

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

PRINTED: 06/09/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155378		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/23/2023	
NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE AT PARKWOOD				STREET ADDRESS, CITY, STATE, ZIP COD 1001 N GRANT ST LEBANON, IN 46052			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 IN00406500 and IN00408770.</p> <p>Complaint IN00406500 - Federal/state deficiencies related to the allegations are cited at F842.</p> <p>Complaint IN00408770 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: May 22 and 23, 2023</p> <p>Facility number: 000468 Provider number: 155378 AIM number: 100290270</p> <p>Census Bed Type: SNF/NF: 65 Total: 65</p> <p>Census Payor Type: Medicare: 3 Medicaid: 52 Other: 10 Total: 65</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed May 26, 2023.</p>			F 0000	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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.</i></p>		
F 0842 SS=D Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public.</p>						

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

TITLE

(X6) DATE

Jennifer Hurt

Administrator

06/05/2023

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>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard</p>						

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	<p>medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on record review and interview, the facility failed to maintain accurate medical records for 3 of 5 residents reviewed for accurate documentation in the medical record. (Residents B, C and D)</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 05/23/23 at 10:10 a.m. Diagnoses included, but were not limited to, dementia with other behavior disturbances, dementia with agitation, and hallucinations.</p> <p>A nurses' note, which had been marked as an invalid entry, dated 05/07/23 at 10:37 a.m.,</p>			F 0842	<p><b>1) Immediate actions taken for those residents identified:</b> <i>No residents were affected or harmed.</i></p> <p><b>2) How the facility identified other residents:</b> <i>Resident records have been reviewed and all staff will be educated on maintaining accurate records. Any findings will be reported to the physician and family.</i></p>		06/09/2023

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	<p>indicated Resident C was in an aggressive mood upon waking. Resident C was bothering Resident B while she was sleeping. Resident B was defensive in return, and the interaction resulted in violence without injury. Both residents smacked each other's hands. At the end of the altercation, the residents were grasping each other's hands and the nurse had to assist to release the grasps. The note had been invalidated and indicated wrong resident.</p> <p>A nurses' note, which had been marked as an invalid entry, dated 05/19/23 at 8:20 p.m., indicated Resident B was involved in a physical altercation with another resident. The note had been invalidated and indicated wrong resident by the Director of Nursing.</p> <p>2. The record for Resident C was reviewed on 05/23/23 at 12:55 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, dementia, and anxiety disorder.</p> <p>A nurses' note, which had been marked as an invalid entry, dated 05/07/23 at 10:37 a.m., indicated Resident C was in an aggressive mood upon waking. Resident C was bothering Resident B while she was sleeping. Resident B was defensive in return, and the interaction resulted in violence without injury. Both residents smacked each other's hands. At the end of the altercation, the residents were grasping each other's hands and the nurse had to assist to release the grasps. The note indicated wrong resident and had been invalidated by the Director of Nursing.</p> <p>3. The record for Resident D was reviewed on 05/23/23 at 1:17 p.m. Diagnoses included, but were not limited to, dementia, anxiety disorder, and heart failure.</p>				<p><b>3) Measures put into place/ System changes:</b> <i>All staff will be educated related to resident records- identifiable information, including but not limited to, maintaining accurate medical records.</i></p> <p><i>Daily, on scheduled days of work, the DON/Unit Managers (UM)/Designee will complete a review of the previous day's resident records to ensure accurate documentation is completed. All invalid entries will be reviewed by DON/Unit Manger/Designee. This will occur for 4 weeks to ensure any potential concerns are identified and compliance is maintained. Any identified concerns will be immediately addressed with the responsible individual(s).</i></p> <p><b>4) How the corrective actions will be monitored:</b></p> <p><i>After 4 weeks, to ensure continued compliance, the DON/UM/Designee will complete reviewsof the resident records at least 3 times weekly to ensure accurate and complete documentation. Any identified concerns will be immediately addressed with the responsible individual(s).</i></p>		

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	<p>A nurses' note, which had been marked as an invalid entry, dated 05/19/23 at 8:20 p.m., indicated Resident B was involved in a physical altercation with another resident. The note indicated wrong resident and had been invalidated by the Director of Nursing.</p> <p>During an interview, on 05/22/23 at 10:54 a.m., the Director of Nursing indicated she did invalidate the notes on 5/19/23 because corporate informed her since there was no intent and the resident was not interviewed it did not need to be reported. She invalidated the notes as wrong resident because there was not another option in the "drop down box". The incidents did occur.</p> <p>During an interview, on 05/22/23 at 11:35 a.m., the Director of Nursing indicated she should not have struck out the documentation related to the one-on-one conflicts between residents.</p> <p>During an interview, on 05/22/23 at 3:05 p.m., LPN 3 indicated he did not see exactly what had happened, but he heard someone scream "get out" and then saw Resident B and she told him she had been hit. He assessed both residents and monitored them for the rest of his shift.</p> <p>A current policy, titled "Charting and Documentation," dated as last reviewed on 07/02/18 and received from the Executive Director on 05/22/23 at 12:40 p.m., indicated "...Incidents, accidents, or changes in the resident's condition must be recorded...."</p> <p>This Federal tag relates to Complaint IN00406500.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				<p><b><i>The facility, through the QAPI program, will review, update, and make changes, as necessary, to this plan of correction to ensure substantial compliance for no less than 6 months. The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until the QA Committee determines compliance is achieved or if ongoing monitoring is required. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</i></b></p> <p><b>5) Date of compliance: 6/9/2023</b></p>		

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