

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155614	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/03/2017
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NAME OF PROVIDER OR SUPPLIER LINCOLN HILLS OF NEW ALBANY	STREET ADDRESS, CITY, STATE, ZIP CODE 326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00233826 and IN00236700.</p> <p>Complaint IN00233826 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00236700 - Substantiated. Federal/State deficiencies related to the allegations are cited at F280.</p> <p>Survey dates: August 2 and 3, 2017</p> <p>Facility number: 000321 Provider number: 155614 AIM number: 100286130</p> <p>Census Bed Type: SNF/NF: 120 SNF: 6 Total: 126</p> <p>Census Payor Type: Medicare: 14 Medicaid: 83 Other: 29 Total: 126</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 8, 2017.</p>	F 0000	<p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For purpose of any allegation that the facility is not in substantial compliance with federal requirements of participation, the response and plan of correction constitutes Lincoln Hills Health Center's allegation of compliance in accordance with Section 7305 in the State Operations Manual.</p>	
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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 90 days 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 14 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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F 0280 SS=D Bldg. 00	<p>483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 483.10</p> <p>(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:</p> <p>(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.</p> <p>(ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.</p> <p>(iv) The right to receive the services and/or items included in the plan of care.</p> <p>(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.</p> <p>(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must--</p> <p>(i) Facilitate the inclusion of the resident and/or resident representative.</p> <p>(ii) Include an assessment of the resident's strengths and needs.</p> <p>(iii) Incorporate the resident's personal and</p>			

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	<p>cultural preferences in developing goals of care.</p> <p>483.21 (b) Comprehensive Care Plans</p> <p>(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review</p>			

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	<p>assessments.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff followed a resident's (Resident C) plan of care for transfers for 1 of 4 residents reviewed for care plans.</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 8/2/17 at 3:35 p.m. Diagnoses included, but were not limited to, ataxic gait and blindness. The quarterly MDS (Minimum Data Set) assessment, dated 6/9/17, indicated the resident was an extensive two person assistance with transfers.</p> <p>The "Fall Care Plan", dated 2/8/17, indicated the resident was a two person assistance with transfers.</p> <p>During an observation on 8/2/17 at 4:14 p.m., CNA (Certified Nursing Assistant) 9 was observed to transfer Resident C, independently, from the recliner to the wheel chair.</p> <p>During an interview on 8/2/17 at 4:48 p.m., CNA 9 indicated the resident was a two person assist with transfers. "If she is standing good I transfer her by myself, but if she is not, I get someone to help me."</p> <p>During an interview on 8/2/17 at 5:09 p.m., the Director of Nursing indicated it was not ok for one person to transfer a resident if they were care planned as a two person assistance with transfers.</p> <p>This Federal tag relates to Complaint IN00236700</p> <p>3.1-35(d)(2)</p>	F 0280	<p>The facility will continue to observe the resident's right to participate in the development and implementation of his or her person-centered plan of care and ensure that the resident receives the services and/or items included in the plan of care.</p> <p>ADON and Supervisor educated CNA 9 on 8/2/17 regarding following each residents plan of care as outlined on the CNA assignment sheet. For Resident C, a special needs in-service was completed with nursing staff to outline the details of her person-centered plan of care.</p> <p>All residents have the potential to be affected by this alleged deficient practice.</p> <p>Nursing personnel were reeducated related to the importance of following each resident's person-centered plan of care as listed on CNA assignment sheets.</p> <p>Person-centered plan of care audits will be conducted by nursing managers on all units. During these audits nursing managers will observe staff to ensure that each resident's plan of care as outlined on the CNA assignment sheet is followed. If any inconsistencies are found they will be addressed immediately by nursing management. These audits will be conducted weekly times four</p>	08/28/2017
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			<p>weeks and then monthly.</p> <p>The results of these rounds will be reported to the DON and Administrator. The DON and Administrator will ensure that additional training and or counseling is provided as necessary.</p> <p>A summary of the audits above will be reported to the QAA committee. The QAA committee will review results of all audits. Audits will be ongoing until 100% compliance has been achieved and maintained for one quarter. DON and Administrator to monitor.</p>	