

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

PRINTED: 07/02/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155458		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/01/2018	
NAME OF PROVIDER OR SUPPLIER HIGHLAND NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9630 FIFTH ST HIGHLAND, IN 46322			
(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 the Investigation of Complaints IN00260337, IN00260499, and IN00262645.</p> <p>Complaint IN00260337- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00260499- Substantiated. Federal/State deficiencies related the allegations are cited at F661.</p> <p>Complaint IN00262645. Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 31 & June 1, 2018</p> <p>Facility number: 000367 Provider number: 155458 AIM number: 100289280</p> <p>Census bed type: SNF/NF: 22 Total: 22</p> <p>Census payor type: Medicare: 2 Medicaid: 16 Other: 4 Total: 22</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/4/18.</p>			F 0000	Preparation and or execution of this Plan of Correction does not constitute admission or agreement on the part of the Provider to the truth of the facts alleged or the conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and or executed solely as required. Highland Nursing respectfully requests a desk review.		
F 0661 SS=D Bldg. 00	483.21(c)(2)(i)-(iv) Discharge Summary §483.21(c)(2) Discharge Summary						

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 disclosable 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>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>Based on record review and interview, the facility failed to ensure a thorough Discharge Summary was implemented related to verification of the discharge plan discussion and involvement with the resident and arrangements for follow up care and services for 1 of 3 residents reviewed for discharges to the community. (Resident E)</p> <p>Finding includes:</p>			F 0661	<p>It is the policy and practice of Highland Nursing and Rehab Center to provide a full and complete discharge to our residents and their families at the time of discharge.</p> <p>I Discharges for the past 30 days were reviewed for possible errors</p>		07/01/2018

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	<p>The closed record for Resident E was reviewed on 5/31/18 at 12:00 p.m. Diagnoses included, but were not limited to, traumatic brain injury, gun shot wound to the head, chronic obstructive pulmonary disease, and intracerebral (brain) hemorrhage.</p> <p>The 1/28/18 Admission Minimum Data Set (MDS) assessment indicated cognitive patterns for decision were not impaired. No behaviors or rejection of care occurred. Extensive assistance of staff was needed for bed mobility, transfers, dressing, toileting, and personal hygiene. Impairment in range of motion was noted to both upper extremities and both lower extremities. The resident was expected to be discharged to the community. No active discharge planning was already occurring for the resident to return to the community.</p> <p>Admission Care Plans were completed on 1/23/18. Resident E wished to return home. Interventions included but were not limited to, prepare and give information to the resident, provide family member with contact numbers for all community referrals, and evaluate resident's motivation to return home.</p> <p>An Admit Social Service (SS) Progress Note was completed on 1/19/2018. Resident E was admitted from another hospital. SS met with the resident and his Grandmother. The 1/29/18 entry indicated the resident's anti-anxiety medication dose had been decreased. On 1/30/18, Social Service met with the resident and talked about his Grandmother. No information related to discharge planning was noted in the above two entries. There were no further Social Service notes completed.</p> <p>A Physician's order was obtained on 4/19/18 for</p>				<p>or omissions.</p> <p>II All future discharges have the potential to be affected by this deficiency.</p> <p>III Additional In-Service training is being provided by the Administrator to Social Service, Nursing, Dietary, and Activities as to what is required in providing and documenting a correct discharge. Check lists for the departments to complete have been developed to ensure complete documentation.</p> <p>IV The completed check-lists will be monitored by the DON or her designee and the results will be presented to the QAPI Committee for a period of six months or until terminated by the QAPI Committee.</p>		

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	<p>discharge to home with a wheel chair.</p> <p>A Nurse's Note, completed on 4/19/18 at 1:15 p.m., indicated the resident was alert and orientated x 3 with clear speech. The resident was to be discharged home with his Grandmother. Grandmother was educated on medications, medication scheduling, and discharge instructions. All medications and belongings sent home with the Grandmother.</p> <p>The 4/2018 Medication Administration records included the following current medication orders. All medications were signed out as administered through 4/19/18.</p> <p>-Methylphenidate 5 mg (milligrams) one tablet orally in AM</p> <p>-Polyethylene Glycol powder- one packet daily</p> <p>-Prozac 30 mg one time daily</p> <p>-Advair Diskus inhaler- one puff two times a day</p> <p>-Ondanestron 4 mg - one tablet every 8 hours as needed for nausea</p> <p>-Florinal capsule 50-325 mg -40 mg- one tab every 4 hours as needed for Migraine related to PTSD (Post Traumatic Stress Disorder)</p> <p>-Senexon- S 8.6 mg/50 mg - give 2 tablets twice day</p> <p>-Albuterol solution 2.5 mg /3 ML (milliliters) - give inhalation treatment via nebulizer four times a day for chronic obstructive pulmonary disease</p> <p>-Levetiracetam 250 milligrams 2 times a day</p> <p>-Famotidine 20 mg - give one tablet two times a day</p> <p>-Diazepam 2 mg - give 0.5 mg by mouth two times a day for Nausea and Vertigo</p> <p>-Amantadine 100 mg capsule - one capsule two times a day for Neuro-stimulation</p> <p>A Post-Discharge Plan of Care was initiated on 4/19/18. Sections for "Dietary and Nutritional</p>						

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	<p>Needs" and "Activities and Leisure Pursuits" were not addressed or completed. The names and dosages of some of the medications were listed. Sections titled "Amount Sent With Resident," "Prescriptions Sent With Resident," and "Prescription Called to Pharmacy" had not been completed.</p> <p>The "Community Resources" and "Service Planning" section was reviewed. Nursing needs and Out Patient Therapy services were needed. No other information related to the need for or arrangements made were completed.</p> <p>The Director of Nursing was interviewed on 5/31/18 at 2:30 p.m. She indicated the resident was discharged to home with his family to his Grandmother's home. The discharge instruction form was not complete. If medications and health care equipment were needed, Social Service was to make the arrangements. This should be documented in a Social Service document. If the resident was receiving Medicaid they were discharged with all their medications.</p> <p>This Federal tag relates to Complaint IN00260499.</p> <p>3.1-36(b)</p>						