

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

PRINTED: 04/18/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/19/2018	
NAME OF PROVIDER OR SUPPLIER WELLINGTON AT SOUTHPORT THE				STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN 46227			
(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
R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00256303.</p> <p>Complaint IN00256303 - Substantiated. A State Residential Finding related to the allegations is cited at R036.</p> <p>Survey date: March 19, 2018</p> <p>Facility number: 3283</p> <p>Residential Census: 56</p> <p>This State Residential Finding cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review completed on March 20, 2018.</p>			R 0000	<p>"This Plan of Correction is submitted as required under State and Federal law. The submission of this Plan of Correction does not constitute an admission on the part of The Wellington at Southport as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute a admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in</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 that 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 30 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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R 0036 Bldg. 00	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) 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. Based on record review and interview, the facility failed to immediately notify the family when a resident had a change in condition for 1 of 1 resident's reviewed for a change in condition in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 3/19/18 at 10:25 a.m. Diagnoses for Resident B included, but were not limited to, Alzheimer's disease, pseudobulbar affect and depression.</p>			R 0036	<p>any proceeding on that basis. The Community submits this Plan of Cor- rection with the intention that it be in- admissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies."</p> <p>1. The corrective action for the alleged non-compliance for resident B is all licensed nurses have been re-educated regrading immediately notifying the family when a resident has a change in condition and including incidents. 2. To ensure all residents are not affected</p>		04/06/2018

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	<p>A facility reported incident (FRI), dated 3/7/18, indicated CNA (certified nursing assistant) 1 attempted to assist Resident B with night time care on 3/6/18 at 8:00 p.m. Resident B became physical and scratched the CNA on the right upper arm breaking the skin.</p> <p>A nurses note, dated 3/7/18 at 12:00 p.m., indicated the facility had contacted the resident's family regarding the incident with the CNA. The family became upset because they had not been notified, when the incident occurred, on 3/6/18 at 8:00 p.m.</p> <p>A nurses note, dated 3/7/18 (no time), indicated the Director of Nursing (DON) had contacted LPN 2 regarding the incident with CNA 1 and Resident B on 3/6/18. LPN 2 had not contacted the family due to the late time and there were no injuries to the resident.</p> <p>During an interview with CNA 1, on 3/19/18 at 2:10 p.m., she indicated the resident was frequently incontinent and refused care. Resident B was pleasant to talk to but if you tried to assist with personal care she would become agitated and swat at you or tell you no. I attempted to put my arm around her to help her up and she dug her nails into my wrist and upper arm and drew blood.</p> <p>During an interview with the Administrator, on 3/19/18 at 2:30 p.m., she indicated she does not know why the LPN did not notify the family of the incident but was verbally reprimanded and staff was being inserviced on notifications.</p> <p>This State Residential tag relates to Complaint IN00256303.</p>				<p>by the non-compliance the Executive Director immediately in-serviced the licensed nurses and an in-service regarding Resident Rights and Notification of Physician and the resident's legal representative when the facility has noticed change in condition and incidents will be held on April 3rd and April 5th by the local Ombudsman.</p> <p>3. The measure to be put into practice to ensure that the deficient practice will not recur is all current licensed nurses have been re-instructed to contact the residents legal representative, MD, and the DON when there is a change in residents condition and any incident at the immediate time they are aware of the change in condition and the incident. Documentation of notification of such persons must be noted in the residents medical record.</p> <p>4. The Executive Director shall monitor daily compliance.</p> <p>5. The date the systemic changes</p>		

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					will be completed by April 6, 2018.		