

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155005	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/25/2015
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 N MADISON AVE ANDERSON, IN 46011
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F 000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 2/2/15.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint IN00163165 completed on 2/2/15.</p> <p>Complaint IN00163165 corrected.</p> <p>Survey date: March 25, 2015.</p> <p>Facility number: 000005 Provider number: 155005 AIM number: 100270840</p> <p>Survey team: Karen Lewis, RN, TC Toni Maley, BSW Tina Smith-Staats, RN</p> <p>Census bed type: SNF: 25 SNF/NF: 118 Total: 143</p> <p>Census payor type: Medicare: 14 Medicaid: 93 Other: 36</p>	F 000	<p>The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.</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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F 241 SS=E Bldg. 00	<p>Total: 143</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on March 26, 2015 by Randy Fry RN.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to serve meals to cognitively impaired dependent residents in a manner to promote dignity regarding lengthy meal waits and assistance to dine for 5 of 5 residents reviewed for dignified dining (Residents #3, #127, #121, #2 and #182).</p> <p>Findings include:</p> <p>1. During a 3/25/15, 11:41 a.m. to 12:40 p.m., lunch observation of the Family Tree Dining Room the following occurred:</p>	F 241	<p>F 241 SS=E Dignity & Respect of Individuality It is the practice of this center to comply with F 241: Dignity & Respect Of Individuality <u>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</u> - Resident(s) # 3, 127, 121, 2, & 182's Clinical records were reviewed and updated to reflect activity programing that meets the need/function of target and like residents to address the alleged deficient practice. Resident(s) # 3, 127, 121, 2, & 182's were observed during initial audit to</p>	04/07/2015
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	<p>At 11:41 a.m., Two cognitively impaired, dependent residents (Residents #2 and #121) were already seated facing the dining room table as if ready to dine. An activity was being offered on the other side of the dining room. The activity was a trivia events in which questions and answers were exchanged. The ability to communicate ideas and long and short term memory was needed to participate in the activity. The assisted dining area lacked any diversionary materials such as, games, books, magazines or manipulative devices.</p> <p>Cognitively impaired, dependent, Resident #2 sat facing her dining room table from 11:41 a.m. to 12:42 p.m. (1 hour and 1 minute) when her meal was served. She did not participate in the activity. She was not spoken to or encouraged to participate in the activity. Resident #2 rubbed her face and head and slept during the hour and 1 minute wait. Two of Resident #2's tablemates were served their meals and assisted to eat 10 minutes before Resident #2 received her meal. Resident #2 sat for 10 minutes watching her tablemates eat. Resident #2 was served her meal at 12:42 p.m. Her uncovered meal tray sat in front of her for 3 minutes until the dependent resident was assisted to eat.</p>		<p>ensure timely meal service, tables served at the same time and residents assisted with meal service at the time their tray is served. <u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</u> All residents with Cognitive Deficits have the potential to be affected by this deficient practice. Like residents were evaluated as necessary to assure interests and activities needs were identified, including activities to encourage cognitive stimulation as appropriate. Care plans were revised as necessary to include these interventions. An Audit was completed of all residents with cognitive deficit that receive meals in the dining room to ensure timely meal service, tables served at the same time and residents assisted with meal service at the time their tray is served. <u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u> Activity department has re-evaluated the activity schedule; specifically activities provided prior to dining service and changes have been made to the Activity Schedule to meet the needs of those residents who are present to invoke participation from all ranges care needs.</p>				

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	<p>Cognitively impaired, dependent, Resident #121 sat facing her dining room table from 11:41 a.m. to 12:32 p.m. (51 minutes) when her meal was served. She did not participate in the activity. She was not spoken to or encouraged to participate in the activity. Resident #121 slept during the 51 minute wait.</p> <p>Cognitively impaired, dependent, Resident #3 was escorted in to the dining room and assisted to sit facing her dining room table from 11:54 a.m. to 12:32 p.m. (38 minutes) when her meal was served. She did not participate in the activity. She was not spoken to or encouraged to participate in the activity. Resident #3 slept during the 38 minute wait.</p> <p>Cognitively impaired, dependent, Resident #127 was escorted in to the dining room and assisted to sit facing her dining room table from 11:54 a.m. to 12:36 p.m. (42 minutes) when her meal was served. She did not participate in the activity. She was not spoken to or encouraged to participate in the activity. Resident #127 slept during the 42 minute wait.</p> <p>Cognitively impaired, dependent, Resident #182 was escorted in to the dining room and assisted to sit facing his</p>		<p>Activity staff have been re-educated on appropriate Activities for residents with cognitive deficits per Activities & Recreation Service guidelines. Nursing was re-educated on meal serving practices to ensure that all residents at a table have their meal served timely and at the same time to promote the dignity. Dietary Staff have been re-educated on Meal Schedules.</p> <p><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</u></p> <p>Activity Director or Designee will audit 5 Pre-Meal Activities weekly x 4 weeks, then 3 Pre-Meal Activities meals bi-weekly x 3 months to ensure the activity programing that meets the need/function of residents with Cognitive Deficits. Director of Care Delivery or designee will audit 5 Meals weekly x 4 weeks to ensure residents sitting at a table are served meals timely and at the same time. Dietary Director or Designee will audit 5 Meals weekly x 4 weeks to ensure meal schedules are being followed per center guidelines. Audit findings will be presented to the QAA Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 6 months. The QAA Committee will review findings and determine the need for further monitoring and/or</p>	

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	<p>dining room table from 11:56 a.m. to 12:31 p.m. (35 minutes) when his meal was served. He did not participate in the activity. He was not spoken to or encouraged to participate in the activity. Resident #182 placed his head on the table, twisted and manipulated his napkin, removed his tablecloth from the table and cried during the 35 minute wait.</p> <p>2. During a 3/25/15, 4:06 p.m. interview, the Activity Director indicated the trivia activity offered prior to the 3/25/15 meal was not designed for residents with cognitive impairment. She indicated she had not requested the staff to assist Resident's #3, #127, #121, #2 or #182 to attend this activity. The Activity Director indicated Residents #3, #127, #121, #2 or #182 did not have the communication or memory skills needed to participate in the trivia activity.</p> <p>3. Resident #3's clinical record was reviewed on 3/25/2015 at 2:47 p.m. Resident #3's current diagnoses included, but were not limited to, schizophrenia, dementia and depression. Resident #3 was currently receiving hospice services.</p> <p>Resident #3 had a current, 1/2/15, quarterly, Minimum Data Set assessment (MDS) which indicated the resident had unclear speech, rarely or never made</p>		<p>education per the QAA process. <u>By what date the systemic changes will be completed?</u> - 4/7/2015 IDR Requested: Face to Face IDR requested because center believes it followed the original State accepted Plan of Correction and there was no delay in meal service per surveyor reasoning to keep center out of compliance. The Meal area also happens to be a common area in our center were resident gather to socialize.</p>	

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	<p>independent decisions, was dependent on staff assistance for mobility and required staff assistance to eat.</p> <p>Resident #3 had a 1/5/15, Social Services Note which indicated the resident was cognitively impaired and disoriented to day, month and year.</p> <p>4. Resident #127's clinical record was reviewed on 3/25/2015 at 2:49 p.m. Resident #127's current diagnoses included, but were not limited to, debility, anxiety, chronic pain and bipolar disorder. Resident #127 currently received hospice services.</p> <p>Resident #127 had a current, 12/23/14, quarterly, MDS which indicated the resident had unclear speech, was cognitively impaired and rarely or never made independent decisions, was totally dependent on the staff for mobility and required staff assistance.</p> <p>Resident #127 had a 3/23/15, Social Services Note which indicated the resident was severely cognitively impaired and had anxiety and depression.</p> <p>5. Resident #121's clinical record was reviewed on 3/25/2015 2:51 p.m. Resident #121's current diagnoses included, but were not limited to,</p>			

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	<p>depression, weakness, pain, dementia and Alzheimer's disease.</p> <p>Resident #121 had a current, 1/16/15, quarterly MDS which indicated the resident's speech was unclear, was cognitively impaired and rarely or never made independent decisions, had memory difficulty, was totally dependent on staff assistance for mobility and required staff assistance to eat.</p> <p>Resident #121 had a 1/23/15, Social Services Note which indicated the resident rarely understood others and had delusions and spoke to herself at times</p> <p>6. Resident #2's clinical record was reviewed on 3/25/2015 at 2:53 p.m. Resident #2's current diagnoses included, but were not limited to, Alzheimer's disease, depression and chronic pain.</p> <p>Resident #2 had a current, 12/27/14, annual, MDS which indicated the resident had short and long term memory loss, was cognitively impaired and rarely or never made independent decisions, required staff assistance for mobility and required assistance for eating.</p> <p>Resident #2 had a 12/26/14, Social Service Note which indicated the resident did not respond to verbal cues and was</p>			

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	<p>severely cognitively impaired.</p> <p>7. Resident #182's clinical record was reviewed on 3/25/2015 at 11:28 a.m. Resident #182's current diagnoses included, but were not limited to, Down's syndrome, debility and Alzheimer's disease.</p> <p>Resident #182 had a current, 12/8/14, annual, MDS which indicated the resident was severely cognitively impaired and rarely or never made independent decisions, required supervision for mobility and assistance for eating.</p> <p>Resident #182 had a 3/6/15, Social Service Note which indicated the resident was severely cognitively impaired related to Alzheimer's disease.</p> <p>8. During a 3/25/15, 4:22 p.m., interview the Administrator indicated the facility had monitored the time meal service began in each dining room as part of the plan of correct for the dignified meal waits concerns cited during the 2/2/15 annual survey but had not monitored meal time at the point of services to dependent residents.</p> <p>This deficiency was cited on 2/2/15 and the facility failed to implement a plan of</p>			

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	correction to correct the deficiency. 3.1-3(t)				