

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/09/2023
NAME OF PROVIDER OR SUPPLIER WORTHINGTON PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 10799 ALLIANCE DR, CAMBY, , 46113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00402472. Complaint IN00402472 - State deficiencies related to the allegations are cited at R0054. Survey dates: May 8 and 9, 2023 Facility number: 003984 Residential Census: 26 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed May 15, 2023.	R 0000		
R 0054	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(x) (x) Residents have the right to confidentiality of all personal and clinical records. Information from	R 0054	Date of Survey – 5/9/2023 1. 1.What corrective action(s) will be	06/01/2023

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these sources shall not be released without the resident ' s consent, except when the resident is transferred to another health facility, when required by law, or under a third party payment contract. The resident ' s records shall be made immediately available to the resident for inspection, and the resident may receive a copy within five (5) working days, at the resident ' s expense.

Based on record review and interview, the facility failed to provide requested clinical records for a resident within 5 business days for 1 of 7 clinical record reviews. (Resident B)

Finding includes:

On 5/8/23 at 9:45 a.m., the clinical record of Resident B was reviewed. The diagnoses included, but was not limited, to gastroesophageal reflux disease.

A progress note, dated 7/7/22 at 4:45 p.m., indicated Resident B complained of chest pain. Resident B was sent to the emergency room.

A progress note, dated 7/7/22 at 5:05 p.m., indicated emergency personnel arrived and transported Resident B to the emergency room.

An authorization for release of clinical records, dated 7/19/22,

accomplished for these residents found to have been affected by the deficient practice;

Resident B records were released to POA on 5/25/2023.

2. 2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;

On 5/25/2023, Executive Director (ED) reviewed all current and discharged resident's records for any requests for clinical records from 7/25/2022 to 5/25/2023. No additional findings from this audit.

3. 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

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was signed and dated by Resident B's Power of Attorney (POA). The form indicated the release of all medical records.

On 5/9/23 at 1:33 p.m., the Director of Nursing provided an undated copy of a timeline and corresponding emails regarding the request for Resident B's clinical records. A review of the timeline indicated the following:

- On 7/14/22, Resident B's POA requested a copy of Resident B's clinical record.

- On 7/14/22, the Administrator reached out to the corporate legal department. The regional legal department instructed the Administrator to get an authorization signature for Resident B's clinical record to be submitted to the legal department.

- On 7/19/22, Resident B's POA signed an authorization for the release of all Resident B's medical records to herself.

- On 7/25/22, Resident B's clinical record was sent to the facility's Regional Legal Department.

- On 10/13/22, the Regional Legal Department reached out to the Administrator via email. The email indicated not all information requested had been received from the facility.

ED and Care Services Manager (CSM) were re-educated on the ISDH state regulation: 410 IAC 16.2-5-1. by the Regional Director of Care Services (RDSCS) on 5/25/2023.

4. How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

1. ED or designee will audit clinical records weekly for four weeks, biweekly for four weeks, then monthly for one month to ensure ISDH state regulation 410 IAC 16.2-5-1 is met. Results of audits will be reviewed at monthly QI meeting x 3 months. The QI Committee will determine if continued audits are necessary based on 3 consecutive months of compliance. Monitoring will be on-going.

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- On 12/15/22, all clinical records were uploaded and resubmitted to the Regional Legal Department again.

During an interview on 5/9/23 at 11:33 a.m., the Director of Nursing indicated she had just (5/9/23 at 11:15 a.m.) contacted the legal corporate department and spoke with the person responsible for Resident B's medical record distribution. The person responsible for the records indicated "personal problems" and would ensure the record is received by the POA by "Thursday of this week."

During an interview on 5/9/23 at 11:45 a.m., the Director of Nursing was not sure how long the facility had to provide the requested information.

A policy regarding providing resident's medical records was not available.

This State tag relates to Complaint IN00402472.

Based on record review and interview, the facility failed to provide requested clinical records for a resident within 5 business days for 1 of 7 clinical record reviews. (Resident B)

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2. 5.Date of Completion;

06/01/2023

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FORM APPROVED

OMB NO. 0938-0391

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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