

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155751	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/31/2016
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NAME OF PROVIDER OR SUPPLIER MEADOW LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEADOW LAKE DR MOORESVILLE, IN 46158
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00208494.</p> <p>Complaint IN00208494 - Substantiated. Federal/State deficiencies related to the allegation are cited at F309.</p> <p>Survey dates: August 30 and 31, 2016</p> <p>Facility number: 004831 Provider number: 155751 AIM number: 200809750</p> <p>Census bed type: SNF: 19 SNF/NF: 108 Residential: 51 Total: 178</p> <p>Census payor type: Medicare: 22 Medicaid: 78 Other: 27 Total: 127</p> <p>Sample: 04</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	Meadow lakes respectfully request a desk review	

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 0309 SS=D Bldg. 00	<p>Q.R. completed by 14466 on September 06, 2016.</p> <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 interview and record review, the facility failed to ensure that medical transportation was scheduled and confirmed for a physician appointment for 1 of 4 residents reviewed for continuation of care. (Resident #A)</p> <p>Findings Include:</p> <p>Clinical record review on 8/30/16 at 10:00 a.m., indicated Resident # A was admitted on 08/12/2016, for rehabilitation therapy after surgery. Resident #A had an appointment scheduled with their physician for August</p>	F 0309	<p>F309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? -Resident#A no longer resides in the facility -How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? -All residents have the potential to be affected by the alleged deficient practice.</p>	09/19/2016

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	<p>18, 2016, and was noted in the transfer papers dated 8/12/2016, from a local hospital.</p> <p>Resident #A's diagnoses included, but were not limited to: aortic heart valve replacement, diabetes type 2, obesity, and chronic diastolic congestive heart failure.</p> <p>Review of Resident #A's progress notes indicated there was no documentation to state the facility followed through to ensure Resident #A's transportation. was confirmed (Resident #A needed to be transported to their physician via stretcher due to Resident #A's diagnoses).</p> <p>On 8/30/2016 at 11:50 a.m., review of rehabilitation hall 600's appointment book indicated Resident #A had a scheduled follow up appointment with their physician on 8/18/2016 at 2:20 p.m. No documentation noted in the appointment book that the transportation had been confirmed. Resident #A was admitted on 8/12/2016 and said appointment was not until 8/18/2016 (6 days later).</p> <p>Interview with LPN#1, on 8/30/2016, indicated LPN #1 believed the transportation company failed to come pick up Resident #A, causing them to miss their appointment, which had been</p>		<p>·An1x audit will be performed on the appointment calendars to ensure transportation is set up appropriately on or before 9/19/16 by the DNS or designee</p> <p>·Facility nurses will be in-serviced on the appropriate process for arranging transportation the CEC or designee on or before 9/19/2016.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>·Facility nurses will be in-serviced on the appropriate process for arranging transportation the CEC or designee on or before 9/19/2016.</p> <p>·The DNS or designee will audit and review the transportation log 7 days a week to ensure all scheduled appointments have appropriate transport. Any discrepancies will be investigated.</p> <p>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 into place?</p> <p>·To ensure compliance the The DNS or designee will audit and review the transportation log 7 days a week to ensure all scheduled appointments have appropriate transport. DNS or designee will use the transportation audit tool for six months with audits being</p>	

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	<p>scheduled for 8/18/2016.</p> <p>On 8/31/2016 at 10:35 a.m., a phone call was placed to the medical transport company indicated by DNS (Director of Nursing Services) the facility used. Spoke with reception at the transport center, who indicated Resident #A's name was not in their system anywhere.</p> <p>Interview with DNS on 8/31/16 at 11:35 a.m., indicated they spoke with RN#1 who indicated when Resident #A arrived to facility it was after 5:00 p.m., and they continued through the evening to obtain medical transportation with stretcher, and was unable to do so. RN #1 did indicated they advised the oncoming shift transportation was still needed for Resident #A, but did not note it on Resident #A's chart. The DNS indicated obtaining transportation for residents was the responsibility of the nursing staff.</p> <p>On 8/31/2016, at 3:30 p.m., the DNS indicated the facility did not have a policy regarding transportation through medical transport vehicles.</p> <p>This Federal tag relates to Complaint IN00208494.</p> <p>3.1-37(a)</p>		<p>completed once weekly for one month, and then monthly for 5 months by DNS or designee. The CQI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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