

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

PRINTED: 03/16/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155524		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/26/2021	
NAME OF PROVIDER OR SUPPLIER  HEALTH CENTER AT GLENBURN HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 618 W GLENBURN ROAD LINTON, IN 47441			
(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 IN00348266 and IN00348344.</p> <p>Complaint IN00348266 - Substantiated. Federal/State deficiencies related to the allegations are cited at F580.</p> <p>Complaint IN00348344 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: February 25 and 26, 2021</p> <p>Facility number: 000230 Provider number: 155524 AIM number: 100275000</p> <p>Census Bed Type: SNF/NF: 100 Total: 100</p> <p>Census Payor Type: Medicare: 11 Medicaid: 72 Other: 17 Total: 100</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on March 03, 2021.</p>			F 0000	<p>March 12, 2021</p> <p>Brenda Buroker Director of Long-Term Care Long Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>RE: Health Center at Glenburn Home Survey Event ID 13TN11</p> <p>Dear Ms. Buroker;</p> <p>On February 26, 2021 a Complaint Survey was conducted at our facility. By submitting the enclosed material 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 that the plan of correction be considered our allegation of compliance effective March 24, 2021 to the State findings of the Complaint Survey conducted on February 26, 2021.</p> <p>We respectfully request a desk</p>		

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

TITLE

(X6) DATE

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 90 days 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 14 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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F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Denial/Room, etc.)</p> <p>§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;</p> <p>(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);</p> <p>(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</p> <p>(D) A decision to transfer or discharge the</p>			<p>review to validate the facility's compliance to the findings of the Complaint Survey of February 26, 2021. Please feel free to contact the facility if any additional information is needed.</p> <p>Respectfully submitted,</p> <p>Jean Johanningsmeier, HFA Administrator Health Center at Glenburn Home</p>			

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	<p>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 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) 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 the resident's guardian of a change in health status for 1 of 3 residents reviewed for notification of change (Resident B).</p> <p>Findings include:</p> <p>On 2/25/21 at 3:04 p.m., Resident B's clinical</p>	F 0580	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	03/24/2021			

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	<p>record was reviewed. The diagnoses included, but were not limited to, cerebral infarction with hemiplegia (paralysis on one side of the body) and dysphagia (difficulty in swallowing).</p> <p>Resident B's face sheet indicated his wife was his guardian and his first emergency contact.</p> <p>Resident B's admission Minimum Data Set (MDS) assessment, dated 12/10/20, indicated he had moderate cognitive impairment, required extensive assistance of two staff members for bed mobility, and extensive assistance of 1 staff member for personal hygiene.</p> <p>Resident B's progress notes indicated the following: -On 1/19/21 at 6:01 p.m., the Certified Nursing Assistant (CNA) informed the nurse Resident B had vomited.</p> <p>-On 1/22/21 at 5:31 a.m., Resident B had vomited one time this mooring.</p> <p>-On 1/22/21 at 12:00 p.m., Resident B had more episodes of vomiting while in the shower.</p> <p>-On 1/23/21 at 1:56 a.m., Resident B had one episode of vomiting.</p> <p>-On 1/24/21 at 2:21 p.m., Resident B's guardian was notified Resident B refusing medications and meals.</p> <p>The progress notes lacked documentation of Resident B's guardian was notified of his vomiting or change in health status until 1/24/21 (6 days after the onset of change in health status).</p>				<p>regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective March 24, 2021 to the state findings of the Complaint Survey conducted on February 26, 2021. F - 580 <i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident B no longer resides at the facility.</i> <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 review of all clinical records for the past thirty days has been completed to ensure that all changes in a resident's health status have been reported to their representative in a timely manner. All changes in a resident's health status have been reported to their respective representative and the notification documented in the clinical record.</i>  <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 conducted for all licensed nurses on the facility's notification of changes policy. The in-service</i></p>		

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	<p>During an interview on, 2/26/21 at 3:20 p.m., the Director of Nursing indicated Resident B's vomiting started on 1/19/21. The guardian was notified of change in condition on 1/24/21. Resident B's guardian should have been notified immediately after a change in health status.</p> <p>On 2/26/21 at 3:50 p.m., The Administrator provided the facility's policy, "Notification of Changes Policy," undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "...The nurse will immediately notify...the resident representative(s) for the following (list is not all inclusive):...A significant change in the resident's physical,...status..."</p> <p>This Federal tag relates to Complaint IN00348266.</p> <p>3.1-5(a)(2)</p>			<p>focused on the nurses' responsibility to notify each resident's representative of any changes in their health status in a timely manner and document such notification in the clinical record.</p> <p><i>The corrective action taken to monitor to ensure the deficient practice will not recur is that a Quality Assurance tool has been developed and implemented to monitor documentation of notification of changes in a resident's health status. The tool will monitor to ensure that there is supportive documentation in the clinical record that if a change in a resident's condition has occurred that there is documentation to support that the resident's representative has been notified of the change in condition in a timely manner. This tool will be completed by the Director of Nursing 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's Quality Assurance meetings to determine if any additional action is warranted.</i></p>			