STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155468	A. BUILDING 00 B. WING	02/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRECKENRIDGE HEALTH & REHABILITATION	325 W NORTHWOOD DR SULLIVAN, IN 47882

(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	This visit was for the Investigation of Complaint IN00221068. Complaint IN00221068 - Substantiated. Federal/State deficiencies related to the allegation are cited at F309. Survey date: February 13, 2017 Facility number: 000525 Provider number: 155468 AIM number: 100267010 Census bed type: SNF/NF: 26 Total: 26 Census payor type: Medicare: 4 Medicaid: 21 Other: 1 Total: 26 Sample: 3 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality Review completed on February 14, 2017.	F 0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope an severity of the deficiency, the facility respectfully requests that this survey be considered for desk review and paper compliance.	

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

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F 0309 SS=D Bldg. 00	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (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 portable oxygen tank was maintained to provide an adequate amount of oxygen outside of the facility for 1 of 3 residents reviewed who utilized oxygen (Resident B). Findings include:	F 0309	F309 requires the facility to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being. 1. No residents were harmed. The Leave of Absence form has been updated to include documentation ensuring oxygen tanks are full prior to residents	02/22/2017

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	On 2/13/17 at 9:15 a.m., with the Director of Nursing (DON), residents who utilized oxygen were identified and oxygen tanks were checked for amount of fullness. On 2/13/17 at 10:30 a.m., Resident B was observed in her room in a chair with oxygen on per portable oxygen tank set on 2 liters. The resident and family member indicated at times the portable tank was empty. They indicated the resident desired to maintain mobility and did not want to utilize the oxygen concentrator in her room. They indicated the resident had gone out for a doctor's appointment and while out, ran out of oxygen. The resident's clinical record was reviewed on 2/13/17 at 1:30 p.m. A physician's order was noted for oxygen 2 L (liters) nasal cannula keep saturations greater than 90% (percent) dated 1/1/17. Documentation in a nurse's note, dated 1/4/17 at 3:30 p.m., was noted: "Res (resident) returned from MD (Medical Doctor) with Dr. (name). While at office portable tank ran out of o2 (oxygen). Res placed on tank at office staff took full e-lyte (liquid oxygen cylinder) to office to replace portable. Spoke with MD will start 2 hr (hour) checks to ensure portable		signing out of the facility for a leave of absence, (See Attachment A). All residents who receive oxygen and/or their responsible party have been educated on the changes via letter, (See Attachment B). 2. All residents who receive oxygen therapy have the potential to be affected, thus the following corrective actions have been taken; 3. As a means of ongoing compliance, the facility Oxygen Portability Policy was reviewed with no changes made, (See Attachment C). All nursing staff will receive education regarding the Oxygen Portability Policy and the changes to the resident Leave of Absence form. 4. As a means of quality assurance, the Director of Nursing or designee will audit the Leave of Absence book to ensure staff and responsible parties are certifying oxygen tanks are full prior to resident departure, daily on scheduled days of work times 4 weeks, then twice weekly times 4 weeks, then monthly times 2 months, then quarterly until compliance is maintained for 2 consecutive quarters, (See Attachment D). The audits will be reviewed as part of the monthly Quality Assurance meeting with the plan of action adjusted accordingly, as warranted.	

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	o2 has o2. MD agreed. N.O. (new order) for portable concentrator from MD. No respiratory distress noted to res upon return o2 sat (saturation) 96% (percent) on 2L (liters)." The Respiratory Therapist was interviewed 2/13/17 at 1:10 p.m. The therapist indicated the portable oxygen should last four hours if full. The tanks leaked oxygen due to pressure in the devices. The resident had not been out of the building very long before the doctor's office had called about the empty tank. The Administrator and DON were interviewed on 2/13/17 at 2:10 p.m. They indicated they were not aware of a policy that addressed checking portable devices before residents went out for leave of absences. The staff knew to check the oxygen tanks. At 2:20 p.m. they provided a current policy titled, "Oxygen Portability Policy," dated 10/15. The policy included but was not limited to, "...8. Check portable device to ensure adequate supply of oxygen for activity/transport...." There was no way to check to ensure the portable oxygen tank level was checked prior to going out. This Federal tag relates to complaint IN00221068.		5. The above corrective actions will be completed on or before February 22, 2017.	

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	3.1-37(a)			