

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155522	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/28/2015
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY PARKVIEW HEALTH AND LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PARKVIEW LN ELWOOD, IN 46036
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00181793.</p> <p>Complaint IN00181793 - Substantiated. Federal/State deficiency related to the allegations is cited at F514.</p> <p>Survey dates: September 28, 2015</p> <p>Facility number: 000372 Provider number: 155522 AIM number: 100289060</p> <p>Census bed type: SNF/NF: 68 Residential: 9 Total: 77</p> <p>Census payor type: Medicare: 7 Medicaid: 52 Other: 18 Total: 77</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on September</p>	F 0000	Submission of this plan of correction shall not constitute or be construed as an admission by Community Parkview Health & Living that the allegation contained in this survey report is accurate or reflect accurately the provision of care and services to the residents at Community Parkview Health & Living. The facility requests the following plan of correction be considered its allegation of compliance.	

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 0514 SS=D Bldg. 00	<p>29, 2015.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure resident records were complete and accurate in regards to 3 of 3 residents reviewed for complete and accurate records. (Resident B, Resident C and Resident D)</p> <p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 9/28/15 at 10:00 a.m. Diagnoses included, but were not limited to, anemia, anxiety, depression, Alzheimer's, fibromyalgia, congestive heart failure, and hypothyroidism.</p>	F 0514	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The residents identified will have their meal consumptions recorded timely. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All other residents will have their meal consumptions recorded. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The current system was revised to include that the charge nurse will</p>	10/06/2015

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	<p>Review of the meal consumption records for 8/28/15 through 9/28/15 lacked documentation for the morning meal on the following dates: 8/29/15, 8/31/15, 9/1/15, 9/3/15, 9/6/15, 9/9/15, 9/13/15, 9/15/15, 9/16/15, 9/17/15, 9/18/15, 9/20/15, 9/21/15, 9/22/15, 9/23/15, 9/25/15, 9/26/15 and 9/28/15.</p> <p>Review of the meal consumption records for 8/28/15 through 9/28/15 lacked documentation for the noon meal on the following dates: 8/29/15, 8/31/15, 9/1/15, 9/9/15, 9/13/15, 9/15/15, 9/16/15, 9/18/15, 9/20/15, 9/23/15, 9/25/15 and 9/26/15.</p> <p>2. Resident C's clinical record was reviewed on 9/28/15 at 10:22 a.m. Diagnoses included, but were not limited to, chronic pain, polymyalgia rheumatica, osteomyelitis, osteoporosis and peripheral vascular disease.</p> <p>Review of the meal consumption records for 8/28/15 through 9/28/15 lacked documentation for the morning meal on the following dates: 8/29/15, 8/31/15, 9/1/15, 9/6/15, 9/13/15, 9/15/15, 9/16/15, 9/18/15, 9/20/15, 9/22/15, 9/23/15 and 9/26/15.</p> <p>Review of the meal consumption records</p>		<p>verify meal consumptions are recorded by the assigned staff member before the end of the shift. The charge nurse and assigned staff member will sign the assignment sheet confirming that the meal consumptions were signed off completely in the electronic health record by the assigned staff member. Additionally, the meal consumption information will be entered directly into the electronic health record by the assigned staff member. Staff members responsible for recording meal consumptions will be educated about the direct data entry, as well as the second check process in collaboration with the charge nurse prior to the end of the shift. 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: The DON, or designee, will audit the daily meal consumption records AND the assignment sheets to ensure the defined process is being followed. This audit will be performed daily. Any non-compliance with the new process will be addressed by the DON or designee. This surveillance will continue until 100% compliance is achieved for both components of the process for 30 days. Then, the facility clinical leadership will re-evaluate, and will provide random monitoring of the same process,</p>		

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	<p>for 8/28/15 through 9/28/15 lacked documentation for the noon meal on the following dates: 8/29/15, 8/31/15, 9/1/15, 9/2/15, 9/6/15, 9/13/15, 9/15/15, 9/16/15, 9/18/15, 9/20/15, 9/22/15, 9/23/15 and 9/26/15.</p> <p>Review of the meal consumption records for 8/28/15 through 9/28/15 lacked documentation for the evening meal on the following dates: 9/4/15 and 9/13/15.</p> <p>3. Resident D's clinical record was reviewed on 9/28/15 at 11:00 a.m. Diagnoses included, but were not limited to, depression, mild cognitive personality disorder, dyslipidemia, hypertension and gout.</p> <p>Review of the meal consumption records for 8/28/15 through 9/28/15 lacked documentation for the morning meal on the following dates: 8/29/15, 8/31/15, 9/1/15, 9/2/15, 9/3/15, 9/6/15, 9/9/15, 9/11/15, 9/13/15, 9/15/15, 9/16/15, 9/17/15, 9/18/15, 9/20/15 and 9/23/15.</p> <p>Review of the meal consumption records for 8/28/15 through 9/28/15 lacked documentation for the noon meal on the following dates: 8/29/15, 8/31/15, 9/1/15, 9/2/15, 9/3/15, 9/6/15, 9/9/15, 9/11/15, 9/13/15, 9/15/15, 9/16/15, 9/17/15, 9/18/15, 9/20/15, 9/23/15 and 9/24/15.</p>		no less than three times per week ongoingly.	

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	<p>Review of the meal consumption records for 8/28/15 through 9/28/15 lacked documentation for the evening meal on 9/4/15.</p> <p>During an interview on 9/28/15 at 2:20 p.m., LPN #1 indicated it was the nurse's responsibility to sign off on the CNA's (Certified Nursing Assistant) assignment sheet at the end of the shift. LPN #1 indicated by signing off on the assignment sheet the nurse was indicating the CNA was saying they had completed their assignment. "We sign their assignment sheet, they are saying they did it. But we don't go back into the computer to check it."</p> <p>During an interview on 9/28/15 at 2:38 p.m., the DON (Director of Nursing) indicated the following: "There is no documentation of meals that were given obviously. I feel like it's a documentation issue. The nurse signed off on the CNA sheet at the end of the shift. This meant they have confirmed the task listed are completed."</p> <p>A current policy, dated 2/2014, titled "Recording Intake and Output" was provided by the DON on 9/28/15 at 3:50 p.m. The policy indicated the following: "Policy: To monitor intake and output to</p>			

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	<p>assure adequate hydration. Procedure: Explain the reason and procedure to the resident. Each nursing assistant and licensed nurse records the amount consumed and the amount voided."</p> <p>Review of the 100 and 200 Hall CNA Assignment Sheet, on 9/28/15 at 3:50 p.m., indicated the following: "All shifts...*Report anything not completed to your charge nurse ...Days *Groups 1&amp;4, Pass room trays &amp; record intake/offer replacements for intake less than 50%, stay on floor to assist residents... * Group 2&amp;3, Be in MDR [main dinning room] at 7:30am [sic] &amp; 11:30am [sic] to help serve, feed, offer replacements &amp; record...Evenings...*Groups 1&amp;4, Pass room trays &amp; record intake/offer replacements for intake less than 50%, stay on floor to assist residents...*Groups 2&amp;3, Be in MDR 5:00pm [sic] to help serve, feed, offer replacements &amp; record..."</p> <p>Review of the 300 hall CNA assignment sheet, on 9/28/15 at 3:50 p.m., indicated the following: "All shifts...*Report anything not completed to your charge nurse. ...Days *Group 1, Pass room trays &amp; record intake/offer replacements for intake less than 50%, stay on floor to assist residents...*Groups 2&amp;3, Be in</p>			

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	<p>Cafe 7:30am [sic] &amp; 11:30am [sic] to help serve, feed offer replacements &amp; record ...Evenings *Group 1, Pass room trays &amp; record intake/offer replacements for intake less than 50%, stay on floor to assist residents, for all shifts *Groups 2&amp;3, Be in Cafe at 5:00pm [sic] to help serve, feed, offer replacements &amp; record..."</p> <p>This federal tag relates to Complaint IN00181793.</p> <p>3.1-50(a)(1)</p>						