

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

PRINTED: 10/07/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155801		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/07/2022	
NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF BOONVILLE - NORTH				STREET ADDRESS, CITY, STATE, ZIP COD 305 E NORTH ST BOONVILLE, IN 47601			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00388760 and IN00388108.</p> <p>Complaint IN00388760 - Substantiated. Federal/State deficiencies related to the allegations are cited at F698.</p> <p>Complaint IN00388108 - Substantiated. Federal/State deficiencies related to the allegations are cited at F551.</p> <p>Survey dates: August 31, September 6, and 7, 2022</p> <p>Facility number: 000450 Provider number: 155801 AIM number: 100273890</p> <p>Census Bed Type: SNF/NF: 41 Total: 41</p> <p>Census Payor Type: Medicare: 15 Medicaid: 26 Total: 41</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 12, 2022.</p>			F 0000	<p>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 regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective September 20, 2022 to the state findings of the Complaint Survey conducted on September 7, 2022.</p>		
F 0551 SS=D Bldg. 00	<p>483.10(b)(3)-(7)(i)-(iii) Rights Exercised by Representative §483.10(b)(3) In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance</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>with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.</p> <p>(i) The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the representative.</p> <p>(ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.</p> <p>§483.10(b)(4) The facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(5) The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law.</p> <p>§483.10(b)(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and in the manner required under State law.</p> <p>§483.10(b)(7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction,</p>						

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	<p>the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court-appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.</p> <p>(i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative's authority.</p> <p>(ii) The resident's wishes and preferences must be considered in the exercise of rights by the representative.</p> <p>(iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.</p> <p>Based on interview and record review the facility failed to ensure a resident who entered the facility with a guardian maintained that service during the resident's stay for 1 of 2 residents reviewed with court appointed guardianships. Resident B's guardian had been replaced after resident's admission, then two months later the guardianship service resigned from the resident's services and oversight, no further action to maintain the service was taken on the resident's behalf. (Resident B)</p> <p>Finding includes:</p> <p>On 8/31/22 at 1:15 p.m., Resident B's clinical record was reviewed. The diagnoses included, but were not limited to, Alzheimer's Disease with early onset, chronic obstructive pulmonary disease, Diabetes Mellitus Type 2, and history of traumatic subdural hemorrhage.</p>			F 0551	<p>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 regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective September 20, 2022 to the state findings of the Complaint Survey conducted on September 7, 2022.</p> <p>F - 551</p> <p><i>The corrective action taken for those residents found to have been affected by the deficient practice is that the facility has</i></p>		09/20/2022

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	<p>The Quarterly MDS (Minimum Data Set) assessment, dated 7/26/22, indicated Resident B's cognition was moderately impaired.</p> <p>The resident profile identified a list of contacts. The first one was a guardian. The guardian was listed as the number one emergency contact and contact for care conferences. No additional information was listed such as telephone number or email address. There was an icon which highlighted when scrolled across on the EMR (electronic medical record). When highlighted a toll free number appeared with the words "after hours contact."</p> <p>On 9/6/22 at 4:00 p.m., the after hours number was called. The operator identified herself as part of a triage type service for the residents with guardians for the Kentucky State Guardianship-emergency guardians. She provided the following information: Resident B was placed with guardian as of 12/10/21 (also the admission date to the facility). The listed female guardian on the resident's profile was replaced with a male guardian prior to 2/18/22. The guardian services were no longer covering the guardian services for the resident as of 2/18/22.</p> <p>The resident's hospital record in the EMR, listed that she was admitted to the hospital on 8/7/22 with a diagnosis of altered mental status, unspecified, information on the hospital record did not list a guardian only the family members in two other states.</p> <p>On 9/7/22 at 10:00 a.m., the Administrator was interviewed. She indicated she had a written file of contacts regarding the lack of guardian and also indicated that the information regarding the lack of the guardian was not in the file.</p>				<p>reached out to the Indiana Law service to secure a new guardian for the resident identified as resident B. The facility will continue to work with this agency until a new guardian has been appointed for the resident. In the meantime, the facility has been communicating with the resident's next of kin their sister related to any needs and/or health care decisions for the resident.</p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that a housewide audit has been conducted to ensure that any resident who requires/needs a legal representative has a legal representative appointed for them who is making sound decisions in the best interest of the resident. All residents who have been identified in need of a legal representative were found to have a legal representative in place.</i></p> <p><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 provided for the admission coordinator and the social service director of the requirement to ensure that any resident admitted to the facility that is in need of a legal representative has a legal representative appointed for the resident who is making sound decisions on behalf of the</i></p>		

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F 0698 SS=D Bldg. 00	<p>A copy of the resident profile was provided with hand written notes on the form with the ombudsman name of another county, added phone numbers local agencies including Indiana Legal Services. No further information or contact was provided or included in the residents record. When asked about contact and medical consent, the administrator indicated they had been calling the family members and that one sister was thinking about becoming the power of attorney or guardian.</p> <p>On 9/7/22 10:45 a.m. the Director of Nurses was interviewed regarding the information faxed to the Kentucky Courts system on 2/23/22. She indicated she did not follow up regarding the fax, that she was asked to provide medical information for the courts for the evaluation of guardian services. Follow up was not up to her and was not aware of the outcome.</p> <p>No further information was available for review.</p> <p>This Federal tag relates to Complaint IN00388108.</p> <p>3.1-3(c) 3.1-3(d) 483.25(l) Dialysis §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on observation, interview, and record review, the facility failed to ensure a plan of care</p>			F 0698	<p>resident. <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 the clinical record to ensure that any resident who requires legal representation, has a legal representative appointed for them who acts in good faith in making sound decisions for the resident. This tool will be completed by the Social Service Director 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> <p>By submitting the enclosed materials, we are not admitting the</p>		09/20/2022

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	<p>was developed for 1 of 1 residents receiving dialysis services. A dialysis resident was not routinely assessed by staff prior to and returning from dialysis treatments and lacked a plan of care specific to a resident receiving dialysis treatments. (Resident X)</p> <p>Finding includes:</p> <p>During record review on 9/6/22 at 11:39 A.M., Resident X's diagnosis included but was not limited to; stage four chronic kidney disease (CKD).</p> <p>Resident X's most recent Quarterly MDS (Minimal Data Set) assessment, dated 6/18/22, indicated the resident's cognition was mildly impaired and that they had not received dialysis treatment during the prior 7 day look back period.</p> <p>The Physician's Orders included, but was not limited to "Send lunch with resident to dialysis", every Tuesday, Thursday, and Friday, ordered 6/14/22.</p> <p>A Nurse's Note, dated 6/7/22 at 2:44 P.M., indicated the nurse received an update from the hospital that indicated Resident X had began dialysis and had a temporary port at the time.</p> <p>A Nurse's Notes, dated 6/11/22 at 4:44 P.M., indicated Resident X had returned from the hospital and was now on dialysis with end stage CKD. The resident had a Permacath (hemodialysis catheter) to her right chest for dialysis.</p> <p>The clinical record lacked a care plan related to Resident X requiring dialysis treatments and monitoring the dialysis access site.</p>				<p>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 the plan of correction be considered our allegation of compliance effective September 20, 2022 to the state findings of the Complaint Survey conducted on September 7, 2022.</p> <p>F - 698</p> <p><i>The corrective action taken for those residents found to have been affected by the deficient practice is that the resident identified as resident X is now being assessed by staff prior to and upon returning from dialysis treatments. A care plan has also been developed and implemented specific to the resident's receiving dialysis treatments and the care thereof.</i></p> <p><i>The corrective action taken for the other residents that have the potential to be affected by the same deficient practice is that a housewide audit of all residents' receiving dialysis has been completed. All residents receiving dialysis treatments are now being assessed prior to and upon their return from dialysis treatments and they have a care plan in place related to the needs and care of the dialysis resident.</i></p> <p><i>The measures that have been put</i></p>		

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	<p>The clinical record lacked monitoring of the resident's Permacath dialysis access site.</p> <p>On 9/7/22 at 9:10 A.M. Resident X was lying in bed in her room. Resident X indicate she went to the dialysis center for dialysis treatments every Tuesday, Wednesday, and Saturday. She had recently had a shunt placed in her left arm and currently still used the port in her right chest during dialysis. Resident X indicated that nursing staff checked on her port every once in a while.</p> <p>During an interview 9/7/22 at 9:18 A.M., LPN 3 indicated Resident X had a shunt placed in her arm recently, but the resident was still using a port on her chest for dialysis. LPN 3 checked Resident X's dressing every morning while passing medications, but did not have a place to document that in the resident records.</p> <p>On 9/7/22 at 10:10 A.M., the DON (Director of Nursing) provided a facility policy titled, Hemodialysis Access Care, dated, 1/6/19. The policy included, "...Documentation... The general medical nurse should document in the resident's medical record every shift as follows: 1. Location of catheter. 2. Condition of dressing (interventions if needed). 3. If dialysis was done during shift. 4. Any part of report from dialysis nurse post dialysis being given. 5. Observations post dialysis."</p> <p>This Federal tag relates to complaints IN00388760.</p> <p>3.1-37(a)</p>				<p><i>into place to ensure that the deficient practice does not recur is that a mandatory in-service has been provided for all licensed nurses and members of the interdisciplinary team on the facility's policies related to dialysis residents and their specific needs. The in-service also covered the need to ensure that assessments are completed prior to and upon the resident's return from each dialysis treatment. The facility policy was also reviewed related to the development and implementation of care plans related to each resident's specific needs including the specific needs of a dialysis resident.</i></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 the care and services provided for the resident receiving dialysis service. The tool will monitor to ensure that there is documentation to support that the dialysis resident is being assessed prior to and upon their return from each dialysis treatment. The tool will also monitor to ensure that an appropriate plan of care is in place related to the needs of the resident receiving dialysis. This tool will be completed by the Director of Nursing and/or their</i></p>		

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					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.		