

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155423	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/04/2012
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NAME OF PROVIDER OR SUPPLIER HAMMOND-WHITING CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 114TH ST WHITING, IN 46394
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F0000	<p>This visit was for the investigation of Complaint IN00104301.</p> <p>This visit was done in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 2/20/12</p> <p>This visit was done in conjunction with PSR Complaint IN00103864 investigated on 2/20/12.</p> <p>Complaint IN00104301 Substantiated-Federal/State deficiency related to the allegation is cited at F314.</p> <p>Survey Dates: April 3 & 4, 2012</p> <p>Facility Number: 000365 Provider Number: 155423 AIM Number: 100287460</p> <p>Survey Team: Heather Tuttle, R.N. T.C. Lara Richards, R.N.</p> <p>Census Bed Type: 74 SNF/NF 74 Total</p> <p>Census Payor Type: 29 Medicare</p>	F0000	<p>The facility requests that this plan of correction be considered its credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</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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	<p>31 Medicaid 14 Other 74 Total</p> <p>Sample: 13</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/9/12 Cathy Emswiller RN</p>				

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F0314 SS=G	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review and interview, the facility failed to ensure a resident with an acquired Stage Three pressure ulcer received the necessary treatment and services to promote healing related to providing nutritional interventions and changing treatment before the pressure ulcer deteriorated and increased in size for 1 of 3 residents reviewed for pressure ulcers in the sample of 13. (Resident #B)</p> <p>Findings include:</p> <p>The closed clinical record for Resident #B was reviewed on 4/4/12 at 9:00 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's Disease, high blood pressure, and senile delusions</p> <p>Review of Nursing Progress Notes dated 9/26/11 at 8:00 p.m., indicated</p>	F0314	<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practices?</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken:</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur:</p> <p>5 0% of the Weekly skin check sheets will be reviewed weekly by the Executive Director weekly for six weeks, monthly for one quarter and quarterly thereafter for one year. 50% of the residents in the facility wound care program will have each aspects of the program (ie: labs, timely</p>	04/20/2012	

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	<p>the CNA had reported to the nurse the resident had a pressure sore on her coccyx.</p> <p>Review of the Pressure Ulcer Status Record indicated the pressure ulcer was actually to the right buttock and was evaluated by the wound nurse on 9/27/11 and measured at that time. The pressure ulcer was identified as a Stage Three area that measured 1 centimeter (cm) by .5 cm. and the depth was undetermined. The pressure ulcer was 100% yellow slough (necrotic tissue). The pressure ulcer was then measured weekly with following measurements:</p> <p>10/4/11: 1 cm by 1 cm by undetermined with 100% yellow slough and a scant amount of drainage.</p> <p>10/12/11: 2 cm by 1 cm by undetermined with 100% yellow slough and no drainage.</p> <p>10/19/11: 3 cm by 2 cm by undetermined with 100% yellow slough and no drainage.</p> <p>10/26/11: 2.5 cm by 2 cm by undetermined with 90% yellow slough and 10% red tissue with no drainage</p> <p>11/3/11: 3 cm by 2 cm by undetermined with 90% yellow slough and 10% red tissue.</p> <p>11/10/11: 4 cm by 2.6 cm by</p>		<p>treatment, physician review, supportive devices, family notification) by the Executive Director/designee weekly for six weeks, monthly for one quarter and quarterly thereafter for one year. Wound Care Nurse, Director of Nursing, Executive Director were in-serviced by the Divisional Director of Clinical Services and the Regional Vice President on April 12, 2012 in regards to Life Care Centers of America Wound Care Program. Nurses and CNAs were in-serviced by the Staff Development Coordinator by April 16, 2012 on regular timely skin assessments and interventions, including toileting program if/ when needed. The DON reviewed resident's Braden Scale by 4/13/2012, any resident triggering 14 or less DON ensured that interventions were in place for prevention of wounds. Primary physician or wound doctor will assess each stage III or IV wound and make recommendations with documentation by 4/20/12</p> <p>residents who have a stage II or greater were reviewed by the Director of Nursing, Wound Care Nurse and the Dietary manager by April 13, 2012 to verify that baseline labs and follow up labs have been completed as needed and interventions have been put in place as necessary. Each wound that had not been responding to treatment according to facility policy has had their treatment changed. Any</p>		

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	<p>undetermined with scant amount of drainage, with a side note from the wound nurse that wound had been debrided by a Wound Physician. The pressure ulcer at this time was now classified as being undetermined in Stage.</p> <p>11/17/11 5.5 cm by 4 cm by undetermined and 100% black with small amount of drainage.</p> <p>Further review of the Pressure Ulcer Status Record indicated the wound nurse had indicated the pressure ulcer's "Response to Treatment" had deteriorated on 10/4, 10/12, 10/19, 11/10, and 11/17/11.</p> <p>Continued review of the Pressure Ulcer Status Record indicated there was documentation by the wound nurse the resident's Physician and Family were notified each week.</p> <p>Review of Physician Orders dated 9/27/11 indicated an order to cleanse the pressure ulcer with normal saline pat dry apply Santyl (a debriding ointment) and foam dressing daily and as needed.</p> <p>Review of the Treatment Administration Record (TAR) for the month of 9/11 indicated the treatment was signed out as being completed</p>		<p>resident with nutritional issues were reviewed on 4/12/12 by the registered dietician and timely interventions/ recommendations with documentation have been put into place.</p> <p>Each resident received a head to toe assessment by the wound care nurse or the evening shift supervisor by April 13, 2012 and any interventions that were needed were immediately put into place.</p> <p>Resident B no longer resides in the facility</p>				

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	<p>on 9/27, 9/29, and 9/30/11. The same treatment was signed out as being completed for the entire month of 10/11 with no change in treatment. Review of the 11/11 TAR indicated the same treatment continued from 11/1-11/15/11.</p> <p>Review of the quarterly 9/15/11 Minimum Data Set Assessment indicated sometimes understood and sometimes understands and the resident made poor decisions and had memory problems. The resident needed extensive assist with a two person physical assist with bed mobility, transfers, and toilet use. The resident was always incontinent of bladder and bowel and there was no toileting program in place. The resident was coded as being at risk for pressure ulcers but currently did not have any pressure ulcers.</p> <p>Review of the Braden Scale Assessment (an assessment used for pressure ulcer) dated 9/13/11 indicated the resident's score was a 15 indicating she was at risk for developing a pressure ulcer. Another assessment was completed on 9/17 and 9/27/11 which indicated the resident's scores were 14 for both assessment. This indicated the resident was a "moderate risk" for</p>				

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	<p>developing a pressure ulcer. A score of nine or below indicated the resident was a "very high risk" for developing a pressure ulcer.</p> <p>Review of Physician Progress notes indicated the last documented note was on 8/28/11 and there was no indication the resident was at risk for developing a pressure ulcer.</p> <p>Review of laboratory results indicated on 9/26/11 electrolytes were obtained for the resident and they were within normal limits. Further review of laboratory results indicated there were no other labs completed after 9/26/11 and for the month of 10/11.</p> <p>A Physician's order dated 11/4/11 indicated an order for a Chemistry metabolic Panel (CMP) to evaluate nutrition and hydration status.</p> <p>Review of the laboratory results dated 11/7/11 indicated the CMP was completed and the albumin level was 3.2 (3.4-5.2 was normal) and the resident's total protein level was 5.8 (6.4-8.3 was normal)</p> <p>Review of Physician's orders dated 11/8/11 indicated to insert a indwelling Foley catheter 16 French. Review of Nursing Progress Notes</p>				

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	<p>dated 11/10/11 (two days later) indicated the Foley catheter was inserted.</p> <p>Review of the Foley justification assessment dated 11/8/11 indicated the resident may have an urinary catheter 16 French for a Stage three or four pressure ulcer.</p> <p>Review of Physician Orders on the 10/11 recap indicated the resident was receiving a pureed diet and on 9/19/11 supercereal with breakfast, super soup at lunch and dinner and a healthshake was ordered.</p> <p>Review Dietary Progress Notes by the Registered Dietician (RD) dated 10/3/11 indicated the resident was seen for the development of a stage three pressure sore to the right buttock. The dietician indicated the resident was receiving a healthshake at breakfast, supercereal at breakfast, super soup at lunch and dinner and her weight was 140 pounds. The RD further indicated the resident was receiving a therapeutic vitamin daily and her estimated needs for healing were within normal limits. The RD did not address any lab values nor did she make any recommendations at that time.</p>				

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	<p>Further record review indicated the resident was seen in a weekly Nutrition Intervention Program (NIP) for her pressure ulcer. A NIP note dated 10/6/11 indicated the wound had declined and the new intervention was to lay down after meals. The next NIP note was on 10/20/11 which indicated the wound had declined with the interventions of continue to monitor oral intake. The next NIP noted dated 11/3/11 indicated the wound has declined with the intervention of will have the RD to assess. The last NIP note was on 11/10/11 which indicated the wound continues to decline, wound Physician debrided wound, and Foley catheter inserted. There were no nutritional interventions documented or recommended at that time.</p> <p>Review of Dietary Progress Notes by the RD dated 11/3/11 indicated the resident's stage three pressure ulcer continues to decline. The RD addressed the same supplements as above and recommended the CMP lab draw. The next RD Dietary Progress Note by the RD was dated 11/10/11 which indicated the resident's pressure ulcer continues to decline. The RD recommended Prostat (a protein supplement used to promote wound healing) 30 milliliters</p>			

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	<p>daily.</p> <p>Review of Nursing Progress Notes for the month of October 2011 indicated there were two entries one on 10/6/11 which indicated the resident was seen in NIP and the wound had declined and the other was on 10/20/11 which indicated the resident was reviewed in NIP and the wound had declined.</p> <p>Review of Wound Professional Assessment completed by the Wound Physician dated 11/8/11 which was the initial assessment indicated the resident had an unstageable pressure ulcer to the sacrum. The area measured 4.1 cm by 2.6 cm. by .8 cm and had 100% of yellow necrotic tissue on it. At that time, the Wound Physician debrided the area at the resident's bedside. The Wound Physician had seen the resident again on 11/15/11 and wound measured 5.5 cm by 4.0 cm by 2.6 cm and had 100% necrotic tissue. The wound was again debrided by the Physician and the treatment was changed at this time. The Wound Physician had now made the recommendation the resident see a surgeon for inpatient debridement of the wound. The resident's primary Physician was notified and new orders were obtained. The resident</p>				

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	<p>was directly admitted to the hospital on 11/22/11 for surgical debridement of the pressure ulcer.</p> <p>Review of the current 7/23/09 Nutrition and Wounds policy provided by the Director of Nursing indicated for Stage three and four pressure ulcers, calorie needs are usually 35-40 calories and protein needs are usually 1.2-1.5 grams. Some residents may need protein up 2.0 grams after assessing visceral protein status. A vitamin C fortified Juice that is provided three times daily provides the same amount of vitamin C than that of 500 milligrams of Vitamin C tablet daily.</p> <p>Assessment/interventions are revised as needed if there is no progress or there is decline and when the wound heals.</p> <p>Interview with the Wound Nurse on 4/4/11 at 11:00 a.m., indicated she did not perform the treatment to the resident's buttock/coccyx area everyday, it was her responsibility to measure the wounds on a weekly basis. She indicated she made no recommendations for any other type of interventions to promote wound healing for the resident until November 8, 2011, after the Wound Physician had seen the resident.</p>						

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	<p>She indicated a Foley catheter was ordered at that time, labs were done and the RD had made additional recommendations to promote healing.</p> <p>Interview with the Director of Nursing on 4/4/11 at 11:22 a.m., indicated there were no other interventions to promote wound healing for the acquired stage three pressure ulcer until after the wound had significantly declined.</p> <p>This Federal Tag relates to Complaint IN00104301.</p> <p>3.1-40(a)(2)</p>				