

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/07/2017
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NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 3, 4, 5, 6, and 7, 2017.</p> <p>Facility number: 002574 Provider number: 155677 AIM number: 201224380</p> <p>Census bed type: SNF: 50 SNF/NF: 20 Total: 70</p> <p>Census payor type: Medicare: 25 Medicaid: 15 Other: 30 Total: 70</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on April 12, 2017.</p>	F 0000	<p>This plan of correction is to serve as Bell Trace Health and Living Center's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Bell Trace Health and Living Center or its management company that the allegations contained in the survey report are 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> <p>We are requesting desk review / paper compliance for this survey.</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 0242 SS=D Bldg. 00	<p>483.10(f)(1)-(3) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>Based on record review and interview, the facility failed to ensure that a resident was able to choose what time to get up in the morning according to their preference for 1 of 3 residents reviewed for choices. (Resident 240)</p> <p>Findings include:</p> <p>On 4/4/17 at 3:07 p.m., Resident 240 indicated he preferred to wake up at 8:30 a.m.; but staff awakens him for breakfast at 7:30 a.m.</p> <p>On 4/7/17 at 9:36 a.m., CNA 1 indicated Resident 240 prefers to wake up before breakfast. Resident 240's preference were on her assignment sheet, which indicated</p>	F 0242	<p>F242: 483.10 (f)(1)-(3) RESIDENT PREFERENCES</p> <p>I. Resident 240 was interviewed regarding awakening time preference. The resident's plan of care and assignment sheet were updated to reflect resident 240's preference.</p> <p>II. All current residents will be interviewed regarding awakening preferences and a family member will be contacted for resident wake time preferences if the resident has a BIMs score of less than 8. Care plans / CNA assignment sheets will be updated accordingly.</p> <p>III. All facility staff will be reeducated regarding resident preferences.</p>	05/01/2017

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	<p>the resident prefers to wake between 8:30-9:00 a.m.</p> <p>On 4/7/17 at 11:15 a.m., Resident 240 indicated he was awoken at 7:30 a.m., for breakfast.</p> <p>On 4/7/17 at 11:51 a.m., CNA 1 indicated this morning she assisted resident to sit on the side of the bed for breakfast at 8:00 a.m.</p> <p>Resident 240's clinical record was reviewed on 4/6/17 at 11:21 a.m. Diagnoses included, but were not limited to, weakness, heart failure, and muscle weakness.</p> <p>A review of Resident 240's admission Minimum Data Set (MDS) assessment, dated 3/26/17, indicated a Brief Interview for Mental Status (BIMS) total score of 14, with a total score of 13 to 15 being cognitively intact.</p> <p>A review of Resident 240's personal preferences for Activities of Daily Living (ADL) careplan, initiated on 3/15/17, indicated "Honor/Awake resident at preferred awakening time: _8:30am_."</p> <p>On 4/7/17 at 11:39 a.m., Director of Nursing (DON) provided the Preference Sheet. The Preference Sheet indicated</p>		<p>IV. The Social Service Director or Director of Nursing, and/or designee will interview 4 residents with a BIMs score of 8 or above and 1 family member of a resident with a BIMS score of less than 8 regarding wake time preferences each week for the next 4 weeks. After the initial 4th week of audits is complete, 2 residents with a BIMs score of 8 or more and 1 family member of a resident with a BIMS score of less than 8 will be interviewed each week for an additional 8 weeks. Any inconsistencies will be corrected. Then, 4 residents with a BIMs score of 8 or more and 1 family member of a resident with a BIMs of less than 8 will be interviewed quarterly ongoing regarding preferences</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting for 3 consecutive months. Frequency and duration of reviews will be adjusted as needed, if compliance is below 100%.</p> <p>Compliance Date: May 1st, 2017 The Administrator will be responsible for ensuring the facility is in compliance by the date listed. We request a desk review / paper compliance for this citation.</p>	

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F 0278 SS=D Bldg. 00	<p>resident preferred to get up at 8:30 a.m.</p> <p>On 4/7/17 at 4:00 p.m., Administrator (ADM) provided the "Residents Rights," updated March 15, 2017, and indicated it was the policy currently being used by the facility. The policy indicated, ".... You have the right to and the facility must promote ... the right to choose activities, schedules (including sleeping and waking times) ..."</p> <p>3.1-3(u)(3)</p> <p>483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED (g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>(h) Coordination A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>(i) Certification (1) A registered nurse must sign and certify that the assessment is completed.</p> <p>(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p>			

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	<p>(j) Penalty for Falsification</p> <p>(1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p> <p>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>(2) Clinical disagreement does not constitute a material and false statement.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the accuracy of the oral/dental status of the Minimum Data Set (MDS) assessment for 2 of 31 residents reviewed for accuracy of the MDS. (Resident 32, Resident 129)</p> <p>Findings include:</p> <p>1.) On 4/4/17 at 10:51 a.m., Resident 129 was observed to be edentulous (without teeth).</p> <p>On 4/7/17 at 10:03 a.m., Resident 129's clinical record was reviewed.</p> <p>Resident 129's Admission Assessment, dated 3/21/17, indicated ".... oral cavity</p>	F 0278	<p>F 278:483.20(g)-(j)</p> <p>ASSESSMENT ACCURACY COORDINATION/CERTIFIED</p> <p>I. Oral / dental assessments for residents 32 and 129 have been corrected.</p> <p>II. Other in-house residents will be audited to ensure that most recent MDS accurately reflected current oral status. Any inconsistencies identified will be corrected at the time of the audit.</p> <p>III. Systematic changes will include training for MDS nurses regarding accuracy of oral/dental status.</p> <p>IV. The MDS coordinator, or designee, will audit the accuracy of the oral/dental status portion of</p>	04/26/2017

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F 0282 SS=D	<p>appears: Normal in appearance ..."</p> <p>Resident 129's Minimum Data Set (MDS) assessment, dated 3/27/17, indicated " Oral/Dental Status ... Z. None of the above were present."</p> <p>On 4/7/17 at 3:20 p.m., the MDS Coordinator indicated the MDS was incorrectly coded.</p> <p>2.) On 4/7/17 at 11:30 A.M., Resident 32's clinical record was reviewed.</p> <p>Resident 32's Minimum Data Set (MDS) assessment, dated 3/3/17, indicated " Oral/Dental Status ... Z. None of the above were present."</p> <p>An Observational Report, dated 2/25/17, indicated "...no teeth..."</p> <p>On 4/7/17 at 12:15 P.M., RN 2 indicated Resident 32 had no teeth.</p> <p>On 4/7/17 at 3:20 p.m., the MDS Coordinator indicated the MDS was incorrectly.</p> <p>3.1-31(d)</p> <p>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER</p>		<p>the MDS on 100% of new admissions for 4 weeks, then 5 residents weekly for 8 weeks, then quarterly ongoing. Any inconsistencies will be corrected accordingly.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Frequency and duration of reviews will be adjusted as needed, if compliance is below 100%.</p> <p>Completion Date: April 26th, 2017</p> <p>The Administrator will be responsible for ensuring the facility is in compliance by the date listed.</p> <p>We are requesting desk review / paper compliance for this tag.</p>		

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Bldg. 00	<p>CARE PLAN (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure care plans were followed for personal preferences for morning wake up time for 1 of 3 residents reviewed for ADLs/assistance. (Resident 240)</p> <p>Findings include:</p> <p>On 4/4/17 at 3:07 p.m., Resident 240 indicated he preferred to wake up at 8:30 a.m., but staff awakens him for breakfast at 7:30 a.m.</p> <p>On 4/7/17 at 9:36 a.m., CNA 1 indicated Resident 240 prefers to wake up before breakfast. Resident 240 preference were on her assignment sheet, which indicated resident prefers to wake up between 8:30-9:00 a.m.</p> <p>On 4/7/17 at 11:15 a.m., Resident 240 indicated he was awakened at 7:30 a.m. for breakfast.</p> <p>On 4/7/17 at 11:51 a.m., CNA 1 indicated this am (morning) she assisted</p>	F 0282	<p>F282: 483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSON/PER CARE PLAN I. Resident 240 was interviewed regarding awakening time preference. The resident's plan of care and assignment sheet were updated to reflect resident 240's preference. II. All current residents and a family member of residents with a BIMs score of less than 8 will be interviewed regarding awakening preferences. Care plans / CNA assignment sheets will be updated accordingly. III. All facility staff will be reeducated regarding resident preferences. IV. The Social Service Director or Director of Nursing, and/or designee will interview 4 residents with a BIMs score above 8 and 1 family member of a resident with a BIMs score of less than 8 regarding wake time preferences each week for the next 4 weeks. After the initial 4th week of audits is complete, 2 residents with a BIMs score of 8 or more and 1 family member of a resident with a BIMs score of less than 8 will be interviewed each</p>	05/01/2017

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F 0465 SS=D Bldg. 00	<p>resident to sit on side of bed for breakfast at 8:00 a.m.</p> <p>Resident 240's clinical record was reviewed on 4/6/17 at 11:21 a.m. The Diagnoses included, but were not limited to, weakness, heart failure, and muscle weakness.</p> <p>A review of Resident 240's admission Minimum Data Set (MDS) assessment dated 3/26/17, indicated a Brief Interview for Mental Status (BIMS) total score of 14, with a total score of 13 to 15 being cognitively intact.</p> <p>A review of Resident 240's personal preferences for Activities of Daily Living (ADL) careplan initiated on 3/15/17, indicated "Honor/Awake resident at preferred awakening time: _8:30am_."</p> <p>3.1-35(g)(2)</p> <p>483.90(h)(5) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON (h) Other Environmental Conditions</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>(h)(5) Establish policies, in accordance with</p>		<p>week for an additional 8 weeks. Any inconsistencies will be corrected.</p> <p>Then, 4 residents with a BIMs score of 8 or more and 1 family member of a resident with a BIMs of less than 8 will be interviewed quarterly ongoing regarding preferences.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting for 3 consecutive months. Frequency and duration of reviews will be adjusted as needed, if compliance is below 100%.</p> <p>Compliance Date: May 1st, 2017</p> <p>The Administrator will be responsible for ensuring the facility is in compliance by the date listed.</p> <p>We are requesting desk review / paper compliance or this tag.</p>	

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	<p>applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's wheelchair was free from disrepair (Resident 38) and bedroom walls were evenly painted for 2 of 20 residents reviewed for environment. (Resident 22, Resident 200)</p> <p>Findings include:</p> <p>1.) On 04/07/17 at 09:00 a.m., Resident 38's wheelchair armrests was observed to have multiple cracks which revealed a yellow foam underneath the covering. The resident indicated the cracked armrest was uncomfortable and occasionally scratched him.</p> <p>On 04/07/17 at 09:24 a.m., RN 1 indicated the wheelchair armrests were in need of repair.</p> <p>On 04/07/17 at 4:15 p.m., the administrator provided a copy of "Resident Rights," revised March, 2017, and indicated it was the current policy being used by the facility. The policy indicated, ".... the facility must provide a safe, clean, comfortable, and homelike environment ..."</p>	F 0465	<p>F485:483.90(i)(5)</p> <p>SAFE / FUNCTIONAL / SANITARY / COMFORTABLE ENVIRONMENT</p> <p>I. The wheelchair arm pads for resident 38 will be repaired or replaced. The walls in resident 22's and resident 200's rooms have been repaired and painted. Any unused screws or nails have been removed.</p> <p>II. Wheelchair arm pads will be evaluated and any damaged pads will be repaired or replaced for other residents residing at the facility. Other resident rooms will be examined. Any rooms needing wall repair, touch-up paint, or nails / screws removed will be put on a work schedule and repairs will be made.</p> <p>III. Staff will be educated regarding identifying and notifying the appropriate personnel if wheelchair armrests are in disrepair or resident rooms are in need of repair.</p> <p>IV. Maintenance Director or designee will audit 10 wheelchairs monthly to identify any wheelchair arm rests that need repaired /</p>	04/26/2017

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	<p>2a.) On 4/07/17 at 11:00 a.m., Resident 22's wall was observed to have spackle, uneven paint colors and seven unused nails. The resident indicated she would like the room properly painted and the unused nails removed and patched.</p> <p>b.) On 4/07/17 at 11:30 a.m., Resident 200's wall was observed to have multiple unused nails. The resident indicated he would like the nails removed and patched.</p> <p>On 04/07/17 at 4:15 p.m., the administrator provided a copy of "Resident Rights," revised March, 2017, and indicated it was the current policy being used by the facility. The policy indicated, "... the facility must provide a safe, clean, comfortable, and homelike environment ..."</p> <p>3.1-19(f)(5)</p>		<p>replaced. Corrective action will be taken at the time of audit for any damaged wheel chair arm rests. Maintenance Director or designee will audit 10 resident rooms monthly to identify walls in need of repair, paint, or needing screws / nails removed. Any needed repairs will be placed on a work schedule.</p> <p>The results of these audits will be discussed at the monthly facility Quality Assurance Committee meeting for 3 consecutive months. Frequency and duration of reviews will be adjusted as needed, if compliance is below 100%.</p> <p>Compliance Date: April 26th, 2017</p> <p>The Administrator will be responsible for ensuring the facility is in compliance by the date listed. We are requesting desk review / paper compliance for this tag.</p>	