

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/13/2013
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NAME OF PROVIDER OR SUPPLIER MEADOW BROOK REHABILITATION CENTRE & SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012
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F000000	<p>This visit was for the Investigation of Complaint #IN00124004.</p> <p>Complaint #IN00124004-Substantiated. Federal deficiencies related to allegation are cited at F386.</p> <p>Survey date: 3/13/13</p> <p>Facility number: 000027 Provider number: 155690 AIM number: 100266180</p> <p>Survey team: Shelley Reed, RN</p> <p>Census bed type: SNF: 6 SNF/NF: 62 Total: 68</p> <p>Census payor type: Medicare: 8 Medicaid: 53 Other: 7 Total: 68</p> <p>Sample: 15</p> <p>Meadowbrooke Rehabilitation Center was found to be in substantial compliance to 42 CFR Part 483,</p>	F000000		
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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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	Subpart B and IAC 16.2 in regard to the investigation of Complaint IN00124004.				

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F000386 SS=B	<p>483.40(b) PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS</p> <p>The physician must review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; write, sign, and date progress notes at each visit; and sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.</p> <p>Based on interview and record review, the facility failed the ensure the attending physicians signed and dated medication and treatment orders within 60 days for 11 of 15 residents who were reviewed for medication and treatment administration. (Residents B, C, D, E, F, G, H, J, L, N and O)</p> <p>Findings include:</p> <p>During record review on 3/13/13 at 11:30 a.m., Residents B, C, D, E, G, H, J, L, N and O were reviewed. The physician medication and treatment records for the residents had been signed most recently by the physician in December 2012. Resident F's medication and treatment record was signed by the physician in September 2012.</p>	F000386	<p>1. Residents B, C, D, E, F, G, H, J, L, N and O were not negatively affected and the physician's orders have been signed. 2. All residents have the potential to be affected. The clinical records have been reviewed and the physician's orders have been signed if indicated. 3. The facility's policy for End of Month Physician's Order Review Procedure has been reviewed and no changes are indicated at this time (See Attachment A). A certified letter was sent to the attending physicians regarding the signing of orders and visit requirements (See Attachment B). A Physicians Visist Tracking Form has been implemented (See Attachment C). 4. The Medical Records employee or designee will be responsible for completing the physicians visit tracking form on scheduled work days as follows: two times weekly on an ongoing basis to ensure physicians visits are completed and orders are</p>	03/22/2013	

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	<p>During an interview on 3/13/13 at 3:20 p.m., the HFA (Health Facility Administrator) and Corporate Nurse indicated the facility had a very difficult time getting the physicians to come in and sign the necessary orders. The Corporate Nurse indicated the physicians were supposed to sign all medication and treatment orders at least every 60 days.</p> <p>This Federal tag relates to Complaint #IN00124004</p> <p>3.1-22(c)(1)</p>		<p>signed. Results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly as indicated.</p>		