STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155444	A. BUILDING 00 B. WING	05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORWOOD HEALTH AND REHABILITATION CENTER	3720 N NORWOOD RD HUNTINGTON, IN 46750

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F 0000 Bldg. 00	This visit was for a Minimum Data Set (MDS) 3.0 Focus Survey. Survey dates: May 17 and 18, 2017 Facility number: 000463 Provider number: 155444 AIM number: 100290910 Census Bed Type: SNF/NF: 35 Total: 35 Census Payor Type: Medicare: 4 Medicaid: 24 Other: 7 Total: 35 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on May 19, 2017.	F 0000	This plan of correction constitutes the facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and /or executed solely because required by the provision of the health and safety code section 1280 and 42 GFR 483.	
F 0278 SS=D Bldg. 00	483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	assessment must accurately reflect the resident's status. (h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. (i) Certification (1) A registered nurse must sign and certify that the assessment is completed. (2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. (j) Penalty for Falsification (1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. (2) Clinical disagreement does not constitute a material and false statement. Based on record review and interview, the facility failed to ensure a Minimum Data Set Assessment (MDS) was completed to accurately reflect the resident's status and the care and services the resident received for the area of	F 0278	F-278 Resident 9 has had subsequent MDS assessments completed that indicate correct	06/09/2017

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	urinary tract infection (UTI) for 1 of 12 residents reviewed. (Resident 9) Finding includes: On 05/18/2017 at 9:30 a.m., the record review for Resident 9 was completed. Diagnoses included, but were not limited to, urinary tract infection, retention of urine, neuromuscular dysfunction of the bladder (condition of altered emptying of urine from the bladder). A Quarterly MDS assessment, dated 02/07/17, did not indicate the resident had a urinary tract infection in the last 30 days. A document titled, "URINALYSIS" dated 01/12/2017, provided by the ADON (Assistant Director of Nursing) on 5/18/2017 at 12:20 p.m., indicated a urinalysis with culture was obtained from the resident on 01/09/2017 with results received on 01/09/2017. A handwritten order by the ADON on the document was observed for "Bactrim [an antibiotic] DS [double strength] BID [twice daily] x [times] 7 days per [by] [name of physician] 01/09/2017." A document titled, "MICROBIOLOGY," dated 01/12/2017, provided by the ADON on 5/18/2017 at 12:20 p.m.,		diagnoses coded under section I. Resident's residing in the facility that have OBRA or PPS MDS Assessments completed have the potential to be affected by the same deficient practice. RN, MDS Coordinator educated per corporate resources on 5/23/17 and 5/24/17 regarding coding diagnoses on the MDS and ensuring accuracy and supportive documentation present in the resident medical record. DON/Designee will review Residents that are currently in the assessment reference date and ensure MDS, Section I is coded accurately. This review will be completed weekly prior to submission for 6	

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	indicated the residents urine culture was completed. A handwritten order by (name of physician) on the document indicated, "Rocephin [an antibiotic] 1 GM [gram] IM [intramuscularly] daily x [times] 3 days." The medication administration record (MAR), provided by the ADON on 5/18/2017 at 12:20 p.m., dated January 2017, indicated the resident received: "...Bactrim DS 800-160 mg [milligram]...give 1 tablet by mouth every 12 hours for bacterial infection for 7 days. Order date 01/09/2017...D/C date 01/12/2017...." The medication administration record, provided by the ADON on 5/18/2017 at 12:20 p.m., dated January 2017, indicated the resident received: "...Rocephin 1 GM intramuscularly at bedtime for UTI for 3 days. Order date 01/12/2017...." The care plans for the resident for the month of January 2017, provided by the ADON on 5/18/2017 at 12:20 p.m., lacked indication of a UTI. In an interview on 05/18/2017 at 12:30 p.m., with the DON and the ADON, both indicated the MDS, dated 02/07/2017, should have been coded to indicate the		weeks to ensure coding accuracy. Findings will be submitted to QAPI by DON/Designee monthly x 6 months and MDS Coordinator will have additional training if necessary if deficiency in coding diagnoses is noted. If diagnosis coding inaccuracy is noted, review of resident's in assessment reference period, prior to submission, will continue until diagnosis coding accuracy achieved for 4 consecutive weeks. Systemic changes will be complete by June 9, 2017.	

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	resident had a UTI. 3.1-31(d)			