

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155690	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/18/2012
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NAME OF PROVIDER OR SUPPLIER MEADOW BROOK REHABILITATION CENTRE & SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012
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F0000	<p>This visit was for the Investigation of Complaints IN00117892 and IN00117721.</p> <p>Complaint IN00117892 - Substantiated. Federal/state deficiencies related to the allegations are cited at F 157, F 328 and F 465.</p> <p>Complaint IN00117721 - Substantiated. Federal/state deficiencies related to the allegation are cited at F 157 and F 328</p> <p>Survey dates: October 16, 17, and 18, 2012</p> <p>Facility number: 000027 Provider number: 155690 AIM number: 100266180</p> <p>Survey team: Tammy Alley, R.N.</p> <p>Census bed type: SNF: 17 SNF/NF: 53 Total: 70</p> <p>Census payor type: Medicare: 14 Medicaid: 50 Other: 6</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 requirement 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>Total: 70</p> <p>Sample: 11</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 10/22/12 by Suzanne Williams, RN</p>			

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F0157 SS=D	<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 a resident was exhibiting continued</p>	F0157	1. The nurses notes for Resident B indicated the physician was contacted on 9/23/12 due to the resident's cough and the physician ordered a CXR. The CXR was completed on 9/24/12	11/07/2012	

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	<p>respiratory symptoms for 1 of 5 residents reviewed for respiratory symptoms in a sample of 11. (Resident B)</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 10/17/12 at 9:53 a.m.</p> <p>Current diagnoses included, but were not limited to, depression, diabetes and bronchitis.</p> <p>Physician orders dated 9/23/12 indicated an order to obtain a chest x-ray as the resident requested for a productive cough. A 9/25/12 order indicated Albuteral nebulizer treatments were to be completed every 4 hours as needed for cough and shortness of breath. A 10/6/12 order indicated an order for the Albuteral nebulizer treatment to be twice daily routinely. A 10/8/12 order indicated an order for a Z-Pac (antibiotic).</p> <p>The nursing notes on the following dates indicated the resident had a</p>		<p>and the results were negative. The physician was contacted regarding the results and no new orders were received. The physician was again contacted by the facility on 9/25/12 because of the resident's respiratory symptoms and an Albuteral Nebulizer treatment was ordered every 4 hours as needed. An increase in congestion on 10/6/12 was noted by Respiratory Therapy. Nursing was made aware of the increase in congestion by Respiratory Therapy and the physician was contacted. Scheduled Albuteral Nebulizer treatments were ordered at that time. The resident was seen by the physician on 10/8/12 and Z-Pak was ordered for Bronchitis. Resident B currently has no respiratory issues, the clinical record has been reviewed, and the physician was contacted as indicated. 2. As all other residents have the potential to be affected, the following corrective actions were taken. 24 hour reports were reviewed from the past 30 days to confirm physician notification of signs/symptoms indicative of change in resident condition.3. The facility's policy for Physician Notification (See Attachment A) has been reviewed and no changes are indicated at this time. The nurses have been re-educated on notification of physician/POA/other departments (See Attachment</p>		

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	<p>cough or productive cough with yellow and green mucous:</p> <p>9/22, 23/2012: cough</p> <p>10/6, 7, 8, 9, 11, 12, 13, 14, and 15/2012: productive cough with yellow and green mucous.</p> <p>The nursing notes for 9/23/12 indicated the physician was notified of the resident's cough and an order for an x-ray was received. The x-ray was completed on 9/24/12 and was negative.</p> <p>A nursing note dated 10/6/12 indicated "Respiratory suggested scheduled breathing treatments ...due to increased congestion " The physician was notified and the breathing treatments were changed.</p> <p>Medication Administration Record (MAR) and the PRN (as needed) medication flow sheet indicated the resident received Robitussin for cough on 9/20 (2 doses), 22, 23, 29, 30/2012, 10/2, 4, 6 (2 doses), 7 (2 doses), 10, 14, 15, and 17/2012.</p>		<p>B). Administrative Nursing has met with the contracted Respiratory Therapy company to ensure ongoing verbal communication of new or worsening conditions reported to the licensed nurse on duty at the time of observation. Additionally, a communication tool/system was developed to further ensure new or increased symptoms observed by therapists are communicated via written form to the nursing staff. Respiratory Therapy will complete the Respiratory Therapy Report Sheet (See Attachment C) daily and report off to the charge nurse on each unit prior to leaving duty. A Nurses Notes Review Form has been implmented as well (See Attachment D)4. The DON or designee will review nurses notes, 24 hour condition reports, and therapy communication daily on scheduled work days to ensure the physician is being notified of new or worsening signs/symptoms, as warranted. Should concern(s) be observed, re-education will be provided. Findings of the reviews and any corrective actions taken will be discussed during the facility's quarterly QA meetings for a minimum of 6 months and the plan will be adjusted accordingly, should concerns be noted.</p>		

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	<p>The MAR or the Nursing notes lacked any respiratory assessments for the doses of Robitussin given for cough between 9/24/12 and 10/6/12.</p> <p>Respiratory flow sheets were provided by LPN # 1 (contracted for respiratory therapy) for the resident, and the flow sheets indicated:</p> <p>9/25/12: 3 breathing treatments were given, lung sounds were course and diminished and the resident had a strong productive cough with yellow mucous.</p> <p>9/27/12: 2 breathing treatments were given, lung sounds were diminished and the resident had a strong non-productive cough.</p> <p>9/30/12: 1 breathing treatment was given, lung sounds were diminished and the resident had a strong cough with a large amount of yellow mucous.</p> <p>10/1/12: 1 breathing treatment was given, lung sounds were diminished.</p>			

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	<p>10/2/12: 1 breathing treatment was given, lung sounds were diminished and the resident had a strong cough with yellow thick mucous.</p> <p>10/3/12: 1 breathing treatment was given, lung sounds were diminished and the resident had a strong cough.</p> <p>10/5/12: 1 breathing treatment was given, lung sounds were diminished and the resident had a strong cough.</p> <p>10/6/12: 2 breathing treatment were given, lung sounds were diminished and the resident had a strong cough.</p> <p>There were no nursing notes or physician notification between 9/24/12 and 10/6/12 regarding the resident's continuing respiratory symptoms.</p> <p>A 10/8/12 physician progress note indicated the resident had bronchitis and a Z-pac was ordered.</p> <p>During an interview with LPN # 1 on 10/18/12 at 11:15 a.m., he indicated</p>			

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	<p>respiratory assessments and treatments were communicated to the nursing staff by verbal communication. He indicated he had given the resident breathing treatments as she needed them between 9/24-10/8/12. He indicated she had needed them so frequently that respiratory had requested they be changed to routine on 10/6/12. He indicated he was unsure if the resident's respiratory status was communicated to the nursing staff for follow-up. He indicated there should be a better system of communication between the nursing staff and the respiratory nurses (contracted).</p> <p>On 10/18/12 at 11:20 a.m., the Director of Nursing was informed of the above lack of communication between respiratory nurses and facility nurses and the lack of follow-up on the resident's condition. At this time during interview she indicated there was no formal communication tool between respiratory and nursing.</p> <p>This Federal tag relates to Complaint IN00117721 and IN00117892.</p>				

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	3.1-5(a)(3)			

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F0328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on record review and interview, the facility failed to ensure a resident exhibiting respiratory symptoms was assessed and additional treatment implemented timely for 1 of 5 residents reviewed for respiratory symptoms in the sample of 11. (Resident B)</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 10/17/12 at 9:53 a.m.</p> <p>Current diagnoses included, but were not limited to, depression, diabetes and bronchitis.</p> <p>Physician orders dated 9/23/12 indicated an order to obtain a chest</p>	F0328	<p>1. The nurses notes for Resident B indicated the physician was contacted on 9/23/12 due to the resident's cough and the physician ordered a CXR. The CXR was completed on 9/24/12 and the results were negative. The physician was contacted regarding the results and no new orders were received. The physician was again contacted by the facility on 9/25/12 because of the resident's respiratory symptoms and an Albuterol Nebulizer treatment was ordered every 4 hours as needed. An increase in congestion on 10/6/12 was noted by Respiratory Therapy. Nursing was made aware of the increase in congestion by Respiratory Therapy and the physician was contacted. Scheduled Albuterol Nebulizer treatments were ordered at that time. The resident was seen by the physician on 10/8/12 and Z-Pak was ordered for Bronchitis. Resident B currently</p>	11/07/2012

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	<p>x-ray as the resident requested for a productive cough. A 9/25/12 order indicated Albuteral nebulizer treatments were to be completed every 4 hours as needed for cough and shortness of breath. A 10/6/12 order indicated an order for the Albuteral nebulizer treatment to be twice daily routinely. A 10/8/12 order indicated an order for a Z-Pac (antibiotic).</p> <p>The nursing notes on the following dates indicated the resident had a cough or productive cough with yellow and green mucous:</p> <p>9/22, 23/2012: cough</p> <p>10/6, 7, 8, 9, 11, 12, 13, 14, and 15/2012: productive cough with yellow and green mucous.</p> <p>The nursing notes for 9/23/12 indicated the physician was notified of the resident's cough and an order for an x-ray was received. The x-ray was completed on 9/24/12 and was negative.</p>		<p>has no respiratory issues, the clinical record has been reviewed, and the physician was contacted as indicated. 2. As all other residents have the potential to be affected, the following corrective actions were taken. 24 hour reports were reviewed from the past 30 days to confirm physician notification of signs/symptoms indicative of change in resident condition.3. The facility's policies for Physician Notification (See Attachment A) and Nursing Documentation (See Attachment E) have been reviewed and no changes are indicated at this time. The nurses have been re-educated on physician? POA/other department notification and assessing (See Attachment B). Administrative Nursing has met with the contracted Respiratory Therapy company to ensure ongoing verbal communication of new or worsening conditions reported to the licensed nurse on duty at the time of observation. Additionally, a communication tool/system was developed to further ensure new or increased symptoms observed by therapists are communicated via written form to the nursing staff. Respiratory Therapy will complete the Respiratory Therapy Report Sheet (See Attachment C) daily and report off to the charge nurse on each unit prior to leaving duty. A Nurses Notes Review Form has been implemented as well</p>		

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	<p>A nursing note dated 10/6/12 indicated "Respiratory suggested scheduled breathing treatments ...due to increased congestion " The physician was notified and the breathing treatments were changed.</p> <p>There were no nursing notes between 9/24/12 and 10/6/12.</p> <p>A 10/8/12 physician progress note indicated the resident had bronchitis and a Z-pac was ordered.</p> <p>Medication Administration Record (MAR) and the PRN (as needed) medication flow sheet indicated the resident received Robitussin for cough on 9/20 (2 doses), 22, 23, 29, 30/2012, 10/2, 4, 6 (2 doses), 7 (2 doses), 10, 14, 15, and 17/2012.</p> <p>The MAR or the Nursing notes lacked any respiratory assessments for the doses of Robitussin given for cough between 9/24/12 and 10/6/12.</p> <p>Respiratory flow sheets were provided by LPN # 1 (contracted for respiratory therapy) for the resident,</p>		(See Attachment E)4. The DON or designee will review nurses notes, 24 hour condition reports, and therapy communication daily on scheduled work days to ensure the physician is being notified of new or worsening signs/symptoms, as warranted. Should concern(s) be observed, re-education will be provided. Findings of the reviews and any corrective actions taken will be discussed during the facility's quarterly QA meetings for a minimum of 6 months and the plan will be adjusted accordingly, should concerns be noted.		

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	<p>and the flow sheets indicated:</p> <p>9/25/12: 3 breathing treatments were given, lung sounds were course and diminished and the resident had a strong productive cough with yellow mucous.</p> <p>9/27/12: 2 breathing treatments were given, lung sounds were diminished and the resident had a strong non-productive cough.</p> <p>9/30/12: 1 breathing treatment was given, lung sounds were diminished and the resident had a strong cough with a large amount of yellow mucous.</p> <p>10/1/12: 1 breathing treatment was given, lung sounds were diminished.</p> <p>10/2/12: 1 breathing treatment was given, lung sounds were diminished and the resident had a strong cough with yellow thick mucous.</p> <p>10/3/12: 1 breathing treatment was given, lung sounds were diminished and the resident had a strong cough.</p>						

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	<p>10/5/12: 1 breathing treatment was given, lung sounds were diminished and the resident had a strong cough.</p> <p>10/6/12: 2 breathing treatment were given, lung sounds were diminished and the resident had a strong cough.</p> <p>During an interview with LPN # 1 on 10/18/12 at 11:15 a.m., he indicated respiratory assessments and treatments were communicated to the nursing staff by verbal communication. He indicated he had given the resident breathing treatments as she needed them between 9/24-10/8/12. He indicated she had needed them so frequently that respiratory had requested they be changed to routine on 10/6/12. He indicated he was unsure if the resident's respiratory status was communicated to the nursing staff for follow-up. He indicated there should be a better system of communication between the nursing staff and the respiratory nurses (contracted).</p> <p>On 10/18/12 at 11:20 a.m., the</p>			

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	<p>Director of Nursing was informed of the above lack of communication between respiratory nurses and facility nurses and the lack of follow-up on the resident's condition. At this time during interview she indicated there was no formal communication tool between respiratory and nursing.</p> <p>This Federal tag relates to Complaint IN00117721 and IN00117892.</p> <p>3.1-47(a)(6)</p>			

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NAME OF PROVIDER OR SUPPLIER MEADOW BROOK REHABILITATION CENTRE & SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 1821 LINDBERG RD ANDERSON, IN 46012
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(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
F0465 SS=C	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure resident rooms (rooms 205, 212, 206, 207, 111, 307, 310), 1 of 4 shower rooms, and common areas were clean and in good repair. This deficient practice had the potential to affect 70 of 70 residents residing in the facility.</p> <p>Findings Include:</p> <p>During the initial tour on 10/16/12 at 6:10 p.m., the following was observed:</p> <p>The shower room on the 200 hall had two curtains in disrepair, torn and hanging off the hooks.</p> <p>Room 205: the vent over the bed was coated with dust</p> <p>Room 212: the vent in the ceiling was coated with dust.</p> <p>Room 206: there were two gnats on</p>	F0465	<p>1. The shower curtains on the 200 hall have been replaced. The vents in rooms 205 and 212 have been cleaned. Room 206 - the exterminator has treated the room for gnats (See Attachment F), the litter box has been cleaned, the litter on the floor in the bathroom has been picked up, and the cage and the vent have been cleaned. In room 207 the floor has been cleaned and debris including the pads, brief, t-shirt and seizure pad have been picked up. Room 111 the bath basins have been removed and the splatters on the wheelchair have been cleaned. The soiling at the toilet in 100 hall shower has been cleaned. The caulking around the sink in room 307 has been replaced. The covers for the over the bed lights in room 310 have been replaced, the debris on the carpet entering 600 hall has been picked up. 2. As all residents have the potential to be affected, the following corrective actions have been taken. The administrator has made facility-wide rounds to identify any areas in need of cleaning and/or repair. All areas identified have been communicated to the housekeeping and maintenance departments and scheduled for</p>	11/07/2012

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	<p>the cat food in the bathroom, the liter box smelled, and there was liter on the floor in the bathroom. The small cage in the bathroom was dirty. The ceiling vent in the room was dusty.</p> <p>Room 207: the black soft floor was soiled and had debris throughout. There were two dirty pads, a brief, blue t- shirt, and a seizure pad on the floor in the bathroom.</p> <p>Room 111: There were 4 uncovered bath basins in the bathroom on the toilet and there were splatters on the left wheel of the wheelchair.</p> <p>The 100 hall shower room had dark soiling around the base of the toilet and behind the toilet on the floor.</p> <p>Room 307: The caulking around the sink in the bathroom was cracked and stained.</p> <p>Room 310: the covers for the over the bed lights were on the floor in the room.</p> <p>There was debris on the carpet</p>		<p>cleaning and/or repair. 3. Staff have been re-educated regarding complete and thorough room cleaning (See Attachment G). Cleaning schedules for routine, project and thorough room cleaning have been reviewed and updated as necessary to ensure the frequency of cleaning is sufficient and all areas are addressed (See Attachment H). 4. The housekeeping supervisor will make weekly facility-wide rounds and daily rounds of special project areas (See Attachment I). The maintenance department will make monthly facility-wide rounds and daily rounds of special project areas(See Attachment J) to identify areas in need of repair. The administrator or designee will make daily rounds to spot check random areas and twice-monthly facility-wide rounds (See Attachment K), including one conducted after-hours (See Attachment L), to ensure a clean and sanitary environment and that areas are in good repair. Should concern(s) be observed, re-education will be provided. The results of these monitoring rounds will be reported to the Quality Assurance & Assessment Committee quarterly for a minimum of 6 months and the plan adjusted accordingly, if warranted.</p>		

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	<p>entering the 600 hall.</p> <p>During an interview with the Administrator on 10/18/12 at 10 a.m., he indicated the environment was in need of some improvement and he had been working on this.</p> <p>This Federal tag relates to Complaint IN00117892.</p> <p>3.1-19(f)</p>			