

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

PRINTED: 08/26/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155489		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/02/2024	
NAME OF PROVIDER OR SUPPLIER PARKER HEALTH CARE & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 359 RANDOLPH ST PARKER CITY, IN 47368			
(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
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: July 29, 30, 31, and August 1 and 2, 2024</p> <p>Facility number: 000419 Provider number: 155489 AIM number: 100273190</p> <p>Census Bed Type: SNF/NF: 60 Residential: 4 Total: 64</p> <p>Census Payor Type: Medicare: 2 Medicaid: 49 Other: 9 Total: 60</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 9, 2024.</p>			F 0000	<p>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. Please accept this Plan of Correction as credible Allegations of Compliance date as of 8/16/2024.</p> <p>We respectfully ask for consideration for paper compliance.</p>		
F 0565 SS=E Bldg. 00	<p>483.10(f)(5)(i)-(iv)(6)(7) Resident/Family Group and Response §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a</p>						

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

TITLE

(X6) DATE

Angela Durr

HFA

08/16/2024

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 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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	<p>timely manner.</p> <p>(ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.</p> <p>(iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.</p> <p>(iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.</p> <p>(A) The facility must be able to demonstrate their response and rationale for such response.</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>Based on interview and record review, the facility failed to provide the resident group the opportunity to select a resident representative to serve as the Resident Council President for 10 of 10 residents interviewed in a group setting.</p> <p>Findings include:</p> <p>During a resident group interview on July 31, 2024</p>			F 0565	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Emergency Resident Council meeting was held to vote for President Representation or group representation of Council on 08/09/2024. (Exhibit A)</p>		08/16/2024

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	<p>at 10:00 a.m. the following concerns regarding Resident Council were indicated:</p> <p>The facility had informed the members of Resident Council they would no longer have a resident council president. The residents did not initiate this practice. The Activity Director informed the council that this was how it was going to be going forward. The residents indicated the Activity Director had told them that other facilities did not have a president of Resident Council, so they would not either. This had occurred approximately three months ago. Ten of ten residents present during the interview indicated they were never given the right to vote on this decision. Ten of ten residents present during the interview indicated they would like a resident representative to serve as the Resident Council President. The group had previously chosen the Resident Council President by election and there had not been a term limit for the position. The group felt they did not have voice within the facility.</p> <p>Review of monthly Resident Council Minutes from January 2024 through July 2024 indicated the following:</p> <p>March 2024 listed the name of a Resident Council President.</p> <p>The monthly minutes lacked the name of a Resident Council President in April, May, June, and July 2024.</p> <p>The monthly minutes for 2024 lacked mention of a group decision to no longer having a resident council president.</p> <p>During an interview on 8/1/24 at 11:33 a.m., the Activity Director indicated the resident council had slowly dwindled down to 3 or 4 members. The members were discouraged about the low</p>				<p>Announcement of new President Representation announced on 8-13-2024 and new bylaws updated and approved by council. (Exhibit B)</p> <p>All residents able/willing have the potential to be affected by this deficient practice. Resident Bylaws have been updated and approved per Resident Council 8/13/2024. (Exhibit C)</p> <p>Inservice conducted for Life Enrichment staff to record all minutes of all meetings and to address old minutes on 08/15/2024. (Exhibit D)</p> <p>An audit form has been created to verify completed documentation of old business discussed and approved, new business discussed and approved by president representation to support the findings. (Exhibit E)</p> <p>Audits to be completed will completed and signed off monthly for 6 months by HFA/Designee to assure compliance. All concerns will be addressed immediately with staff/council. All findings will be presented in quarterly/ as needed QAPI committee to assure compliance. Date of Compliance 8-16-24</p>		

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R 0000 Bldg. 00	<p>participation. The Activity Director talked to her consultant about her concerns and her consultant said many facilities did not have a resident council president, so she then informed the resident council they would not have a resident council president. This idea was not offered to the resident council for consideration. The resident council did not vote on the matter. She implemented this practice following the recommendations of the consultant.</p> <p>A 10/1/2016, document titled "Resident Council By-Laws," provided by the Activity Director on 8/1/24 at 1:55 p.m., indicated the following: "...Officers: The President shall preside at all meetings of the Resident Council..."</p> <p>3.1-3(k)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: July 29, 30, 31, and August 1 and 2, 2024</p> <p>Facility number: 000419</p> <p>Residential Census: 4</p> <p>Parker Health Care and Rehabilitation Center was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p> <p>Quality review completed August 9, 2024.</p>			R 0000	<p>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. Please accept this Plan of Correction as credible Allegations of Compliance date as of 8/16/2024. We respectfully ask for consideration for paper compliance.</p>		

