring and bowel protocol is in place.</p>	07/11/2013			

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	<p>signed 5/8/13, indicated Resident #70 had the following bowel protocol order:</p> <p>If no bowel movement in 48 hours give natural laxative (a mixture of prune juice, bran flakes, and applesauce), 2 tablespoons by mouth two times a day.</p> <p>If still no results in 24 hours give Milk of Magnesia (a laxative), 30 milliliters (ml) by mouth and continue natural laxative.</p> <p>If still no results in 12 hours insert 1 Dulcolox suppository (a laxative) 10 milligrams (mg), rectally.</p> <p>If still no results in 24 hours insert 1 enema rectally.</p> <p>If still no results after enema notify physician for further orders.</p> <p>The original date of this protocol was 3/29/13.</p> <p>The bowel movement records for May and June 2013 indicated the resident did not have a bowel movement for the following time periods:</p> <p>May 4, 5, 6, and 7, 2013- indicated no bowel movement.</p> <p>May 19, 20, and 21, 2013- indicated no bowel movement.</p> <p>May 23, 24, and 25, 2013- indicated no bowel movement.</p> <p>June 3, 4, 5, 6, and 7, 2013- indicated</p>		<p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Nursing Team on the following campus guidelines: Guideline for Bowel Protocol.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits for 5 residents will be conducted by the DHS or designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: residents with no bowel movement in 48 and 72 hours to ensure documentation of bowel monitoring and bowel protocol are in place.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>				

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	<p>no bowel movement.</p> <p>Review of the Medication Administration Records (MAR) for May and June, 2013, lacked any documentation of the bowel protocol as having been completed on any day in May or June, 2013.</p> <p>During an interview with the Director of Nursing (DoN) on 6/11/13 at 6:00 p.m., she provided additional information regarding bowel movements and bowel protocol medications as having been given. The DoN further indicated the 24 hour sheets and bowel monitoring reports which had the additional information were not part of the resident's clinical record.</p> <p>2.) The clinical record for Resident #124 was reviewed on 6/10/13 at 8:52 a.m.</p> <p>Diagnoses for Resident #124 included, but were not limited to, depression, constipation, dementia with behaviors, and hypertension.</p> <p>A recapitulation of physician's orders, signed 5/23/13, indicated Resident #124 had the following bowel protocol order:</p>				

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>If no bowel movement in 48 hours give natural laxative (a mixture of prune juice, bran flakes, and applesauce), 2 tablespoons by mouth two times a day.</p> <p>If still no results in 24 hours give Milk of Magnesia (a laxative), 30 milliliters (ml) by mouth and continue natural laxative.</p> <p>If still no results in 12 hours insert 1 Dulcolox suppository (a laxative) 10 milligrams (mg), rectally.</p> <p>If still no results in 24 hours insert 1 enema rectally.</p> <p>If still no results after enema notify physician for further orders.</p> <p>The original date of this protocol was 3/29/13</p> <p>The bowel movement records for May and June 2013 indicated the resident did not have a bowel movement for the following time periods:</p> <p>May 5, 6, 7, and 8, 2013- indicated no bowel movement.</p> <p>May 10, 11, and 12, 2013- indicated no bowel movement.</p> <p>May 23, 24, and 25, 2013- indicated no bowel movement.</p> <p>June 1, 2, 3, and 4, 2013- indicated no bowel movement.</p> <p>Review of the Medication Administration Records (MAR) for</p>				

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	<p>May and June, 2013, lacked any documentation of the bowel protocol as having been completed on May 10, 11, 12, 23, 24 and 25, 2013.</p> <p>During an interview with the Director of Nursing (DoN) on 6/11/13 at 6:00 p.m., she provided additional information regarding bowel movements and bowel protocol medications as having been given. The DoN further indicated the 24 hour sheets and bowel monitoring reports which had the additional information were not part of the resident's clinical record.</p> <p>3.) The clinical record for Resident #20 was reviewed on 6/11/13 at 1:52 p.m.</p> <p>Diagnoses for Resident #20 included, but were not limited to, depression, constipation, dementia, and hypertension.</p> <p>A recapitulation of physician's orders, signed 5/8/13, indicated Resident #20 had the following bowel protocol order:</p> <p>If no bowel movement in 48 hours give natural laxative (a mixture of prune juice, bran flakes, and applesauce), 2 tablespoons by mouth</p>				

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	<p>two times a day. If still no results in 24 hours give Milk of Magnesia (a laxative), 30 milliliters (ml) by mouth and continue natural laxative. If still no results in 12 hours insert 1 Dulcolox suppository (a laxative) 10 milligrams (mg), rectally. If still no results in 24 hours insert 1 enema rectally. If still no results after enema notify physician for further orders. The original date of this protocol was 3/29/13</p> <p>The bowel movement records for May 2013 indicated the resident did not have a bowel movement for the following time periods:</p> <p>May 8, 9, 10, and 11, 2013- indicated no bowel movement. May 13, 14, 15 and 16, 2013- indicated no bowel movement. May 18, 19, and 20, 2013- indicated no bowel movement. May 27, 28, and 29, 2013- indicated no bowel movement.</p> <p>Review of the Medication Administration Record (MAR) for May 2013, lacked any documentation of the bowel protocol as having been completed on May 8, 9, 10, 11, 13, 14, 18, 19, 20, 27, 28 and 29, 2013.</p>						

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	<p>During an interview with the Director of Nursing (DoN) on 6/11/13 at 6:00 p.m., she provided additional information regarding bowel movements and bowel protocol medications as having been given. The DoN further indicated the 24 hour sheets and bowel monitoring reports which had the additional information were not part of the resident's clinical record.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			

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F000520 SS=B	<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 record review and interview, the facility's Quality Assessment and Assurance Committee failed to develop and implement a plan of action to notify the residents of billable services when no longer qualified for Medicare benefits identified during the Annual Recertification and State Licensure Survey. (Resident #'s 111, 112, and 23)</p>	F000520	F520It is the mission of this facility's Quality Assessment and Assurance Committee to develop and implement a plan of action to notify the residents of billable services when they no longer qualified for Medicare benefits. Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: The facility sent Notice of Medicare Non-Coverage letters to resident's #111, #112 , #23 in which they signed and	07/11/2013	

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	<p>Findings include:</p> <p>The Advanced Beneficiary Notices (ABN) were reviewed for Residents #111, #112 and #23 on 6/11/13, at 3:30 p.m. The ABNs lacked the billing information for the possible charges for the resident denied Medicare Part A benefits.</p> <p>During an interview on 6/11/13 at 7:09 p.m., the Administrator, DoN, and RN Consultant indicated the facility was not aware of the need for the billing information to be provided to the residents who no longer qualified for Medicare Part A benefits. They acknowledged this information had not been provided to Residents #111, #112, and #23.</p> <p>3.1-52(b)(2)</p>		<p>returned to the facility. The facility also verbally notified residents #111, #112 and #23 of possible charges that could be incurred as a result of the lack of Medicare coverage benefits through Resident First Meetings/Care Plan Meetings/ individual meetings with the Social Service Department/ individual meetings with the Business Office Manager prior to the termination of their Medicare benefits. The facility failed to write the list of individual charges which could be incurred as a result of the lack of Medicare coverage in the Notice of Medicare Non-Coverage letters. The facility immediately initiated a new form to be completed by the Social Service Department /Business Office Manager and/or their designees which notifies in writing all a list of possible individual charges that could be incurred as a result of the lack of Medicare coverage benefits to be sent with the Notice of Medicare Non-Coverage letter. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All other residents were effective by this practice. The facility initiated a new form which notifies residents in writing of the a list of possible charges that will be incurred as a result of the lack of Medicare coverage benefits.</p>		

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			<p>The Social Service Department in conjunction with the Business Office Manager and/or their designees will to be responsible for completing and sending the new form with the Notice of Medicare Non-Coverage letter. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: The facility initiated a new form which notifies residents in writing of the a list of possible charges that will be incurred as a result of the lack of Medicare coverage benefits. The Social Service Department in conjunction with the Business Office Manager and/or their designees will to be responsible for completing and sending the new form with the Notice of Medicare Non-Coverage letter. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the SSD and/or designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: Notice of Medicare Non-Coverage letter with new form Audit. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further</p>		

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			recommendation.	