

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

PRINTED: 07/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155838		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/21/2023	
NAME OF PROVIDER OR SUPPLIER  STONECROFT HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 363 SOUTH FIELDSTONE BLVD BLOOMINGTON, IN 47403			
(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: June 14, 15, 16, 19, 20, and 21, 2023.</p> <p>Facility number: 013409 Provider number: 155838 AIM number: 201312610</p> <p>Census Bed Type: SNF/NF: 29 SNF: 11 Residential: 21 Total: 61</p> <p>Census Payor Type: Medicare: 13 Medicaid: 12 Other: 15 Total: 40</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 27, 2023.</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by Stonecroft Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Stonecroft Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
F 0623 SS=E Bldg. 00	<p>483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge</p>						

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

TITLE

(X6) DATE

Kimberly Bales

Clinical Support RN

07/10/2023

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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	<p>and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of</p>						

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	<p>this section must include the following:</p> <ul style="list-style-type: none"> <li>(i) The reason for transfer or discharge;</li> <li>(ii) The effective date of transfer or discharge;</li> <li>(iii) The location to which the resident is transferred or discharged;</li> <li>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</li> <li>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</li> <li>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</li> <li>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</li> </ul> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p>						

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	<p>§483.15(c)(8) Notice in advance of facility closure</p> <p>In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>Based on interview and record review, the facility failed to ensure the written notification required for a transfer and discharge was given to the resident and the resident representative for 5 of 5 residents reviewed for hospitalization. (Resident 4, Resident 48, Resident 14, Resident 25, Resident 41)</p> <p>Findings include:</p> <p>1. On 6/19/23 at 11:42 a.m., Resident 4's clinical record was reviewed. The diagnosis included, but was not limited to, elevated white blood cell count.</p> <p>Resident 4's progress notes indicated the resident was sent to the hospital on 4/27/23. The Notice of Transfer or Discharge forms, dated 4/27/23, lacked documentation the resident and the resident's representative had been notified of the transfer in writing and provided the appeal rights information in writing including the contact information of the the Office of the State LTC (Long Term Care) Ombudsman, after the resident was sent out to the hospital. 2. On 6/19/23 at 11:17 a.m., Resident 48's clinical record was reviewed. The diagnoses included, but were not limited to, atrial fibrillation</p>			F 0623	<p>1. Residents 4, 48, 14, 25 and 41 were affected. Residents are without adverse effects.</p> <p>2. All like residents transferred from the facility have the potential to be affected. Interdisciplinary team (IDT) educated on providing written notification required for a transfer and discharge to the resident and the resident representative upon discharge from the campus.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will audit 5 discharges, as available, for completion of obtained written notification of notice of transfer and discharge x4 weeks, then every other week x2 months, then monthly x3 months.</p> <p>4. For quality assurance, The ED and/or Designee will review any findings, and subsequent corrective actions at least</p>		07/17/2023

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	<p>with RVR (rapid ventricular rate), pulmonary embolism (blood clot in the lung), and deep vein thrombosis and embolism (blood clot in the lower extremities).</p> <p>The resident's progress notes indicated he was sent to the hospital on 4/14/23. The Notice of Transfer or Discharge forms, dated 4/14/23, lacked documentation the resident and the resident's representative had been notified of the transfer in writing and provided the appeal rights information in writing including the contact information of the the Office of the State LTC (Long Term Care) Ombudsman, after the resident was sent out to the hospital. 3. On 6/16/23 at 11:15 a.m., Resident 14's clinical record was reviewed. The diagnoses included, but were not limited to, pneumonia and Parkinson's disease.</p> <p>The resident was transferred to the hospital on 6/10/23. There was no documentation to indicate the resident and the resident's representative were notified of the transfer in writing.</p> <p>4. On 6/16/23 at 11:35 a.m., Resident 25's clinical record was reviewed. The diagnoses included, but were not limited to, urinary tract infection and pneumonia.</p> <p>The resident was transferred to the hospital on 5/23/23. There was no documentation to indicate the resident and the resident's representative were notified of the transfer in writing.5. On 6/19/23 at 10:37 a.m., Resident 41's clinical record was reviewed. The diagnoses included, but were not limited to, urinary tract infection, Parkinson's disease, and kidney failure.</p> <p>Resident 41's progress note dated, 3/16/23 at 1:35 p.m., indicated he was very agitated and was</p>				<p>quarterly in the campus quarterly quality assurance meeting. The plan will be revised, as warranted. The QA team will review audits at least quarterly and increase frequency of audits if increased concerns noted and will decrease the frequency of audits if no concerns are noted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.</p>		

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F 0625 SS=E Bldg. 00	<p>slurring his speech. He was transferred to the emergency room for evaluation and treatment. The Notice of Transfer or Discharge form, dated 3/16/23, lacked documentation of a written notification of the Notice of Transfer or Discharge form was given to Resident 41 and his resident representative.</p> <p>During and interview on 6/20/23 at 3:10 p.m., the Director of Nursing (DON) indicated the clinical record lacked the written notifications were given to the residents or the resident representatives.</p> <p>On 6/21/23 at 1:50 p.m., the Administrator provided the facility policy, Guidelines for Transfer and Discharge," dated 5/3/17 and indicated this was the policy currently being used by the facility. A review of the policy lacked information of Notice of Transfer or Discharge form being given to the resident and the resident representative.</p> <p>3.1-12(a)(6)(A)(i) 3.1-12(a)(6)(A)(ii)</p> <p>483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p>						

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	<p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. Based on interview and record review, the facility failed to ensure the notification of the bed-hold policy required for residents who transferred to the hospital was provided in writing to the resident or the residents representative for 5 of 5 residents reviewed for hospitalization. (Resident 4, Resident 48, Resident 14, Resident 25, Resident 41).</p> <p>Findings include:</p> <p>1. On 6/19/23 at 11:42 a.m., Resident 4's clinical record was reviewed. The diagnosis included, but was not limited to elevated white blood cell count.</p> <p>Resident 28's progress notes indicated the resident was sent to the hospital on 4/27/23. There was no documentation that a written notice that specified the facility's bed-hold policy was provided to the resident or the resident's representative. 2. On 6/19/23 at 11:17 a.m., Resident 48's clinical record was reviewed. The diagnoses included, but were not limited to, atrial</p>			F 0625	<p>1, Residents 4, 48, 14, 25 and 41 were affected. No adverse effects noted.</p> <p>2. All like residents have the potential to be affected. IDT educated on proper documentation of paperwork sent on discharge.</p> <p>3. As a measure of ongoing compliance, the DHS or designee will audit discharges to ensure documentation is in place related to discharge paperwork. Audit to consist of five discharges, if available, weekly x4 weeks, then twice monthly x2 months, then monthly x3 months.</p> <p>4. For quality assurance, The ED and/or Designee will review any findings, and subsequent corrective actions at least</p>		07/17/2023

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	<p>fibrillation with RVR (rapid ventricular rate), pulmonary embolism (blood clot in the lung), and deep vein thrombosis and embolism (blood clot in the lower extremities).</p> <p>Resident 48's progress notes indicated the resident was sent to the hospital on 4/14/23. There was no documentation that a written notice that specified the facility's bed-hold policy was provided to the resident or the resident's representative. 3. On 6/16/23 at 11:15 a.m., Resident 14's clinical record was reviewed. The diagnoses included, but were not limited to, pneumonia and Parkinson's disease.</p> <p>The resident was transferred to the hospital on 6/10/23. There was no documentation to indicate the resident or the resident's representative were notified of information regarding the facility's bed-hold policy in writing.</p> <p>4. On 6/16/23 at 11:35 a.m., Resident 25's clinical record was reviewed. The diagnoses included, but were not limited to, urinary tract infection and pneumonia.</p> <p>The resident was transferred to the hospital on 5/23/23. There was no documentation to indicate the resident or the resident's representative were notified of information regarding the facility's bed-hold policy in writing.5. On 6/19/23 at 10:37 a.m., Resident 41's clinical record was reviewed. The diagnoses included, but were not limited to urinary tract infection, Parkinson's disease, and kidney failure.</p> <p>Resident 41's progress note, dated 3/16/23 at 1:35 p.m., indicated he was very agitated and was slurring his speech. He was transferred to the emergency room for evaluation and treatment. The</p>				<p>quarterly in the campus quarterly quality assurance meeting. The plan will be revised, as warranted. The QA team will review audits at least quarterly and increase frequency of audits if increased concerns noted and will decrease the frequency of audits if no concerns are noted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.</p>		



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R 0000  Bldg. 00	<p>clinical record lacked documentation the facility's bed-hold policy was provided to the resident or the resident's representative.</p> <p>During and interview on 6/20/23 at 3:10 p.m., the Director of Nursing (DON) indicated the clinical record lacked the documentation the facility's bed-hold policy was provided to the resident or the resident's representative.</p> <p>On 6/21/23 at 1:50 p.m., the Administrator provided the facility policy, Guidelines for Transfer and Discharge," dated 5/3/17 and indicated this was the policy currently being used by the facility. A review of the policy indicated...</p> <p>c. In cases of emergency transfers, the notice of the bed-hold policy under the State plan and facility's bed-hold policy should be provided to the resident or resident's representative with 24 hours of the transfer..."</p> <p>3.1-12(a)(25) 3.1-12(a)(26)</p> <p>This visit was for a State Residential Licensure Survey. This visit included a Recertification and State Licensure Survey.</p> <p>Survey dates: June 14, 15, 16, 19, 20 and 21, 2023</p> <p>Facility number: 013409</p> <p>Residential Census: 21</p> <p>Stonecroft Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>			R 0000	<p>The submission of this plan of correction does not indicate an admission by Stonecroft Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Stonecroft Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an</p>		

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