

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/16/2013
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NAME OF PROVIDER OR SUPPLIER  LAMPLIGHT INN AT THE LELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 900 SOUTH A STREET RICHMOND, IN 47374
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R000000	<p>This visit was for the Investigation of Complaint IN00134082.</p> <p>Complaint IN00134082 -- Substantiated. State residential deficiency related to the allegations is cited at R045.</p> <p>Survey date: September 16, 2013</p> <p>Facility number: 012497 Provider number: 012497 AIM number: N/A</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: Residential: 81 Total: 81</p> <p>Census Payor type: Other: 81 Total: 81</p> <p>Sample: 4</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quaility review completed on September 22, 2013, by Janelyn Kulik, RN</p>	R000000	<p>This Plan of Correction (POC) is prepared and executed because it is required by the provisions of State and Federal Law, and not because Lamplight Inn at the Leland agrees with the allegations contained there-in. Please let this POC response serve as the facility's Credible Allegation of Compliance. We respectfully request paper compliance for this survey.</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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R000045	<p>410 IAC 16.2-5-1.2(r)(6-9) Residents' Rights - Deficiency (6) Before an interfacility transfer or discharge occurs, the facility must, on a form prescribed by the department, do the following: (A) Notify the resident of the transfer or discharge and the reasons for the move, in writing, and in a language and manner that the resident understands. The health facility must place a copy of the notice in the resident ' s clinical record and transmit a copy to the following: (i) The resident. (ii) A family member of the resident if known. (iii) The resident ' s legal representative if known. (iv) The local long term care ombudsman program (for involuntary relocations or discharges only). (v) The person or agency responsible for the resident ' s placement, maintenance, and care in the facility. (vi) In situations where the resident is developmentally disabled, the regional office of the division of disability, aging, and rehabilitative services, who may assist with placement decisions. (vii) The resident ' s physician when the transfer or discharge is necessary under subdivision (4)(C), (4)(D), (4)(E), or (4)(F). (B) Record the reasons in the resident ' s clinical record. (C) Include in the notice the items described in subdivision (9). (7) Except when specified in subdivision (8), the notice of transfer or discharge required under subdivision (6) must be made by the facility at least thirty (30) days before the resident is transferred or discharged. (8) Notice may be made as soon as practicable before transfer or discharge</p>						

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	<p>when:</p> <p>(A) the safety of individuals in the facility would be endangered;</p> <p>(B) the health of individuals in the facility would be endangered;</p> <p>(C) the resident ' s health improves sufficiently to allow a more immediate transfer or discharge;</p> <p>(D) an immediate transfer or discharge is required by the resident ' s urgent medical needs; or</p> <p>(E) a resident has not resided in the facility for thirty (30) days.</p> <p>(9) For health facilities, the written notice specified in subdivision (7) must include the following:</p> <p>(A) The reason for transfer or discharge.</p> <p>(B) The effective date of transfer or discharge.</p> <p>(C) The location to which the resident is transferred or discharged.</p> <p>(D) A statement in not smaller than 12-point bold type that reads, " You have the right to appeal the health facility ' s decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you under subdivision (8). If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health at the number listed below. " .</p>			

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	<p>(E) The name of the director and the address, telephone number, and hours of operation of the division.</p> <p>(F) A hearing request form prescribed by the department.</p> <p>(G) The name, address, and telephone number of the state and local long term care ombudsman.</p> <p>(H) For health facility residents with developmental disabilities or who are mentally ill, the mailing address and telephone number of the protection and advocacy services commission.</p> <p>Based on interview and record review, the facility failed to document the transfer of a resident to a long term care facility on a state-approved form and to notify in writing with this form, the resident, a family member or legal representative of the resident, the area ombudsman, the receiving facility and the attending physician for 1 of 3 residents reviewed for transfer to a long term care facility in a total sample of 4. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 9-16-13 at 10:32 a.m. Her diagnoses included, but were not limited to, diabetes, depression, anxiety, neuropathy, history of deep vein thrombosis (blood clots), chronic urinary tract infections (UTI's), chronic kidney disease and fibromyalgia.</p>	R000045	A – Resident A was discharged from facility 8/2/13. B – Review of discharged residents since 6/7/13 (date of last state survey) found no other residents had been adversely affected by this citing. C – All-staff in-service held 9/25/13 to review the following protocol for discharges: Protocol for all interfacility transfers and discharges: 1) Upon discussion of possible discharge a care conference will be held with the resident and or responsible party and be recorded in the resident's clinical chart. The following information will be included: reason for possible transfer discharge, recommendation of appropriate placement for residential choice, time frame for discharge and where family has chosen for referrals to be made. 2) 2) Follow up documentation will include who accepted the resident and when they are scheduling admission into their facility. If admitting to Skilled	10/04/2013			

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	<p>Nursing notes, dated 6-26-13 through date of discharge on 8-2-13, indicated no plans for discharge to another facility.</p> <p>A letter from the attending physician's nurse practitioner, dated 7-19-13, indicated, "She many times refuses care or assistance from staff for ADL's [activities of daily living] and bathing. This has detrimentally affected her care causing multiple recurrent UTIs [sic] from incontinence and not allowing staff to clean her up. It has been brought to our attention that this has been an ongoing issue for which the patient has had meetings with management as well as her case manager from [name of the Area Agency on Aging] to no avail or change in behaviors. It is our medical advice that if this cannot be resolved in the assisted living, patient would better be suited for care in a nursing facility where she can receive increased assistance to help prevent further worsening of her medical issues." This same nurse practitioner provided a written order to the receiving long term care facility, dated 8-2-13, which indicated, "Emergency Nursing Home Placement. Dx: [diagnoses:] Weakness, Renal failure."</p>		<p>Nursing Facility appropriate PAS paperwork will be completed and given to PCP for review and signature copy will be placed in clinical chart 3) On the day of discharge the transfer sheet will be filled out and reviewed with resident and or family. A copy will be provided for the resident and the accepting facility along with a copy of all active medication and allergies any other requested medical records. Discharge will be documented in the resident clinical notes and will include the following: time of discharge, verification of review of transfer sheet, mode of transportation and any items sent with resident and an order from the physician will be obtained to transfer resident. 4) While not in place at date of cited transfer, the above protocol with transfer agreement was already in place prior to date of survey. D – D.O.N. will review all discharges for compliance and report findings to Administrator quarterly.</p>				

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	<p>In interview with the Director of Nursing (DON) on 9-16-13 at 11:20 a.m., she indicated the charting requirements for an assisted living facility are very different than for a traditional nursing home. She indicated she had met several times with Resident #A in regards to issues surrounding her chronic UTI's, such as personal hygiene and being under the care of an infection control specialist for the UTI's. She indicated she did not document any of the conversations with Resident #A regarding these issues or conversations about going to a nursing home for further treatment with IV antibiotics as the resident was in agreement with these plans.</p> <p>In interview with the DON on 9-16-13 at 11:20 a.m., she indicated she did not provide the resident with any discharge or transfer paperwork, "because it was medically necessary." She indicated, "I guess I figured someone [nursing staff] had charted something about her leaving [discharging to a long term care facility.]" She indicated prior to her becoming employed at the facility in April, 2013, the facility did not have any discharge paperwork or process for discharge of residents.</p>			
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	<p>The DON provided copies of electronic mail (email) on 9-16-13 at 11:45 a.m. of correspondence between she and Resident #A's case manager for the local Area on Aging Agency. The initial email, dated 7-23-13 at 10:45 a.m., indicated the DON wished to discuss with the case manager the possibility of nursing home placement related to issues with incontinence and chronic UTI treatment. A second email correspondence on 7-29-13 at 5:22 p.m. indicated the facility staff had spoken with the resident regarding transferring to a long term care facility and listed 2 area facilities of the resident's choice that would be conducting assessments the following day.</p> <p>In interview with the DON on 9-16-13 at 1:45 p.m., she indicated she noticed the facility did not have any "discharge paperwork" around the time of Resident #A's discharge on 8-2-13. She indicated, "you probably won't find discharge paperwork in the other [closed and/or discharged] charts, either." She indicated she was planning on inservice education for the nursing staff in the near future regarding discharge process. She did not provide a date or content information for this inservice.</p>						

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	<p>In interview with the Administrator on 9-16-13 at 2:20 p.m., he indicated, "To the best of my knowledge, AL's [assisted living facilities] do not have to use the state discharge and transfer paperwork for a resident, unless it is an involuntary situation. Otherwise, we would be filling out that paperwork every time we turn around."</p> <p>In interview with the Administrator on 9-16-13 at 5:00 p.m., he indicated a voluntary discharge or transfer is a situation in which the resident is in agreement with the discharge or transfer. He indicated this was the situation with Resident #A, as she was agreeable to being transferred to a long term care nursing facility, and would not have necessitated receiving the state form for transfer or discharge. He indicated the transfer or discharge notice is only valid for 5 specific reasons, "the resident's welfare or needs cannot be met by the facility; the resident has improved and is moving out [of the facility]; the health and safety of other residents would be in jeopardy; failure to pay or the facility is ceasing to operate." He indicated these 5 reasons do not apply to many situations, such as if a resident chose to leave the facility.</p>						

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	<p>On 9-16-13 at 3:56 p.m., the Administrator provided a copy of a policy entitled, "Involuntary Transfer-Discharge General Information." This policy was indicated to be the current policy. This policy indicated, "A transfer discharge is deemed involuntary if it is an interfacility transfer or discharge and if it is instigated by the facility. An interfacility transfer and discharge, as defined by 410 IAC 16.2-3.1-12, of residents of a facility is as follows: Interfacility transfer and discharge means the movement of a resident to a bed outside of the licensed facility. For Medicare and Medicaid certified facilities, an Interfacility transfer and discharge means the movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Note: When a transfer or discharge of a resident is proposed provision for continuity of care shall be provided by the facility.</p> <p>Reasons for Interfacility Transfer-Discharge Health facilities must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless:</p> <p>A. the transfer or discharge is</p>			

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	<p>necessary for the resident's welfare and the resident's needs cannot be met in the facility.</p> <p>B. The transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the facility.</p> <p>C. The safety of individuals in the facility is endangered.</p> <p>D. The health of individuals in the facility would otherwise be endangered.</p> <p>E. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility.</p> <p>F. The facility ceases to operate.</p> <p>Emergency Interfacility Transfer-Discharge Requirements Notice may be made as soon as practicable before transfer or discharge when:</p> <ul style="list-style-type: none"> <li>*The safety of individuals in the facility would be endangered.</li> <li>*The health of individuals in the facility would be endangered.</li> <li>*The resident's health improves sufficiently to allow a more immediate transfer or discharge.</li> <li>*Immediate transfer or discharge is required by the resident's urgent medical needs.</li> </ul>						

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	<p>*Resident has not resided in the facility for 30 days.</p> <p>Documentation Necessary for Interfacility Transfer-Discharge When the facility proposes to transfer or discharge a resident under any of the circumstances mentioned above, the resident's clinical record must be documented...Interfacility Transfer-Discharge Notice Requirements The notice of transfer or discharge must be made by the facility at least thirty (30) days (unless transfer discharge is deemed an emergency transfer discharge) before the resident is transferred or discharged..."</p> <p>This State tag relates to Complaint IN00134082.</p> <p>5.1-2(r)(1-5)</p>			