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
	155655		03/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEABODY RETIREMENT COMMUNITY	400 W SEVENTH ST NORTH MANCHESTER, IN 46962

(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
R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00195822. Complaint IN00195822 - Substantiated. State deficiency related to the allegations is cited at R0349. Survey date: March 24, 2016. Facility number: 000485 Provider number: 155655 AIM number: N/A Census bed type: Residential: 120 Total: 120 Sample: 4 This state finding is cited in accordance with 410 IAC 16.2-5. QR completed by 11474 on March 28, 2016.	R 0000		
R 0349	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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Bldg. 00	(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized. Based on record review and interview, the facility failed to ensure resident clinical records were complete and accurate in regards to notification of the physician of the presence of bed bugs for 3 of 4 residents reviewed for complete and accurate clinical records in a sample of 4. (Resident B, Resident C and Resident E) Findings include: 1. The clinical record for Resident B was reviewed on 3/24/16 at 1:19 p.m. Diagnoses for Resident B included, but were not limited to, congestive heart failure, hypertension, hypothyroidism and anemia. Review of the nursing notes, dated 3/18/16 through 3/23/16, indicated the notes lacked any documentation of physician notification that bed bugs had been found in Resident B's room. The nursing note lacked any documentation of the bed bug discovery or subsequent	R 0349	1. Physician notified of affected residents on 3-24-15 2. All residents have the potential to be effected by the alleged deficient practice, a thorough inspection per Indiana Pest of all resident's rooms in the South House was conducted on March 24, 2016. 3. Educated license staff on "Policy of Change in Residents Condition or Status" regarding notifying physician. 4. Audit of all nurses notes for physician notification of residents noted with bed bugs. Findings of audits will be presented to the monthly QAPI committee by the Clinical Director of Residential. 5. Audits will be conducted Mon-Fri x 1 month, weekly x 3 months and monthly x 2 months. Audits begin April 12,2016 and end Sept 12, 2016 if 100% compliance achieved.	04/23/2016

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	treatments. 2. The clinical record for Resident C was reviewed on 3/24/16 at 9:30 a.m. Diagnoses for Resident C included, but were not limited to, depression, anxiety, dementia and chronic renal failure. Review of the nursing notes, dated 6/10/15 through 9/21/15, indicated the notes lacked any documentation of physician notification that bed bugs had been found in Resident C's room. The nursing note lacked any documentation of the bed bug discovery or subsequent treatments. 3. The clinical record for Resident E was reviewed on 3/24/16 at 1:30 p.m. Diagnoses for Resident E included, but were not limited to, hypertension, asthma, osteoarthritis and glaucoma. Review of the nursing notes, dated 3/18/16 through 3/24/16, indicated the notes lacked any documentation of physician notification that bed bugs had been found in Resident E's room. The nursing note lacked any documentation of the bed bug discovery or subsequent treatments. During an interview on 3/24/16 at 9:52 a.m., Housekeeper #6 indicated rooms			

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	114 and 109 had been prepared for extermination of bed bugs that day. "We bagged all the clothing and and put it in the dryer like the policy says." Housekeeper #6 indicated the clothing and linens were to be washed separately and re-bagged after washing. During an interview on 3/24/16 at 3:28 p.m., the Administrator indicated the following: "We should have at least given the physician a heads up when it (bed bugs) was discovered." The nursing notes were reviewed with the Administrator and the Clinical Director and no documentation regarding the notification of the physician was found. No further information was provided. During an interview on 3/24/16 at 3:40 p.m., the Maintenance Supervisor indicated she had been informed on 3/21/16 that bed begs had been found in two resident rooms, room 114 and room 109. The Maintenance Supervisor indicated the pest control company was contacted immediately but could not service the facility until 3/24/16. Review of a current policy, dated April 2011, titled "Change in a Resident's Condition or Status" was provided by the Administrator on 3/24/16 at 4:00 p.m. The policy indicated the following:			

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	"Policy Statement Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.) Policy Interpretation and Implementation ... 4. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status." This Residential tag relates to Complaint IN00195822.			