

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155549	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/08/2015
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NAME OF PROVIDER OR SUPPLIER WILLOWBEND LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7524 E JACKSON ST MUNCIE, IN 47302
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates:</p> <p>Facility number: 000681 Provider number: 155549 AIM number: 100286100</p> <p>Survey team: Toni Maley, BSW, TC Ginger McNamee, RN Karen Lewis, RN Tina Smith-Staats, RN</p> <p>Census bed type: SNF/NF: 42 Total: 42</p> <p>Census payor type: Medicare: 6 Medicaid: 33 Other: 3 Total: 42</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</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>	

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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F000514 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 record review and interview, the facility failed to ensure a resident's clinical record was complete and accurate in regards to hospice services for 1 of 1 resident reviewed for hospice services. (Resident #24)</p> <p>Findings include:</p> <p>The clinical record for Resident #24 was reviewed on 1/6/15 at 2:34 p.m. Diagnoses for Resident #24 included, but were not limited to, Alzheimer's disease, cerebrovascular disease, hypertension, and diabetes.</p> <p>The hospice binder contained nurse visits dated 11/6/14, 11/13/14, 11/20/14,</p>	F000514	The hospice nurses notes for Resident #24 have been received and reviewed by the facility and the clinical record is complete and accurate. All other hospice residents have had their clinical record reviewed and hospice notes have been received if indicated and their clinical records is complete and accurate. The hospice contract has been reviewed and no changes are indicated at this time (See Attachment A). The hospice nurses have been educated on providing their clinical documentation in a timely manner to the facility (See Attachment B). A Hospice Clinical Record review form has been implemented (See Attachment C). The DON or designee will be	01/23/2015

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	<p>11/24/14, 12/1/14, 12/4/14, 12/8/14, 12/11/14, 12/15/14, 12/18/14, 12/26/14, and 1/5/15, from November 2014 to January 2015.</p> <p>The "PHYSICIAN'S PLAN OF CARE" in the hospice binder, start date of 10/11/14, indicated the frequency of the nurse visits were 2 times a week. The "PHYSICIAN'S PLAN OF CARE" in the hospice binder, start date of 12/10/14, indicated the frequency of the nurse visits were 2 times a week.</p> <p>During an interview with the Assistant Director of Nursing on 1/8/15 at 9:05 a.m., she indicated she did not know the hospice binder for Resident #24 was missing nurse visit documentation. She indicated she would contact hospice.</p> <p>During an interview with the Hospice RN on 1/8/15 at 10:15 a.m., she indicated it was the goal to print out the nurse visit documentation after the visit while in the facility. She indicated not all of the nurse visits for Resident #24 were in the resident's hospice binder. She indicated she was going to print the visits and place them in the hospice binder.</p> <p>During an interview with the Hospice RN on 1/8/15 at 11:13 a.m., she indicated she had printed out approximately 8 nurse</p>		<p>responsible for completing the Hospice Clinical Record review form to ensure the hospice nurses notes are present to reflect a complete and accurate clinical record. These reviews will be done on scheduled work days as follows: Daily for two weeks, two times weekly for two weeks, then weekly thereafter on an ongoing basis for a minimum of 6 months. Should a concern be noted, immediate corrective action will occur. Results of these reviews and any corrective actions will be reviewed during the facility's quarterly QA meetings and the plan adjusted accordingly if indicated.</p>	

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	<p>visits for Resident #24 that were not in the hospice binder. She indicated the facility had not reported the lack of the nurse visit documentation for Resident #24 until it was brought to their attention.</p> <p>Review of the hospice binder for Resident #24 indicated the Hospice RN had printed out nurse visits for 11/4/14, 11/10/14, 11/17, 11/28/14, 12/22/14, 12/29/14, and 1/2/15. The hospice binder for Resident #24 had lacked the documentation for 7 nurse visits from November 2014 to January 2015.</p> <p>Review of the current, 10/2014 policy, titled "HOSPICE CARE SERVICE COORDINATION", provided by the Administrator on 1/8/15 at 1:32 p.m., included, but was not limited to, the following:</p> <p>"PURPOSE: To ensure resident receiving services from a hospice program consistently receives necessary care and services by both facility personnel and hospice personnel to provide supportive care due to the end stage disease process.</p> <p>POLICY: It is the policy of this facility that the care needs of a resident receiving hospice services shall be clearly communicated between facility nursing</p>			

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	<p>personnel and hospice personnel in an effort to ensure necessary supportive care is provided to resident...."</p> <p>3.1-50(a)(1)</p>				