

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/25/2017
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N IRONWOOD RD SOUTH BEND, IN 46635
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00229396 and IN00237622.</p> <p>Complaint IN00229396 - Substantiated. No deficiencies related to allegations are cited.</p> <p>Complaint IN00237622- Substantiated. Federal/State deficiencies are cited at F157, F279, F282, F 309 and F323.</p> <p>Survey dates: August 23, 24, and 25, 2017.</p> <p>Facility number: 000124 Provider number: 155219 AIM number: 100266730</p> <p>Census Bed Type: SNF/NF: 58 Total: 58</p> <p>Census Payor Type: Medicare: 6 Medicaid: 47 Other: 5 Total: 58</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC</p>	F 0000		

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 0157 SS=D Bldg. 00	<p>16.2-3.1</p> <p>Quality Review was completed on September 1, 2017.</p> <p>483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) (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</p>				

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	<p>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> <p>Based on record review and interview, the facility failed to ensure a physician was notified timely for a diabetic resident who developed a wound to his left 5th toe for 1 of 3 residents reviewed for wounds. (Resident L)</p> <p>Finding includes:</p> <p>The clinical record for Resident L was reviewed on 8/24/17 at 10:00 A.M.. Resident L was admitted to the facility on 5/27/15 with diagnoses including, but not limited to, end stage renal disease, diabetes mellitus, cva (cerebrovascular accident) with left side weakness and history of mrsa (methicillan resistant staphylococcus aureus) bacteremia from</p>	F 0157	<p>F 157 – D: NOTIFICATION OF CHANGES</p> <p>It is the intent of the facility to ensure that all Physicians, residents and appropriate family members are updated with complete and accurate information in a timely manner.</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No resident identifier given due to anonymous complaint</p>	09/20/2017

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	<p>previous femoral dialysis catheter, and history of mrsa-urine.</p> <p>A nursing progress note, dated 7/19/17 at 11:00 A.M., indicated "... Late entry 7/18/17 Res [resident] reported to this nurse that left toe was noted with scant bleeding after shower, after inspecting further this nurse removed res left shoe and noted an open area to the surface of res left 5th toe with scant bleeding and skin off measuring 5 x [by] 3 cm [centimeters]. area cleaned and bacitracin applied covered with a dry drsg. [dressing] when asked what happened to toe, res stated that he noted some loose skin and peeled it resulting in open area and bleeding to left 5th toe, res c/o [complained of] pain to area sensitivity to touch re and with prn [as needed] tylenol with some relief met. res told to keep shoe off and wear sock/non skid socks to left foot, even while up in wheelchair...."</p> <p>A event nursing assessment, dated 7/18/17 at 4:30 P.M., indicated "...Notification and Orders: Doctor: [name of physician] 7/19/17 at 7:00 A.M...First aid/treatment information: AREA CLEANSED AND BACITRACIN [a ointment applied to the wound to prevent infection] AND DRY DRSG APPLIED...."</p>		<p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>Event reports have been reviewed for the past 30 days to ensure that Physician has been notified of any skin issues and orders obtained for timely treatment.</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice will not reoccur:</p> <p>Systematic changes will include:</p> <p>Licensed nurses have been re-educated on Facility Policy and Procedure as it relates to Physician Notification/Change of Condition</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur:</p> <p>Event reports will be reviewed Monday through Friday as part of daily clinical meeting to ensure Physician notification and treatment orders if needed. Event reporting is a standing agenda item at monthly QAPI meeting and reports will be tracked and trended for compliance with Physician notification and treatment orders.</p>	

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F 0279 SS=D Bldg. 00	<p>During an interview, on 8/24/17 at 10:40 A.M., the DON (Director of Nursing) from a sister facility indicated the physician should be notified when a wound is discovered and a treatment order should be obtained at that time.</p> <p>A " Skin Assessments and Evaluations" policy that was undated but deemed current by the facility, was provided by the Administrator on 8/25/17 at 10:00 A.M.. The policy, indicated "...11. Physician and family notification must be made with all newly identified alterations in resident skin integrity and documented in the medical record by the nurse identifying the new skin alteration...."</p> <p>This Federal tag is related to Complaint IN00327622.</p> <p>3.1-5(a)(1)</p> <p>483.20(d);483.21(b)(1) DEVELOP COMPREHENSIVE CARE PLANS 483.20 (d) Use. A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record</p>			

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	<p>and use the results of the assessments to develop, review and revise the resident's comprehensive care plan.</p> <p>483.21 (b) Comprehensive Care Plans</p> <p>(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative (s)-</p>			

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	<p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive care plan was developed timely for a resident who had developed a wound to his left 5th toe for 1 of 3 residents reviewed for wounds. (Resident L)</p> <p>Finding includes:</p> <p>The clinical record for Resident L was reviewed on 8/24/17 at 10:00 A.M. Resident L was admitted to the facility on 5/27/15 with diagnoses including, but not limited to, end stage renal disease, diabetes mellitus, cva (cerebrovascular accident) with left side weakness and history of mrsa (methicillan resistant staphylococcus aureus) bacteriemia from previous femoral dialysis catheter, and history of mrsa-urine.</p>	F 0279	<p>F 279 – D: COMPREHENSIVE CARE PLANS</p> <p>It is the intent of the facility to ensure that all residents have a completed comprehensive care plan that reflects their current status</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No resident identifier given due to anonymous complaint</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p>	09/20/2017

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	<p>A nursing progress note, dated 7/19/17 at 11:00 A.M., indicated "... Late entry 7/18/17 Res [resident] reported to this nurse that left toe was noted with scant bleeding after shower, after inspecting further this nurse removed res left shoe and noted an open area to the surface of res left 5th toe with scant bleeding and skin off measuring 5 x [by] 3 cm [centimeters]. area cleaned and bacitracin applied covered with a dry drsg. [dressing] when asked what happened to toe, res stated that he noted some loose skin and peeled it resulting in open area and bleeding to left 5th toe, res c/o [complained of] pain to area sensitivity to touch re and with prn tylenol with some relief met. res told to keep shoe off and wear sock/non skid socks to left foot, even while up in wheelchair...."</p> <p>A event nursing assessment, dated 7/18/17 at 4:30 P.M., indicated "...Notification and Orders: Doctor: [name of physician] 7/19/17 at 7:00 A.M...First aid/treatment information: AREA CLEANSED AND BACITRACIN [a ointment applied to the wound to prevent infection] AND DRY DRSG. APPLIED...."</p> <p>A physicians order dated 7/19/17 at 12:00 A.M., indicated "... MEDIHONEY 100</p>		<p>All residents have had their comprehensive care plans reviewed and updated to reflect their current status to include wounds</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice will not reoccur:</p> <p>Systematic changes will include:</p> <p>Licensed nurses have been re-educated on Facility Policy and Procedure as it relates to Comprehensive Care Plans, and updating Care Plans when resident has a change of condition</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur:</p> <p>A PI tool has been developed that will monitor compliance with updating residents comprehensive care plans with any changes in resident status. DON/Designee will complete PI tool weekly for one month then monthly for three months with results being forwarded to QAPI committee for any further follow up and/or resolution.</p>	

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	<p>percent [sic] PASTE...CLEAN LEFT 5TH TOE WOUND WITH WARM SOAPY WATER, RINSE DRY...APPLY BETADINE, AIR DRY THEN APPLY THIN COAT OF MEDIHONEY TO SITE...COVER WITH GAUZE AND KERLIX DAILY...."</p> <p>A physician's progress note, dated 7/31/17 at 9:51 A.M., indicated "... Plan: He has got a trash to the fifth digit. We are going to put a Prevelon boot on this gentleman, and we are going to address his insulin by checking his sugars. We need to check his sugars before meals and at bedtime...The trash foot is concerning. We will put a Prevelon boot on and watch that toe. It may self -amputate. I will talk to Renal about his need for anticoagulation. It looks like trash foot to me. I will order certain studies to maintain this gentleman to see. I will get a 12 lead electrocardiogram to make sure he is in sinus rhythm and discuss anticoagulation...."</p> <p>A comprehensive care plan, indicated "...7/31/15 Problem: Resident is at risk for developing skin breakdown. Needs extensive/total assist with bed mobility...Goal: Resident will have intact skin, free of redness, blisters, or discoloration over a bony prominence through rest of review date</p>			

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	<p>3/22/17...Approach: Report changes in skin status to physician...Provide diet as ordered and monitor nutritional status and dietary needs, consult dietician prn [as needed]...Provide pressure relieving or reduction mattress...Avoid prolonged skin to skin contact...Minimize pressure over bony prominence's...Complete Weekly Skin Check...Complete Braden Scale Risk Assessment quarterly and prn... Notify nurse immediately of any new areas of skin breakdown, redness, blisters, bruises, discoloration noted during daily care...Skin protective ointment for excoriation areas as ordered...."</p> <p>During an interview, on 8/25/17 at 2:00 P.M., the Corporate Nurse indicated it did not appear as though a care plan had been developed for the wound on Resident L's left 5th toe.</p> <p>A "Skin Assessments and Evaluations" policy that was undated but deemed current by the facility, provided by the Administrator on 8/25/17 at 10:00 A.M. and reviewed at 2:10 P.M., indicated "...15. At the time a new alteration in resident skin integrity is identified, the resident's Care Plan should be revised and/or updated...."</p> <p>This Federal tag is related to Complaint</p>			

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F 0282 SS=D Bldg. 00	<p>IN00237622.</p> <p>3.1-35(1)</p> <p>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER 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.</p> <p>Based on record review and interview, the facility failed to follow the physicians plan of care for a resident who required a treatment and daily dressing change after an amputation for 1 of 3 residents reviewed for treatments. (Resident K)</p> <p>Finding includes:</p> <p>The clinical record for Resident K was reviewed on 8/24/17 at 11:00 A.M.. Resident K was admitted on 9/1/15 with diagnoses including, but not limited to</p>	F 0282	<p>F 282 – D: SERVICES PROVIDED BY QUALIFIED PERSONS/CARE PLANS</p> <p>It is the intent of the facility to ensure that services are provided by qualified persons and care plans are followed</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No resident identifier given due to</p>	09/20/2017

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	<p>dementia, hypertension, peripheral vascular disease, critical lower limb ischemia, non compliance with meds, gangrene foot, and amputation.</p> <p>A physicians order, dated 7/6/17, indicated, "...CLEAN WITH NS [normal saline], APPLY BETADINE [a cream used to keep a wound clean and dry] WET TO DRY DRESSING TO LEFT GREAT TOE AMPUTATION SITE DAILY/PRN IF DRESSING IS REMOVED OR COMES OFF...."</p> <p>A Medication Administration Record (MAR), dated 7/1/17 to 7/31/17 lacked documentation to show the treatment had been completed on the following dates: 7/9/17, 7/13/17, 7/14/17, 7/17/17, 7/22/17, 7/24/17, 7/25/17, and 7/27/17.</p> <p>During an interview, on 8/24/17 at 10:40 A.M., the DON (Director of Nursing) indicated that treatments should be performed as the physician ordered them.</p> <p>A wound and treatment policy was requested, but one was not provided.</p> <p>This Federal tag is related to Complaint IN00327622.</p> <p>3.1-35(g)(2)</p>		<p>anonymous complaint</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>Treatment sheets have been reviewed and Physician notified as needed for any unsigned wound treatments</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice will not reoccur:</p> <p>Systematic changes will include:</p> <p>Licensed nurses have been re-educated on Facility Policy and Procedure as it relates to completing and signing off on Physician ordered treatments.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur:</p> <p>Omission reports for treatments will be printed out Monday through Friday and brought to and reviewed at daily clinical meeting ongoing. If an omission is noted DON/Designee will follow up immediately to ensure treatment is completed.</p>	

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F 0309 SS=D Bldg. 00	<p>483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.</p> <p>483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:</p> <p>(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that</p>			

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	<p>residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on record review and interview, the facility failed to ensure they followed their policy for the weekly assessment and tracking of wounds for 2 of 3 residents reviewed for non-pressure wounds. (Resident K and Resident L)</p> <p>Finding includes:</p> <p>1. The clinical record for Resident L was reviewed on 8/24/17 at 10:00 A.M.. Resident L was admitted to the facility on 5/27/15 with diagnoses including, but not limited to, end stage renal disease, diabetes mellitus, type 2diabetes mellitus with diabetic peripheral angiopathy, cva with left side weakness and history of mrsa (methicillan resistant staphylococcus aureus) bacteriemia from previous femoral dialysis cath, and history of mrsa-urine.</p> <p>A nursing progress note, dated 7/19/17 at 11:00 A.M., indicated "... Late entry 7/18/17 Res [resident] reported to this nurse tht left toe was noted with scant bleeding after shower, after inspecting further this nurse removed res left shoe and noted an open area to the surface of res left 5th toe with scant bleeding and</p>	F 0309	<p>F 309- D: CARE AND SERVICES</p> <p>It is the intent of the facility to provide care/services to residents to maintain their highest well being</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: No resident identifiers given due to anonymous complaint</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: A house wide skin sweep has been completed to identify any new potential skin issues. Pressure and non-pressure sheets have been brought current for all residents with identified areas.</p> <p>3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice will not</p>	09/20/2017

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	<p>skin off measuring 5 x [by] 3cm [centimeters]. area cleaned and bacitracin applied covered with a dry drsg. [dressing] when asked what happened to toe, res stated that he noted some loose skin and peeled it resulting in open area and bleeding to left 5th toe, res c/o [complained of] pain to area sensitivity to touch re and with prn tylenol with some relief met. res told to keep shoe off and wear sock/non skid socks to left foot, even while up in wheelchair...."</p> <p>A physician's progress note, dated 7/31/17 at 9:51 A.M., indicated "... Plan: He has got a trash to the fifth digit. We are going to put a Prevelon boot on this gentleman, and we are going to address his insulin by checking his sugars. We need to check his sugars before meals and at bedtime...The trash foot is concerning. We will put a Prevelon boot on and watch that toe. It may self -amputate. I will talk to Renal about his need for anticoagulation. It looks like trash foot of me. I will order certain studies to maintain this gentleman to see. I will get a 12 lead electrocardiogram to make sure he is in sinus rhythm and discuss anticoagulation...."</p> <p>A weekly wound assessment, dated 8/3/17, indicated "... Wound Location: Left 5th toe... Wound Measurements: 4x2</p>		<p>reoccur:</p> <p>Systematic changes will include:</p> <p>Licensed Nurses have been re-educated on Facility Policy and Procedure related to Pressure Ulcer Prevention, treatment, weekly skin evaluations and how to utilize Pressure and non-pressure ulcer sheets</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur:</p> <p>Weekly skin evaluation books have been set up for each unit. Pressure and Non-pressure books have been set up for each unit. DON/Designee will bring all books to daily clinical meeting Monday through Friday to ensure weekly skin evaluations have been completed and Pressure – Non-Pressure sheets are current. Pressure Ulcer review is a standing agenda item at monthly QAPI meeting and will continue to be reviewed monthly</p>	

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	<p>cm [centimeter] Blister due to pressure or...Notes: New orders in place resident verbally declined to comply with dr. orders...."</p> <p>During an interview, on 8/24/17 at 10:40 A.M., the DON (Director of Nursing) indicated she could not find any weekly wound assessments/tracking until 8/3/17 but that there was documentation of wound assessment and physician assessment of the wound in the residents clinical record and that physicians orders had been followed as resident would allow, since he had a history of non compliance.</p> <p>2. The clinical record for Resident K was reviewed on 8/24/17 at 11:00 A.M.. Resident K was admitted on 9/1/15 with diagnoses including, but not limited to dementia, hypertension, peripheral vascular disease, critical lower limb ischemia, non compliance meds, gangrene foot, and amputation.</p> <p>A nursing progress note indicated "...Resident c/o pain in left great toe. Area is dark in color, non blanchable and appears to be necrotic..." A weekly wound assessment, dated 8/1/17, indicated "...Wound Location: Left Great Toe...Wound Measurement: 4 x 2cm...Wound depth: 0 cm. Tissue Types:</p>			

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	<p>Eschar/Neurtic Tissue...Notes: Toe has been amputated gangrene continues, podiatrist attending to residents needs...."</p> <p>During an interview, on 8/24/17 at 10:40 A.M., the DON indicated she could not find any weekly wound assessments/tracking until 8/1/17. She indicated there was consistent documentation in the nurses notes and clinical record of assessment, physician care and labs. She indicated the clinical record documented residents non compliance with treatments at times.</p> <p>During an interview, on 8/25/17 at 2:57 P.M., the DON indicated all residents who have wounds should have weekly assessment of their skin and documentation of that assessment as per the policy and physicians orders.</p> <p>A "Skin Assessments and Evaluations" policy that was undated but deemed current by the facility, was provided by the Administrator on 8/25/17 at 10:00 A.M.. The policy, indicated "...18. All resident alterations in skin integrity will be tracked weekly in WoundSence. If WoundSence is not implemented or is not operational, the facility will use appropriate tracking forms for Pressure/ Non-Pressure, Surgical, Vascular, and other...."</p>			

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F 0323 SS=D Bldg. 00	<p>This Federal tag is related to Complaint IN00237622.</p> <p>3.1-37(a)</p> <p>483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that -</p> <p>(1) The resident environment remains as free from accident hazards as is possible; and</p> <p>(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>(n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>(2) Review the risks and benefits of bed rails</p>			

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	<p>with the resident or resident representative and obtain informed consent prior to installation.</p> <p>(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.</p> <p>Based on record review and interview, the facility failed to complete quarterly fall risk assessments for 3 of 3 residents reviewed for falls. (Residents E, F and G)</p> <p>Findings include:</p> <p>1. A clinical record review was completed on 8/24/17 at 10:26 A.M., and indicated Resident E was admitted on 10/12/2013. Her diagnosis included, but not limited to Multiple Sclerosis, lumbago with sciatica to left side, hypertension, hypothyroidism, peripheral vascular disease and osteoporosis.</p> <p>A MDS (Minimum Data Set)assessment, dated 5/18/17, indicated Resident E had a BIMS (Brief Interview for Mental Status) of 3, severe cognitive impairment and was at risk for falls.</p> <p>A current care plan problem, dated 8/31/15, indicated the resident was at risk for fall related injury. Interventions for this problem included "...Report falls to physician and responsible party, observe for side effects of any drugs that</p>	F 0323	<p>F 323- D: CARE AND SERVICESACCIDENTS/HAZARDS</p> <p>It is the intent of the facility to provide care/services to residents to prevent accidents and provide appropriate supervision</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No resident identifiers given due to anonymous complaint</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>A 100% audit has been completed and all residents fall evaluations have been brought current and care plans updated to reflect residents current status.</p> <p>3. What measures will be put into place or what systematic</p>	09/20/2017

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	<p>can cause gait disturbances, orthostatic hypotension, provide low platform bed, provide call lights within reach, tab alarm to bed and wheel chair...."</p> <p>Nurses notes indicated Resident E had a fall on 8/21/17. No fall assessments were found in the resident's chart from January 2017 to August 2017.</p> <p>2. A clinical record review was completed on 8/24/17 at 12:15 P.M., and indicated Resident F was admitted on 1/4/06. Her diagnosis included but were not limited to: Alzheimer's disease, hearing loss, dementia without behavior disturbances and diabetes mellitus.</p> <p>A MDS (Minimum Data Set) assessment, dated 6/15/17, indicated Resident F had a BIMS of 2, severe cognitive impairment and was at risk for falls.</p> <p>A current care plan problem, dated 4/4/16, indicated the resident was at risk for fall related injury related to"... unsteady gait, history of tremors, often wears pants too long...". Interventions for this problem included "... Use fall risk screen to identify risk factors on admission and quarterly...."</p> <p>Nurses notes indicated Resident F had a fall on 8/6/17. No fall assessments were</p>		<p>changes will be made to ensure that the deficient practice will not reoccur:</p> <p>Systematic changes will include:</p> <p>Licensed Nurses have been re-educated on Facility Policy and Procedure related to timely completion of quarterly nursing evaluations</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not reoccur:</p> <p>A PI tool has been developed that will monitor compliance with Quarterly Nursing Evaluations. DON/Designee will complete PI tool weekly in accordance with MDS/ Quarterly Nursing evaluation schedule weekly for one month, then monthly for three months with results being forwarded to QAPI committee for further follow up/recommendations</p>	

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	<p>found in the chart from January to August 2017.</p> <p>3. A clinical record review was completed on 8/24/17 at 2:20 P.M., and indicated Resident G was admitted on 12/8/16. His diagnosis included, but were not limited to: encephalopathy, chronic obstructive pulmonary disease, vascular dementia, muscle weakness and viral hepatitis.</p> <p>A MDS (Minimum Data Set) assessment, dated 8/2/17, indicated Resident G had a BIMS of 2, severe cognitive impairment and was at risk for falls.</p> <p>A current care plan, dated 12/22/16, indicated Resident G was at risk for fall related injury related to poor mobility, transfer with two and hoyer and right sided weakness. Interventions for this problem included "... Use fall risk screen to identify risk factors on admission and quarterly...."</p> <p>Nurses notes indicated Resident G had a fall on 8/16/17. A fall risk assessment was completed on 8/16/17 and indicated the resident had no falls in the last 90 days. There were no further fall risk screens found in the chart from January to August 2017.</p>			

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	<p>On 8/24/17 at 11:45 A.M., the DON (Director of Nursing) provided the policy titled "Falls", dated 6/1/15, and indicated this was the current policy used by the facility. The policy indicated "...1. All residents will have a comprehensive fall risk assessment on admission, quarterly, and with significant change of condition....".</p> <p>During an interview, on 8/25/17 at 10:30 A.M., the DON indicated that Resident E, F and G did not have any fall risk assessments completed from January 2017 to August 2017.</p> <p>This Federal tag is related to Complaint IN00327622.</p> <p>3.1-45(a)(2)</p>			