

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155743	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/12/2012
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NAME OF PROVIDER OR SUPPLIER GREEN-HILL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN 47944
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F0000	<p>This visit was for the Investigation of Complaints IN00103838 and IN00104461.</p> <p>Complaint IN00103838 - Substantiated. Federal/state deficiencies related to the allegations are cited at F250, F282 and F309.</p> <p>Complaint IN00104461 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: March 12, 2012</p> <p>Facility number: 000288 Provider number: 155743 AIM number: 100287380</p> <p>Survey team: Rita Mullen, RN, TC Michelle Carter, RN</p> <p>Census bed type: SNF/NF: 42 Total: 42</p> <p>Census payor type: Medicare: 3 Medicaid: 30 Other: 9 Total: 42</p>	F0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

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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	<p>Sample: 3 Supplemental sample: 6</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 3/18/12 by Jennie Bartelt, RN.</p>				

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F0250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on interview and record review, the facility failed ensure Social Services assisted the resident to clarify the person responsible for health care decisions, and the decision made in regard to care in the event of the resident's cardiopulmonary arrest. The deficient practice affected 1 of 3 residents reviewed for code status preference and living wills in a sample of 3. [Resident C]</p> <p>Findings include:</p> <p>The clinical record of Resident C was reviewed on 3/12/2012 at 11:30 A. M. This resident was originally admitted to facility on 12/18/2009 and expired on 10/8/2011.</p> <p>Diagnoses for Resident C included, but were not limited to, Alzheimer's disease, dementia with behaviors due to either Alzheimer's disease or cerebral vascular accident, schizophrenia with hallucinations, psychosis, vascular dementia with psychotic features, history of respiratory failure, congestive heart failure, chronic renal failure, hypertension</p>	F0250	<p>1. Resident C no longer resides in the facility.2. An audit was completed on all residents in the facility to ensure the record reflected the resident wishes in regards to end of life measures. Any concerns were immediately corrected. 3. The Social Service Director was re-educated on the facility policy and procedure for Advance Directives. Upon admission and at least quarterly the facility will review the resident Advance Directive information to ensure the record continues to reflect the resident end of life wishes. If at any time the resident is unable to make decisions, the facility will continue to honor the resident's wishes. The resident legal representative will be educated on Advance Directives as needed. The Administrator or designee will audit all new admissions to ensure compliance. The Interdisciplinary team (IDT) will audit all resident records at least quarterly with the care plan process to ensure ongoing compliance. 4. The Administrator or designee will present the findings of thoses audits to the QA committee monthly times three months and</p>	03/14/2012	

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	<p>(high blood pressure), osteoporosis, and osteoarthritis.</p> <p>A quarterly Minimum Data Set assessment on 7/25/2011, indicated Resident C was unable to be assessed for a Brief Interview for Mental Status and the resident and had long and short term memory problems.</p> <p>A Living Will Declaration, signed by Resident C on 8/18/1994, indicated, "... If at anytime I have an incurable injury, disease or illness certified in writing to be a terminable condition by my attending physician, and my attending physician has determined that my death will occur within a short period of time, and the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the provision of appropriate nutrition and hydration and the administration of medication and the performance of any medical procedure necessary to provide me with comfort care or to alleviate pain.</p> <p>In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this Declaration be honored by my family and physician as the final</p>		then at least quarterly. 5. 3/14/2012		

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	<p>expression of my legal right to refuse medical or surgical treatment and to accept the consequences of the refusal...."</p> <p>A Medical Power of Attorney form, dated 8/22/2001, indicated the qualified and acting trustees and manager of [name of facility where resident lived previously], shall act as power of attorney. "To execute any papers, releases or similar documents required by any hospital to which admittance is sought or to which I have been admitted to authorize diagnostic procedure, surgery, medication, or therapy as may be prescribed by my physician for my care and benefit..." This document did not designate an individual by name to make the health care decisions or that they were authorized, outside a hospital setting, to make health care decisions.</p> <p>A Requested Healthcare Decisions form, dated 12/18/2009, indicated, "...I DO want to have CPR performed, if needed, as a life-saving measure." This form was not signed by Resident C or Resident C's family, but was signed by the individual without documented authority to make decisions in a long term health care setting.</p> <p>A Care Plan Worksheet for code status of Resident C on 7/25/2011, indicated full</p>						

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	<p>code status.</p> <p>A physician order summary, dated for the month of October 2011, indicated full code status for Resident C.</p> <p>A Care Plan Audit Tool initiated by Director of Social Services on 4/26/2011 and signed by nursing on 4/27/2011, indicated code status was unchanged. The word "full" had been written in comments section and was crossed out.</p> <p>A letter, dated 5/23/2011, to the Social Services Director, regarding Resident C, from Resident C's daughter, indicated the preferred funeral home to use to handle the final arrangements, when the time arises.</p> <p>A Care Plan Audit Tool initiated by Director of Social Services on 7/25/2011 and signed by nursing on 7/25/2011, indicated code status was unchanged. Nothing was written in the comments section.</p> <p>During an interview with the current Social Services Director on 3/12/2012, at 4:15 P.M., she indicated code status was to be reviewed quarterly.</p> <p>This federal tag relates to Complaint IN00103838.</p>				

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	3.1-34(a)			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure nursing staff initiated cardiopulmonary resuscitation (CPR) for a resident with a physician's order for "Full Code" when the resident was found without pulse and respirations. The deficient practice affected 1 of 3 residents reviewed for code status in a sample of 3. [Resident C]</p> <p>Findings include:</p> <p>The clinical record of Resident C was reviewed on 3/12/2012 at 11:30 A. M. This resident was originally admitted to facility on 12/18/2009 and expired on 10/8/2011.</p> <p>Diagnoses for Resident C included, but were not limited to, Alzheimer's disease, dementia with behaviors due to either Alzheimer's disease or cerebral vascular accident, schizophrenia with hallucinations, psychosis, vascular dementia with psychotic features, history of respiratory failure, congestive heart failure, chronic renal failure, hypertension (high blood pressure), osteoporosis, and</p>	F0282	<p>1. Resident C no longer resides in the facility. 2. An audit was completed on all residents in the facility to ensure the record reflected the resident wishes in regrds to end of life measures. Any concerns were immediately corrected. 3. The licensed nursing staff was re-educated on the facility policy and procedure for CPR. The Interdisciplinary team (IDT) will audit all resident records at least quarterly with the the care plan process to ensure ongoign compliance. 4. The Social Service Director will present the findings of these audits to the QA committee montly times three months and then at least quarterly. 5. 3/14/2012</p>	03/14/2012	

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	<p>osteoarthritis.</p> <p>A quarterly Minimum Data Set assessment, on 7/25/2011, indicated Resident C was unable to be assessed for a Brief Interview for Mental Status and the Resident had long and short term memory problems.</p> <p>A Care Plan Worksheet for code status of Resident C on 7/25/2011, indicated full code status.</p> <p>A physician summary dated for the month of October 2011, indicated full code status for Resident C.</p> <p>A Nursing Progress note, dated 10/1/11 at 10:00 A.M., indicated, "continues on ATB [antibiotic]/UTI [urinary tract infection]." (Resident C had been on an antibiotic for urinary tract infection.)</p> <p>A Nursing Progress note, dated 10/6/11 at 7:00 A.M., indicated, "...no behaviors-sleeping apparently, eyes closed- no call light- offered to restroom (sic), denied need to void, no other symptoms of UTI...."</p> <p>A Nursing Progress note dated 10/7/2011 at 12:00 P.M., indicated, "...No behaviors/delusions noted. Encouraging fluids...."</p>						

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	<p>A Nursing Progress note dated 10/8/2011 at 12:15 A.M., indicated, "...CNA (certified nursing assistant) reports Resident pale, unresponsive while making rounds. Writer assessed Resident. Noted to be pale and [without] respirations. No BP (blood pressure) obtained. Unable to obtain carotid or apical pulse. Lack of VS (vital signs) verified [with] other RN (registered nurse). Skin cool to touch. [Left] pupil dilated. [Right] pupil constricted. Medial POA (power of attorney), [name of POA], daughters, [names of daughters], notified. Notified (name of county) County Coroner and [name of funeral home] per [name of daughter] wishes...."</p> <p>A Nursing Progress note dated 10/8/2011, (no time noted), indicated, "...Late entry for 10:30 P.M. CNA reports Res (resident) resting. Resp (respirations) even, non-labored...."</p> <p>An Incident and Accident Report and Investigation dated 10/11/2011, indicated, "...CPR not performed- question of CPR status.... Resident living will stated no measures.... Staff interviewed and all believed resident was a No CPR based on residents living will."</p> <p>A policy for Cardio-Pulmonary</p>						

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	<p>Resuscitation Procedure (CPR), dated 3/2008 and updated 10/12/2011, received from the Assistant Director of Nursing (ADON) on 3/12/2012 at 3:10 P.M., indicated the following:</p> <p>"Purpose: To ventilate the resident until adequate circulation to the brain is reestablished</p> <p>...1. Check for unresponsiveness...</p> <p>2. Phone the EMS (Emergency Medical System) System (sic) for Help...</p> <p>3. Open the Airway</p> <p>4. Check for Breathlessness...</p> <p>6. Check for Pulse...</p> <p>7. Locate Compression Point [for hand positioning for CPR (cardio-pulmonary resuscitation)]..."</p> <p>During an interview with the ADON on 3/12/2012, at 2:30 P.M., she indicated full code was not used for Resident C. The facility personnel recognized the failure to use full code. The policy for CPR was revised to reflect that CPR is to be started on all full code status residents, regardless of whether the time of death can be established. In-services on the updated</p>						

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	<p>CPR policy/procedures were conducted on 10/12/2011.</p> <p>This federal tag relates to Complaint IN00103838.</p> <p>3.1-35(g)(2)</p>				

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure care included a life-sustaining procedure was provided for 1 of 3 residents reviewed related to cardiopulmonary resuscitation (CPR) and Living will declarations in a sample of 3. (Resident C)</p> <p>Findings include:</p> <p>The clinical record of Resident C was reviewed on 3/12/12 at 11:30 A.M.</p> <p>Diagnoses for Resident C included, but were not limited to, Alzheimer's disease, dementia with behaviors due to either Alzheimer's disease or cerebral vascular accident, schizophrenia with hallucinations, psychosis, vascular dementia with psychotic features, history of respiratory failure, congestive heart failure, chronic renal failure, hypertension (high blood pressure), osteoporosis, and osteoarthritis.</p> <p>A Care Plan for "Full Code," dated</p>	F0309	<p>1. Resident C no longer resides in the facility. 2. An audit was completed on all residents in the facility to ensure the record reflected the resident wishes in regards to end of life measures. Any concerns were immediately corrected. 3. The licensed nursing staff was re-educated on the facility policy and procedure for CPR. The Interdisciplinary Team (IDT) will audit all resident records at least quarterly with the care plan process to ensure ongoing compliance. 4. The Social Service Director will present the findings of these audits to the QA committee montly times three months and then at least quarterly. 5. 3/14/2012</p>	03/14/2012			

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	<p>1/21/11 and updated 1/27/11, 4/26/11, and 7/25/11, indicated Resident C's status had bee designated as full code.</p> <p>Interventions included, but were not limited to, "All staff will be made aware of the resident's choice of full code status" and "In the event of cardiopulmonary arrest, initiate CPR, summon an ambulance, advise the physician and responsible party and or family, transport to the ER for treatment."</p> <p>A Physician's Order Summary, dated for the month of October 2011, indicated full code status for Resident C.</p> <p>A Living Will Declaration signed by Resident C on 8/18/1994, indicated, "... If at anytime I have an incurable injury, disease or illness certified in writing to be a terminable condition by my attending physician, and my attending physician has determined that my death will occur within a short period of time, and the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the provision of appropriate nutrition and hydration and the administration of medication and the performance of any medical procedure necessary to provide me with comfort care or to alleviate pain.</p>						

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	<p>In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this Declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of the refusal...."</p> <p>A Nursing Progress Note, dated 10/8/2011 at 12:15 A.M., indicated, "...CNA (certified nursing assistant) reports Resident pale, unresponsive while making rounds. Writer assessed Resident. Noted to be pale and [without] respirations. No BP (blood pressure) obtained. Unable to obtain carotid or apical pulse. Lack of VS (vital signs) verified [with] other RN (registered nurse). Skin cool to touch. [Left] pupil dilated. [Right] pupil constricted. Medial POA (power of attorney), [name of POA], daughters, [names of daughters], notified. Notified (name of county) County Coroner and [name of funeral home] per [name of daughter] wishes...."</p> <p>An Incident and Accident Report and Investigation, dated 10/11/2011, indicated, "...CPR not performed-question of CPR status.... Resident living will stated no measures.... Staff interviewed and all believed resident was</p>			

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	<p>a No CPR based on residents living will."</p> <p>A policy for Cardio-Pulmonary Resuscitation Procedure (CPR), dated 3/2008 and updated 10/12/2011, received from the Assistant Director of Nursing (ADON) on 3/12/2012 at 3:10 P.M., indicated the following:</p> <p>"Purpose: To ventilate the resident until adequate circulation to the brain is reestablished</p> <p>...1. Check for unresponsiveness...</p> <p>2. Phone the EMS (Emergency Medical System) System (sic) for Help...</p> <p>3. Open the Airway</p> <p>4. Check for Breathlessness...</p> <p>6. Check for Pulse...</p> <p>7. Locate Compression Point [for hand positioning for CPR (cardio-pulmonary resuscitation)]..."</p> <p>During an interview with the ADON on 3/12/2012, at 2:30 P.M., she indicated full code was not used for Resident C. The facility personnel recognized the failure to use full code. The policy for CPR was revised to reflect that CPR is to be started</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155743	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/12/2012
NAME OF PROVIDER OR SUPPLIER GREEN-HILL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN 47944		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>on all full code status residents, regardless of whether the time of death can be established. In-services on the updated CPR policy/procedures were conducted on 10/12/2011.</p> <p>This federal tag relates to Complaint IN00103838.</p> <p>3.1-37(a)</p>				