

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155336	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/03/2012
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NAME OF PROVIDER OR SUPPLIER  DECATUR TOWNSHIP CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4851 TINCHER RD INDIANAPOLIS, IN 46221
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F0000	<p>This visit was for the Investigation of Complaints IN00107044 and IN00107432.</p> <p>Complaint IN00107044 - Substantiated. Federal/state deficiencies related to the allegations are cited at F254.</p> <p>Complaint IN00107432 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: May 2 &amp; 3, 2012.</p> <p>Facility number: 000229 Provider number: 155336 AIM number: 100266850</p> <p>Survey team: Marcy Smith RN TC Leia Alley RN Dinah Jones RN Patti Allen BSW</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 13</p>	F0000	<p>The Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Decatur Care &amp; Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency. We are requesting paper compliance for this survey.</p>	

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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	<p>Medicaid: 55 Other: 4 Total: 72</p> <p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/10/12 by Suzanne Williams, RN</p>				

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F0254 SS=C	<p>483.15(h)(3) CLEAN BED/BATH LINENS IN GOOD CONDITION The facility must provide clean bed and bath linens that are in good condition.</p> <p>Based on observation, interview, and record review, the facility failed to provide enough washcloths and towels to meet the needs of the residents, for 5 of 11 residents interviewed regarding linens (D, I, K, L, N). This had the potential to affect 72 of 72 residents residing in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 5/2/2012 at 10:30 a.m., during an observation of the east hall and west hall linen carts, there were no washcloths available to provide resident care, showers, and incontinent care.</li> <li>During observation on 5/2/2012 at 11:45 a.m., Housekeeping staff #3 went to the linen carts, and there were still no washcloths on the east or west carts. In an interview at this time, Housekeeping staff #3 indicated there were no linen closets on the halls; they only have the carts. She indicated they were washing the towels and wash cloths, and sometimes they ran short on bath linens. As soon as they got the linen done, they would be placed on the linen carts.</li> </ol>	F0254	<p><b>F254 Clean Bed &amp; Bath Linens in Good Condition</b></p> <ol style="list-style-type: none"> <li>Housekeeping and Nursing staff notified immediately of the amount of linens on the floor by the Administrator on 5/2/12. Housekeeping staff added to the amount of linens immediately from emergency supply and clean linens found within facility. No adverse effects were noted to the residents.</li> <li>Administrator ordered additional amount (5 cases) of linen on 5/2/12. An immediate audit was done on 5/2/12 by the Housekeeping Supervisor and Nursing staff for linens available in facility. An additional 53 washcloths were found in facility not including emergency supply. No residents were affected.</li> <li>The laundry and nursing staff will be reeducated by DNS/Designee by 5/24/12 on linen amounts available for residents.</li> <li>The Housekeeping Supervisor/Designee will audit linen levels weekly to assure acceptable amounts of linens are available to staff. A weekly audit done by the Housekeeping Supervisor will be done for 5 weeks to monitor for compliance of linen levels, then monthly for 2</li> </ol>	05/24/2012

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	<p>3. On 5/2/2012 at 12:30 p.m., an interview with Housekeeping staff #3 indicated the linens had been placed on the linen carts. On the east linen cart, there were 22 washcloths and 26 towels. On the west linen cart, there were 20 washcloths and 43 towels. There was a 2 hour period when there were no washcloths on the east or west linen carts. Housekeeping staff #3 indicated the linen carts were the only storage of linen.</p> <p>4. During an observation on 5/2/12 at 1:00 p.m. in the presence of housekeeping staff #3, there were 36 washcloths and 25 towels in laundry, 1 washcloth in the east soiled utility room, 9 towels in a cabinet at the east nursing station, 22 washcloths and 26 towels in the east hall linen cart, and 20 washcloths and 43 towels in the west hall linen cart. This indicated a total of 79 washcloths and 103 towels for a census of 72 residents residing in the facility, using the linen to provide showers, incontinent care and resident care.</p> <p>5. On 5/2/12 at 2:10 p.m., an interview with Resident D indicated the facility did not have enough washcloths and towels to do showers for all residents in the facility.</p> <p>6. On 5/2/12 at 10:33 a.m., an interview with Resident I indicated the facility did</p>		months or until 95% accuracy of linen levels is documented. The audits will be reviewed in the next monthly Performance Improvement meeting by the Housekeeping Supervisor for any further recommendations.	

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	<p>not have enough linens, and they would run out of washcloths and towels when trying to do showers. The resident indicated residents would have to wait for their showers until washcloths and towels were clean.</p> <p>7. On 5/2/12 at 3:00 p.m., an interview with Resident K indicated the facility runs short or does not have enough towels and washcloths to complete all the scheduled showers.</p> <p>8. On 5/2/12 at 3:30 p.m., an interview with Resident L indicated the facility did not have enough washcloths and towels to do resident showers. "The other day they did not have enough washcloths and they made do with the corner of a towel."</p> <p>9. On 5/2/12 at 5:25 p.m., an interview with Resident N indicated the facility often runs out of washcloths and towels when doing showers and resident care.</p> <p>10. On 5/3/12 at 8:35 a.m., an interview with Nursing staff #4 indicated there is not enough washcloths or towels on heavy scheduled shower days. Staff indicated they have to wait for laundry to get fresh, clean linens, which are also used for incontinent care and resident care.</p> <p>11. On 5/3/12 at 9:00 a.m., an interview</p>			

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	<p>with Nursing staff #5 indicated they run out of washcloths and towels on heavy scheduled shower days. Staff indicated they also use wash cloths for incontinent care and resident care.</p> <p>12. On 5/3/12 at 2:25 p.m., an interview with Nursing staff #2 indicated Certified Nursing Assistants (CNAs) often report that they run out of linens. They usually reported running out of washcloths and towels.</p> <p>13. On 5/2/12 at 3:50 p.m., review of Invoice Details showed that the facility had not ordered any towels or washcloths in the months of March and April.</p> <p>This federal tag relates to complaint IN00107044.</p> <p>3.1-19(g)(5)</p>			

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review and interview, the facility failed to maintain resident safety by leaving medication in a medication administration cup on a resident's dresser in her room. This affected 1 of 6 residents reviewed for environmental hazards in a sample of 6. Resident #F.</p> <p>Findings Include:</p> <p>During initial tour on 5/2/12 at 10:00 a.m., an observation was made of Resident F's room. There was a medication administration cup on the resident's dresser cabinet that had apple sauce and a bright orange colored pill and spoon in it, set next to a small glass of water.</p> <p>During a review of the Minimum Data Set (MDS) assessment, on 5/2/12 at 11:00 a.m., it indicated Resident #F had a score of 6 out of 15 possible points on her Brief</p>	F0323	<p><b>F323 Free of Accident Hazards/Supervision/Devices</b></p> <p>a. Residents residing in the facility on the West hallway had the potential to be affected. The medication was not given to resident and documented as a medication error. No adverse effects were noted.</p> <p>b. An immediate audit of the residents rooms were done by nursing staff and Unit Managers on 5/2/12 for any medications left at bedside. No other deficient practices were noted.</p> <p>c. The licensed nursing staff was reeducated by DNS/Designee by 5/24/12 on medication pass policy and procedures.</p> <p>d. The DNS/Designee will audit medication passes weekly to assure medication errors are not occurring. A daily audit X4 weeks then weekly X4, then monthly X3 or until 95% accuracy of medication pass is documented. The audits will be reviewed in the next monthly Performance Improvement meeting by the DNS for any further recommendations.</p>	05/24/2012

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	<p>Interview for Mental Status (BIMS), which indicated cognitive impairment.</p> <p>During an interview with RN #1 on 5/2/12 at 10:15 a.m., and in the presence of the DNS (Director of Nursing Services), he indicated he had passed Resident #F's medication during the morning med pass, however did not pass this particular pill. RN #1 indicated it was not left during night shift and indicated he felt it would have to be from evening shift on 5/1/12, since he was certain he had not passed the medication. Both RN #1 and the DNS indicated it is not normal practice to leave medication on the bed side tables or furniture in the residents' rooms.</p> <p>Review of a facility policy titled "Med (Medication) Administration Competency-General Overview," on 5/2/12 at 3:00 p.m., indicated for staff, "do not leave medications at bedside."</p> <p>This federal deficiency relates to Complaint IN00107432.</p> <p>3.1-45(a)(1)</p>			

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F9999	<p>State finding:</p> <p>3.1-13 ADMINISTRATION AND MANAGEMENT</p> <p>(g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice with twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report an unusual circumstance to the state department of health as required, for 1 of 6 sampled residents (Resident #C).</p> <p>Findings include:</p>	F9999	<p><b>F 9999 Administration and Management</b></p> <p>A. The residents had the potential to be affected by not having unusual reportable occurrences reported to state per ISDH guidelines. On 05/02/12 surveyors were immediately notified of the incident. No adverse effects were noted.</p> <p>B. An immediate audit was done to identify any other possible unusual occurrences for potentially affected residents. No other residents were affected.</p> <p>C. The facility staff will be reeducated by ADON/Designee by 5/24/12 on reporting unusual occurrences per ISDH guidelines.</p> <p>D. A weekly audit will be done by the Administrator/Designee for 5 weeks to monitor for compliance of unusual occurrences, then monthly for 3 months or until 95% of unusual occurrences are documented. The audits will be reviewed in the next monthly Performance Improvement meeting by the Administrator for any further recommendations.</p>	05/24/2012	

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	<p>The clinical record for Resident #C was reviewed on 5/2/12 at 12:30 p.m.</p> <p>Diagnoses for Resident #C included, but were not limited to, personality disorder.</p> <p>During review of the clinical record for Resident #C, a nurses note dated 3/28/12, indicated Resident #C had a behavioral episode, became very upset, running over staff persons' feet with electric wheel chair, driving the wheel chair into a vending machine, hitting the vending machine with closed fists and was taken out of the building "hand cuffed with zip ties" by the police department and transferred to a hospital.</p> <p>During an interview on 5/2/12 at 1:45 p.m., with the DNS (Director of Nursing Services), Executive Director and Regional Consultant, the DNS indicated the facility did not feel that this was an unusual occurrence and did not report to the department of health. During the time of the interview, the DNS provided a copy of the "Indiana State Department of Health Division of Long Term Care Reportable Unusual Occurrences Policy," and indicated she didn't feel Resident #C's occurrence fell under this policy.</p> <p>Review of the facility provided "Indiana state Department of Health Division of</p>			

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	<p>Long Term Care Reportable Unusual Occurrences Policy" dated 11/15/1997, Revised 01/25/2006, indicated "Facilities are required by law to report unusual occurrences within 24 hours of occurrence to the Long Term Care Division."</p> <p>3.1-13(g)(1)</p>			