| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155702 | A. BUILDING 00<br>B. WING | 03/10/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| APERION CARE PERU | 1850 WEST MATADOR ST<br>PERU, IN 46970 |

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| F 0000<br><br>Bldg. 00 | This visit was for the Investigation of Complaint IN00223257.<br><br>Complaint IN00223257 - Substantiated. Federal/State deficiencies related to the allegations are cited at F206.<br><br>Survey dates: March 9 and 10, 2017<br><br>Facility number: 003130<br>Provider number: 155702<br>AIM number: 200386750<br><br>Census bed type:<br>SNF/NF: 64<br>Total: 64<br><br>Census payor type:<br>Medicare: 8<br>Medicaid: 52<br>Other: 4<br>Total: 64<br><br>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.<br><br>Quality Review completed on March 14, 2017. | F 0000 | This plan of correction is the Center's credible allegation of compliance.<br>Preparation and/or execution of this plan of correction does 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. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| F 0206<br>SS=D<br>Bldg. 00 | 483.15(e)(1)(2)<br>POLICY TO PERMIT READMISSION BEYOND BED-HOLD<br>(e)(1) Permitting residents to return to facility.<br><br>A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.<br><br>(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-<br><br>(A) Requires the services provided by the facility; and<br><br>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.<br><br>(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.<br><br>(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given | | | |

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| | the option to return to that location upon the first availability of a bed there.<br>Based on interview and record review, the facility failed to ensure 1 of 3 residents reviewed for admission and transfer processes were readmitted to the facility after a hospitalization. (Resident E)<br><br>Finding includes:<br><br>On 3/9/17 at 11:00 A.M., a review of the clinical record for Resident E was conducted. The resident's diagnoses included, but were not limited to; myocardial infarction, multiple sclerosis, anxiety, dysphagia, schizoaffective disorder, bipolar, and cardiomegaly.<br><br>The Quarterly Minimum Data Set (MDS) Assessment, dated 11/21/16, indicated the resident's Brief Interview Mental Status (BIMS) score was 15, normal cognition.<br><br>A Progress Note, dated 1/23/17 at 9:24 A.M., indicated Resident E had abdominal distention, bilateral lower extremity edema and difficulty breathing. The facility received a physician's order to transfer the resident to a local hospital. Another Progress Note, dated 1/26/17 at 8:40 P.M., indicated the resident returned to the facility. | F 0206 | Immediate action taken for those residents identified:<br>Resident E was discharged from hospital to another facility.<br>How the facility identified other residents:<br>An audit of all discharges and readmission in the last 30 days was completed. No other resident were identified.<br>Measures put into place/System changes:<br>Director of Nursing, Executive Director, Social Services and Admissions Director will be educated regarding the Bed Hold/Policy<br>How the corrective actions will be monitored:<br>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved.<br>The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. | 04/04/2017 |

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| | A Progress Note, dated 2/7/17 at 4:23 P.M., indicated the resident was transferred to a NeruoPsychiatric Hospital. A Progress Note, dated 2/20/17 at 12:58 P.M., stated the resident returned to the facility.<br><br>A Progress Note, dated 2/20/17 at 3:18 P.M., indicated the resident had an appointment scheduled with a gastrointestinal (GI) physician on 2/21/17 at 10:15 P.M.<br><br>A hospital History and Physical, dated 2/22/17, indicated the resident was transferred to a "bigger hospital" where there was a psychiatrist.<br><br>During an interview, on 3/9/17 at 6:38 P.M., Resident E's family member indicated the resident was denied readmission to the facility, on 3/6/17, after his recent hospital admission, and the resident was in route to the facility when hospital's Social Worker was contacted and told of the resident's denial. The family member indicated the facility had been contacted on Friday of the residents return. The family member was unaware of any complications with his readmission, since he had other admissions and returns to the facility in January and February of this year. | | | |

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| | During an interview, on 3/10/17 at 10:15 P.M., the Director of Nursing (DON) indicated the resident returned to the facility on 2/20/17 from the Psychiatric Hospital. When he returned to the facility he was NPO (nothing by mouth) and needed a G-tube placement. The DON explained the resident left the facility on 2/21/17 was sent directly from the GI physician's office to the hospital and never returned to the facility. She was not aware of a bed-hold policy.<br><br>During an interview, on 3/10/17 at 10:25 A.M., the Administrator indicated Resident E had been denied admission to the facility, after his most recent hospitalization. She indicated the family did not want the Medical Director to oversee the resident's care at the facility and the family had not obtained another physician for the resident. The Administrator indicated the facility had no discharge, readmission or bed-hold policy.<br><br>3.1-12(a)(27)(A)<br>3.1-12(a)(27)(B) | | | |

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