

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155766	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/10/2012
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NAME OF PROVIDER OR SUPPLIER  MAPLE MANOR CHRISTIAN HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 643 W UTICA ST SELLERSBURG, IN 47172
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F0000	<p>This visit was for the Investigation of Complaint IN00103502.</p> <p>Complaint IN00103502 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: February 9 and 10, 2012</p> <p>Facility number: 000563 Provider number: 155766 AIM number: 100267610</p> <p>Survey team: Donna Groan, RN, TC Avona Connell, RN (February 10, 2012)</p> <p>Census bed type: SNF/NF: 54 Total: 54</p> <p>Census payor type: Medicare: 4 Medicaid: 36 Other: 14 Total: 54</p> <p>Sample: 6 Supplemental sample: 3</p>	F0000		
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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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	<p>These deficiencies also reflect State Findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/15/12 by Jennie Bartelt, RN.</p>			
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F0280 SS=D	<p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, record review and interview, the facility failed to ensure the care plan was updated with interventions to address contractures for 1 of 2 residents in a supplemental sample of 3 residents reviewed related to care plans. (Resident H)</p> <p>Findings include:</p> <p>On 02/10/12 at 8:14 a.m., Resident H was observed being transferred from a geri chair to bed by Certified Nursing Assistants (CNA) CNA #2 and #3. The aides placed the resident into bed and provided incontinent care. The resident's hands were contracted into fists and lacked any device to prevent further contractures. When interviewed at this</p>	F0280	Res H - Careplan updated, C.N.A. worksheet updated and restorative C.N.A.'s instructed on need to cleanse/dry hands prior to ROM and replace cones/washcloths when completed. Residents with noted contractures that are causing skin to skin contact will have careplan updated to include but not be limited to 1.) cleanse and dry area thoroughly each morning with AM care 2.) place cone, washcloth, foam dressing, etc to affected area 3.) check area frequently for cleanliness and odor, cleanse and dry thoroughly prn. C.N.A. worksheets will be updated and restorative C.N.A.'s will be instructed on the need to cleanse/dry those areas prior to ROM and replace cones, washcloth, foam, etc. when	03/06/2012
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	<p>time as to how long the resident had been up, both replied the resident was up when they came on duty at 6:00 a.m. CNA #3 indicated she was caring for the resident today and had not placed any contracture device in the resident's hands. CNA #2 donned gloves and inserted her finger into the resident's fist. When the CNA withdrew her finger from the fist, the finger had a strong sour odor. CNA #2 indicated the resident usually had something in her hands and maybe the device was in the laundry.</p> <p>On 02/10/12 at 9:15 a.m., the CNA Assignment Sheet was reviewed and failed to include care of the Resident H's contracted hands.</p> <p>The clinical record for Resident H was reviewed on 2/10/12 at 11:39 a.m.</p> <p>The care plan failed to include interventions related to care of the resident's hands.</p> <p>On 2/10/12 at 1:00 p.m., the Minimum Data Set (MDS) Coordinator indicated she had recently completed the MDS, and the care plan had not been updated to include contracture care at that time. She indicated she updated the care plan today, 02/10/12, to include the following:</p>		<p>completed. Restorative nurse will maintain a list of residents that have contractures causing skin/skin contact. Careplans will be implemented for any residents that are admitted with those types of contractures and any residents that develops those unavoidable contractures due to their condition. Restorative Nurse, MDS Coordinator and/or Unit Manager will utilize the attached QA form to ensure careplans are implemented and maintained for residents with contractures causing skin to skin contact. This will be an ongoing process.</p>	

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	<p>1. Cleanse and dry hands thoroughly each morning with am care. INFO (information only).</p> <p>2. Place cones in palms of hands following am care. If cones are unavailable, place rolled up wash cloth in palm of hand. INFO (information only).</p> <p>3. Check hands frequently for cleanliness and odor. Cleanse and dry thoroughly prn (as needed) INFO (information only).</p> <p>4. Keep fingernails trimmed to an appropriate length to prevent cutting into palm INFO (information only).</p> <p>3.1-35(d)(1) 3.1-35(d)(2)(B) 3.1-35(e)</p>			

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F0312 SS=D	<p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, record review and interview the facility failed to ensure residents received personal hygiene care to ensure cleanliness of the hands and timely incontinence care for 2 of 2 residents observed for personal hygiene in a supplemental sample of 3. (Residents H and G)</p> <p>Findings include:</p> <p>1. On 02/10/12 at 8:14 a.m., Resident H was observed being transferred from a geri chair to bed. Certified Nursing Assistants (CNA) #2 and #3 placed the resident into bed and provided incontinent care. The resident's hands were contracted into fists and lacked any device to prevent further contractures. When interviewed at this time as to how long the resident had been up, both CNAs replied the resident was up when they came on duty at 6:00 a.m. CNA #3 indicated she was caring for the resident today and had not placed any contracture device in the resident's hands. CNA #2 donned gloves and inserted her finger into the resident's fist. When the CNA withdrew her finger from the fist, the finger had a strong sour odor. CNA #2</p>	F0312	Res H - Careplan updated, C.N.A. worksheet updated and restorative C.N.A.'s instructed on need to cleanse/dry hands prior to ROM and replace cones, washcloths, foam, etc when completed. Res G - Will be checks for incontinence within a half hour prior to and following meals. Extra absorbant incontinence briefs have been ordered so in the cases where resident releases large amounts of urine at one time it will be contained therefore reducing the risk of clothes and equipment becoming saturated with urine. C.N.A. sheets and careplan updated to include the toileting times. Every 2-3 hours and prn will remain in place for times other than around meals. Residents with noted contractures that are causing skin to skin contact will have careplan updated to include but not be limited to 1.) cleanse and dry area thoroughly each morning with AM care 2.) place cone, washcloth, foam dressing, etc to affected area 3.) check area frequently for cleanliness and odor, cleanse and dry thoroughly prn. C.N.A. sheets will be updated and restorative C.N.A.'s will be instructed on the need to cleanse/dry those areas prior to	03/06/2012			

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	<p>indicated the resident usually had something in her hands and maybe the device was in the laundry.</p> <p>On 02/10/12 at 9:15 a.m., the CNA Assignment Sheet was reviewed and failed to include care of the resident's contracted hands.</p> <p>The clinical record for Resident H was reviewed on 2/10/12 at 11:39 a.m.</p> <p>The care plan failed to include interventions related to care of the resident's hands.</p> <p>On 2/10/12 at 1:00 p.m., the Minimum Data Set (MDS) Coordinator indicated she had recently completed the MDS and the care plan had not been updated to include contracture care at that time. She indicated she updated the care plan today, 02/10/12, to include the following:</p> <ol style="list-style-type: none"> <li>1. Cleanse and dry hands thoroughly each morning with am care. INFO (information only).</li> <li>2. Place cones in palms of hands following am care. If cones are unavailable, place rolled up wash cloth in palm of hand. INFO (information only).</li> <li>3. Check hands frequently for cleanliness and odor. Cleanse and dry thoroughly prn (as needed) INFO (information only).</li> </ol>		<p>ROM and replace cones, washcloth, foam, etc when completed. C.N.A.'s will be asked if there are any additional residents that on a regular basis release large amounts of urine at once causing leakage and clothes/equipment to become saturated. Restorative nurse will maintain a list of residents that have contractures causing skin/skin contact. Careplans will be implemented for any residents that are admitted with those type of contractures and any resident resident that develops those unavoidable contractures due to their condition. Any residents found to be having the issue of releasing large amounts of urine at once will have extra absorbant incontinence briefs ordered. They will be checks for incontinence and/or toileted within a half hour prior to and following completion of their meals. C.N.A. sheets and careplan will be updated to include toileting times. Every 2-3 hours and prn toileting/incontinence checks will remain in place for times other than around meals. The attached Qa form will be utilized to check those residents with contractures causing skin to skin contact to ensure cleanliness of area and cones, washcloths, foam, etc are present in the space. This will be done randomly throughout day Monday thru Friday x 4 weeks. If 90% accuracy is obtained this QA will</p>				

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	<p>4. Keep fingernails trimmed to an appropriate length to prevent cutting into palm INFO (information only).</p> <p>B. On 2/9/12 at 11:25 a.m. Resident G was observed being transferred from the bed to the wheelchair using a Hoyer lift by CNA (Certified Nursing Assistant) #2 and CNA #5. On 2/9/12 at 1:50 p.m., Resident G was taken to the room to be transferred by Hoyer lift back into bed after lunch by CNA #2 and CNA #5. As the resident was being raised up out of the chair, CNA #5 indicated, "She leaked through her clothes." There was urine on the roho seat cushion and the resident's pants were wet. When interviewed as to the last time the resident was checked, both CNAs indicated prior to getting up at 11:25 a.m. CNA #5 indicated the resident was wet every time after lunch and leaks through the briefs.</p> <p>The clinical record for Resident G was reviewed on 2/10/12 at 11:50 a.m. The resident's diagnoses included, but were not limited to, dementia with behaviors, diabetes, and obesity.</p>		<p>be discontinued, if 90% is not achieved then QA will continue until threshold is met. The attached incontinent care QA form will be utilized to check those residents found to require more frequent checks. This QA will be done daily Monday thru Friday prior to and following meals x 4 weeks. The same threshold as above will have to be met before discontinuing.</p>				

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	<p>The Care Plan included, but was not limited to, "Problem 3. 4/22/11 Elimination - Urinary Incontinence - Total resident is frequently incontinent of B&amp;B (Bowel &amp; Bladder). Approach: 1. 4/22/11 Provide prompt incontinent care after each episode of incontinence...4. 4/22/11 Assist resident with toileting and check for incontinence approximately Q 2-3 hours."</p> <p>The Most Recent Minimum Data Set Quarterly Assessment, dated 1/12/12, indicated the resident had severe cognitive impairment, was always incontinent, and was totally dependent with 2 person assist for toileting.</p> <p>The CNA Worksheet for Resident G included, but was not limited to: Incont. (incontinent) of B&amp;B. The sheet lacked how often the resident was to be checked and changed.</p> <p>In interview with the DON (Director of Nursing) on 2/10/12 at 2:30 p.m., she indicated she had informed staff to change the resident after lunch and different briefs were on order.</p> <p>3.1-38(a)(3)(A)</p>			
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F0514 SS=D	<p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure the clinical record was complete with care plan interventions indicating planned safety precautions for fall prevention in 1 of 9 records reviewed for completeness of clinical records in a sample of 9. (Resident D)</p> <p>Findings include:</p> <p>On 2/09/12 at 8:40 a.m. during the tour, the MDS (Minimum Daily Set) Coordinator indicated Resident D was on 30 minute safety checks for falls prevention.</p> <p>The clinical record for resident D was reviewed on 2/10/12 at 8:00 a.m. The resident's diagnoses included, but were not limited to, anxiety, emphysema and toxic encephalopathy.</p> <p>The Care Plan, dated 12/15/11, included, but was not limited to the following:</p>	F0514	Res D. - 30 minute safety checks have been added to careplan. Those residents could be affected are already identified because of being on safety precaution checks. Residents that are on safety precaution checks regardless of reason will have this added to their careplan. The Medical Records Supervisor will use the attached QA sheet to document that careplan has been updated with this intervention on all residents that it includes initially then will be updated each time a resident is added to the safety precaution flowsheet. This will be an ongoing process.	03/06/2012			

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	<p>"Problem: 12/28/10 Risk-Falls Resident is at risk for falls R/T (related to) prior H/O (history of) falls, poor safety awareness, and use of anti anxiety meds (medications)." The Approaches to prevent the falls lacked any documentation of the resident being on 30 minute checks.</p> <p>The Safety Precautions Flow Sheet dated January 13, 2012, through February 9, 2012, indicated, "The Level of Precaution was 30 minutes for safety."</p> <p>In interview with the DON (Director of Nursing) on 2/10/12 at 2:30 p.m., she indicated the care plan had not been updated.</p> <p>3.1-50(a)(1)</p>			