

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155086	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/29/2014
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NAME OF PROVIDER OR SUPPLIER  WOODLAND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 343 S NAPPANEE ST ELKHART, IN 46514
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F000000	<p>This visit was for the Investigation of Complaints IN00157272.</p> <p>Complaint IN00157272 Substantiated. Deficiencies related to the allegations are cited at F 223, F 225, F 226, F 309, and F 514.</p> <p>Survey dates: October 27, 28, and 29, 2014</p> <p>Facility number : 000034 Provider number: 155086 AIM number: 100274880</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: SNF: 9 SNF/NF: 56 Total: 65</p> <p>Census payor type: Medicare: 9 Medicaid: 52 Other: 4 Total: 65</p> <p>Sample: 5</p> <p>These deficiencies reflect state</p>	F000000	<p>Please consider this Plan of Correction as the facility credible allegation of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare requirements. Submission of this plan of correction is not an admission that a deficiency exists or that the facility agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents, and it is submitted solely as a requirement of the provisions of Federal and State law.</p> <p>Woodland Manor is respectfully requesting a desk review. If there are any further questions or concerns, please feel free to contact me at 574-295-0096.</p> <p>Respectfully, Kevin Baker, HFA</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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F000223 SS=D	<p>findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 31, 2014 by Randy Fry RN.</p> <p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on interview and record review, the facility failed to ensure residents were free from mental abuse for 1 of 3 residents reviewed for abuse in a sample of 3. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's record was reviewed on 10-28-2014 at 2:58 PM. Resident #C's diagnoses included, but were not limited to, chronic pain, heart failure, and pancreas inflammation.</p> <p>During the initial tour on 10-27-2014 at 11:14 AM, Resident #C was identified as</p>	F000223	F223 483.13(b) 483.13 (c) (1)(i) Free from abuse /involuntary seclusionIt is the practice of the facility that residents have the right to be free from all types of abuse. When an allegation of abuse is made known or observed, the facility will immediately implement the established abuse policy. Affected residents will be safeguarded and an investigation begun per policy. Social Services will conduct random interviews of interviewable residents regarding has the staff borrowed or asked for money. If so has the money been returned. Any additional abuse identified will be investigated per abuse policy. The facility will re-educate all staff	11/14/2014

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	<p>alert and interviewable.</p> <p>In an interview on 10-27-2014 at 1:10 PM, Resident #C indicated she had staff ask her for money, and first, she gave the staff member 20 dollars, then about a week later, she gave her another 20 dollars. Resident #C further indicated she refused to give her money the third time she asked, because the staff member had not paid the money back. Additionally, Resident #C indicated this happened several weeks ago, and the staff member still worked in the facility.</p> <p>On 10-28-2014, a review of as worked nursing schedules dated October 2014 indicated the staff member had not worked since 10-17-2014.</p> <p>In a confidential interview on 10-28-14 at 11:48 AM, Employee #1 indicated she knew the staff member had been approaching residents for money, but had not reported it.</p> <p>A current policy titled Abuse prevention dated 10-01-10, and revised 9-2011, provided by the Administrator 10-27-2014 at 11:10 AM, indicated "Our facility will not condone any form of resident abuse...6. H: Misappropriation is defined as deliberate misplacement, exploitation, or wrongful use of resident</p>		<p>on abuse policy, what is abuse, and how to report abuse. Resident Council to meet monthly to inform residents that staff should not borrow money from residents and how to report if they are approached. The facility will also maintain appropriate background checks on all employees. The facility will monitor knowledge of abuse policy by ongoing quarterly in-services and weekly questioning of the staff about abuse for six months. The abuse policy will also be reviewed at new employee orientation. This information will be brought to the monthly QAPI meetings and reviewed for trends. Any unfavorable trends will be identified and corrected. Woodland Manor Informal Dispute Resolution F223 The facility respectfully requests the deletion of this citation as there are significant errors in citation details, including relevant information not being included or considered, leading to a conclusion that abuse occurred when evidence exists to the contrary.</p>		

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F000225 SS=D	<p>property..."</p> <p>This Federal tag relates to Complaint IN00157272.</p> <p>3.1-27(b)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further</p>				

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	<p>potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review the facility failed to investigate and report abuse for 2 of 3 residents reviewed for abuse in a sample of 5. (Resident #A and Resident #C)</p> <p>Findings include:</p> <p>1. Resident #A's record was reviewed on 10-28-2014 at 1:35 PM. Resident #A's diagnoses included, but were not limited to, diabetes, high blood pressure, and anxiety.</p> <p>Nurse's notes dated 9-15-2014 at 1:15 PM indicated Resident #A was sitting up in a wheelchair, cursing at another unidentified resident stating "I am a n----- and you are a w-----." (Very insulting terms).</p> <p>A review of Social Service notes dated 9-15-2014 at 14:53 (2:53 PM) indicated</p>	F000225	<p>F 225 483.13(c)(1)(ii)-(iii),(c) (2)-(4) Investigation /report allegations/individualsIt is the practice of this facility that residents have the right to be free from all types of abuse. When an allegation of abuse is made known or observed, the facility will immediately implement the established abuse policy. Affected residents will be safeguarded and an investigation begun per policy. Social Services will conduct interviews of interviewable residents to ask if they have experienced any abuse by staff or peers that was not reported to the Administrator. Any additional abuse identified will be investigated per abuse policy. The facility will re-educate all staff on the abuse policy, what is abuse, and how to report abuse including how recognizing situations of potential abuse as well as misappropriation of resident funds. Post quiz given to staff to assess understanding. The facility will also maintain appropriate background checks</p>	11/14/2014

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	<p>Resident #A was talking loudly on the phone. Resident #A was taken to the Social Services office, then she indicated she was upset with her mother and was calling her mother names. The notes further indicated Resident #A had calmed down before going out of the Social Services office. There was no indication Social Services had addressed the calling of names in the hallway, or had investigated the incident.</p> <p>In an interview on 10-28-2014 at 9:42 AM, the Social Services Director (SSD) indicated she had talked with Resident #A on several occasions, but did not report the name calling because the resident had been discharged. The SSD further indicated the name calling should have been reported by the nurse who heard the name calling.</p> <p>2. Resident #C's record was reviewed 10-28-2014 at 2:58 PM. Resident #C's diagnoses included, but were not limited to, chronic pain, heart failure, and pancreas inflammation.</p> <p>During the initial tour on 10-27-2014 at 11:14 AM, Resident #C was identified as alert and interviewable.</p> <p>In an interview on 10-27-2014 at 1:10 PM, Resident #C indicated she had staff</p>		<p>on all employees. The facility will monitor knowledge of abuse policy by ongoing quarterly inservices and weekly questioning of staff six months. Facility abuse policy will be reviewed at new employee orientation. This information will be brought to the monthly QAPI meetings and reviewed for trends. Any unfavorable trends will be identified and corrected. Woodland Manor Informal Dispute Resolution F225 The facility respectfully requests the deletion of this citation as in the samples that were cited, the definition of abuse was applied to these two situations, when neither situation met the definition of abuse as stated in F223, 483.13 (b), Guidance to Surveyors.</p>		

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	<p>ask her for money, first, she gave the staff member 20 dollars, then about a week later, she gave her another 20 dollars. Resident #C further indicated she refused to give the staff member money the third time she asked, because the girl had not paid the money back. Additionally, Resident #C indicated this happened several weeks ago, and the staff member still worked in the facility.</p> <p>On 10-28-2014, a review of as worked nursing schedules dated October 2014 indicated the staff member had not worked since 10-17-2014.</p> <p>In a confidential interview on 10-28-14 at 11:48 AM, Employee #1 indicated she knew the staff member had been approaching residents for money, but had not reported it.</p> <p>A current policy titled Abuse prevention dated 10-01-10, and revised 9-2011, provided by the Administrator 10-27-2014 at 11:10 AM, indicated "V. 1. Should an incident or suspected incident of resident abuse... be reported, the Administrator, his or her designee, will appoint a member of management to investigate the alleged incident....." The policy further indicated "VII. 2. Employees... must report any suspected abuse, allegations of abuse, or incidents</p>			

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F000226 SS=D	<p>of abuse to the Administrator immediately... 6. H: Misappropriation is defined as deliberate misplacement, exploitation, or wrongful use of resident property..."</p> <p>This Federal tag relates to Complaint IN00157272.</p> <p>3.1-28(c)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to follow their policy for reporting abuse for 2 of 3 residents reviewed for abuse in a sample of 5. (Resident #A and Resident #C)</p> <p>Findings include:</p> <p>1. Resident #A's record was reviewed 10-28-2014 at 1:35 PM. Resident #A's</p>	F000226	F226 483.13(c) Develop/implement abuse /neglect, etc policesIt is the practice of this facility that residents have the right to be free from all types of abuse. When an allegation of abuse is made known or observed, the facility will immediately implement the established abuse policy. Affected residents will be safeguarded and an investigation begun per policy. Social Services will conduct interviews	11/14/2014

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	<p>diagnoses included, but were not limited to, diabetes, high blood pressure, and anxiety.</p> <p>Nurse's notes dated 9-15-2014 at 1:15 PM indicated Resident #A was sitting up in a wheelchair, cursing at another unidentified resident stating "I am a n----- and you are a w-----." (Very insulting terms).</p> <p>A review of Social Service notes dated 9-15-2014 at 14:53 (2:53 PM) indicated Resident #A was talking loudly on the phone. Resident #A was taken to the Social Services office, then she indicated she was upset with her mother and was calling her mother names. The notes further indicated Resident #A had calmed before going out of the Social Services office. There was no indication Social Services had addressed the calling of names in the hallway, or that she had investigated the incident.</p> <p>In an interview on 10-28-2014 at 9:42 AM, the Social Services Director (SSD) indicated she had talked with Resident #A on several occasions, but did not report the name calling because the resident had been discharged. The SSD further indicated the name calling should have been reported by the nurse who heard the name calling.</p>		<p>of interviewable residents to ask if they have experienced any abuse by staff or peers that was not reported to the Administrator. Any additional abuse identified will be investigated per abuse policy. The facility will re-educate all staff on the abuse policy, what is abuse, and how to report abuse. The facility will also maintain appropriate background checks on all employees. The facility will monitor knowledge of abuse policy by ongoing quarterly inservices and weekly questioning of staff for six months. The facility abuse policy will be reviewed at new employee orientation. This information will be brought to the monthly QAPI meetings and reviewed for trends. Any unfavorable trends will be identified and corrected. Woodland Manor Informal Dispute Resolution F226 The facility respectfully requests the deletion of this citation as the samples cited do not meet the definition of abuse, specifically a willful infliction of injury or harm.</p>				

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	<p>2. Resident #C's record was reviewed 10-28-2014 at 2:58 PM. Resident #C's diagnoses included, but were not limited to, chronic pain, heart failure, and pancreas inflammation.</p> <p>During initial tour on 10-27-2014 at 11:14 AM, Resident #C was identified as alert and interviewable.</p> <p>In an interview on 10-27-2014 at 1:10 PM, Resident #C indicated she had staff ask her for money, first, she gave the staff member 20 dollars, then about a week later, she gave her another 20 dollars. Resident #C further indicated she refused to give her money the third time she asked, because the girl had not paid the money back. Additionally, Resident #C indicated this happened several weeks ago, and the staff member still worked in the facility.</p> <p>On 10-28-2014, a review of as worked nursing schedules dated October 2014 indicated the staff member had not worked since 10-17-2014.</p> <p>In a confidential interview on 10-28-14 at 11:48 AM, Employee #1 indicated she knew the staff member had been approaching residents for money, but had not reported it.</p>						

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F000309 SS=D	<p>A current policy titled Abuse prevention dated 10-01-10, and revised 9-2011, provided by the Administrator 10-27-2014 at 11:10 AM, indicated "VII. 2. Employees... must report any suspected abuse, allegations of abuse, or incidents of abuse to the Administrator immediately... 6. H: Misappropriation is defined as deliberate misplacement, exploitation, or wrongful use of resident property..."</p> <p>This Federal tag relates to Complaint IN00157272.</p> <p>3.1-28(a)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders for 1 of 3 residents reviewed for following physician orders in an sample of 5. (Resident #B)</p>	F000309	<p>F309 483.25 Provide Care/Services for highest well being</p> <p>It is the facility practice to provide the necessary care and services to attain the highest well being The facility has clarified with the</p>	11/14/2014

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	<p>Findings include:</p> <p>Resident #B's record was reviewed on 10-29-2014 at 11:10 AM. Resident #B's diagnoses included high blood pressure, depression, and diabetes.</p> <p>A physician's order dated 10-22-2014 indicated to apply duoderm to Resident #B's right hip, to change every third day, and prn (as necessary) if soiled.</p> <p>During an observation on 10-29-2014 at 10:45 AM, RN#2 assisted Resident #B to reposition in the bed. Resident #B had a whitish cream on areas on his hips, and coccyx area. There were no dressings visible.</p> <p>In an interview on 10-29-2014 at 10:45 AM, RN#2 indicated Resident #B was healed and no longer required a dressing to any of his areas. RN#2 indicated she was unsure when the order for the duoderm had been discontinued.</p> <p>In an review of Resident #B's physician's orders, there was no indication the duoderm order had been discontinued.</p> <p>In a review of Resident #B's Treatment Administration Record dated 10-2014, in the space created for duoderm to right hip</p>		<p>physician the proper treatment to be applied.</p> <p>An audit of the residents with active wound treatment orders was completed to ensure the physician order is clarifies and is appropriate for the current status of the wound</p> <p>An inservice for the nursing staff reviewing the policy for following physician orders was given</p> <p>As part of the ongoing quality assurance program, an audit of treatment orders will be done weekly in conjunction with the weekly wound measurements.</p> <p>These audits will be reviewed at the monthly QAPI meeting. Areas of concern will be addressed and corrected.</p>	

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F000514 SS=D	<p>documentation, the treatment had been documented as completed on 10-26-2014, and there was no indication the dressing had been discontinued.</p> <p>In an interview, on 10-29-2014 at 10:15 AM, LPN#3 indicated treatments should be completed as ordered.</p> <p>This Federal tag relates to Complaint IN00157272.</p> <p>3.1-37(a)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE 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 observation, interview, and record review, the facility failed to document treatments given for 1 of 3 residents reviewed for treatment</p>	F000514	F514 483.75(l)(1) Resident Records complete/accurate/accessible It is the practice of this facility to maintain clinical records for each resident in accordance to accepted professional standards and	11/14/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155086	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  10/29/2014
NAME OF PROVIDER OR SUPPLIER  WOODLAND MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 343 S NAPPANEE ST ELKHART, IN 46514		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>completion in a sample of 5. (Resident #E)</p> <p>Findings include:</p> <p>Resident #E's record was reviewed on 10-29-2014 at 9:32 AM. Resident #E's diagnoses included, but were not limited to, paraplegia, acute Renal Disease, and chronic pain.</p> <p>A physician's order dated 9-28-2014 indicated to apply bacitracin and a Band-Aid to an abrasion on the right great toe daily until healed.</p> <p>A review of Resident #E's Treatment Administration Record (TAR) dated 9-2014, indicated there were no initials to indicate the treatment had been completed on 9-28, 29, or 30-2014.</p> <p>In an interview on 10-29-2014 at 10:40 AM, Resident #E indicated the staff had been completing his treatment as ordered.</p> <p>In an observation on 10-29-2014 at 10:28 AM, RN #4 treated Resident #E's right great toe as ordered.</p> <p>In an interview on 10-29-2014 at 10:45 AM, LPN # 3 indicated Resident #E's treatments had been completed, but the staff forgot to chart it the end of</p>		<p>practices.</p> <p>Upon interview of Resident E, it was established that the resident had received their ordered treatment on September 28, 29, and 30 2014 as ordered ,per staff interview.</p> <p>Treatment administration records ( TAR) were audited for completeness of documentation. Staff were informed of any noncompliance with documentation. The Nursing staff were inserviced on the policy for documentation of physician orders for treatment administration. As part of the quality assurance process, an audit of treatment administration records by nursing administration has been initiated. Noncompliance is addressed with staff on their next scheduled shift and may become part of the employee disciplinary process for continued non-compliance. Audits will be brought and reviewed at the monthly QAPI meeting. Areas of concerned will be addressed and corrected.</p>		

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	<p>September. LPN #3 further indicated the treatment should have been documented as soon as it was completed.</p> <p>This Federal tag relates to Complaint IN00157272.</p> <p>3.1-50(a)(2)</p>				