

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 09/07/2012
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NAME OF PROVIDER OR SUPPLIER  HEARTH AT STONES CROSSING LLC THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2339 S SR 135 GREENWOOD, IN 46143
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R0000	<p>This visit was for the Investigation of Complaint IN00115620.</p> <p>Complaint IN00115620 - Substantiated. A state residential deficiency related to the allegations is cited at R0036.</p> <p>Survey dates: September 6 and 7, 2012</p> <p>Facility number: 005722 Provider number: 005722 AIM number: N/A</p> <p>Survey team: Marcy Smith RN TC Dinah Jones RN (September 7, 2012)</p> <p>Census bed type: Residential: 117 Total: 117</p> <p>Census payor type: Other: 117 Total: 117</p> <p>Sample: 3</p> <p>This state residential finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 9/11/12 by Jennie Bartelt, RN.</p>	R0000		

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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R0036	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to notify a resident's family member/legal representative of significant changes requiring hospitalization for 1 of 3 residents reviewed for notification of significant changes in a sample of 3. (Resident #A)</p> <p>Findings include:</p> <p>The clinical record of Resident #A was reviewed on 9/6/12 at 12:30 p.m.</p> <p>Diagnoses for Resident #A included, but were not limited to, deep vein thrombosis, chronic obstructive pulmonary disease and coronary artery disease.</p> <p>A "Face Sheet/Emergency Contact" form in Resident #A's record indicated emergency contacts for the resident were a court ordered guardian (first contact) and her [name of family member. (second</p>	R0036	<p>A memo was placed on this resident's chart to ensure that all nursing staff would notify the legal guardian and son of any significant changes, hospitalizations, falls and accidents/incidents on 07/27/12. All nursing staff were inserviced on 09/08/12 and 09/24/12 regarding appropriate notifications. Examples of notifications include, but are not limited to, hospitalizations, significant changes, accident/incident, or any other notification requirements listed in the regulations for the Indiana State Department of Health. A sample chart audit of nursing notes on residents who have had an event such as hospitalization, significant change, accident/injury notifications will be done quarterly and results will be reviewed at the quarterly QA meeting. The QA committee will establish the threshold of compliance and will make recommendations accordingly for continued audits</p>	09/27/2012			

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	<p>contact)</p> <p>An admission form, dated 7/11/11, indicated Resident #A wanted [name of family member] to be notified of any significant changes.</p> <p>Nurses' notes indicated Resident #A was sent to the hospital for evaluation and treatment on 5/21/12, when she was admitted for pneumonia, on 7/25/12, when she was admitted for a deep vein blood clot, and on 8/15/12, when she was admitted to the intensive care unit for a pulmonary embolus. (blood clot)</p> <p>There is no documentation to indicate the facility notified the resident's family member or guardian of the hospitalizations on 5/21/12 and 7/25/12. Nurses' notes for 8/15/12 indicated "[name of family member] not available (no service) and "name of person" (not guardian's name) was notified at the guardian's office.</p> <p>During an interview with the resident's court appointed guardian on 9/7/12 at 10:10 a.m., she indicated she had not been notified of Resident A's hospitalizations on 5/21/12, 7/25/12 and 8/15/12.</p> <p>During an interview with the Resident #A's family member on 8/29/12 at 12:25</p>		of compliant notification/documentation.				

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	<p>p.m., he/she indicated he/she had not been notified of the resident's hospitalizations on 5/21/12, 7/25/12 and 8/15/12.</p> <p>During an interview with the Director of Nursing (DON) on 9/7/12 at 10:00 a.m., she indicated she was not able to find any documentation regarding notification of Resident #A's guardian and family member about her hospitalizations on 5/21/12 and 7/25/12.</p> <p>A facility policy titled "Responsible Party Notification," received from the DON on 9/7/12 at 10:25 a.m. indicated, "1. In the event that there is a change in condition, a resident is sent to the hospital, has a fall or injury, the first contact on the face sheet will be notified along with the physician...5. In extreme circumstances, if there is no answer and immediate attention is required, the second contact on the face sheet will be called."</p> <p>This state residential tag is related to Complaint IN00115620.</p>						