

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155694	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/23/2019
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NAME OF PROVIDER OR SUPPLIER BETZ NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP COD 116 BETZ RD AUBURN, IN 46706
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00308894.</p> <p>Complaint IN00308894 - Substantiated. Federal/state deficiencies related to the allegations are cited at F560 and F580 .</p> <p>Survey dates: October 23, 2019</p> <p>Facility number: 000306 Provider number: 155694 AIM number: 100273860</p> <p>Census Bed Type: SNF/NF: 97 Total: 97</p> <p>Census Payor Type: Medicare: 6 Medicaid: 55 Other: 36 Total: 97</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed October 24, 2019.</p>	F 0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a post survey revisit on or after 11/15/2019	
F 0560 SS=D Bldg. 00	<p>483.10(e)(7)(i)-(iii)(8) Right to Refuse Certain Transfers §483.10(e)(7) The right to refuse to transfer to another room in the facility, if the purpose of the transfer is: (i) to relocate a resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or (ii) to relocate a resident of a NF from 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>distinct part of the institution that is a NF to a distinct part of the institution that is a SNF. (iii) solely for the convenience of staff.</p> <p>§483.10(e)(8) A resident's exercise of the right to refuse transfer does not affect the resident's eligibility or entitlement to Medicare or Medicaid benefits. Based on interview and record review, the facility failed to ensure a resident was permitted to exercise thier right to refuse for 1 of 3 residents reviewed (Resident R).</p> <p>Findings include:</p> <p>On 10/23/19 at 11:45 A.M., Resident R's record was reviewed. Diagnoses included, but were not limited to, healing left hip fracture, mood disorder, and cognitive communication deficit (results in difficulty with thinking and language usage).</p> <p>A quarterly MDS (Minimum Data Set) assessment, dated 7/24/19, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14 which signified he had no cognitive impairment.</p> <p>On 10/23/19 at 12:34 P.M., Resident R's POA (Power of Attorney) was interviewed. During the interview, he indicated the resident had notified him of an altercation between he and another resident that occurred during the night on 10/4/19. Resident R indicated he was frightened to use the bathroom because of the other resident. The POA indicated when he spoke with the Social Services Director (SSD) on 10/4/19 about the altercation and resident fears, she indicated staff were in the process of investigating the incident. The POA requested Resident R be moved back to the room he had been in previously, for his safety, but</p>	F 0560	<p>F560 Right to Refuse Certain Transfers</p> <p>It is the practice of this provider to ensure that residents are permitted to exercise their right of refusal of transfer to another room in the facility. Based on the alleged deficient practice herein, the following has been implemented:</p> <p>What corrective action(s) will be accomplished for the resident found to have been affected by the deficient practice:</p> <p>Resident R: Resident no longer resides in the facility.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>All residents that were involved in intra-facility transfers have the potential to be affected by the alleged deficient practice.</p> <p>SSD/designee will complete an audit tool for all effected residents for the past 30 days and all residents in the future to ensure all criteria for intra facility transfers</p>	11/15/2019

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	<p>alleged he was told that was not possible because of the resident's payer source. When questioned, the POA indicated he had not been notified of the room change and neither he nor the resident knew why he'd had been moved. The resident was still receiving skilled therapy services. He indicated the resident had not been given a choice but was told he had to move rooms.</p> <p>An Intra-Facility Transfer Notice of Room Change form, dated 10/2/19 at 10:07 a.m., indicated Resident R was informed that it was necessary to move him from a private room on one hallway to another private room in a different hallway of the facility. The form indicated the transfer would be taking place on 10/1/19. The reason for the transfer was "improved roommate compatibility". The form indicated the resident had waived his right to 48 hours notice, right to a relocation planning conference, and the right to receive the notice in writing. The form indicated the resident's legal representative had not received the notice.</p> <p>On 10/23/19 at 1:14 P.M., the SSD was interviewed. During the interview, she indicated the resident had been admitted to the facility for short term rehabilitation however, he had not progressed in his abilities and was still receiving therapy services. She indicated the resident had been moved to a room on a hallway where long term care residents resided.</p> <p>On 10/23/19 at 4:20 P.M., the Director of Nursing Services (DNS) provided a current copy of the facility titled "Intra-facility Transfers/Roommate Notification Policy" which stated the following: "An intra-facility transfer refers to moving rooms within the same certified unit of the facility...Resident will be moved within the facility</p>		<p>has been addressed and documented. Any noted discrepancies will be corrected and clarified at the time of the audit.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the alleged deficient practice does not recur:</p> <p>1. Education has been provided to nursing facility staff. Education included but is not limited to: written notice provided or waived, observation "Notice of Roommate Change" completed, appropriate reason for transfer documented, 72 hour follow up notes for resident that moved and their roommate if appropriate. Education provided by DNS and CEC on 11/4/2019 and 11/5/2019.</p> <p>2. SSD or designee is responsible for oversight. Additionally, IDT will discuss any intra facility transfers and ensure that policy and documentation is appropriate and complete before and after move.</p> <p>How will the corrective action(s) be monitored to ensure the alleged deficient practice will not recur:</p> <p>1. IntraFacility Transfers QAPI tool will be utilized every week x 4 weeks, then monthly x 6 months, then quarterly x 2.</p> <p>2. Data will be submitted to the QAPI Committee meeting</p>		

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	<p>only when given appropriate notice and when meeting the qualifications listed...Intra-facility transfers will be initiated only when one or more of the following exists: a. The move is necessary for medical reasons b. The move is necessary for the welfare of the resident or other residents c. Resident request...An intra-facility transfer form will be completed prior to the room change. Information included in the form are the following: a. Reason for the transfer b. Effective date of the transfer...Notification of the transfer will be made to the resident and/or representative and recorded on the intra-facility form. The legal representative may be notified by phone prior to the transfer which shall be recorded on the intra-facility transfer form. The resident/representative will receive the notice in writing unless they waive their right to do so...."</p> <p>This Federal tag relates to Complaint IN00308894.</p> <p>3.1-12(a)(14)</p>		<p>overseen by the Executive Director. If threshold of 90% is not met, an action plan will be developed.</p> <p>3.Non-compliance with facility procedure may result in disciplinary action up to and including termination. Deficiency ID: F _ 0761 Completion Date: 5/16/2019 12:00:00 AM Plan of Correction Text: F 761 Label/Store Drugs and Biologicals What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The unattended med cart was immediately attended by the Unit Manager. RN4 was immediately inserviced that all drugs must be secured in a locked compartment at all times when the cart is unattended.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and who corrective action(s) will be taken? All residents on the 600 hall (5) have the potential to be affected. All floor charges (nurses and QMA's) were inserviced regarding medications being stored in locked compartments whenever carts are unattended.</p>	

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F 0580 SS=D	483.10(g)(14)(i)-(iv) Notify of Changes (Injury/Decline/Room, etc.)		<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? In-servicing will again be provided on 5/14 and 5/15 to floor charges (nurses and QMA's) by the CEC regarding proper storage or medications in a locked compartment whenever the cart is unattended.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie. what quality assurance program will be put into place? Med carts/ Tx carts will be audited weekly for 4 weeks, then monthly for 6 months, then quarterly times 2 by Unit Managers/Designee. Observations will be logged on the audit tool and findings will be discussed at monthly QAPI meeting which is overseen by the administrator. ·If a threshold of 90% is not achieved, an action plan will be developed to ensure compliance. Non-compliance with facility procedure may result in disciplinary action up to and including termination.</p>	

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Bldg. 00	<p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p>			

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	<p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). Based on interview and record review, the facility failed to notify a resident's POA (Power of Attorney) of a resident incident for 1 of 3 residents reviewed (Resident R). Findings include: On 10/23/19 at 11:45 A.M., Resident R's record was reviewed. Diagnoses included, but were not limited to, healing left hip fracture, mood disorder, and cognitive communication deficit (results in difficulty with thinking and language usage). A quarterly MDS (Minimum Data Set) assessment, dated 7/24/19, indicated the resident had a BIMS (Brief Interview Mental Status) score of 14 which signified he had no cognitive impairment. On 10/23/19 at 12:34 P.M., Resident R's POA was interviewed. During the interview, he indicated the resident had notified him, on 10/4/19 at approximately 11:00 a.m., that he had been "attacked" by another resident. The resident recounted he had been awakened at 2:00 a.m. on 10/4/19, by a confused resident who had tried to get into his bed. Resident R pushed the other resident away and a "scuffle" occurred. Resident R was struck on the chin and sustained a cut prior to staff intervening and removing the confused</p>	F 0580	<p>It is the practice of this provider to ensure that resident's POA (power of attorney) is notified of any resident incident occurrence. What corrective action(s) will be accomplished for the resident found to have been affected by the deficient practice: Resident R: Resident no longer resides in the facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents with changes in condition have the potential to be affected by the alleged deficient practice. DNS/SSD/designee completed an audit for all residents with changes of condition to ensure POA is notified of changes in condition. No other residents were found to be affected by this alleged deficient practice. What measures will be put into place or what systemic</p>	11/15/2019	

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	<p>resident from his room. The resident indicated he was "frightened" to use the bathroom after the altercation. The POA indicated after speaking with the resident, he tried contacting the facility but had to leave a voice message for the staff to return his call. He indicated while waiting for a call back from the facility, friends of the resident stopped in to visit him and noted Resident R had dried blood all over his chin, on his clothing and his bedding. The friends contacted the POA to see if he had been notified of the altercation and that the resident had sustained a cut to his chin. After speaking with the resident's friends, the POA, again, tried to contact the facility and was able to speak with the Social Services Director (SSD). The SSD indicated staff were in the process of investigating the incident.</p> <p>A Behavior Communication Event form, dated 10/4/19 at 2:00 a.m., indicated another resident had tried to get into Resident R's bed with him, broke his laptop and table, and tried to remove his clothes. The residents were separated and safety/prevention interventions put into place. The form indicated the Resident Representative was notified by the DNS (Director of Nursing Services) on 10/4/19 at 3:51 a.m.</p> <p>On 10/23/19 at 4:45 P.M., the DNS was interviewed. During the interview, she indicated she had not notified the POA of the incident and injury as documented on the Behavior Communication Event form dated 10/4/19 at 2:00 a.m.</p> <p>Resident Progress Notes, dated 10/4/19-10/9/19, did not indicate the POA had been notified of the incident and injury to the resident's chin. The resident was discharged on 10/9/19.</p>		<p>changes will you make to ensure that the alleged deficient practice does not recur:</p> <p>1.Licensed nursing staff have been educated on documentation expectations. Education includes but is not limited to accuracy of information entered into the medical record, assessment expectations with documentation of changes of condition and notification of responsible party. Education provided on 11/4/2019 and on 11/5/2019, and ongoing.</p> <p>2.DNS/Designee will review documentation for unusual occurrences/changes in condition and is responsible for oversight.</p> <p>How will the corrective action(s)be monitored to ensure the alleged deficient practice will not recur:</p> <p>1.Applicable portions of "Change of Condition" QAPI tool will be utilized every week x 4 weeks, monthly x 6 months, and quarterly x 2.</p> <p>2.Data will be submitted to the QAPI Committee meeting overseen by the Executive Director. If threshold of 90% is not met, an action plan will be developed.</p> <p>Non-compliance with facility procedure may result in disciplinary action up to and including termination.</p>		

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

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FORM APPROVED

OMB NO. 0938-039

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	<p>On 10/23/19 at 5:22 P.M., the DNS provided a current copy of the facility policy titled "Resident Change of Condition Policy" which stated the following: "It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party...2. Acute Medical Change...c. The responsible party will be notified that there has been a change in the resident's condition and what steps are being taken. d. All nursing actions/interventions will be documented in the medical record as soon as possible after the resident needs have been met...."</p> <p>This Federal tag relates to Complaint IN00308894.</p> <p>3.1-5(a)(1)</p>				