STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155816	A. BUILDING 00 B. WING	03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
ARLINGTON PLACE HEALTH CAMPUS	1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218

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F 0000 Bldg. 00	This visit was for the Investigation of Nursing Home Complaint's IN00402750 and IN00403750. Complaint IN00402750 - Federal/state deficiencies related to the allegations are cited at F622. Complaint IN00403750 - No deficiencies related to the allegations are cited. Survey dates: March 13 and 14, 2023 Facility number: 013005 Provider number: 155816 AIM number: 201256400 Census Bed Type: SNF/NF: 45 SNF: 8 Residential: 9 Total: 62 Census Payor Type: Medicare: 24 Medicaid: 25 Other: 4 Total: 53 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on March 17, 2023	F 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during complaint survey conducted on March 14, 2023. Please accept this Plan of Correction as the provider's credible allegation of compliance as of March 31st, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
F 0622 SS=E Bldg. 00	483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Amie Groce 03/31/2023

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	remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.			

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	§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1) (A) or (B) of this section; and (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable,			

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	and any other documentation, as applicable, to ensure a safe and effective transition of care. Based on observation and record review, the facility failed to ensure the notice of transfer or discharge documentation included the reason for the transfer/discharge for 3 of 3 residents reviewed for hospitalization. (Residents B, C, and L) Findings include: 1. The clinical record for Resident C was reviewed on 3/14/23 at 10:21 a.m. Resident C's diagnoses included, but not limited to,congestive heart failure, fluid overload, generalized anxiety disorder, and chronic atrial fibrillation . A nursing note dated 3/11/23 at 3:22 p.m. indicated, Resident C had complained of excessive fatigue and shortness of breath. Resident B's skin was pale and clammy and her hand grip was weak. Resident B's family was informed of her status and requested for her to be sent to the hospital. A nursing note dated 3/11/23 at 3:46 p.m. indicated, Resident C was sent to the hospital. An observation of Resident C's Notice of Transfer or Discharge form on 3/14/23 at 1:18 p.m. indicated, Resident C was sent to the local hospital on 3/11/23. In the section of the form for "Reason for Transfer or Discharge (Must select one of the reasons below)", none of the boxes were checked. 2. The clinical record for Resident B was reviewed on 3/14/23 at 10:51 a.m. Resident B's diagnoses	F 0622	Residents C, B, and L are discharged. Residents discharged to the hospital have the potential to be affected. DHS or designee will complete an audit of in house residents discharged to the hospital in the last 30 days to ensure compliance. DHS or designee will audit hospital discharges during morning clinical care meeting. DHS or designee will be responsible for auditing residents discharged to the hospital to ensure notice of transfer/discharge includes the reason for transfer/discharge. Audit of 5 residents will be conducted 2 times a week times 4 weeks, every 2 weeks times 2 months, monthly times 3 months and until continued compliance is maintained for 2 consecutive quarters (six months). The results of these audits will be reviewed by the QAPI committee overseen by the ED For quality assurance, The ED and/or Designee will review any findings, and subsequent corrective actions at least quarterly in the campus quarterly quality assurance meeting. The plan will be revised, as warranted. The QA team will review audits at least quarterly and increase	03/31/2023

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	included, but not limited to, diabetes type II, congestive heart failure (CHF), and asthma. A nursing note dated 2/21/2023 at 4:35 p.m. recorded as a late entry on 3/13/2023 at 1:47 p.m. indicated, a nurse had alerted the writer that they were unable to obtain a pulse oximeter reading that was within normal limits. The Director of Health Services (DHS) and writer obtained a below normal oxygen reading and placed the resident on oxygen via nasal cannula. A pulse oximetery reading was attempted again but still indicated low oxygen. A non-rebreather mask was placed on Resident C which improved the oxygen reading slightly. Resident B was sent to the hospital for further assessment and treatment. An observation of Resident B's Notice of Transfer or Discharge form on 3/14/23 at 1:18 p.m. indicated, Resident B was sent to the local hospital on 2/21/23. In the section of the form for "Reason for Transfer or Discharge (Must select one of the reasons below)", none of the boxes were checked. 3. The clinical record for Resident L was reviewed on 3/13/23 at 11:55 a.m. Resident L's diagnoses included, but not limited, to hemiplegia following cerebral infarction affecting right side, CHF, and end stage renal failure. A nursing note dated 2/26/2023 at 8:07 a.m. indicated, Resident L was found to be lethargic and unable to verbally respond to questions. His eyes were closed but when asked to look at writer he complied. Resident L did not have any facial drooping noted but, was unable to squeeze the nurse's hands or hold a cup. Resident was sent to the hospital for further evaluation and treatment.		frequency of audits if increased concerns noted and will decrease the frequency of audits if no concerns are noted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.	

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	An observation of Resident L's Notice of Transfer or Discharge form on 3/14/23 at 1:18 p.m. indicated, Resident L was sent to the local hospital on 2/26/23. In the section of the form for "Reason for Transfer or Discharge (Must select one of the reasons below)", none of the boxes were checked. A Guidelines for Transfer and Discharge policy and procedure was received on 3/14/23 at 1:58 p.m. from DHS. The policy and procedure indicated, "Procedures...2. Emergency Transfers/Discharges Emergency transfers should occur only for medical reasons, or for the immediate safety and welfare of a resident...Emergency transfer procedures should include the following: a. Nursing should obtain physicians' orders for emergency transfer or discharge and may include stating the reason for the transfer or discharge is necessary on an emergency basis... e. Nursing should document information regarding the transfer in the medical record. This Federal tag relates to Complaint IN00402750 3.1-12			