

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155481		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/06/2017	
NAME OF PROVIDER OR SUPPLIER ARBOR TRACE HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 3701 HODGIN RD RICHMOND, IN 47374			
(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	<p>This visit was for the Investigation of Complaints IN00213477, IN00216428 and IN00217524.</p> <p>Complaint IN00213477-Substantiated. No deficiencies related to the allegations are cited</p> <p>Complaint IN00216428-Substantiated. Federal/state deficiency related to the allegations is cited at F516.</p> <p>Complaint IN00217524-Substantiated. No deficiencies related to the allegations are cited</p> <p>Survey dates: January 3, 4, 5 and 6, 2017</p> <p>Facility number: 000455 Provider number: 155481 AIM number: 100291010</p> <p>Census bed type: SNF: 17 SNF/NF: 77 Residential: 33 Total: 127</p> <p>Census payor type: Medicare: 30 Medicaid: 49</p>			F 0000	<p>Arbor Trace requests paper compliance for the following deficiency. This plan of correction is to serve as Arbor Trace's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Arbor Trace or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</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 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 0516 SS=D Bldg. 00	<p>Other: 15 Total: 94</p> <p>Sample: 5</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on January 12, 2017</p> <p>483.20(f)(5)(i)(ii); 483.70(i)(3) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS 483.20(f)(5) Resident-identifiable information.</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>Based on interview and record review, the facility failed to safeguard a resident's clinical record for 1 of 3 clinical records reviewed for personal property records in</p>	F 0516	F 514 483.75(I) (1)RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE		01/20/2017		

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	<p>a sample of 5. (Resident D)</p> <p>Findings include:</p> <p>Resident D's clinical record was reviewed on 1-3-17 at 2:07 p.m. His diagnoses were identified as lung cancer with lobectomy, cerebral infarct, anxiety, depression, obstructive sleep apnea, COPD (chronic obstruction pulmonary disease) and atherosclerotic heart disease. In review of his Minimum Data Set (MDS) assessments, dated 6-8-16 and 6-24-16, he was assessed by the facility to be cognitively intact. Physician notes, dated 6-3-16 and 6-28-16, indicated he was alert and oriented to person, place and time.</p> <p>In an interview with Resident D on 1-3-17 3:52 p.m., he shared, "I didn't report to the nursing home that I had them [hearing aides] when I first came in, because I didn't have them to start with, so they weren 't on my inventory list. My wife had brought them into me not long after I was admitted to the nursing home."</p> <p>In review of a "Nursing Admission Assessment" note, dated 6-1-16, it indicated, "hearing aides: yes." A readmission nursing note, dated 6-17-16, specified he had bilateral hearing aides,</p>				<p>I. Resident #D no longer resides in the community.</p> <p>II. The facility completed an audit of residents' medical records to determine all had inventory sheets completed. Any issues identified were corrected.</p> <p>III. All nursing staff were received education on completing inventory sheets on new admissions. The systemic change includes the medical record nurse will assure completion of the inventory sheet within 72 hours of admission.</p> <p>IV. The DON/Designee will audit 100% of new admission charts for completed inventory sheets five times a week for 4 weeks, weekly for 4 weeks then monthly thereafter for a total of 12 months.</p> <p>Any identified concerns from audits will be addressed immediately.</p>		

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	<p>but, "bilat [bilateral] lft @ [left at name of area hospital]." A nursing note, dated 6-17-16 at 5:11 p.m., explained, "Wife at bedside, resident has trouble remembering if he had hearing aides w [with] him when he went to [name of area hospital], wife called [name of area hospital] to inquire about them, they will call if located."</p> <p>Review of Resident D's clinical record revealed a listing of the resident's personal inventory record was not present in the clinical record.</p> <p>In an interview with the Director of Nursing on 1-4-17 at 12:52 p.m., she revealed, "We wanted to let you know that we cannot find [name of Resident D's] personal inventory form...We cannot locate the personal inventory form for this resident. A previous employee, our medical records person, had found his form hadn't been signed at discharge and she said she had mailed it to the resident or his wife for a signature and we have yet to get it back. We have not been able to even find a copy of what was mailed to them." The resident's discharge date was documented as 7-14-16.</p> <p>In an interview with LPN #1 on 1-4-17 at 12:52 p.m., she shared during an email conversation with the SSD [Social</p>				<p>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p>		

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

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FORM APPROVED

OMB NO. 0938-0391

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	<p>Services Designee] near the end of July, 2016 and after Resident D had discharged from the facility, the SSD "said the hearing aides were listed on the initial inventory form and the form hadn't been signed at discharge."</p> <p>This Federal tag relates to Complaint IN00216428.</p> <p>3.1-50(d) 3.1-50(h)(4)</p>						