

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

PRINTED: 08/14/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155673		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/27/2023	
NAME OF PROVIDER OR SUPPLIER  MARKLE HEALTH & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 170 N TRACY ST MARKLE, IN 46770			
(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 a Recertification and State Licensure Survey.</p> <p>Survey dates: July 24, 25, 26, and 27 2023.</p> <p>Facility number: 000544 Provider number: 155673 AIM number: 100267340</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 2 Medicaid: 45 Other: 23 Total: 70</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 1, 2023</p>			F 0000	Markle Health and Rehabilitation is alleging compliance on 8.15.23 and is requesting paper compliance for the annual recertification and state licensure survey.		
F 0676 SS=D Bldg. 00	<p>483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p>						

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

TITLE

(X6) DATE

Nicole Moore

Administrator

08/11/2023

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 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>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p> <p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. Based on observation, interview, and record review the facility failed to ensure care of communication deficit for 1 of 1 residents reviewed. (Resident 176)</p> <p>Findings include:</p> <p>During an observation on 07/24/23 at 10:21 AM, the Unit Manager was having difficulty understanding Resident 176. The Unit Manager requested Resident 176 start over from the beginning. The Unit Manager then repeated the parts she understood and asked Resident 176 if</p>			F 0676	<p><b>F 676 Activities Daily Living</b></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <ul style="list-style-type: none"> <li>-Resident 176 has a communication plan of care in place.</li> <li>-Resident 176 will be screened by Speech Therapy to determine an appropriate assistive device.</li> </ul>		08/15/2023

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	<p>she was correct. There were no assistive devices used.</p> <p>Resident 176 was pacing with noted deficits to his left side. His lips and face had drooping on the affected side, he held left arm to his side, and he had an unusual gait. Resident 176 did not have oxygen on and was ambulating without assistance.</p> <p>In an interview, on 7/24/23 at 10:36, the Unit Manager indicated Resident 176 had a stroke prior to coming to facility. The Unit Manager was unable to understand him at times and at other times he was clearer. The Unit Manager indicated no assistive devices were used with Resident 176.</p> <p>Resident 176's record was reviewed, on 7/25/23 at 1:53PM, Resident 176 diagnoses included chronic obstructive pulmonary disease, cerebrovascular disease, history of cerebral infarction (stroke), and intermittent explosive disorder.</p> <p>Resident 176's current Quarterly MDS (Minimum Data Set) assessment Section B for hearing, speech, and vision indicated he had no deficits at the time of assessment. Section C of MDS for cognitive patterns assessed his BIMS (Brief Interview Mental Status) score to be 7 at the time of assessment. A score of 7 indicated moderate cognition deficit.</p> <p>Resident 176 had no speech therapy orders.</p> <p>In an interview, on 7/26/23 at 6:32AM, RN 6 indicated Resident 176 could be difficult to understand at times. RN 6 indicated agency staffing was utilized throughout the building. RN 6 indicated she was unaware of any communication assistive devices resident used</p>				<p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <ul style="list-style-type: none"> <li>-Audit to be completed per DNS/MDS to identify residents with communication deficits to ensure appropriate plan of care in place.</li> <li>-Residents identified with a communication deficit will be screened by Speech Therapy to recommend an assistive device if indicated.</li> <li>-In-service all staff per DNS/Designee on residents with communication deficits and communication strategies by 8/15/23.</li> </ul> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <ul style="list-style-type: none"> <li>-In-service all staff per DNS/Designee on residents with communication deficits and communication strategies by 8/15/23.</li> <li>- During daily Morning Meeting, Executive Director will ask IDT if any communications changes were noted in residents during their daily Care Companion communication with assigned</li> </ul>		

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	<p>i.e., pen and paper, dry erase board, cue cards, etc for any resident with communication difficulty.</p> <p>In an observation, on 7/26/23 at 8:00AM, Resident 176 was in a wheelchair. He was asked by LPN 7 where he would like to sit for breakfast. Resident 176 answered with what sounded like a possible name. LPN 7 stated a peer name in a questioning tone. Resident 176 shook his head no. LPN 7 asked if he wanted to sit by a different peer. Resident 176 shook his head no for a second time and repeated a name. LPN 7 asked if he wanted to sit by a 3rd peer. Resident 176 threw both hands up into the air and was visibly irritated.</p> <p>In an interview, on 7/26/23 at 1:36PM, the Unit Manager indicated Resident 176's speech was soft and at times mumbled, did at times get frustrated while attempting to communicate with others. The Unit Manager indicated Resident 176 care plan should include communication deficit. The Unit Manager indicated Resident 176 did not have any assistive devices for communication.</p> <p>Resident 176's comprehensive care plan did not include a problem of communication on 7/25/23.</p> <p>On 07/27/23 at 08:50 AM the Unit Manager provided a care plan updated to include the problem of communication. The problem with a start date of 7/26/23 indicated Resident 176 had difficulty making self-understood due to possible cerebrovascular disease. Resident 176's speech was soft and mumbled. Resident was able to communicate needs and wants when given time. The goal was: Resident will make self-understood. The approaches were documented as the following: Allow resident time to speak. Avoid interrupting. Gently inform resident you were unable to hear him and politely ask him to repeat</p>				<p>residents.</p> <ul style="list-style-type: none"> <li>- IDT will review Facility Activity Report daily to review if any communication changes have been documented in resident progress notes.</li> <li>-Speech Therapy will screen all residents with communication changes to determine if an assistive device is indicated.</li> </ul> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place;</p> <ul style="list-style-type: none"> <li>- Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held monthly, and is overseen by the Executive Director.</li> <li>- Communication CQI Tool will be completed weekly x 4 weeks, monthly times 6 months, and quarterly thereafter until compliance is achieved.</li> <li>- If Threshold of 100% is not met, an action plan will be developed to ensure compliance.</li> </ul> <p>By what date the systemic changes will be completed;</p> <ul style="list-style-type: none"> <li>Completion date: 8/15/23</li> </ul> <p>Paper compliance is requested</p>		

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	<p>himself. Observe for non-verbal signs of distress. Assess for pain. Provide liquids and food as needed. Provide a quiet, non-hurried environment, free of background noises and distractions. (The secured unit census had over a dozen other residents with activity room and dining area were close in proximity) Repeat what the resident said to validate him. Thank resident for communicating, conversing, and visiting with you, to praise him for continued communication.</p> <p>A policy dated 1/2010 with most recent revision 10/2019 titled, "IDT Comprehensive Care Plan Policy" was provided by DNS (Director of Nursing Services) on 7/27/23 at 9:48AM. The policy indicated each resident would have a comprehensive person-centered care plan developed based on comprehensive assessment. The care plan would include measurable goals and resident specific interventions based on resident needs to promote the resident's highest level of functioning including medical, nursing, mental, and psychosocial needs.</p> <p>3.1-38(a)(2)(E)</p>						