

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2016
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NAME OF PROVIDER OR SUPPLIER APERION CARE TOLLESTON PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2350 TAFT ST GARY, IN 46404
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00201865.</p> <p>Complaint IN00201865- Substantiated. Federal/State deficiencies related to the allegation are cited at F205 and F206.</p> <p>Survey dates: June 7 & 8, 2016</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 200064830</p> <p>Census bed type: SNF: 7 SNF/NF: 90 Total: 97</p> <p>Census payor type: Medicare: 14 Medicaid: 76 Other: 7 Total: 97</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This Plan of Correction is the center's credible allegation of compliance. <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></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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F 0205 SS=D Bldg. 00	<p>Quality review completed by 32883 on 6/9/16.</p> <p>483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>Based on record review and interview, the facility failed to ensure information related to the facility bed hold policy was provided to 2 of 3 residents transferred to the hospital in a sample of 3. (Residents #B and #E)</p> <p>Finding includes:</p>	F 0205	<p>F205 NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFER</p> <p>The facility requests paper compliance for this citation.</p>	06/24/2016

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	<p>1. The record for Resident #B was reviewed on 6/7/16 at 11:00 a.m. The resident's diagnoses included, but were not limited to, chronic kidney disease, anemia, high blood pressure, and chest pain.</p> <p>The 5/2016 Physician orders were reviewed. An order was written on 5/17/16 to send the resident to the hospital Emergency Room for an evaluation and treatment. The resident returned to the facility on 5/27/16.</p> <p>The 5/2016 Nursing Progress Notes were reviewed. There was no documentation of the resident being provided with or sent with a copy of the facility Bed Hold protocol.</p> <p>The facility "Move-In Agreement" protocol from the Admission Handbook was received from the ADON (Assistant Director of Nursing) on 6/8/16 at 8:45 a.m. The ADON indicated the policy was current. The protocol indicated when residents were sent to the hospital the resident's bed would be reserved for ten days.</p> <p>When interviewed on 6/8/16 at 11:15 a.m., the Assistant Director of Nursing indicated there was no record of the Bed Hold information being provide to</p>		<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> · There is no corrective action for Resident #E as he no longer resides at the facility. · Resident #B has received the Notice of Transfer or Discharge and Bed Hold Policy. <p>How will you identify other residents having the potential</p>	

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	<p>Resident #B at the time he was sent out to the hospital Emergency Room as required.</p> <p>2. The closed record for Resident #E was reviewed on 6/7/16 at 9:55 a.m. The resident's diagnoses included, but were not limited to, chronic kidney disease, anxiety disorder, and high blood pressure. The resident was admitted to the facility on 5/20/16.</p> <p>A Physician's order was obtained on 5/23/16 to send the resident to the Emergency Room to be evaluated for tremors.</p> <p>The facility "Move-In Agreement" protocol from the Admission Handbook was received from the ADON (Assistant Director of Nursing) on 6/8/16 at 8:45 a.m. The ADON indicated the policy was current. The protocol indicated when residents were sent to the hospital the resident's bed would be reserved for ten days.</p> <p>When interviewed on 6/8/16 at 11:15 a.m., the Assistant Director of Nursing indicated there was no record of the Bed Hold information being provide to Resident #E at the time he was sent out to the hospital Emergency Room as required.</p>		<p>to be affected by the same deficient practice and what corrective action will be taken</p> <ul style="list-style-type: none"> · Residents who reside in the facility have the potential to be affected the alleged deficient practice. · Residents who have been transferred from this facility or went on therapeutic leave were reviewed since 5/1/16 and a Notice of Transfer or Discharge and Bed Hold Policy was issued. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> · Nursing staff will be re-educated regarding Transfers/Therapeutic Leave by the DON/designee. · The DON/designee will review transfers/therapeutic leaves to ensure that the Notice of Transfer or Discharge and Bed Hold Policy were included in the transfer packet. A copy of the packet will be scanned into the resident's medical record. 	

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F 0206	<p>When interviewed on 6/8/16 at 10:30 a.m., the facility Administrator indicated the protocol was for the information on the bed hold procedures was to be sent when the resident is sent to the hospital. The Administrator indicated the information should have been sent with both Residents #B and #E.</p> <p>This Federal tag relates to Complaint IN00201865.</p> <p>3.1-12(a)(25)(A) 3.1-12(a)(25)(B)</p> <p>483.12(b)(3)</p>		<ul style="list-style-type: none"> · Resident's identified as not receiving the Notice of Transfer or Discharge and the Bed Hold Policy will have one mailed to their responsible party by the Social Services Department on the next business day. <p>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</p> <ul style="list-style-type: none"> · The Notice of Transfer or Discharge and Bed Hold Policy audit will be conducted by the DON/designee on all transfers/therapeutic leaves 5 days a week x 30 days, twice weekly x 30 days and then weekly ongoing. · Director of Nursing will be responsible for oversight of these audits. · The results of these audits will be reviewed in monthly QAPI meeting until 100% compliance is achieved x 3 consecutive months. 		

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SS=D Bldg. 00	<p>POLICY TO PERMIT READMISSION BEYOND BED-HOLD</p> <p>A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident requires the services provided by the facility; and is eligible for Medicaid nursing facility services.</p> <p>Based on record review and interview, the facility failed to ensure residents sent to the hospital were allowed to return to the facility for 1 of 3 residents reviewed for discharge to the hospital in a sample of 3. (Resident #E)</p> <p>Finding includes:</p> <p>The closed record for Resident #E was reviewed on 6/7/16 at 9:55 a.m. The resident's diagnoses included, but were not limited to, chronic kidney disease, anxiety disorder, and high blood pressure. The resident was admitted to the facility on 5/20/16.</p> <p>A Physician's order was obtained on 5/23/16 to send the resident to the Emergency Room to be evaluated for tremors.</p> <p>Review of the 5/20/16 Admission/Readmission Observation Note indicated the resident was alert to</p>	F 0206	<p>F206 POLICY TO PERMIT READMISSION BEYOND BED-HOLD</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	06/24/2016			

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	<p>place, time, and situation.</p> <p>The 5/2016 Nursing Progress Noted were reviewed. An entry completed on 5/20/16 at 8:50 p.m. indicated the resident was transported to the facility via car to be admitted to the facility. An entry completed on 5/23/16 at 10:06 a.m. indicated the the Physician was called in reference to the resident's request to go home. The Physician refused to give an order to discharge the resident home related to the resident's risk for having seizures. Physician orders were given to send the resident to the hospital Emergency Room.</p> <p>Review of the resident's hospital records indicated the resident was seen in the Emergency Room on 5/23/16 and was admitted to the hospital. A Case Management/ Social Worker note completed on 5/24/16 indicated the resident was referred to case management for early discharge planning. A Case Management note was completed on 5/25/16 at 10:06 a.m. This note indicated the hospital Case Manager spoke with the facility Admission Staff (name of the Admission Staff member at the facility) and "...was advised they are not accepting him back."</p> <p>When interviewed on 6/7/16 at 10:43</p>		<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> · There is no correct action as Resident #E did not return to the facility. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <ul style="list-style-type: none"> · Residents who transfer from the facility have the potential to be affected by the alleged deficient practice. · Residents who transfer from the facility will have a 10-day curiosity bed hold per facility policy. · The Admission Director will follow up on all hospitalized residents frequently for the duration of their hospital stay and will document resident status on the Admissions Daily Activities form. Status of each resident that was discharged to the hospital will be reviewed and discussed at the morning meeting. 		

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	<p>a.m., the facility Admission Staff member indicated Resident #E had not returned from the hospital. The Admission Staff indicated she had received a call from another Aperion Care facility related to Resident #E possibly being admitted to that facility. The Admission Staff indicated she had not talked to anyone at the hospital related to the return or readmission for Resident #E. The Admission Staff indicated she was not sure why the resident was not coming back to the facility.</p> <p>When interviewed on 6/7/16 at 11:07 a.m., Social Worker #1 indicated she did not have any knowledge of the hospital request for the resident to return to the facility. The Social Worker indicated no staff from the hospital had contacted her with any information related the resident's return to the facility.</p> <p>When interviewed on 6/7/16 at 2:10 p.m., the facility Administrator indicated Resident #E was sent to hospital Emergency Room on 5/23/16 and had not returned to the facility. The Administrator indicated he receives all the fax referrals and indicated he did not receive any referrals from the hospital related to the return of Resident #E. The Administrator indicated the Admission</p>		<ul style="list-style-type: none"> · Residents will remain on the log until they are discharged from the hospital. · The Admissions Daily Activities Form is emailed daily to the Administrator and Hospital Liaison for review. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> · Admissions staff will be re-educated regarding denial of resident admission by the Administrator/designee. · All referrals are faxed to ring central. Ring central emails the referrals to Admissions, Hospital Liaison, Administrator, DON, Business Office, etc. for review. <p>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</p> <ul style="list-style-type: none"> · Re-admission audits will be conducted by the 	

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	<p>Staff member visits the hospital and talks with staff to check on the resident's status.</p> <p>On 6/7/16 at 1:30 p.m., the hospital Social Worker was interviewed. The hospital Social Worker indicated Resident #E was still in the hospital. The hospital Social Worker indicated she spoke with the Admission Staff from Aperion Tolleston on 5/25/16 and was told by the Admission staff from the Nursing Home that the facility could not take the resident back to the Nursing Home because they could not meet his needs. The hospital Social Worker indicated the resident was currently still at the hospital waiting for placement.</p> <p>When interviewed on 6/7/16 at 3:05 p.m., the Administrator indicated he was not aware the hospital staff was told by the facility Admission Staff member that they would not accept the resident back to the facility.</p> <p>When interviewed on 6/8/16 at 9:05 a.m., the facility Administrator indicated yesterday (6/7/16) was the first knowledge he had of the their sister facility in another city inquiring about Resident #E. The Administrator indicated he had just found about the hospital sending a referral to another</p>		<p>Administrator/designee 5 times a week ongoing.</p> <ul style="list-style-type: none"> · Administrator will be responsible for oversight of these audits. · The results of these audits will be reviewed in monthly QAPI meeting until 100% compliance is achieved x 3 consecutive months. 				

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	<p>Aperion facility out of town for Resident #E to be admitted there.</p> <p>When interviewed on 6/8/16 at 10:16 a.m., the Admission staff member indicated Resident #E did not appear on the daily census sheet from 5/24/16 forward. The Admission Staff indicated she had not been aware the resident was sent to the hospital on 5/23/16. The Admission staff member indicated she thought the resident left AMA (Against Medical Advice) and that is why his name did not appear on the Census sheet.</p> <p>When interviewed on 6/8/16 at 10:45 a.m., the facility Administrator indicated Resident #E appeared on the 5/24/16 Daily Census sheet and was listed as having been sent to the Emergency Room on 5/23/16. The Administrator indicated yesterday he found out Resident #E was not listed on the Daily Census sheet after 5/25/16 as the Admission Staff thought the resident discharged AMA on 5/23/16 and therefore the resident was taken off the Daily Census sheet. The facility meets as a team and discusses all the residents on the Daily Census sheet who were currently in the hospital. Since the Admission Staff had the resident removed from the Daily Census sheets, he was not reviewed for the status of his readmission to the facility since 5/24/16.</p>			

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	<p>The Administrator indicated all residents sent to to the hospital should remain on the list for ten days or until they return. The residents' readmission status for those on the Census list would be reviewed and discussed daily Monday -Friday for ten days.</p> <p>Continued interview with the Administrator indicated both the Admission Staff and the Business Office Manager have access to the electronic records which showed the resident was sent to the hospital on 5/23/16.</p> <p>When interviewed on 6/8/16 at 8:30 a.m., the facility Administrator indicated he was not aware Social Service from the Hospital had contacted the facility Admission staff regarding the request to send the resident back to the facility. The Administrator indicated the Admission Staff member did not inform him the the hospital had requested the resident be returned to the facility.</p> <p>The facility "Move-In Agreement" protocol from the Admission Handbook was received from the ADON (Assistant Director of Nursing) on 6/8/16 at 8:45 a.m. The ADON indicated the policy was current. The protocol indicated when residents were sent to the hospital the resident's bed would be reserved for ten</p>			

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	<p>days.</p> <p>This Federal tag relates to Complaint IN00201865.</p> <p>3.1-12(a)(27)</p>				