

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2014
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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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F000000	<p>This visit was for the Investigation of Complaint IN00151796.</p> <p>Complaint IN00151796- Substantiated. Federal/State deficiency related to the allegations is cited at F 406.</p> <p>Survey date: July 17, 2014</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 200064830</p> <p>Survey team: Janet Adams, RN-TC Julie Ferguson, RN Heather Hite, RN Lara Richards, RN</p> <p>Census bed type: SNF: 7 SNF/NF: 105 Total: 112</p> <p>Census payor type: Medicare: 7 Medicaid: 96 Other: 9 Total: 112</p> <p>Sample: 5</p>	F000000		

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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F000406 SS=D	<p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 19, 2014, by Janelyn Kulik, RN.</p> <p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on record review and interview, the facility failed to ensure rehabilitation services were provided related to a delay in the start of Physical Therapy for 1 of 3 residents reviewed for Physical Therapy services in the sample of 5. (Resident #D)</p> <p>Findings include:</p> <p>The closed record for Resident #D was reviewed on 7/17/14 at 8:50 a.m. The resident was admitted to the facility on</p>	F000406	<p>F406 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. 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. 1)</p>	07/28/2014	

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	<p>3/6/14 and was discharged on 6/20/14. The resident's diagnoses included, but were not limited, to ankle fracture, diabetes mellitus, congestive heart failure, and gout.</p> <p>The 6/6/14 Minimum Data Set (MDS) Quarterly Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive pattern were intact. The assessment also indicated the resident required extensive assistance (resident involved in activity with staff providing weight bearing support) of two staff members for bed mobility and transfers.</p> <p>A Care Plan initiated on 3/8/14 indicated the resident needed Physical Therapy related to a impaired ambulation skills, impaired transfer skills, and impaired mobility skills. The Care Plan was initiated by a Physical Therapist. Care Plan interventions included for therapy to provide gait training, neuro muscular re-education, therapeutic activities and therapeutic exercise. The Care Plan was last reviewed on 6/9/14.</p> <p>A Physician's order was written on 3/8/14 for the resident to receive Physical Therapy services (5) times a week for (30) days. Treatment was to include</p>		<p>Immediate actions taken for those residents identified:</p> <ul style="list-style-type: none"> Resident #D was discharged from the facility <p>2) How the facility identified other residents:</p> <ul style="list-style-type: none"> Audit of residents on current therapy caseload has been completed, and no other residents were identified. <p>3) Measures put into place/ System changes:</p> <ul style="list-style-type: none"> Therapy orders needing clarification and/or weight bearing status will be audited in morning meeting at least 3x/wk to ensure that physicians are contacted for clarification in a timely manner. Therapy department will implement a Therapy Communication Sheet to communicate orders and/or clarification needed from physicians. A copy of the communication sheet will be given to the Director of Nursing and Administrator for follow up with each order that requires clarification. The communication sheets requiring clarification will be reviewed in the interdisciplinary meeting daily until response is completed. Licensed nurses and therapists will be educated regarding use of the Therapy Communication Sheet, timely physician notification and follow up to prevent delay in treatment. <p>4) How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> The results of these audits will be reviewed in Quality Assurance 		

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	<p>therapeutic exercises, gait training, neuromuscular re-education, and electrical stimulation.</p> <p>A Physician's order was written on 4/4/14 to continue skilled Physical Therapy services (5) times a week for (30) days. Treatment was to include therapeutic exercises, electrical stimulation to bilateral lower extremities, neuromuscular re-education, and caregiver education for generalized muscle weakness.</p> <p>A Physician's order was written on 5/3/14 for the resident to receive Physical Therapy (3) times a week for (3) weeks for Range of Motion and weight bearing in a pneumatic boot. The order was revised in 5/16/14.</p> <p>A Physician's order was written on 5/16/14 for the resident to receive Physical Therapy (3) times a week for (3) weeks for a diagnosis of repair of a left ankle fracture.</p> <p>Review of the 5/1/14 "PT-Therapist Progress & Discharge Summary" report indicated the resident's diagnoses included a traumatic bone fracture. The report was electronically signed by the Physical Therapist. The Start of Care date was 3/7/14. The End of Care date</p>		<p>Meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: July 28, 2014</p>				

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	<p>was 5/1/14. The Summary indicated the resident benefited from therapeutic exercises/activities, neuromuscular re-education, transfer and mobility re-education, and safety awareness training. The Discharge Plans & Instructions were to D/C (discharge) to facility for possible Restorative Nursing care intervention.</p> <p>When interview on 7/17/14 at 10:00 a.m., the current Therapy Manager indicated the facility changed Therapy providers on 5/1/14. The Manager indicated Resident #D had been discharged from Physical Therapy services on 5/1/14. The Manager indicated the resident was discharged as there were still Physician orders for non-weight bearing in place and therapy could not be advanced further related to the non-weight bearing . The Manager indicated the resident went out for an appointment with his Orthopedic Physician on 5/3/14 and returned with orders for Physical Therapy written on a prescription. The Manager indicated the resident was evaluated on 5/5/14 and it was determined the Physician's order on the 5/3/14 prescription needed to be clarified by the Orthopedic Physician before beginning treatment. The Manager indicated the resident did not receive Physical Therapy until 5/16/14 when the facility Clinical Liaison Nurse</p>			

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	<p>drove to the Physician's office to clarify the order plan for the resident.</p> <p>The facility Administrator, DON (Director of Nursing), and the Therapy Manager were interviewed on 7/17/14 at 1:15 p.m. The Therapy Manager indicated on 5/5/14 Therapy evaluation review was faxed to the Orthopedic Physician and no response was received. The Therapy Manager indicated attempts were made to contact the Orthopedic Physician. The Director of Nursing indicated there was no documentation of the resident's attending Physician being notified of of the Orthopedic Physician not responding to the requests made between 5/3/14 thru 5/15/14. The Director of Nursing indicated the resident received PROM (Passive Range of Motion) from floor staff 5/7/14 through 5/16/14 and did not receive Physical Therapy services at this time.</p> <p>When interviewed on 7/17/14 at 10:40 a.m., the facility Administrator indicated Resident #D did not receive Restorative services in May 2014.</p> <p>This Federal tag relates to Complaint IN00151796.</p> <p>3.1-23(a)(1)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2014
FORM APPROVED
OMB NO. 0938-0391

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