

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

PRINTED: 04/26/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155336	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/10/2023
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NAME OF PROVIDER OR SUPPLIER CHALET REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 4851 TINCHER RD INDIANAPOLIS, IN 46221
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00401942, IN00403489, and IN00403544. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00403489 - Federal/State deficiencies related to the allegations are cited at F580.</p> <p>Complaint IN00401942 - No deficiencies related the allegations are cited.</p> <p>Complaint IN00403544 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 9 and 10, 2023</p> <p>Facility number: 000229 Provider number: 155336 AIM number: 100266850</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 17 Medicaid: 39 Other: 17 Total: 73</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 13, 2023.</p>	F 0000		
F 0580 SS=D	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Edward Hughes	Administrator	03/28/2023

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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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 the physician when a resident made the decision to leave the facility against medical advice for 1 of 3 residents reviewed for physician notification. (Resident B)</p> <p>Finding includes:</p> <p>During an interview on 3/9/23 at 8:54 a.m., a family member indicated she was made aware Resident B left the facility on 1/7/23 at 10:17 a.m.</p> <p>The clinical record for Resident B was reviewed on 3/9/23 at 9:08 a.m. The diagnoses included, but were not limited to, traumatic brain injury, schizophrenia, and bipolar disorder.</p> <p>An Annual MDS (Minimum Data Set) assessment, dated 12/30/22, indicated Resident B was cognitively intact.</p> <p>A progress note, dated 1/7/23 at 1:02 p.m., indicated Resident B left AMA (against medical advice) this morning, Resident B was seen this morning by staff at the gas station. Staff offered to give Resident B a ride back to the facility and Resident B agreed. This writer called sister to notify of AMA.</p> <p>During an interview on 3/9/23 at 12:34 p.m., the</p>	F 0580	<p>F 580D Notify of Changes The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute 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. 1) Immediate actions taken for those residents identified: · Resident B was discharged from the facility on 3-13-2023 with guardian. 2) How the facility identified other residents: · No other resident was identified to have been affected. 3) Measures put into place/ System changes · Licensed Nursing staff</p>	03/31/2023
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	<p>ADON (Assistant Director of Nursing) indicated Resident B approached her and indicated he wanted to leave. The ADON advised Resident B that he should not leave the facility. Resident B insisted on leaving, so she explained this would be considered leaving the facility against medical advice. She indicated to Resident B that he would need to sign the AMA document. Resident B refused to sign the document and left the facility. The ADON did not call the emergency contact nor the physician when Resident B made her aware that he wanted to leave AMA.</p> <p>On 3/10/23 at 11:53 a.m., the Director of Nursing provided a copy of an undated facility policy, titled Physician Notification Orders Guidelines, and indicated this was the current policy used by the facility. A review of the policy indicated the nurse should not hesitate to contact the attending physician at any time for a problem which in his or her judgement requires immediate medical attention.</p> <p>This Federal tag relates to Complaint IN00403489.</p> <p>3.1-5(a)(2)</p>		<p>educated on and Notification of Changes which included informing the resident, resident's physician, and resident representative of a significant change in the resident's condition as well as documentation of services provided in the clinical record.</p> <ul style="list-style-type: none"> · 24-hour report will be reviewed daily during morning/clinical meeting for identification of change of condition and physician notification documentation. <p>4) How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> · Director of Nursing is the responsible party for this Plan of Correction with Executive Director oversight. · Information identified in the 24 hours report related to change of condition with residents will be audited 2 times weekly to determine appropriate notification of resident's responsible parties and physician has occurred. · Identified areas of concern will be immediately addressed. · The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. · The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicate <p>5) Date of compliance:</p>		

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