

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E064	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/20/2016
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NAME OF PROVIDER OR SUPPLIER  BROOKSIDE HAVEN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N GAVIN ST MUNCIE, IN 47303
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00198125 .</p> <p>Complaint IN00198125 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F281 .</p> <p>Survey dates: April 19 and 20, 2016.</p> <p>Facility number: 000311 Provider number: 15E064 AIM number: 100285520</p> <p>Census bed type: NF: 40 Total: 40</p> <p>Census payor type: Medicaid: 39 Other: 1 Total: 40</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on April 22, 2016.</p>	F 0000	F-0000This Plan of Correction is prepared and executed because it is required by the provisions of the State and Federal regulations, and not because Brookside Haven Care Center agrees with the allegations and citations listed on this statement of deficiencies. This Plan of Correction shall operate as Brookside Haven's written credible allegations of compliance. Brookside Haven respectfully request paper compliance on the attached Plan of Correction.	

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 0157 SS=D Bldg. 00	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified when the family reported a change in condition of a resident (Resident D). This deficient practice</p>	F 0157	F- 01571.) All Licensed staff re-educated, in-serviced on 4/25/16 and again on 5/2/16 on family member concerns, resident assessment, physician notification, documentation and	05/04/2016			

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	<p>resulted in a hospital admission of a resident with a diagnoses of urosepsis.</p> <p>Findings include:</p> <p>The clinical record of Resident D was reviewed on 4/19/16 at 11:01 a.m. Diagnoses included, but were not limited to, mood disorder, brief psychotic disorder, impulse control, depression, anxiety dementia, Alzheimer's with behaviors and diabetes type II.</p> <p>Review of the clinical record indicated Resident D had been sent to the hospital emergency room on 3/1/16 after complaints of chest pain and shortness of breath. Review of the hospital admission note indicated Resident D was admitted with a diagnoses of sepsis secondary to a urinary tract infection. Resident D was treated with IV antibiotics and readmitted to the facility on 3/3/16. While providing the emergency room physician with Resident D's medical history, the daughter indicated Resident D had complained of back pain about a week prior to his admission to the hospital.</p> <p>Review of the nursing notes, dated 2/1/16 through 3/1/16, indicated a lack of documentation related to the concern Resident D's daughter voiced regarding back pain and a possible urinary tract</p>		<p>follow-through to ensure compliance on policy and procedure on notifying physician of any changes. LPN #2 was disciplined and suspended.2.) Any resident has the potential to be affected.3.) Director of Nursing in-serviced all nursing staff regarding family member concerns, resident assessment, physician notification, documentation, family notification and follow-through based upon resident change in condition. Nurses are to contact the Director of Nursing with any resident change in condition/family concern.4.) HFA, DON or charge Nurse will monitor all new orders for possible change in condition of a resident to ensure policy and procedures were followed-through (resident assessment, physician notification, documentation, family notification and follow-through).Quality Assessment and Assurance (QAA) committee will meet monthly X2 months, then quarterly thereafter and will follow any recommendation as deemed necessary to ensure on-going compliance.5.) Date Completed: 5/4/16</p>		

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	<p>infection. Nursing notes also lacked any documentation the physician or nurse practitioner had been notified of the concern.</p> <p>During an interview on 4/19/16 at 2:45 p.m., LPN #2 indicated Resident D's daughter had voiced a concern related to Resident D having back pain. The daughter also indicated Resident D's back pain had been an indication of a urinary tract infection in the past. LPN #2 stated, "We were giving report and she came to the desk and told us he (Resident D) was having back pain and she (the daughter) thought it could be due to a urinary tract infection. I told her (Nurse Practitioner's name) would be in the next day and we would let her know." LPN #2 indicated she did not document the concern in the nursing notes, did not assess Resident D nor did she notify the physician. LPN #2 indicated this incident took place on or about 2/28/16.</p> <p>During an interview on 4/19/16 at 3:53 p.m., the Nurse Practitioner indicated she did not remember being notified of the concerns voiced by Resident D's daughter.</p> <p>During an interview on 4/19/16 at 2:35 p.m., the Director of Nursing (DON) indicated she had not been aware of</p>			

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	<p>Resident D's daughter's concerns until after he had been readmitted to the facility on 3/3/16. The DON indicated she had investigated and was unable to find any documentation that a urine analysis had been ordered. The DON indicated she could not find any documentation of the physician being notified. The DON indicated she had apologized to Resident D's daughter and offered to have a urine test scheduled every 3 months moving forward.</p> <p>During an interview on 4/20/16 at 12:34 p.m., the Administrator indicated the nurse should have assessed the resident, notified the physician, followed up with the family and documented the incident in the nursing notes.</p> <p>During an interview on 4/20/15 at 12:58 p.m., the DON indicated LPN #2 did not treat Resident D's family's concerns appropriately. "The resident should have been assessed and the physician called with the assessment and the family's concerns. If the physician gave orders or not, she should have followed up with the family. The incident should have been documented in the nursing notes and on the 24 hour report sheet. The concerns should also be verbalized in the shift to shift report."</p>			

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	<p>Review of a current undated policy titled "Change in a Resident's Condition or Status" indicated the following: "Policy Statement Our facility shall promptly notify the resident, his or hr attending physician, and representative (sponsor) of changes in the resident's condition. ... 1. Nursing services will notify the resident's attending physician when... f. Deemed necessary of appropriate in the best interest of the resident... 5. The nurse supervisor will record on the resident's medical record any changes in the resident's medical condition or status...."</p> <p>This policy was provided by the Director of Nursing 4/20/16 at 12:23 p.m.</p> <p>Review of an undated current facility guidelines titled "Charge Nurse Duties" included the following: "Charge Nurse Duties Day Tour of Duty... 13. Notify physicians, when necessary, of changes in residents' condition, weight, medication errors, medication not available, abnormal laboratory/X-ray results and any other unusual observations... Evening Tour of Duty... 12. Notify physicians, when necessary, of changes in residents' condition, weight, medication errors, medication not</p>			

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	<p>available, abnormal laboratory/X-ray results and any other unusual observations... Night Tour of Duty... 11. Notify physicians, when necessary, of changes in residents' condition, weight, medication errors, medication not available, abnormal laboratory/X-ray results and any other unusual observations...." This document was provided by the DON on 4/20/16 at 12:23 p.m.</p> <p>This federal tag relates to Complaint IN00198125.</p> <p>3.1-5(a)(2)</p>				