

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

PRINTED: 08/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155801		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/06/2023	
NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF BOONVILLE - NORTH				STREET ADDRESS, CITY, STATE, ZIP COD 305 E NORTH ST BOONVILLE, IN 47601			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00410381.</p> <p>Complaint IN00410381 - Federal/state deficiencies related to the allegations are cited at F657.</p> <p>Survey dates: July 6, 2023</p> <p>Facility number: 000450 Provider number: 155801 AIM number: 100273890</p> <p>Census Bed Type: SNF/NF: 52 Total: 52</p> <p>Census Payor Type: Medicare: 8 Medicaid: 43 Other: 1 Total: 52</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 7, 2023.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective July 27, 2023 to the state findings of the Complaint Survey conducted on July 6, 2023.</p>		
F 0657 SS=E Bldg. 00	<p>483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p>						

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

TITLE

(X6) DATE

Melinda Preusz

VP of Clinical Services

08/07/2023

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 30 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>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>Based on interview and record review, the facility failed to revise resident care plans to reflect activity preferences for 4 of 5 residents reviewed for care plans. Residents performed services such as fixing doors and folding facility towels without a physician order or care plan. (Resident B, Resident D, Resident E, Resident F)</p> <p>Findings include:</p> <p>1. On 7/6/23 at 10:23 A.M., Resident B's clinical record was reviewed. Diagnosis included, but was not limited to, Chronic Obstructive Pulmonary Disease (COPD). The most recent quarterly MDS (Minimum Data Set) Assessment, dated 4/13/23, indicated the resident was cognitively intact, used a walker or wheelchair, and required supervision with setup for bed mobility, transferring, toileting, and eating.</p>	F 0657	<p>F - 657</p> <p>1.) The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident B has been interviewed by the activity director to determine the resident's activity preferences. The resident's activity assessment has been amended based on the resident's current activity preferences. A physician's order has been obtained related to the resident's current activity preferences and the care plan has been updated to reflect the resident's current activity preferences and needs. The activity director has provided</p>		07/27/2023		

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	<p>Current physician orders included, but were not limited to, the following: May participate in activities as tolerated, dated 1/5/23.</p> <p>Resident B's clinical record lacked an order related specifically to domestic chores, fixing doors, or performing work-related services for the facility.</p> <p>Resident B's clinical record lacked a care plan related specifically to domestic chores, fixing doors, or performing work-related services for the facility.</p> <p>An activities quarterly assessment, dated 4/12/23, did not indicate Resident B enjoyed helping around the facility.</p> <p>Progress notes for the last 12 months lacked documentation related to domestic chores, fixing doors, or performing work-related services for the facility.</p> <p>On 7/6/23 at 11:10 A.M., Resident B indicated that he enjoyed helping around the facility, and has helped with paperwork and has hung and leveled doors.</p> <p>On 7/6/23 at 1:25 P.M., the Activities Director indicated that Resident B enjoyed helping Resident D, Resident E, and Resident F fold towels. She further indicated that she was unaware of Resident B doing any activities related to paperwork or fixing doors, and that those were not activities offered in the facility.</p> <p>On 7/6/23 at 1:35 P.M., Resident B indicated that the DON (Director of Nursing) asked him to fix the kitchen door and he helped her remove the door</p>				<p>an activity progress note reflecting the resident's current activity preferences.</p> <p>2.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident F now has a physician's order which indicates that the resident may voluntarily participate in providing domestic chores including folding towels at the facility. The resident's care plan has also been updated to reflect the resident's current activity preference of voluntarily providing domestic chores including the folding of towels for the facility. The activity director has provided an activity progress note reflecting the resident's current activity preferences.</i></p> <p>3.) <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident D now has a physician's order indicating that the resident may voluntarily perform household chores including folding laundry for the facility. The resident's activity care plan has been updated to reflect the resident's activity preferences which includes voluntarily providing household chores, including folding laundry for the facility. The activity director has provided an activity progress note reflecting the</i></p>		

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	<p>from the hinges to obtain water from the kitchen.</p> <p>On 7/6/23 at 1:56 P.M., the DON indicated that on 6/3/23 around 11:00 P.M. dietary staff forgot to put ice out for the resident's water, and because she didn't have keys to the kitchen, she started to take the door off the hinges to obtain the ice. During that attempt, she left the area with her tools by the door to feed a resident and when she came back, Resident B was attempting to remove the door at which time she told him to stop. She then reported the event to the Regional Consultant. She further indicated that Resident B liked to help with different things around the facility and had previously unclogged a toilet but did not have a care plan in place for him to do things like that.</p> <p>On 7/6/23 at 3:03 P.M., the Regional Consultant indicated the DON reported that she attempted to remove the door from the hinges and left to provide incontinence care to another resident. When she returned, Resident B was "fiddling with the door with his fingers". She further indicated that the IDT (Interdisciplinary Team) met to discuss the incident. At that time, documentation regarding the IDT meeting was requested.</p> <p>On 7/6/23 at 3:20 P.M., the Regional Consultant indicated that she could not provide documentation regarding the IDT meeting because there had been a conference call related to the event that occurred on 6/3/23, but no actual meeting.</p> <p>2. On 7/6/23 at 2:14 P.M., Resident F's clinical record was reviewed. Diagnosis included, but was not limited to, Alzheimer's Disease. The most recent quarterly MDS assessment, dated 3/15/23, indicated a severe cognitive impairment, and</p>				<p>resident's current activity preferences.</p> <p><i>4.) The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident E has been interviewed by the activity director to determine the resident's current activity preferences. The resident's activity assessment has been updated to reflect the resident's current activity preferences. A physician's order has now been obtained to address the resident's current activity preferences including voluntarily providing household chores such as folding towels for the facility. The resident's care plan has been updated to reflect the resident's current activity preferences including voluntarily providing household chores for the facility.</i></p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that all residents have the potential to be affected by this deficient practice. A housewide audit has been completed by the activity director to determine the specific activity preferences of each resident. The resident's activity assessment has been updated to reflect the resident's activity preferences. For those residents who choose to voluntarily perform household</i></p>		

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	<p>requirement of extensive assistance of one staff with transferring and toileting, and supervision of one staff with bed mobility and eating.</p> <p>Current physician orders included, but were not limited to, the following: May participate in activities as tolerated, dated 2/14/22.</p> <p>Resident F's clinical record lacked an order related specifically to domestic chores or folding towels.</p> <p>Resident F's clinical record lacked a care plan related specifically to domestic chores or folding towels.</p> <p>An activities quarterly assessment, dated 3/15/23, indicated Resident F enjoyed folding towels.</p> <p>Progress notes for the last 12 months lacked documentation related to domestic chores or folding towels.</p> <p>3. On 7/6/23 at 2:15 P.M., Resident D's clinical record was reviewed. Diagnosis included, but were not limited to, vascular dementia. The most recent quarterly MDS Assessment, dated 6/10/23, indicated a moderate cognitive impairment, and requirement of supervision with setup with bed mobility, toileting, transferring, and eating.</p> <p>Current physician orders included, but were not limited to, the following: May participate in activities as tolerated, dated 8/29/22.</p> <p>Resident D's clinical record lacked an order related specifically to household chores or folding towels.</p> <p>Resident D's clinical record lacked a care plan</p>				<p>chores, such as folding towels for the facility, the resident's physician has been contacted and an appropriate activity order has been placed in the clinical record. The resident's activity care plan has been updated to reflect the resident's activity preferences including voluntarily providing household chores for the facility when applicable. The activity director has entered a progress note reflecting the resident's current activity preferences as well as their participation in those activities.</p> <p><i>The measures that have been put into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for the activity director to ensure their knowledge related to the required documentation related to resident's activity preferences. The activity director was re-educated on the need to ensure that the nursing staff obtains the appropriate physician's orders for those residents wishing to perform voluntary household chores for the facility. The activity director was also re-educated on ensuring that the resident's activity care plan addresses all of the resident's activity preferences as well as preparing quarterly progress notes on the resident's participation in their activity choices.</i></p> <p><i>The corrective action taken to</i></p>		

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	<p>related specifically to household chores or folding towels.</p> <p>An activities quarterly assessment, dated 4/4/23, indicated Resident D enjoyed assisting in folding laundry.</p> <p>Progress notes for the last 12 months lacked documentation related to household chores or folding towels.</p> <p>4. On 7/6/23 at 2:25 P.M., Resident E's clinical record was reviewed. Diagnosis included, but were not limited to, vascular dementia. The most recent quarterly MDS Assessment, dated 4/28/23, indicated a severe cognitive impairment, and requirement of extensive assistance of one staff with bed mobility and toileting, limited assistance of one staff with transfers, and supervision of one staff with eating.</p> <p>Current physician orders included, but were not limited to, the following: May participate in activities as tolerated, dated 12/30/21.</p> <p>Resident E's clinical record lacked an order related specifically to household chores or folding towels.</p> <p>Resident E's clinical record lacked a care plan related specifically to household chores or folding towels.</p> <p>Activities assessments were requested, and one provided, dated 6/30/33. The assessment did not indicate folding towels as a favorite activity, and/or new interest.</p> <p>Progress notes for the last 12 months lacked</p>				<p><i>monitor to ensure the deficient practice will not recur is that a Quality Assurance tool has been developed and implemented to monitor the documentation related to the resident's activity preferences including the activity assessment, appropriate physician's orders for performing household chores when requested by the resident, timely care plan updates of activity choices and documentation of quarterly activity progress notes. This tool will be completed by the Executive Director and/or their designee weekly for four weeks, then monthly for three months and then quarterly for three quarters. The outcome of this tool will be reviewed at the facility Quality Assurance meeting to determine if any additional action is warranted.</i></p>		

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	<p>documentation related to household chores or folding towels.</p> <p>On 7/6/23 at 3:28 P.M., the Regional Consultant indicated she was unaware that folding towels or any other household chores required a physician's order.</p> <p>On 7/6/23 at 3:20 P.M., a current Interdisciplinary Team Care Planning policy, last revised 1/19/22, was provided and indicated "Our facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident ... Each discipline will be responsible for identifying each of the resident's problems/concerns and develop an appropriate plan to meet the needs of each resident. Each respective discipline is responsible for following the plan of care along with the physician's orders for each resident"</p> <p>On 7/6/23 at 3:20 P.M., a current Activity Programs policy, last revised 1/19/22, was provided and indicated "Activities participation for each resident is approved by the Attending Physician based on information in the resident's comprehensive assessment"</p> <p>This Federal tag relates to Complaint IN00410381.</p> <p>3.1-35(a)</p>						