

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/03/2023
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NAME OF PROVIDER OR SUPPLIER PREMIER HEALTHCARE OF NEW HARMONY	STREET ADDRESS, CITY, STATE, ZIP COD 251 HIGHWAY 66 NEW HARMONY, IN 47631
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F 0000 Bldg. 00	<p>This visit was for the investigation of complaints IN00412856, IN00413640, IN00418102, and IN00418103.</p> <p>Complaint IN00412856: No Federal/State deficiencies are cited related to the allegations.</p> <p>Complaint IN00413640: No Federal/State deficiencies are cited related to the allegations.</p> <p>Complaint IN00418102: Federal/state deficiencies related to the allegations are cited at F561.</p> <p>Complaint IN00418103: Federal/state deficiencies related to the allegations are cited at F561.</p> <p>Survey dates: October 2 & 3, 2023</p> <p>Facility number: 000555 Provider number: 155370 AIM number: 100267530</p> <p>Census Bed Type: SNF/NF: 62 Total: 62</p> <p>Census Payor Type: Medicare: 4 Medicaid: 48 Other: 10 Total: 62</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on October 6, 2023.</p>	F 0000	Submission of this Plan of Correction by the facility is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the survey agency. Please accept the following as the facility's credible allegation of compliance. We also respectfully request a desk review to determine substantial compliance.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Janie Swedenburg	Administrator	10/20/2023

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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F 0561 SS=D Bldg. 00	<p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. Based on interview and record review, the facility failed to ensure a resident's right of self-determination was promoted for 1 of 3 residents reviewed for notifications. A resident's scheduled appointment was rescheduled by the facility without notifying or including the resident in the change of plan. (Resident B)</p>	F 0561	<p>1 The facility has taken the following corrective action(s) to address those residents and areas specifically identified as affected:</p> <p>A Resident B was immediately informed of her upcoming change in her outside physician's</p>	10/27/2023

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	<p>Finding includes:</p> <p>During a review of facility grievances on 10/2/23 at 10:45 A.M., a grievance form was filed on 7/2/23 by Resident B with a concern regarding her appointments and a request that included, "...Would like for staff to schedule appointments with [Resident B]..."</p> <p>During record review on 10/3/23 at Resident B's diagnoses included but were not limited to; Chronic obstructive pulmonary disease (COPD), heart failure, pulmonary hypertension, and peripheral vascular disease.</p> <p>Resident B most recent quarterly Minimum Data Set (MDS) assessment, dated 9/19/23, included that the resident was cognitively intact.</p> <p>Resident B's physician orders included but were not limited to; Follow up with [MD] Friday October 6th at 2:45 P.M. (order date 6/6/23 and discontinued date 9/26/23) and Follow up with (MD) Friday October 19th at 9:15 A.M. (order date 9/26/23).</p> <p>During an observation and interview on 10/3/23 at 10:30 A.M., Resident B was sitting in up in her recliner in her room. Resident B had several papers on a bedside table positioned in front of her. In with the papers were two forms from past physician appointments that included a visit summary and upcoming appointment information. Resident B supplied a physician's visit document from an appointment on 6/6/23 that indicated the following cardiologist appointment was scheduled for 10/6/23 at 2:45 P.M. Resident B indicated that she scheduled that appointment herself because she prefers afternoon appointments. A second physician's visit document from an appointment</p>		<p>appointment. Resident wanted a different time and date so the appointment was re-scheduled again and resident was in agreement with the new date and time. Progress note has been entered into the medical record reflecting notification and agreement.</p> <p>2 The facility has identified residents with outside appointments or residents that have the potential to go to outside appointments at risk for the alleged deficient practice. An ad hoc Resident Council meeting has been held. Residents were informed that they have the right to be notified of changes to their outside medical appointments and have input and direction in scheduling outside appointments.</p> <p>3 Measures and systematic changes the facility has taken to correct this alleged deficient practice and ensure it does not recur include:</p> <p>A Transportation staff, licensed nursing staff, and Department Leaders have been in-serviced by Administrator/designee on the following: including residents in scheduling/re-scheduling of all outside appointments and documenting schedule changes and notifications in the medical</p>	

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	<p>the previous day (10/2/22) indicated that her upcoming cardiologist appointment was scheduled for 10/19/23 at 9:15 A.M. Resident B indicated that she did not reschedule that cardiologist appointment and that the facility reschedules her appointments without her involvement, permission or notification.</p> <p>During an interview on 10/3/23 at 12:00 P.M. the SSD (Social Service Director) indicated staff likely had to rearrange the appointment due to transportation conflicts and that someone in the office would have called to change the appointment. Staff should notify residents when changes need to be made to upcoming appointments.</p> <p>During an interview on 10/3/23 at 1:45 P.M. the facility administrator indicated someone from the facility had called the cardiologist office and changed the appointment date due to an issue with transportation.</p> <p>On 10/3/23 at the Assistant Director of Nursing (ADON) supplied a facility policy titled, Resident Rights and dated 6/1/23. The policy included, "...Planning and implementing care. The Resident has the right to be informed of, and participate in, his or her treatment, including: ...b. The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: i. The right to participate in the planning process... iii. The right to be informed, in advance, of changes in the plan of care... 5. Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to: a. The resident has a right to choose activities, schedules..., health care and providers</p>		<p>record.</p> <p>4 The facility has implemented the following Quality Assurance Plan to monitor on-going facility performance and compliance with this requirement:</p> <p>1. The Administrator/designee(s) shall monitor 5 random appointments a week for 12 weeks to ensure residents are involved in the decision making with outside appointments as well as proper documentation being performed in the medical record.</p> <p>Noted problems shall be addressed immediately and identified patterns/trends of non-compliance shall be reported to the Quality Assurance Committee for further action(s).</p>	

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

PRINTED: 10/24/2023

FORM APPROVED

OMB NO. 0938-039

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	<p>of health care services consistent with his or her interests... b. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident..."</p> <p>This Federal tag relates to complaints IN00418103 and IN00418102.</p> <p>3.1-3(u)(1) 3.1-3(u)(3)</p>			