

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155649		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/20/2016	
NAME OF PROVIDER OR SUPPLIER MCCORMICK'S CREEK REHABILITATION & SKILLED NURSING				STREET ADDRESS, CITY, STATE, ZIP CODE 210 STATE HWY 43 SPENCER, IN 47460			
(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
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: December 12, 13,14,15,16, 19, and 20, 2016</p> <p>Facility number: 010478 Provider number: 155649 AIM number: 200197620</p> <p>Census bed type: SNF/NF: 67 Total: 67</p> <p>Census payor type: Medicare: 6 Medicaid: 48 Other: 13 Total: 67</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Q.R. completed by 14466 on December 27, 2016.</p>			F 0000	<p>Preparation and/or execution of this plan of correction doe not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and or executed solely because it is required by the provisions of federal and state law.</p> <p>We are requesting paper compliance.</p>		

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 0156 SS=A Bldg. 00	<p>483.10(d)(3)(g)(1)(4)(5)(13)(16)-(18) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>(d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care.</p> <p>§483.10(g) Information and Communication. (1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility.</p> <p>(g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including:</p> <p>(i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes -</p> <p>(A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section;</p> <p>(B) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an</p>						

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	<p>assessment of resources under section 1924(c) of the Social Security Act.</p> <p>(C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and</p> <p>(D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.</p> <p>(ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.) [§483.10(g)(4)(ii) will be implemented beginning November 28, 2017 (Phase 2)]</p>						

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	<p>(iii) Information regarding Medicare and Medicaid eligibility and coverage; [§483.10(g)(4)(iii) will be implemented beginning November 28, 2017 (Phase 2)]</p> <p>(iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans Act); or other No Wrong Door Program; [§483.10(g)(4)(iv) will be implemented beginning November 28, 2017 (Phase 2)]</p> <p>(v) Contact information for the Medicaid Fraud Control Unit; and [§483.10(g)(4)(v) will be implemented beginning November 28, 2017 (Phase 2)]</p> <p>(vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.</p> <p>(g)(5) The facility must post, in a form and manner accessible and understandable to residents, resident representatives:</p> <p>(i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care</p>						

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	<p>Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit; and</p> <p>(ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advanced directives requirements (42 CFR part 489 subpart I) and requests for information regarding returning to the community.</p> <p>(g)(13) The facility must display in the facility written information, and provide to residents and applicants for admission, oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>(g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay.</p> <p>(i) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility.</p> <p>(ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and obligations, if any.</p> <p>(iii) Receipt of such information, and any</p>						

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	<p>amendments to it, must be acknowledged in writing;</p> <p>(g)(17) The facility must--</p> <p>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in paragraphs (g)(17)(i)(A) and (B) of this section.</p> <p>(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility</p>						

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	<p>offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>Based on interview and record review, the facility failed to ensure a resident or resident responsible party was provided 48 hours notice for non-coverage of skilled services for 1 of 3 residents reviewed for advance beneficiary Notice of Medicare non-coverage (Resident #57).</p> <p>Findings include:</p> <p>On 12/19/16 at 2:00 P.M., the Business Office Manager (BOM) provided a copy of the Notice of Medicare Non-Coverage document relative to Resident #57, which</p>	F 0156	<p>Resident involved was not negatively affected by this practice. Business Office Manger was trained to ensure the policy on ABN letters will be signed. The Business Office Manager will bring ABN letters to Medicare meeting weekly for 3 months, then monthly for three months, then quarterly for 3 months the DON or Administrator will ensure the accuracy of this process. The Quality Assurance team will review for any systematic changes. The systematic changes will be completed by January 5, 2017.</p>	01/05/2017			

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	<p>indicated the effective date coverage of current skilled nursing facility services was 10/20/16. There was no resident signature or resident representative signature on this document. There was a hand written note on the document beneath the signature designation indicating on 10/21/16 at 4:20 P.M., the resident's Power of Attorney (POA) was called, and a message was left advising of the end of coverage date. There was no indication the message was acknowledged by the resident's POA.</p> <p>During an interview on 12/19/16 at 2:30 P.M., the BOM indicated she left a telephone message for the resident's POA on 10/21/16 at 4:20 P.M., regarding the Notice of Medicare Non-Coverage. This was the only communication with the POA. The BOM indicated the POA was frequently in the building, however a signature had not been obtained, and there was no documentation indicating notification was made of the Notice of Medicare Non-Coverage. The BOM indicated she is not certain of why the signature was not obtained and agreed it needed to be obtained in order to verify timely notification of medicare non-coverage was made.</p> <p>3.1-4(a)</p>						

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F 0465 SS=D Bldg. 00	<p>483.90(h)(5) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON (h) Other Environmental Conditions</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>(h)(5) Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents.</p> <p>Based on observation and interview, the facility failed to ensure a resident's wheelchair was free from disrepair for 1 of 35 residents reviewed for condition of ambulation/mobility equipment. (Resident #121)</p> <p>Findings included:</p> <p>On 12/19/16 at 10:52 a.m., Resident #121 was observed sitting in a wheelchair with multiple rips in the pommel (a vinyl covered pad used to prevent a resident from sliding out of a wheelchair) revealing white fabric underneath and a rip was observed on the back of the seat.</p> <p>On 12/20/16 at 1:47 p.m., Resident</p>		F 0465	<p>Resident 121 w/c cushion was repaired immediately and not negatively affected. See attachment B Work order. All other residents w/c cushions were assessed and were in proper working condition see (attachment A). The DON or designee will audit 5 random w/cs weekly x 4 weeks, then 5 monthly x 2 months, the 5 quarterly. Results of the audits will be reviewed in our QA process with a subsequent plan to be developed as necessary. The systematic changes will be completed by January 5, 2017.</p>		01/05/2017	

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	<p>#121's wheelchair was observed with multiple rips in the pommel and a rip on the back of the seat.</p> <p>On 12/20/16 at 2:20 p.m., the Rehabilitation Director indicated the Rehabilitation staff addressed wheelchair issues when they are brought to their attention, and if the issue was something they could not remedy, the Maintenance Director would inspect the wheelchair and make necessary repairs. The Rehabilitation Director indicated nothing in regard to the wheelchair of Resident #121 was brought to her attention.</p> <p>On 12/20/16 at 2:40 p.m., the Maintenance Director inspected the wheelchair of Resident #121 and indicated the wheelchair seat pommel and the tear on the back of the seat fabric were in need of repair and would be taken care of.</p> <p>3.1-19(f)(5)</p>						