

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

PRINTED: 03/23/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G745		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/07/2018	
NAME OF PROVIDER OR SUPPLIER RES CARE SOUTHEAST INDIANA				STREET ADDRESS, CITY, STATE, ZIP COD 16611 SIMA GRAY RD HENRYVILLE, IN 47126			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
W 0000 Bldg. 00	<p>This visit was for a full annual recertification and state licensure survey.</p> <p>Dates of Survey: 3/5/18, 3/6/18 and 3/7/18.</p> <p>Facility Number: 0011663 Provider Number: 15G745 AIMS Number: 200902020</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/19/18.</p>			W 0000			
W 0323 Bldg. 00	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2), the facility failed to ensure client #2 received a hearing and vision screening on an annual basis.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/6/18 at 1:00 PM. Client #2 did not have an annual hearing screening. Client #2 did not have an annual vision screening.</p> <p>Program Manager (PM) #1 was interviewed on 3/6/18 at 2:00 PM. PM #1 indicated client #2 should have a hearing and vision screening on an annual basis, or as recommended by the physician. PM #1 indicated client #2 had</p>			W 0323	<p>W323: The facility must provide or obtain annual physician examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Corrective Action: (Specific): The nurse will be re-trained on ensuring that all clients preventative and general medical care is completed as ordered or indicated. Client #2 will be scheduled for his annual hearing examination.</p> <p>How others will be identified: (Systemic): All clients' medical</p>		03/31/2018

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>appointments scheduled to have the hearing and vision screenings completed but has not been yet.</p> <p>9-3-6(a)</p>		<p>records will be reviewed by the nurse and the nurse manager to ensure that all preventative and general medical care have been completed. The nurse will be at the home at least weekly to review all client medical records and ensure that all clients have received preventative and general medical care. The nurse manager will review all client medical records at least weekly for the next 30 days then at least monthly thereafter to ensure that all clients have received preventative and general medical care.</p> <p>Measures to be put in place: The nurse will be re-trained on ensuring that all clients preventative and general medical care is completed as ordered or indicated. Client #2 will be scheduled for his annual hearing examination.</p> <p>Monitoring of Corrective Action: All clients' medical records will be reviewed by the nurse and the nurse manager to ensure that all preventative and general medical care have been completed. The nurse will be at the home at least weekly to review all client medical records and ensure that all clients have received preventative and general medical care. The nurse manager will review all client medical records at least weekly for the next 30 days then at least</p>		

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					monthly thereafter to ensure that all clients have received preventative and general medical care. Completion date: 03.31.18		