

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

PRINTED: 09/28/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155240		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/31/2017	
NAME OF PROVIDER OR SUPPLIER  LYONS HEALTH AND LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2417 S COUNTY ROAD 800 W LYONS, IN 47443			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00237524.</p> <p>Complaint IN00237524 - Substantiated. Federal/State deficiencies related to the allegations are cited at F166.</p> <p>Survey date: August 31, 2017</p> <p>Facility number: 000144 Provider number: 155240 AIM number: 100266760</p> <p>Census Bed Type: SNF/NF: 45 Total: 45</p> <p>Census Payor Type: Medicare: 08 Medicaid: 27 Other: 10 Total: 45</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on September 06, 2017.</p>		F 0000				

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 0166 SS=D Bldg. 00	<p>483.10(j)(2)-(4) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding</p>						

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	<p>his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p> <p>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;</p> <p>(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;</p> <p>(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding</p>						

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	<p>the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>Based on interview and record review, the facility failed to follow up on a grievance of a dental denture repair bill occurring August 26, 2016 for 1 of 1 resident reviewed for grievances. (Resident B).</p> <p>Findings include:</p> <p>On 8/31/2017 at 2:37 p.m., interview with the Business Office Manager, indicated in 2016 there was an incident where a resident's dentures were laundered by mistake. The facility was at fault, the dentures were repaired, and a bill from the dentist, dated 8/26/2017, was sent to their corporation for a check</p>	F 0166	<p>September 12, 2017</p> <p>Matthew Foster, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Allegation of Compliance</p> <p>Dear Mr. Foster:</p> <p>Please find enclosed the Plan of Correction to the Complaint Survey conducted on August 31, 2017. This letter is to inform you that the plan of correction attached is to serve as Lyons Health and Living Center's</p>	09/07/2017			

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	<p>to be mailed to the dentist, to which the dentist was informed..</p> <p>On 8/31/2017 at 2:00 p.m., the Administrator indicated she was aware of an incident where a resident's dentures were put through the laundry and needed to be repaired. The Administrator indicated it was before she started here.</p> <p>On 8/31/2017 at 2:55 p.m., a copy of the document for resident B's denture repair in the amount of \$75.00 was noted in resident B's chart dated 9/21/2016, which indicated it was sent to the corporation on that date.</p> <p>As of 08/09/2017, the dentist bill had not been paid per resident B's spouse. Review of the resident's chart by the Business Office Manager. The office manager indicated the denture repair bill had not been paid. At that time the facility's corporate office was called. The corporate office indicated they had not received the denture repair bill.</p> <p>Continued interview, with the Business Office Manager, indicated they did not follow up to make sure the dental bill was received and paid.</p> <p>On 8/31/2017 1:00 p.m., the Administrator provided the facility's</p>				<p>credible allegation of compliance. We allege compliance on September 30, 2017. We are requesting a desk review for this plan of correction.</p> <p>If you have any further questions, please do not hesitate to contact me at (812) 659-1440</p> <p>Sincerely,</p> <p>Tyler Brooke Motsinger-Gilbert H.F.A. Administrator Lyons Health and Living Center</p> <p>The plan of correction is to serve as Lyons Health and Living Center's allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Lyons Health and Living Center or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>		

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	<p>current policy "Resident Rights". Review of the Resident Rights policy was not dated. Review of the policy indicated under grievances "... assure that after receiving a complaint/grievance, the facility seeks a resolution and keeps the resident appropriately apprised of its progress toward resolution ..."</p> <p>This Federal tag relates to Complaint IN00237524.</p> <p>3.1-7(a)(2)</p>				<p><b>F 166 RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</b></p> <p><b>I. The corrective action to be accomplished for the resident found to have been affected by the deficient practice.</b></p> <p>Resident B's dental bill for repairs was paid per Lyons Health and Living Center on August 31, 2017 in the amount of \$75.00 to Dr. Ellis, DDS. Dr. Ellis, DDS reimbursed family the cost of repairs of \$75.00 on August 31, 2017.</p> <p><b>II. The facility will identify other residents that may potentially be affected by the practice.</b></p> <p>All grievances have been reviewed at Lyons Health and Living Center, and no further residents have been affected.</p>		

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				<p><b>III. The facility will put into place the following systematic changes to ensure that the practice does not recur.</b></p> <p>The systemic change includes the facility will initiate that all concerns and grievances will be reviewed every morning during daily morning meeting per Social Services or designee to ensure concerns are being followed up on and are resolved in a timely manner. All staff have been educated on the grievance policy.</p> <p><b>IV. The facility will monitor the corrective action by implementing the following measures.</b></p> <p>The Social Services, or designee, will oversee the grievance process which will include: receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances or concerns.</p>			

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				<p>The Social Services, or designee, will audit the grievance log for compliance daily for 4 weeks, then weekly for 4 weeks, then monthly for 10 months for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p><b>V. Plan of Correction completion date.</b></p> <p>Date of Compliance 09/30/2017</p> <p>The Administrator will be responsible for ensuring the</p>			



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					facility is in compliance by date of compliance listed.		