

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

PRINTED: 09/17/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155501		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/17/2018	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BLUFFTON				STREET ADDRESS, CITY, STATE, ZIP COD 1529 W LANCASTER ST BLUFFTON, IN 46714			
(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 Recertification and State Licensure Survey.</p> <p>Survey dates: August 13, 14, 15, 16, and 17, 2018</p> <p>Facility number: 000465 Provider number: 155501 AIM number: 100273870</p> <p>Census bed type: SNF/NF: 38 Total: 38</p> <p>Census payor type: Medicare: 2 Medicaid: 32 Other: 4 Total: 38</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 20, 2018.</p>			F 0000			
F 0582 SS=D Bldg. 00	<p>483.10(g)(17)(18)(i)-(v) Medicaid/Medicare Coverage/Liability Notice §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the</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 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>facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p>						

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	<p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>Based on interview and record review the facility failed to ensure the appropriate Medicare financial liability notification forms were provided to the Resident or their Representative prior to being discharged from Medicare Part A covered skilled services with skilled benefit days remaining and remained in the facility for 2 of 3 residents who were reviewed for SNF(Skilled Nursing Facility) Beneficiary Protection Notifications (Resident 21 and Resident 37)</p> <p>Findings include:</p> <p>On 8/13/18 at 12:05 p.m., the Facility's Business Office Manager (BOM) provided a list of 23 residents who were discharged from Medicare Part A Skilled Services with benefit days remaining in the past 6 months. The list identified 17 who remained in the facility after they were discharged from their Medicare Part A Skilled Services.</p> <p>1. Resident 21's Medicare Beneficiary Notification documents were reviewed on 8/14/18 at 3:27 p.m. The SNF Beneficiary Protection Notification Review document, completed by the facility, indicated Resident 21's Medicare Part A last covered day of Services was on 7/19/18. The document also indicated the facility initiated the discharge from Medicare Part A Services when the benefit days were not exhausted. The Notification Review documents indicated the facility had provided Resident 21 a SNF ABN (Skilled Nurse Facility Advance Beneficiary Notice of Non-Coverage) form, but the form was not present with Resident 21's Medicare</p>			F 0582	<p><u>F 582</u></p> <p><u>Plan of Correction</u></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"> ·Unable to go back to those residents affected by failing to issue SNFABN Form CMS-10055 two days before covered services ended. Resident 37 is no longer at the facility. Resident 21 Responsible party had liability form reviewed with Administrator and acknowledged receipt of form on 8/29/18 and placed in resident business file. <p>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken;</p> <ul style="list-style-type: none"> ·Beneficiaries who drop to a non-skilled level of care when 1) benefits have not exhausted 2) remains in the facility (Medicare certified bed OR non-Medicare certified bed), will be notified via SNFABN (CMS-10055) no later than 2 days before covered services end. <p>What measures will be put into place or what systemic changes will be made to</p>		08/31/2018

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	<p>documents. The facility provided a copy of the signed Handbook Acknowledgement, dated on 6/5/2018.</p> <p>2. Resident 37's Medicare Beneficiary Notification documents were reviewed on 8/14/18 at 3:50 p.m. The SNF Beneficiary Protection Notification Review document, completed by the facility, indicated Resident 37's Medicare Part A Skilled Services last covered day of Part A Services was on 8/02/18. The document also indicated the facility initiated the discharge from Medicare Part A Services when the benefit days were not exhausted. The Notification Review documents indicated the facility had provided Resident 37 a SNF ABN form, but the form was not present with Resident 21's Medicare documents. The facility provided a copy of the signed Handbook Acknowledgement which was dated on 7/13/18.</p> <p>An interview with the Administrator on 8/14/18 at 3:25 p.m., indicated the facility did not use the SNF ABN forms. The Administrator indicated the facility was unaware of the need to provide the SNF ABN when a resident was discharged from Medicare skilled services. The Administrator indicated the Resident and the Resident's Representative was provided The Facility's "Indiana Resident Handbook & Admission Information" and the Resident or the Resident's Representative signed the Handbook Acknowledgement form. The Administrator indicated the Facility Handbook contained the information about Medicare Part A Skilled Services provided in the facility. She also indicated the Facility Handbook informed the Resident and the Resident Representative of services and supplies covered and not covered by Medicare Part A. She also indicated the specific cost charged per day to stay in the facility was</p>		<p>ensure that the deficient practice does not recur;</p> <ul style="list-style-type: none"> Education detailing SNFABN (CMS-10055) will be provided to the Administrator, Business Office Manager, MDS Coordinator, Rehab Manager & Director of Nursing. The Business Office Manager will be responsible to assure the notice of non-coverage is provided timely. In her absence the Administrator or her designee will assure the notice is provided timely. The Rehab Manager will be responsible to communicate changes in therapy services to the BOM & Administrator at least 2 days before covered services end. The DON will be responsible to communicate changes in skilled nursing services at least 2 days before covered services end. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <ul style="list-style-type: none"> The Business Office Manager will track beneficiary changes from skilled level of care to non-skilled level of care using the <u>SNFABN Tracking Tool</u> during the morning Department Head Meeting Monday through Friday. The Rehab Manager & DON will report changes in skilled to non-skilled level of care. The SNFABN (CMS-10055) notice will be initiated during the meeting to 				

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	<p>written in the Handbook. The Administrator indicated, during admission to the facility, the Resident or the Resident Representative signed the Facility Handbook Acknowledgment page. The Administrator indicated she would check with their Corporation regarding the SNF ABN.</p> <p>An interview with the Administrator on 8/15/18 at 9:15 a.m., indicated she had reviewed the CMS (Centers for Medicare and Medicaid) Internet site and found the information about the SNF ABN. She indicated the facility's Corporation was not aware of the requirement and the facility had not provided the SNF ABN to the discharged residents who remained in the facility. She indicated she now had the instructions and forms from the CMS web site and would begin using forms right away. She further indicated the facility policy would be to follow CMS and State regulations for the Medicare Beneficiary Notices.</p> <p>Review of the current facility policy, provided by the Administrator on 8/17/18 at 12:00 p.m., titled, "Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) Form CMS-10055 (2018)" which indicated, "...Medicare requires SNF's to issue the SNF ABN to Original Medicare, also called fee-for-service (FFS, beneficiaries prior to providing care that Medicare usually covers, but may not pay for in this instance because the care is: Not medically reasonable and necessary; or considered custodial....The SNF ABN provided information to the beneficiary so that s/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility...."</p> <p>3.1-12(f)(1)(2)</p>				<p>assure it is provided no later than 2 days before covered services end.</p> <p>1.Audit findings will be reviewed by the QA committee monthly as a standard agenda item, and further recommendations will be made if 100% compliance is not achieved each month.</p> <p>By what date the systemic changes will be completed.</p> <p>·The systemic changes will be completed by 8//31/18.</p>		

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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 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</p>						

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	<p>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 this section must include the following:</p> <ul style="list-style-type: none"> (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (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; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (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 (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 						

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	<p>Individuals Act.</p> <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> <p>§483.15(c)(8) Notice in advance of facility closure 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 notify the Resident or the Resident's Representative, or the Ombudsman of the reason for the transfer/discharge to the hospital for 4 of 4 residents who were reviewed with transfers or discharges. (Resident 16, Resident 22, Resident 39, and Resident 41)</p> <p>Findings include,</p> <p>1. The record review for Resident 16 began on 8/15/18 at 1:20 p.m. Diagnoses included, but were not limited to: acute embolism, deep vein thrombosis (DVT) of lower extremity, muscle weakness, partial intestinal obstruction, difficulty walking, Parkinson's Disease, dementia with behavioral disturbances, hypertension, peripheral vascular disease, diabetes mellitus.</p>			F 0623	<p><u>F 623</u></p> <p><u>Plan of Correction</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; ·Unable to correct past hospital transfer forms that were not completed. ·The Ombudsman has been notified of past 6 months discharge/transfers. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be</p>		08/31/2018

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	<p>Review of Resident 16's MDS (Minimal Data Set) assessments indicated the following:</p> <p>A Discharge assessment with an anticipated return was completed on 2/1/18.</p> <p>A PPD (Prospective Payment System) 5 day MDS assessment was completed on 2/14/18.</p> <p>A PPS 14 day assessment MDS assessment was completed on 2/21/18.</p> <p>A Discharge assessment with anticipated return was completed on 5/14/18.</p> <p>An Entry MDS assessment was completed on 5/16/18.</p> <p>Review of Resident 16's progress notes indicated the following:</p> <p>On 2/1/10 at 9:32 p.m., at approximately 8:40 p.m., the Resident complained of severe stomach pain and the abdomen was hard and distended. At approximately 8:50 p.m., the POA (Power of Attorney) was called and updated on Resident's condition. The POA wanted Resident 16 sent to the ER (Emergency Room). The Physician was notified regarding the resident's status and an order was received to send Resident 16 to the ER for evaluation and treatment.</p> <p>A review of Resident 16's Physician Orders, indicated an order, dated 2/1/18, had been given to Send to ER for Eval (evaluation)/Treat (treatment).</p> <p>On 2/2/18 at 1:31 p.m., the Resident was admitted to the Hospital. There was no documentation of transfer documents on the chart.</p> <p>On 5/14/18 at 12:07 p.m., the Resident was assessed at 11:30 a.m. for complaint of severe pain in abdomen and vomiting. The Physician was notified of Resident 16's status and the physician gave an order to send Resident to the Hospital.</p>				<p>taken;</p> <p>·All residents residing in the facility have the potential to be affected by the same deficient practice. Education has been provided to licensed nurses to ensure the completion of Transfer Forms when a resident is transferred to the hospital. Education has been provided to the Business Office Manager, Social Services , CEO and DON on providing Notification of Transfer /Discharge to the Ombudsman.</p> <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> <p>·Education has been provided to all licensed nurses regarding our <u>Transfer/Discharge Policy</u> & completion of the <u>Transfer Form</u>. A Transfer Form will be completed to ensure continuity of care when the resident is transferred from our nursing facility to the hospital. The original Transfer Form will accompany the resident with the transfer. The carbon copy of the Transfer Form will be retained in the resident's medical record. Social Services will notify the Ombudsman office of transfer/discharges per facility policy and retain a log for tracking the notifications.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not</p>		

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	<p>On 5/14/18, the resident was admitted to the hospital for abdominal pain. There was no documentation of transfer documents on the chart.</p> <p>An interview with the DON (Director of Nursing) on 8/16/18 at 11:40 a.m. indicated she could not find the Resident 16's Transfer/Discharge forms for the Hospital Admission on 2/1/18. She provided the INTERACT (a standardized form used by facilities) Nursing Home to Hospital Transfer for Resident 16's 5/14/18 transfer to the hospital. The DON indicated the former DON had kept the transfer paperwork in a file in her office and the file was missing. The DON indicated the facility uses the INTERACT form for transfers to a hospital. She also indicated the nurse was to complete the check list on the printed INTERACT envelop when a resident is transferred out of the facility. The DON also indicated the State Transfer/Discharge Forms were not completed nor sent to the State Ombudsman.2. A review of Resident 22's medical record on 8/16/2018 at 10:56 a.m., indicated a BIMS (Brief Interview of Mental Status) score of 15 out of 15, meaning cognitively intact. Diagnoses included but were not limited to: diabetes, and high blood pressure.</p> <p>There was no written notification of transfer/discharge completed for the hospital transfer on the following dates: 4/30/2018 and 7/2/2018.</p> <p>3. A review of Resident 39's closed medical record on 8/15/2018 at 12:03 p.m., indicated diagnoses included but were not limited to: stroke, and depression.</p> <p>There was no written notification of</p>				<p>recur, i.e., what quality assurance program will be put into place;</p> <p>·The DON or her designee will <u>monitor</u> completion of Transfer Forms with each hospital transfer. Each hospital transfer is identified during the morning Department Head meeting when reviewing census. The DON or her designee will validate that there is a copy of the completed Transfer Form in the resident's medical record. The <u>Resident Transfer Monitoring Tool</u> will be used by the DON/designee to record findings of the audit. Findings will be reviewed along with the <u>Ombudsman Notification Log</u> as a standard QA meeting agenda item every month. The QA committee will make further recommendations if 100% compliance is not achieved for either item monthly.</p> <p>By what date the systemic changes will be completed.</p> <p>·The systemic changes will be completed by 8/31/18</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155501		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/17/2018	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BLUFFTON				STREET ADDRESS, CITY, STATE, ZIP COD 1529 W LANCASTER ST BLUFFTON, IN 46714			
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F 0625 SS=E	<p>transfer/discharge completed for the discharge to home on 5/10/2018.</p> <p>4. A review of Resident 41's closed medical record on 8/15/2018 at 11:02 a.m., indicated diagnoses include but were not limited to: lung disease, and heart disease.</p> <p>There was no written notification of transfer/discharge completed for the hospital transfer on 4/22/2018.</p> <p>On 8/17/18 at 2:30 p.m., the DON provided a copy of the INTERACT Envelope, titled, "Acute Care Transfer Document Checklist." The list included the documents to be sent with a resident when they were being transferred to the hospital. Review of the checklist of documents to be provided when transferred, the list did not include the Indiana State Department of Health, Division of Long Term Care form, "Notice of Transfer/Discharge."</p> <p>A current facility policy, Transfer/Discharge Notice, dated 12/6/2016, provided by the Executive Director on 8/17/2018 at 12 p.m., indicated the following: "...1. Before the transfer or discharge occurs, the facility will notify the resident and, the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. 2. The facility will send a copy of the transfer or discharge notice to a representative of the Office of the State Long-Term Care Ombudsman..."</p> <p>3.1-12(a)(6)(A)</p> <p>483.15(d)(1)(2)</p> <p>Notice of Bed Hold Policy Before/Upon Trnsfr</p>						

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Bldg. 00	<p>§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> <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 provide the required bed hold information for 4 of 4 residents reviewed with Discharge or Transfers. (Resident 16, Resident 10, Resident 22, and Resident 41)</p> <p>Findings include:</p> <p>1. The record review for Resident 16 began on 6/25/18 at 2:14 p.m. Diagnoses included, but were</p>			F 0625	<p><u>F 625</u></p> <p><u>Plan of Correction</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>·Unable to correct past Bed Hold Agreements that were not</p>		08/31/2018

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	<p>not limited to: acute embolism, deep vein thrombosis (DVT) of lower extremity, muscle weakness, partial intestinal obstruction, difficulty walking, Parkinson's Disease, dementia with behavioral disturbances, hypertension, peripheral vascular disease, diabetes mellitus.</p> <p>Review of Resident 16's MDS (Minimal Data Set) assessments indicated the following: A Discharge assessment with an anticipated return was completed on 2/1/18. A PPD (Prospective Payment System) 5 day MDS assessment was completed on 2/14/18. A Discharge assessment with anticipated return was completed on 5/14/18. An Entry MDS assessment was completed on 5/16/18.</p> <p>Review of Resident 16's progress notes indicated the following: On 2/1/10 at 9:32 p.m., at approximately 8:40 p.m., the Resident complained of severe stomach pain and the abdomen was hard and distended. At approximately 8:50 p.m., the POA (Power of Attorney) was called and updated on Resident's condition. The POA wanted Resident 16 sent to the ER (Emergency Room). The Physician was notified on Residents status and an order was received to send Resident 16 to the ER for evaluation and treatment</p> <p>A review of Resident 16's Physician Orders, indicated an order was given, dated 2/1/18, to send to ER for Eval (evaluation)/Treat (treatment).</p> <p>On 2/2/18 at 1:31 p.m., the Resident was admitted to the Hospital.</p> <p>On 5/14/18 at 12:07 p.m., the Resident was assessed at 11:30 a.m. for complaint of severe pain</p>				<p>completed.</p> <p>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken;</p> <p>·All residents residing in the facility have the potential to be affected by the same deficient practice. Education has been provided to licensed nurses & social services to ensure the completion of a Bed Hold Agreement when a resident is transferred to the hospital.</p> <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> <p>·Education has been provided to all licensed nurses regarding our <u>Facility Bed Hold Policy</u> & completion of the <u>Bed Hold Agreement</u>. A Bed Hold Agreement will be completed to ensure continuity of care when the resident is transferred from our nursing facility to the hospital. The original Bed Hold Agreement will accompany the resident with the transfer. A copy of the Bed Hold Agreement will be retained in the resident's medical record.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p>		

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	<p>in abdomen and vomiting. The Physician was notified of Resident 16's status and the physician gave an order to send Resident to the Hospital.</p> <p>On 5/14/18, the resident was admitted to the hospital for abdominal pain.</p> <p>During the review of Resident 16's clinical record, paper and electronic, the clinical records were lacking the Bed-Hold document. The documentation in the nurse's note was lacking if Resident's Representative was informed of the Bed-Hold Policy when the Resident was transferred to the hospital on 2/1/18 and 5/14/18.</p> <p>An interview with the DON (Director of Nursing) on 8/16/18 at 11:40 a.m. indicated she could not find the Resident 16's Transfer/Discharge forms for the Hospital Admission on 2/1/18. The DON provided the INTERACT Nursing Home to Hospital Transfer Form, dated 5/14/18. She also indicated the nurse was to complete the check list on the printed INTERACT envelop when a resident is transferred out of the facility. The DON further indicated when she was the ADON (Assistant Director of Nursing) the former DON got rid of the Bed Hold paper work and said they were not current and were not longer used. She indicated the Bed Hold Policy was not given to the Resident nor the Resident's Representative.</p> <p>2. A review of Resident 10's medical record on 8/15/18 at 2:59 p.m., indicated a BIMS (Brief Interview of Mental Status) of 5 out of 15, meaning severe cognitive impairment. Diagnoses included but were not limited to: Parkinson's disease, and dementia.</p> <p>There was no bed hold completed for the hospital transfer on 8/29/2018.</p>				<p>The DON or her designee will <u>monitor</u> completion of the Bed Hold Agreement at the same time she is validating completion of the Transfer Form with each hospital transfer. Each hospital transfer is identified during the morning Department Head meeting when reviewing census. The DON or her designee will validate that there is a copy of the completed Bed Hold Agreement in the resident's medical record. Findings from the <u>Bed Hold Agreement Monitor Tool</u> will be reviewed by the QA committee monthly as a standard agenda item. The QA committee will make further recommendations if 100% compliance is not achieved each month.</p> <p>By what date the systemic changes will be completed.</p> <p>The systemic changes will be completed by 8/31/18</p>		

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	<p>3. A review of Resident 22's medical record on 8/16/2018 at 10:56 a.m., indicated a BIMS (Brief Interview of Mental Status) score of 15 out of 15, meaning cognitively intact. Diagnoses included but were not limited to: diabetes, and high blood pressure.</p> <p>There was no bed hold completed for the hospital transfers on 4/30/2018 and 7/2/2018.</p> <p>4. A review of Resident 41's closed medical record on 8/15/2018 at 11:02 a.m., indicated diagnoses include but were not limited to: lung disease, and heart disease.</p> <p>There was no bed hold completed for the hospital transfer on 4/22/2018.</p> <p>On 8/17/18 at 2:30 p.m., the DON provided a copy of the INTERACT Envelope, titled, "Acute Care Transfer Document Checklist." The list included the documents to be sent with a resident when they were being transferred to the hospital. An interview with the DON indicated the checklist of documents to be provided when transferred did not include the Bed Hold.</p> <p>A current facility policy, Facility Bedhold, dated 11/28/2016, provided by the Executive Director on 8/17/2018 at 12:40 p.m. indicated the following: "...The facility will notify the resident/responsible party of the facility's bed hold and re-admission policies at admission and anytime a resident is transferred to the hospital or goes out on therapeutic leave. 1. The facility's bed hold and re-admission policies will be discussed with the resident/responsible party and the facility will provide written notice of the bed hold and re-admission policies: Before a resident's transfer</p>						

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F 0684 SS=D Bldg. 00	<p>to the hospital or for overnight therapeutic leave and included in the resident's transfer packet..."</p> <p>3.1-12(a)(25)(26)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on observation, interview, and record review, the facility failed to ensure splints were being applied to a resident for mobility purposes for 1 out of 2 residents reviewed for mobility and positioning. (Resident 10)</p> <p>Findings included:</p> <p>A review of Resident 10's medical record on 8/15/18 at 2:59 p.m., indicated a BIMS (Brief Interview of Mental Status) score of 5 out of 15, meaning severe cognitive impairment. Diagnoses included but were not limited to: Parkinson's disease, and dementia.</p> <p>On 8/15/18 at 10:15 a.m., Resident # 10 was observed sitting in his room, in his recliner and his legs were elevated. A visitor was sitting beside him. The splints were observed on the floor, beside the chair.</p> <p>On 8/15/18 at 2:10 p.m., Resident # 10 was observed in his room, lying supine in his low bed,</p>			F 0684	<p><u>F 684</u> <u>Plan of Correction</u> ·What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; · Resident #10 care plan has been reviewed to validate physician's orders for splints and that the C.N.A. care card reflects the BLE splint on and off schedule. ·Splints are applied per physician order and care plan. ·How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken; ·All residents residing in the facility have the potential to be</p>		08/31/2018

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	<p>with his eyes closed. The splints were observed on the floor, behind the recliner.</p> <p>On 8/16/18 at 10:45 a.m., Resident # 10 was observed in his room, sitting in his wheel chair. The splints were observed on the floor, behind the recliner, in the corner.</p> <p>On 8/16/2018 at 1:35 p.m., Resident # 10 was observed in his room, lying supine in his low bed, both legs were drawn up toward the core of his body. The splints were observed on the floor, behind the recliner, in the corner of the room.</p> <p>On 8/17/2018 at 10:50 a.m., Resident # 10 was observed sitting in his wheel chair, across from the 400 hall nurses station.</p> <p>During an interview on 8/13/18 at 10:53 a.m., a family member indicated Resident 10 was to be wearing a splint on his leg.</p> <p>The MDS (Minimum Data Set) quarterly assessment dated 8/13/2018 indicated no Restorative services and no splint or brace placement.</p> <p>The MDS quarterly assessment dated 5/15/2018 indicated no Restorative services and no splint or brace placement.</p> <p>The MDS annual assessment dated 2/15/2018 indicated no Restorative services and no splint or brace placement.</p> <p>The MDS quarterly assessment dated 11/15/2017 indicated no Restorative services and no splint or brace placement.</p> <p>A Physician's order dated 11/6/2017 indicated the</p>				<p>affected by the same deficient practice. Review of resident physician orders on 8/24/18 found no other residents to be affected.</p> <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"> Education has been provided to all licensed nurses regarding <u>Application of Splints</u> and following physician orders. A monitoring tool will be completed by the DON or designee daily for 4 weeks, then weekly for all residents with splint orders. Review of tool will be part of QA agenda monthly for 12 months. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The DON or her designee will report findings from <u>Splint Monitoring Tool</u> to the QA committee monthly for 12 months. The monthly compliance goal is 95% or greater and the QA committee will make further recommendations if the percentage goal is not achieved monthly. By what date the systemic changes will be completed. The systemic changes will be completed by 8/31/18 		

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	<p>following: "... BLE (bilateral lower extremity) splints, resident to wear BLE knee splints as tolerated when in bed during the day time only. Dx (diagnosis): promote BLE movement..."</p> <p>A Care Plan for Pain, dated 4/15/2016 indicated a list of interventions, but were not limited to the following: Wear bilateral lower extremities splints as ordered, dated 6/5/2017. Wear knee splints as ordered, dated 11/7/2017. Do not force movement of his legs and knees, dated 3/1/2018.</p> <p>A Care Plan for ADL's (Activities of Daily Living) self care deficit, dated 4/15/2016 indicated a list of interventions but were not limited to the following: Splints to both lower extremities during mid day as tolerates and remove at HS (bedtime), dated 5/31/2017. Wear knee splints as tolerates while in bed during the day as ordered, dated 11/7/2017.</p> <p>A review of the EMAR (Electronic Medication Administration Record) indicated the months of December 2017, January, March, April, May, June, and July 2018 were documented as 0 (zero) on the EMAR treatment form, meaning the knee splints were administered. On February 11, and 27, 2018 a 3 (three) was documented on the EMAR, meaning refused. On November 28, 2017 a 12 (twelve) was documented on the EMAR, meaning Hold-MD (Medical Doctor), see notes.</p> <p>During an interview on 8/16/2018 at 4:20 p.m., LPN (Licensed Practical Nurse) 1 indicated the zero's on the EMR indicated the splints were administered. If they were refused by Resident 10 they would have a number three documented.</p>						

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	<p>LPN 1 further indicated the nurses were to apply the splints during the day.</p> <p>There were no progress notes that provided documentation of Resident 10's refusal to wear the knee splints.</p> <p>During an interview on 8/17/18 at 12:20 p.m., the MDS Coordinator indicated the knee splints were the nursing departments responsibility due to skin checks that would need completed. She further indicated Restorative nursing did not have the resident on a program for ROM (Range Of Motion) because he was receiving occupational therapy services for upper body strength. She had indicated he probably would benefit from some lower extremity ROM.</p> <p>8/17/2018 at 12:54 p.m., a policy provided by MDS Coordinator, dated July 2010, titled Splinting...indicated the following: "...Splints will be applied in accordance with the Restorative Plan of Care. 6. Provide ROM prior to application and after removal of splint..."</p> <p>3.1-37(a)</p>						