

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155400	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/29/2014
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NAME OF PROVIDER OR SUPPLIER LIBERTY VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 E JACKSON ST MUNCIE, IN 47303
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(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
F000000	<p>This visit was for the Investigation of Complaint IN00148113.</p> <p>Complaint IN00148113 - Substantiated. Federal/State deficiencies related to the allegations are cited at F221.</p> <p>Survey dates: April 28 and 29, 2014</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100267720</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 64 SNF: 7 Total: 71</p> <p>Census payor type: Medicare: 7 Medicaid: 55 Other: 9 Total: 71</p> <p>Sample: 5</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p>	F000000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report.</p> <p>Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies.</p> <p>The Plan of Correction is prepared and submitted because of requirements under State and Federal law.</p> <p>Please accept this Plan of Correction as our credible allegation of compliance.</p>	
F000221 SS=D	<p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from</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>any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident was not physically restrained, with a diagnosis which required a restraint, without a physician's order for the restraint, without an assessment for need, and without restraint release monitoring for 1 of 2 residents reviewed who were observed with a restraint in place in a sample of 5. (Resident #B)</p> <p>Findings include:</p> <p>During observation on the dates and times noted below, Resident #B was up in his specialized adaptive wheelchair and a seat belt was observed in place buckled around the resident's waist.</p> <p>4/28/14 at 9:50 a.m.- The resident was up in his chair in the lounge by the nursing station. The seat belt was buckled around the resident's waist.</p> <p>4/28/14 at 12:15 p.m. - The resident was up in his chair in the dining room. The DoN was feeding the resident his lunch. The seat belt was easily visible and was buckled around the resident's waist.</p> <p>4/28/14 at 3:10 p.m. - The resident was up in his chair in his room. The seat belt was buckled and easily visible around the resident's waist. This observation was made with the DoN and RN Consultant.</p>	F000221	<p>1. Resident # B did not experience any negative outcomes. A physician's order for the belt was obtained, Initial Restraint Assessment and Care Plan completed, therapy evaluation done, and Restraint Record in place</p> <p>2. All other residents using restraints have the potential to be affected. The clinical record has been reviewed and updated if indicated.</p> <p>3. The facility's policy and procedure for Physical Restraints has been reviewed and no changes are indicated at this time (See Attachment A). The nurses have been re-educated on the policy with special focus on restraint order, initiation, assessment, and form use (See Attachment B). A Restraint Monitoring Form has been initiated (See Attachment C)</p> <p>4. The DON or designee will check all new admissions for restraint use and all residents using restraints to ensure appropriate orders, assessment, care planning, and documentation is in place: Daily for two weeks, weekly for two weeks, then monthly thereafter on an ongoing basis. Should concerns be noted, immediate corrective action will occur. The results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted</p>	05/06/2014

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	<p>The clinical record for Resident #B was reviewed on 4/28/14 at 10:30 a.m. Diagnoses for Resident #B included, but were not limited to, severe mental retardation, Down Syndrome; right sided hemiplegia, and deep vein thrombosis.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 4/23/14, indicated the resident was severely cognitively impaired and rarely understood others or was understood by others. The MDS indicated the resident was totally dependent on the staff for transfers and ambulation. The MDS indicated the resident did have an order for any type of restraint.</p> <p>The clinical record lacked any physician's order and/or assessment of the need for the seatbelt restraint. The clinical record lacked any release monitoring for the safety belt restraint.</p> <p>During an interview with the Administrator, DoN, and RN Consultant on 4/28/14 at 3:20 p.m., additional information was requested related to the lack of a physician's order for, assessment for, or release monitoring for the restraint. The RN Consultant reviewed the clinical record and indicated she was unable to find an order for and/or assessment for the restraint. The DoN indicated she had noticed the seat belt restraint at lunch when she was feeding the resident in the dining room. She indicated the resident was a recent admission to the facility and she was unaware there was a seat belt restraint on the specialized wheelchair. She indicated she was going to have the therapy department assess his need for the seat belt restraint.</p>		accordingly if indicated.				

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	<p>Review of the current facility policy, dated 8/05, provided by the Administrator on 4/29/14 at 11:45 a.m., titled "Physical Restraint Use and Application", included, but was not limited to, the following:</p> <p>"Policy: It is the policy of this facility to prohibit the use of restraints for the purpose of discipline or convenience. Restraint use will be limited only to circumstances in which the resident has medical symptoms that warrant the use to assist in reaching and/or maintaining their highest level of functioning.</p> <p>Assessment/Evaluation:</p> <ol style="list-style-type: none"> 1. Prior to initiation of a restraint, the licensed nurse will complete an assessment to indicate all other least restrictive measures that have been attempted and the outcome obtained. 2. A physician will be consulted to discuss the circumstances which warrant the restrictive device. 3. A physician's telephone order will be obtained and will include type, duration, frequency and medical condition or symptoms that warrant use...." <p>This federal tag relates to Complaint IN00148113.</p> <p>3.1-26(b) 3.1-26(f)</p>						