

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

PRINTED: 01/17/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155668		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/21/2022	
NAME OF PROVIDER OR SUPPLIER  DIVERSICARE OF PROVIDENCE				STREET ADDRESS, CITY, STATE, ZIP COD 4915 CHARLESTOWN RD NEW ALBANY, IN 47150			
(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 the Investigation of Complaints IN00392244, IN00395550, IN00395587, IN00395974, IN00396407 and IN00397149.</p> <p>Complaint IN00392244 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Complaint IN00395550 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Complaint IN00395587 - Substantiated. Federal/State deficiency related to the allegations is cited at F580.</p> <p>Complaint IN00395974 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00396407 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00397149 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: December 19, 20 and 21, 2022</p> <p>Facility number: 001144 Provider number: 155668 AIM number: 200256980</p> <p>Census Bed Type: SNF/NF: 61 SNF: 63 Residential: 4 Total: 128</p> <p>Census Payor Type: Medicare: 29</p>			F 0000	<p><u>Allegation of Compliance</u></p> <p>Please accept the following plan of correction for the complaint survey completed on December 21, 2022</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws. This facility appreciated the time and dedication of the Surveyor; the facility will accept the survey as a tool for our facility to use in continuing to better the quality of care provided to the residents in our community.</p> <p>We respectfully request consideration for a desk review and paper compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jesse Ray 01/09/2023

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 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 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 0580 SS=D Bldg. 00	<p>Medicaid: 56 Other: 39 Total: 124</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 29, 2022.</p> <p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Delirium/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if</p>						

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	<p>any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on interview and record review, the facility failed to notify a resident's family member prior to a hospital transfer for 1 of 3 residents reviewed for notification of change. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 12/19/22 at 12:49 p.m. The diagnoses included, but were not limited to, atrial fibrillation, congestive heart failure and cirrhosis of the liver.</p> <p>The progress note, dated 11/7/22 at 5:47 a.m., indicated staff entered the resident's room at 6:00 a.m. The resident was difficult to arouse, opened her eyes with no verbal response and unable to follow commands. She had a twitching motion with her head, eyes opened and no pupil reaction with assessment. The nurse practitioner and unit</p>			F 0580	<p>1. Resident B no longer resides at the center.</p> <p>2. All Residents have the potential to be affected by the alleged deficient practice. Beginning on 12/22/2022, the Social Services Director reviewed the contact information for our current patients and residents to validate that designated representatives were listed and accurate in their medical record.</p> <p>3. On 12/21/2022, the Administrator provided education to admissions to ensure understanding of the importance of inputting the contact information into the medical record prior to admission. The Director of</p>		12/22/2022

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	<p>manager was notified. There was no family listed to notify.</p> <p>The progress note, dated 11/7/22 at 5:54 a.m., indicated the resident report was called to the emergency room nurse and informed the resident was a full code and her own power of attorney with no next of kin listed.</p> <p>Review of the hospital face sheet, faxed to the facility and uploaded to the facilities system on 11/1/22, listed two emergency contacts for Resident D. Both family members and their telephone numbers were listed on the hospital face sheet. This sheet was sent to the facility prior to the resident's admission.</p> <p>During an interview on 12/20/22 at 12:15 p.m., the Director of Nursing indicated it was the responsibility of admissions to ensure all contact information was on the resident face sheets.</p> <p>The resident's contact information was accessible in the resident's clinical record on 11/1/22 prior to the 11/7/22 transfer.</p> <p>During an interview on 12/20/21 at 12:21 p.m., Admission Coordinator reviewed the record of Resident D and indicated the spouse and daughter were entered on the resident's face sheet on 11/7/22 after the resident was sent to the hospital. Prior to an admission, she attaches a copy of the hospital face sheet and uploads it in the system under documents. She had not been informed that Resident D had no contacts listed. Any staff member can look up the hospital face sheet for contacts if there are none listed.</p> <p>On 12/20/22 at 2:18 p.m., the Director of Nursing provided a current copy of the document titled</p>				<p>Nursing Services (DNS) and Care Coordination Team will review the medical record of new admissions during daily clinical review to validate that contact information was updated. Corrections will be made immediately as applicable.</p> <p>4. The Health Information Management Coordinator (HIMC) and/or Director of Nursing Services will audit the medical records of patients/residents to validate that the contact information for each admission is updated and accurate M-F for no less than (3) three months, any areas of opportunity will be corrected and reported to the administrator immediately. These audits will be in addition to the post-admit medical records audits that are completed routinely. Findings will be submitted to the monthly QAPI Committee for review and further recommendations for a minimum of 3 months and until audit compliance is maintained at 95% then on-going per routine QAPI reviews.</p>		

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	<p>"Notification of Change in Patient/Resident Health Status" dated June 2017. It included, but was not limited to, "Purpose...To ensure all interested parties are informed of the...resident's change in health status so that a treatment plan can be developed which is in the best interest of the...resident...Process...The center will...notify the patient representative when there is...a significant change in the resident's physical, mental...status...A decision to transfer...the resident from the center. Notification will be immediate...."</p> <p>This Federal tag relates to Complaint IN00395587</p> <p>3.1-5(a)(2)(4)</p>						