

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155072	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/08/2016
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NAME OF PROVIDER OR SUPPLIER  BEECH GROVE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ALBANY ST BEECH GROVE, IN 46107
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00193531 and IN00193680.</p> <p>Complaint IN00193531 - Substantiated. Federal/State deficiencies related to the allegations are cited at F279 and F323. Complaint IN00193680 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 7 &amp; 8, 2016</p> <p>Facility number: 000029 Provider number: 155072 AIM number: 100275200</p> <p>Census bed type: SNF: 16 SNF/NF: 101 Residential: 16 Total: 133</p> <p>Census payor type: Medicare: 20 Medicaid: 75 Other: 22 Total: 117</p> <p>Sample: 10</p>	F 0000		
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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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F 0279 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Q.R. completed by 14466 on March 11, 2016.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure a care plan was initiated for a resident at risk for</p>	F 0279	1.CarePlans for elopement risk were added to Resident B's profile. Care Plans for the behaviors of	04/01/2016	

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	<p>elopement for 1 of 1 resident reviewed for elopement risk in sample of 10 (Resident #B).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 3/8/16 at 1:30 p.m. Resident #B was admitted to the facility on 1/4/14, and had diagnoses that included but were not limited to, dementia and left eye blindness.</p> <p>The most current Elopement Risk Assessment dated 12/11/15, indicated the resident was at risk for elopement.</p> <p>The most current Minimum Data Set (MDS) assessment dated 12/14/15, indicated the resident's cognition was severely impaired with a Brief Interview of Mental Status (BIMS) score of "1" on a scale of "15" being cognitively intact.</p> <p>A reported incident dated 2/13/16, indicated Resident #B followed a visitor out the front door and walked to the Marsh Supermarket. The resident was last seen in the dining room at approximately 1:30 p.m., and was back in the building by 1:50 p.m., without injury.</p> <p>During an interview with Social Service Director #1 on 3/8/16 at 3:00 p.m., she</p>		<p>wandering, tearfulness, and standing near exit doors were added to resident B's profile.</p> <p>2. Elopement assessments were reviewed for all residents. Those residents with assessed need had care plans reviewed to ensure appropriate Care Plans were in place. All residents have the potential to be affected by this practice.</p> <p>3. Beech Grove Meadows Interdisciplinary Team will receive inservice training on Care Planning Processes and revisions. Elopement assessments for each resident will be reviewed upon admission, then quarterly as needed by the IDT. Those assessments indicating a risk for elopement will be reviewed for appropriate interventions and Care Plans.</p> <p>4. Care Plans relating to Elopement Assessments will be reviewed by the Elopement CQI tool monthly for 6 consecutive months at 100% then quarterly thereafter for 6 additional months. Additionally, Care Plans will be reviewed by the Care Planning CQI tool monthly for 6 consecutive months at 90% or higher then quarterly thereafter. Any issues discovered by the CQI processes will be addressed by Corrective Action Plan by the CQI committee.</p>	

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F 0323 SS=D	<p>indicated the resident would, at times, be tearful and looking for her husband. She would also stand at the door waiting for him to pick her up and say she wanted to go home. She also indicated there should be care plans in place for these behaviors.</p> <p>During an interview with CNA #2 and LPN #3 on 3/8/16 at 4:45 p.m., they indicated the resident would wander around the facility looking for her husband and be tearful, asking staff to call her husband so she could be picked up and would also stand by the exit doors.</p> <p>The record for Resident #B lacked care plans she was an elopement risk or that she had behaviors that included being tearful, asking to go home, searching for her husband or standing at the exit doors waiting to be picked up.</p> <p>This Federal tag relates to Complaint IN00193531.</p> <p>3.1-35(a)</p> <p>483.25(h) FREE OF ACCIDENT</p>				

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Bldg. 00	<p><b>HAZARDS/SUPERVISION/DEVICES</b></p> <p>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 ensure a resident was provided supervision to prevent elopement for 1 of 1 resident reviewed for elopement in sample of 10 (Resident #B).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 3/8/16 at 1:30 p.m. Resident #B was admitted to the facility on 1/4/14, and had current diagnoses that included but were not limited to, dementia and left eye blindness.</p> <p>The most current Elopement Risk Assessment dated 2/11/15, indicated the resident was at risk for elopement.</p> <p>The most current Minimum Data Set (MDS) assessment dated 12/14/15, indicated the resident's cognition was severely impaired and had a Brief Interview of Mental Status (BIMS) score of "1."</p> <p>A reported incident dated 2/13/16, indicated Resident #B followed a visitor</p>	F 0323	<p>1. Resident B was returned unharmed to the facility and had a wander guard put in place for safety. Care Plans for elopement risk were added to Resident B's profile. Care Plans for the behaviors of wandering, tearfulness, and standing near exit doors were added to resident B's profile.</p> <p>2. Ahead count was taken of all residents of the facility to ensure safety. Elopement assessments were reviewed for all residents. Those residents with assessed need had care plans reviewed to ensure appropriate Care Plans were in place. All residents have the potential to be affected by this practice.</p> <p>3. In-service training will be provided to all staff on elopement policy and procedures. In-service training will be provided to all staff on "Stop and Watch" program utilization. Improved elopement safety signage will be added to each exit door of the facility reminding visitors not to allow themselves to be followed out the facility doors. Elopement assessments of residents will be reviewed to ensure that residents who are assessed risks and seek exit or wander are also fitted with wander Guards for their safety.</p>	04/01/2016

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	<p>out the front door and walked to the Marsh Supermarket. The resident was last seen in the dining room at approximately 1:30 p.m., and was back in the building by 1:50 p.m., without injury.</p> <p>Observation on 3/7/16, indicated the Marsh Supermarket was across the street (two lane traffic) and 1/4 of the way down the block.</p> <p>During an interview with Social Service Director #1 on 3/8/16 @ 3:00 p.m., she indicated the resident was let out of the building by a visitor of another resident. There isn't always a receptionist at the front desk by the exit door, especially on the weekends.</p> <p>During an interview with the Administrator and Director of Nursing (DON) on 3/8/16 at 3:35 p.m., they indicated the video only saves for 14 days so there is no longer any video of the resident being let out of the building by a visitor. She was never observed to be pushing on the doors or attempting to go out the door.</p> <p>During an interview with CNA #2 and LPN #3 on 3/8/16 at 4:45 p.m., they indicated the resident would wander around the facility looking for her husband and be tearful, asking staff to</p>		<p>4.TheWander Guard, Safety signage and Elopement Assessments will be reviewed by theElopement CQI tool monthly for 6 consecutive months at 100% then quarterlythereafter for 6 additional months. Anyissue discovered by the CQI processes will be addressed by Corrective ActionPlan by the CQI committee.</p>		

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	<p>call her husband so she could be picked up and would also stand by the exit doors.</p> <p>The record for Resident #B lacked care plans she was an elopement risk or that she had behaviors that included being tearful, asking to go home, searching for her husband or standing at the exit doors waiting to be picked up.</p> <p>This Federal tag relates to Complaint IN00193531.</p> <p>3.1-45(a)(2)</p>				