

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/30/2013
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NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF EVANSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 6521 GREENDALE DR EVANSVILLE, IN 47711
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R000000	<p>This visit was a State Residential Licensure Survey.</p> <p>Survey dates: May 28-30, 2013</p> <p>Facility Number: 010681 Provider Number: 010681 AIM Number: N/A</p> <p>Survey Team: Diane Hancock, RN TC 5/28, 5/29/13 Amy Wininger, RN</p> <p>Census bed type: Residential: 43 Total: 43</p> <p>Census payor type: Other: 43 Total: 43</p> <p>Sample: 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 30, 2013, by Jodi Meyer, RN</p>	R000000		
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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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R000356	<p>410 IAC 16.2-5-8.1(i)(1-8) Clinical Records - Noncompliance (i) A current emergency information file shall be immediately accessible for each resident, in case of emergency, that contains the following:</p> <p>(1) The resident ' s name, sex, room or apartment number, phone number, age, or date of birth. (2) The resident ' s hospital preference. (3) The name and phone number of any legally authorized representative. (4) The name and phone number of the resident ' s physician of record. (5) The name and telephone number of the family members or other persons to be contacted in the event of an emergency or death. (6) Information on any known allergies. (7) A photograph (for identification of the resident). (8) Copy of advance directives, if available.</p> <p>Based on observation, interview and record review, the facility failed to ensure the emergency file was up to date, in that 2 of 5 residents currently residing in the facility, in the total sample of 7, failed to have all required information in the emergency file. (Residents #31, #22)</p> <p>Findings include:</p> <p>1. Resident #31's clinical record was reviewed on 5/28/13 at 11:10 a.m. The resident was admitted to the facility on 4/20/13 with diagnoses including, but not limited to, congestive heart failure and</p>	R000356	The following is the Plan of Correction for Sterling House of Evansville in regards to the Statement of Deficiencies for the complaint survey completed on 5-30-13. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor	06/14/2013			

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	<p>irritable bowel syndrome.</p> <p>The emergency file was reviewed at 12:00 noon on 5/28/13. The emergency information included a picture, the resident's room number, allergies, and the physician's name and phone number. There was no date of birth, hospital preference, name and phone number of a legally authorized representative, name and number of family members or others to be contacted in the event of emergency or death, and no copy of advance directives.</p> <p>At 12:02 p.m., the Executive Director was observed to place the missing information in the emergency binder. She indicated it had not been there before.</p> <p>2. Resident #22's clinical record was reviewed on 5/28/13 at 2:40 p.m. The resident was admitted to the facility on 3/23/13 with diagnoses including, but not limited to, hypertension, memory loss, osteoarthritis, and transient ischemic attacks.</p> <p>The emergency file was reviewed at 3:07 p.m. The only information in the emergency file was a picture, the room number, allergies, and the admitting physician's name. The resident had changed to a different physician since</p>		<p>have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</p> <p>R_356 Clinical Records What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>Resident #31 and Resident #21: ·While the community routinely compiles all emergency information (duplication of contents contained in clinical record) in an "emergency binder" for ease of use, we are aware of no specific regulation stating the emergency information must be stored in an additional "binder". ·In addition to the back-up emergency binder, (which in this case contained incomplete information regarding residents 31 and 22), the community also had available a complete "Emergency Packet" inside each resident's clinical record. ·In this packet, the recommended contents are the state transfer/discharge form, a transfer summary, advance directives (if available), as well as any identifying resident information, diagnosis list, hospital preference, insurance information, physician information-all of which are</p>				

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	<p>admission.</p> <p>The missing information was reviewed with the Director of Nurses at 3:10 p.m. on 5/28/13. She indicated she would make sure the missing information was added to the emergency file.</p>		<p>documented on the Resident Information Sheets (3 pages). This record also contains a picture of each resident.</p> <p>·The community does have a copy of all these contents in the resident's "Emergency Packet" located in their clinical record, but has now added a COPY of this information in the "emergency binder".</p> <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <p>·Other residents who live in our AL community may be affected by a behavior of another resident and have the potential to be affected by the alleged deficient practice.</p> <p>·For this reason, the Health and Wellness Director/Designee has completed an audit of the contents of all emergency packets, as well as the emergency binder, to ensure that all information is current and contains no blanks.</p> <p>·A copy of any updated resident information sheets will be placed in the emergency packet as well as the emergency binder.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does</p>				

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			<p>not recur?</p> <ul style="list-style-type: none"> The Health and Wellness Director has been re-educated by the Executive Director that the Resident Information Form, typically completed by resident/responsible party upon move-in, must be reviewed and completed in full, prior to making copies for the emergency packet and/or emergency binder, to ensure that information is the most current possible if there is a need for emergency transfer or re-location. Nurses who participate in resident move-ins will also be re-educated by the Health and Wellness Nurse/Designee, of the need to ensure all blanks in the Resident Information Form are to be completed PRIOR to making copies for the emergency binder. <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?</p> <ul style="list-style-type: none"> The Executive Director/Designee will be responsible for the monitoring of the Emergency files to ensure all above requirements are met, and that emergency information (including a picture of the resident) is current within 48 hours of each new move-in. These audits will continue on a weekly basis and will be ongoing. <p>By what date will these systemic</p>	

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			changes be implemented? June 14, 2013	