

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155758	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/06/2013
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NAME OF PROVIDER OR SUPPLIER ASBURY TOWERS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 102 W POPLAR ST GREENCASTLE, IN 46135
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F000000	<p>This visit was for the Investigation of Complaint IN00133393.</p> <p>Complaint IN00133393 Substantiated, state deficiencies related to the allegation are cited at F9999.</p> <p>Survey dates: August 5 & 6, 2013</p> <p>Facility number: 001120 Provider number: 155758 AIM number: 200525120</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF: 18 SNF/NF: 22 Residential: 56 Total: 96</p> <p>Census payor type: Medicare: 8 Medicaid: 15 Other: 73 Total: 96</p> <p>Sample: 4</p> <p>This state finding is in accordance with 410 IAC 16.2.</p>	F000000		

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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	Quality review completed by Brenda Nunan, RN on 08/09/2013.				

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F009999	<p>State Findings</p> <p>3.1-13 ADMINISTRATION AND MANAGEMENT</p> <p>(g) The administrator is responsible for the overall management of the facility but shall not function as a department supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:</p> <p>(D) major accidents. If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report</p>	F009999	The Director of Nursing reviewed the Policy and Procedure on Accident/Incident and Unusual Occurrence Reporting. A bullet point was added stating all falls with fractures would be reported to the ISDH. See Exhibit A. The management team was verbally reminded of circumstances which require an incident report to be submitted to the ISDH. The floor nurses will be in-serviced on August 26, 2013 to call the on-call nurse anytime there is a fall. The on-call nurse will be responsible for immediately reporting to the ISDH any fall that results in a fracture. All on-calls nurses have been trained in this reporting procedure. The MDS Coordinator monitors all falls. After she reviews any falls in the building the Executive Director also reviews the falls. Falls and interventions are discussed weekly in the risk management meeting and quarterly in the CQI meeting. The Director of Nursing will monitor on-going the 24 hour reports for residents who have fallen.	08/23/2013			

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	<p>usual occurrences related to falls in which 3 of 4 sampled residents were significantly injured (Residents A, C, & D) according to state regulations.</p> <p>Findings include:</p> <p>1). Resident A's clinical record was reviewed on 08/05/13 at 3:55 p.m., and indicated diagnoses which included, but were not limited to, Alzheimer's dementia with behavioral disturbances, pneumonia, atrial fibrillation, tremors, agitation, anorexia, constipation, depression, hypothyroidism, hypertension, gastroesophageal reflux disorder, hyperlipidemia, and allergic rhinitis.</p> <p>Review of Resident A's Nurse's Notes, dated 06/22/13 at 2:30 a.m., indicated, "Nurse heard loud noise on hall et (and) started down long hall when call light came on in 18. On entering room writer found resident laying on floor in front of closet door with head in corner started to get her up got assist of CNA et assessed resident for injuries checked head arms et legs then c (with) A (assist) X (times) ii (two). Got resident up et into bed VS (Vital Signs) 123/76 - 72 - 18 -15. Grip Equal. PERL (Pupils Equal & Reflective to Light) denies hitting head but neuro checks started</p>			

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	<p>d/t (due/to) position on resident found in had on shoe on it the whole back of foot out of shoe. Rolling walker beside resident."</p> <p>Nurse's Notes, dated 06/24/13 at 10:50 a.m., indicated the resident complaint of pain in her left shoulder and left side of ribs. The MD (Medical Doctor) was notified and new orders were received for x-ray of left shoulder, left humerus, and left ribs.</p> <p>X-ray report, dated 06/24/13, indicated early infiltrate left lower lobe and "...osseous structures demonstrate a slightly displaced acute fracture involving the posterior aspect of the left sixth rib."</p> <p>Interview with LPN #1, on 08/05/13 at 10:40 a.m., during initial tour, indicated Resident A had dementia, used a walker, and had fallen which resulted in a fractured rib.</p> <p>Interview with the Director of Nursing (DON), MDS (Minimum Data Set) Coordinator, and the Skilled Unit Manager, on 08/06/13 at 9:15 a.m. indicated the resident's fall which resulted with a fracture was not reported to the Indiana State Department of Health.</p>			

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	<p>2). Resident C's clinical record was reviewed on 08/06/13 at 10:05 a.m., and the record indicated the resident had diagnoses which included, but were not limited to, Parkinson's disease, cerebrovascular accident, osteoarthritis, psychotic disorder, urine retention, dyphagia, dementia, asthma, joint pain - shoulder, malaise and fatigue.</p> <p>Nurse's Notes, dated 07/31/13 at 6:30 a.m., indicated, "Writer heard loud noise while going to another resident's rm (room), then heard resident's wife yelling went into rm et (and) found resident laying in front of alcove in rm on (R) (right) side w/c (wheelchair) was behind resident in front of BR (bathroom) door. Request assist et assessed resident able to move legs s (without) diff (difficulty) when moved to sitting position noted blood on carpeting et ... bruises on posterior (R) upper arm 14 cm (centimeters) x (times) 7 cm c 4 cm s/t (skin tear) in middle of hematoma et 3 cm x 1 cm bruise on elbow et 3 cm s/t on lower arm just below elbow. Areas cleaned et steri strips applied to both s/t covered c telfa et kerlix applied d/t (due to) bleeding. Neuro checks WNL (within normal limits) for resident. Stated he did not hit head and didn't want staff to make report</p>			

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	<p>on incident . Informed that we couldn't do that. MAE WNL for resident stated x 1 that upper thigh muscles hurt stated that we could order xray if family or resident wanted et resident stated it was pulled muscle staff to cont. to monitor ...Resident was bearing wt (weight) s (without) diff @ this x."</p> <p>Nurse's Notes, dated 07/31/13 at 1:25 p.m., indicated, "...Res c/o (R) pinky finger being sore et is swollen...."</p> <p>Nurse's Notes, dated 07/31/ 13 at 8:00 p.m., indicated a new order received for xray of right 5th digit and right elbow.</p> <p>Radiology Report, dated 08/01/13, indicated for elbow - "osseous structures demonstrate a nondisplaced subacute incomplete fracture involving the right radial neck. A very small joint effusion is noted." Results for the right little finger - "osseous structures demonstrate a complete subacute minimally displaced oblique fracture involving the right little finger proximal, phalanx shaft. No dislocation is seen. Mild diffuse soft tissue swelling is noted." Continued notes indicated a sling to the right arm for fractured elbow and last 2 digits taped together for fracture</p>						

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	<p>of 5th digit.</p> <p>Interview with LPN #1, during initial tour on 08/05/13 at 10:40 a.m., indicated Resident C was confused, used a wheelchair for mobility, had a recent fall which fractured his pinky finger and right elbow.</p> <p>Interview with the DON, MDS Coordinator, and Skilled Unit Manager, on 08/06/13 at 9:15 a.m., indicated they did not report this fall with fractures.</p> <p>3). Resident D's clinical record was reviewed on 08/05/13 at 11:05 a.m., and indicated the resident had diagnoses which included, but were not limited to, colon cancer, dementia, seizures, congestive heart failure, history of cervical spine surgery, arthritis, hypertension, and urinary tract infection.</p> <p>Nurse's Notes, dated 06/22/13 at 6:30 p.m., indicated, "Res. alarm sounding et nurse entered rm. et found res. sitting on floor on mat next to her bed. She said she was just getting up. No apparent injury @ this time....."</p> <p>Nurse's Notes, dated 06/23/13 at 1:00 p.m., indicated, "...res tearful c/o (L) (Left) shoulder pain. MD notified et</p>			

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	<p>order received for x-ray (L) shoulder...."</p> <p>Nurse's Notes, dated 06/23/13 at 4:30 p.m., indicated, "...X-ray results received et no fx (Fracture) or dislocation. Only arthritic changes et demineralization noted...."</p> <p>Nurse's Notes, dated 06/25/13 at 10:50 a.m., indicated, "MD notified of res conts (continues) to have pain in (L) arm n.o. (new order) xray (L) humerus...."</p> <p>Radiology Report, dated 06/25/13, indicated, "There is an acute surgical neck fracture of the left proximal humerus with the segments in anatomic apposition alignment and length...."</p> <p>Interview with LPN #1, on 08/05/13 at 10:40 a.m., indicated Resident D was a Hospice resident, was confused, had a high back wheelchair, two to transfer, had mats on floor, a history of falls and a fractured left arm.</p> <p>Interview with the DON, MDS Coordinator, and Skilled Unit Manager, on 08/06/13 at 9:15 a.m., indicated they did not think they needed to report this fracture.</p>			

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	<p>Review of the facility's undated policy entitled, "ACCIDENT/INCIDENT AND UNUSUAL OCCURRENCE POLICY" indicated, "Purpose: To outline responsibilities for the reporting and investigation of accidents and incidents in order to monitor occurrences and prevent when possible, safety hazards for residents, staff and the public. ...Policy: It is the policy of Asbury Towers that all accidents and incidents are recorded in writing and thoroughly investigated to prevent, when possible, future occurrences and to identify hazards to health and safety of residents, staff members, and visitors. and To notify the Indiana State Department of Health of all incidents which are considered unusual occurrences or abuse. ...The Executive Director, Director of Nursing Services or Designee are responsible for informing the Division of Long Term Care, Adult Protective Services and the Local Ombudsman by telephone or fax within 24 hours of determining a situation exists or existed that is reportable under state guidelines...."</p> <p>This State Rule finding is related to Complaint IN00133393.</p> <p>3.1-13(g)(1)</p>			

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