

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2012
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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018
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F0000	<p>This visit was for the Investigation of Complaint IN00108606.</p> <p>Complaint IN00108606 - Substantiated. Federal/State deficiencies related to the allegations are cited at F514.</p> <p>Survey dates: June 11 and 12, 2012</p> <p>Facility number: 000178 Provider number: 155280 AIM number: 100273840</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 99 Total: 99</p> <p>Census payor type: Medicare: 11 Medicaid: 76 Other: 12 Total: 99</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/14/12 by Suzanne</p>	F0000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. We respectfully request a paper review of this tag.	

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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	Williams, RN			

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F0514 SS=D	<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 interview and record review, the facility failed to ensure documentation related to physical therapy services was clear, complete and accurately documented for 1 of 4 residents reviewed for therapy services in the sample of 4. (Resident #D)</p> <p>Findings include:</p> <p>Resident #D's clinical record was reviewed on 6-12-12 at 11:35 a.m. His diagnoses included, but were not limited to, severe dementia, mood and psychotic disorders with behavioral disturbances secondary to dementia, Alzheimer's disease, anxiety, Parkinson's disease, high blood pressure, urinary retention and benign hypertrophy of the prostate. His clinical record indicated he had been admitted to the facility on 12-15-11</p>	F0514	<p>F-514 CLINICAL RECORDS The facility's intent is for therapy staff to have clear, complete, and accurate documentation for all resident's receiving therapy services. A. ACTIONS TAKEN: 1. In regards to Resident #D, orders were clarified to discontinue therapy services. B. OTHERS IDENTIFIED: 1. 100% audit of all residents receiving therapy for clear, complete, and accurate therapy orders and documentation will be completed. 2. 100% review of all residents on therapy caseload for appropriateness. C. MEASURES TAKEN: 1. All Therapy Staff will be in-serviced on appropriate completion of physician orders, clear, complete, accurate documentation, and appropriateness of residents for therapy. D. HOW MONITORED: 1. The Therapy Director/Designee will</p>	06/26/2012			

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	<p>following a hospitalization at a geriatric psychiatric facility for behavioral disturbances.</p> <p>Review of Resident #D's clinical record indicated he received occupational and physical therapy (PT) evaluations on 12-21-11 with services that followed. Occupational therapy (OT) was discontinued on 3-27-12. PT was discontinued on 4-6-12.</p> <p>An "OT Discharge Note," dated 3-27-12, indicated, "Res[ident] has been treated for xfer [transfer] training, adls [activities of daily living], and w/c [wheelchair] mobility however has not made significant progress at this time. res. [sic] currently is max[imum] assist to dependent for xfers. res. [sic] is as little as min[imum] assist for self-feeding to dependent at times. res. [sic] is no longer attempting to propel self in w/c. res. [sic] has demonstrated inconsistent levels of alertness during tx [treatment] sessions and inconsistent levels of assist for adls and fxal [functional] transfers...res. [sic] has made no significant progress to report...Poor prognosis for further improvement...for further skilled therapy." It indicated 5 of 5 therapy goals were discontinued or retracted.</p> <p>A "PT Discharge Note," dated 4-6-12,</p>		<p>review/audit therapy screens/evaluations for appropriateness for therapy with physician as completed, prior to the orders being written to treat. 2. Adm./Designee will review all additions to therapy caseload as completed in daily QA meeting; and quarterly with Medical Director in QA meeting. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of completion is: 6-26-12.</p>		

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	<p>indicated, "Pt [patient] is unable to follow commands consistently to participate w/ [with] skilled therapy. Pt unable to participate today w/ therapy as he was sleeping and unable to stay alert for treatment...Pt remains a hoyer lift [mechanical lift device] for all transfers...Poor prognosis for further improvement...D/c [discontinue or end] PT at this time due to inconsistent participation w/ therapy and no progression toward goals." It indicated 3 of 3 therapy goals were unmet, 1 of 1 therapy goal was retracted and 1 of 1 therapy goal was indicated as unsatisfactory.</p> <p>A document entitled, "Morning Management Meeting" and dated 4-30-12 was provided by the Administrator on 6-12-12 at 1:52 p.m. This document indicated Resident #D was to have a therapy screen. A therapy screen for Resident #D was indicated to have been conducted on 5-1-12. The therapy screen indicated, "Family request, pick up skilled therapy services for toileting & transfers. Family wants him to be more ind[ependent] [sign for with] transfers." The document indicated a recommendation for both a PT and OT evaluation to be conducted.</p> <p>A "PT Initial Evaluation Note," dated</p>			

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	<p>5-9-12, indicated Resident #D's "Current status includes: Decreased ability to ambulate; Need for contracture management; Decreased balance; Decreased ROM [range of motion]...w/c bound. Dependent with transfers and ADL's." Assessment findings indicated he was dependent for all bed mobility and all transfers and he had poor dynamic sitting balance with goals of improvement to minimal assistance required for all bed mobility, moderate assistance with all transfers and good dynamic sitting balance. Reasons cited for the need for skilled PT services were indicated as, "Improved independence with transfers, increased ROM to improve bed mobility, improve safety with transfers [and] transfer training." There was no indication in the "PT Evaluation Note" of any reference to the prior therapy services he had received, his discontinuation from services due to inability to meet similar goals 4 weeks prior or the family's request for more independence with transfers. The evaluation did indicate his dementia diagnoses.</p> <p>An OT evaluation for services was not available. In interview with the Administrator on 6-12-12 at 1:52 p.m., she indicated she did not have any other information in regard to the therapy screens or evaluations for May</p>			

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	<p>2012. There was no documentation of an OT evaluation being conducted or why it was not conducted as the screening on 5-1-12 recommended.</p> <p>The clinical record indicated a physician's order for PT skilled therapy services for 3 times weekly for 12 weeks was written on 5-9-12, but marked through with the word, "VOID." Another physician's order, dated 5-15-12, indicated, "PT clarification: D/C skilled PT svcs [services] per physician request." Documentation to clarify these two physician orders was not found in the therapy progress notes, in the nurse's notes or in the physician progress notes.</p> <p>In interview with the Administrator on 6-11-12 at 2:55 p.m., she indicated around that time, there had been issues with the Therapy Program Manager and the Medical Director which may have contributed to any problems in the therapy programs.</p> <p>This Federal tag relates to Complaint IN00108606.</p> <p>3.1-50(a)(1) 3.1-50(a)(2) 3.1-50(f)(2) 3.1-50(f)(5)</p>			