STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155667	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE CHRISTIAN RETIREMENT VILLAGE	221 W DIVISION ST DEMOTTE, IN 46310

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F0000	This visit was for the PSR (Post Survey Revisit) to the Recertification and State Licensure Survey completed on 05/25/12. This visit was in conjunction with the PSR to the Investigation of Complaint IN00110008 completed 06/26/12. Survey date: July 18 and 19, 2012 Facility number: 010823 Provider number: 155667 AIM number: 200236630 Survey team: Regina Sanders, RN, TC Marcia Mital, RN Sheila Sizemore, RN Kelly Sizemore, RN Census bed type: SNF: 07 SNF/NF: 38 Total: 45 Census payor type: Medicare: 7 Medicaid: 26 Other: 12 Total: 45 Sample: 7	F0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Review on or shortly after, August 13, 2012.	

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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	Supplemental sample: 1 This deficiency also reflects state findings cited in accordance with 410 IAC 16.2. Quality review completed 7/20/12 Cathy Emswiller RN			

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F0250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.			
	Based on record review and interview, the facility failed to investigate and follow up when a resident who voiced concerns of being afraid of her roommate for 1 of 7 resident's reviewed for social service interventions in a total sample of 7. (Resident #31) Findings include: 1. Resident #31's record was reviewed on 7/18/12 at 1:05 p.m. Resident #31's diagnoses included, but were not limited to, dementia, hypertension, and fractured left hip. A nurses' note, dated 7/4/12 at 3:10 p.m., indicated "Res (Resident) stating she is afraid of going to her room or leaving it when res (roommate) is in the room or by it. States 'I'm not sure what she will do?' This situation has occurred x (times) 3 today. Especially p (after) meals. Res (roommate) has not done anything to (Resident #31), but Res (#31) has seen behaviors from (roommate) that frighten her. (Administrators name) (supervisor) has been notified et (and) suggested I	F0250	**F250 PROVISION OF MEDICALLY RELATED SOCIAL SERVICES** It is the practice of this provider to provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** · Resident #31was interviewed upon Social Services Director notification. Resident voiced no fear regarding roommate. At time of interview resident's roommate was hospitalized. A new care plan (Exhibit A) was initiated to include intervention for being fearful. · Family and physician were notified. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken** · Residents who experience behaviors have the potential to be affected by the alleged deficient practice. Nurses notes, social services notes, and behavior tracking record (Exhibit B) will be audited by	08/13/2012

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	speak to (Director of Nurses{DoN} name) (DON). L/M (left message) for (DoN name) to call. Res safe et resting @ (at) this time." The nurses' notes dated 7/5/12 through 7/18/12, lacked any further documentation of any further concerns or issues with the resident's roommate. The social service notes, dated 7/11/12, lacked documentation of the resident's concerns with her roommate. During an interview on 7/18/12 at 1:55 p.m., the Social Service Director (SSD) indicated she had never heard the resident say anything about being afraid of her roommate. She indicated she had spoken to the resident but had never specifically asked the resident about being afraid of her roommate. She indicated the resident should have been spoken to right after this happened about being afraid of her roommate. During an interview on 7/18/12 at 2 p.m., the DoN indicated the nurses' notes indicated the Administrator was notified. She indicated it had not been reported to her. She indicated it was not on the 24 hour report sheet that the Resident was afraid of her roommate. She indicated the resident's roommate had behaviors.		Social Services Director and Nurse Administration personnel for the past 30 days back to June 25, 2012, to assure no other residents have been affected by the alleged deficient practice. Identifiable residents will be interviewed. Any concerns will be investigated and interventions put in place as appropriate. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** · The facility's Behavior Management policy and procedure (Exhibit C) was reviewed and updated, and staff will be re-educated on this policy and procedure. · A Directed In-Service Training for all staff will be conducted on the facility's policy and procedure for investigating, tracking and implementing interventions for residents with behaviors by 8/10/2012. · Nursing and Social Services Director/designee (MDS Coordinator) will utilize the Behavior Tracking Tool for assisting in identifying and communicating resident behaviors that make another resident fearful, or alerting staff when a resident voices/exhibits signs of being fearful. · The Interdisciplinary Team will review and implement interventions/procedures for addressing behaviors that may be the source of fear for another resident, or are	

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	During an interview on 7/18/12 at 2:02 p.m., the SSD indicated the Resident was out with her family and she would talk to her when she came back to the facility. During an interview on 7/18/12 at 2:25 p.m., the Administrator indicated there had been a lot of reportables and he was not sure he had been notified. A facility policy, dated 6/13/12, titled "Behavior Management Program", indicated "...To designate responsibilities of the interdisciplinary team when a resident exhibits' inappropriate problematic or disruptive behaviors which is potentially harmful to the welfare of the resident's safety or the safety of others, or when a behavior violates the rights of others....Representatives of the following departments with participate in the behavior management team: Nursing, Social Services, and Activities. When possible and when behaviors overlaps into other areas, it may be necessary and beneficial to include Administration...Residents will be observed for mental. emotional, and behaviors changes...When a behavior is noted, the staff will ensure resident is safe, complete an All Staff Tracking form and notify Social Services so the behavior can be reviewed as soon as possible..."		expressions/actions of being fearful. **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** · A QA auditing tool (Exhibit D) will be utilized by Social Services Director/designee (MDS Coordinator) to conduct random chart audits on 10% of nurses and social services or designee notes, and interview 10% of randomly selected residents for any concerns of safety, weekly times 4 weeks, then monthly times six months. · Data will be submitted to the QA committee for review and follow up. · The Director of Nursing and / or designee (ADON) will be responsible for program compliance. **Compliance date: 8/13/2012**	

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	This deficiency was cited on 05/25/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-34(a)			