

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155478	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2015
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NAME OF PROVIDER OR SUPPLIER TIMBERS OF JASPER THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2909 HOWARD DR JASPER, IN 47546
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00170369.</p> <p>Complaint IN00170369 - Substantiated. Federal/state deficiencies related to the allegations are cited at F514.</p> <p>Survey dates: May 19 and 20, 2015</p> <p>Facility number: 000314 Provider number: 155478 AIM number: 100274210</p> <p>Census bed type: SNF/NF: 73 Total: 73</p> <p>Census payor type: Medicare: 5 Medicaid: 53 Other: 15 Total: 73</p> <p>Sample: 10</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1</p>	F 000		

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 514 SS=D Bldg. 00	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <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 interview and record review, the facility failed to ensure accurate and/or complete fall documentation for 1 of 4 residents reviewed for falls in a sample of 10 (Resident D).</p> <p>Findings include:</p> <p>Resident D's clinical record was reviewed on 5/19/2015 at 12:05 p.m. Progress Note, dated 2/1/2015 at 6:50 p.m., indicated, "Resident sat down hard at an awkward angle. Resident assessed after notified of event. No problems noted at the time. Resident has had no c/o [complaint of] pain. At around 1200 [p.m.] I noticed resident attempting to walk with nwb [non-weight bearing] status to her right leg...[RN #1 electronic signature]." Additional documentation</p>	F 514	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on June 6, 2015.</p> <p>F514</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the</p>	06/06/2015			

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	<p>indicated an x-ray was performed, which indicated a right hip fracture.</p> <p>Progress Note, dated 2/5/2015 at 10:38 a.m. indicated, "IDT [Interdisciplinary Team] review of incident that occurred on 2/1/2014 [sic] [2015]. Res [Resident] sat down hard on edge of bench in hallway at an awkward angle. No problems noted at the time and no c/o [complaint of] pain or s/s [signs/symptoms] of pain. Later during lunch, resident was attempting to walk with non-weight bearing to right leg...."</p> <p>State Agency Incident Report Form, dated 2/6/2015, was provided by the Director of Nursing Services (DNS) on 5/19/2015 at 1:50 p.m. Documentation indicated, "Incident Date: 2/1/2015. Incident Time: 11:00 a.m. Resident Name: [Resident D]. Room #: [indicated locked Behavioral Unit]...Staff Involved: [blank]. Brief Description of Incident: Witnessed Resident was attempting to sit on bench in hallway and sat hard on edge of bench. Type of Injury/Injuries: No injuries noted immediately...Received [sic] hip fracture. Immediate Action Taken: ...Statements collected from staff caring for Resident."</p> <p>A copy of the current Fall Management Program Policy and Procedure was</p>		<p>deficient practice?</p> <ul style="list-style-type: none"> Resident D was sent to ER for further evaluation and returned to the facility with treatment, IDT addressed the fall and provided a fall IDT review. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the alleged deficient practice. DNS/designee will review all falls within the last 30 days to ensure fall policy was followed and documentation completed to ensure accuracy. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Education on fall management has been provided to all staff by CEC/DNS/SSD/Designee by June 6, 2015. DNS/CEC/nurse manager/designee will daily identify noted falls and will investigate fall 				

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	<p>provided by the Executive Director on 5/20/2015 at 11:12 a.m. The Procedure included, but was not limited to, "...Post Fall: 1. Any resident experiencing a fall will be assessed immediately by the charge nurse.... 4. A fall event will be initiated as soon as the resident has been assessed and cared for. The report must be completed in full.... 5. All falls will be discussed by the interdisciplinary team at the 1st IDT meeting after the fall to determine root cause...."</p> <p>The DNS was interviewed on 5/20/2015 at 11:24 a.m. She indicated the incident involving Resident D on 2/1/2015 was witnessed by one Certified Nursing Aide (CNA) and a nurse. The DNS indicated there was no Fall Event documentation because "she [Resident D] didn't fall." The DNS indicated one nurse and two CNAs were on duty at the time of the incident. The nurse and one of the CNAs were no longer employed by the facility.</p> <p>CNA #1 was interviewed on 5/20/2015 at 1:40 p.m. She indicated she was on duty on the Behavioral Unit on 2/1/2015. She indicated that she and CNA #2 were assisting another resident in the shower room when she heard a knock on the door. CNA #1 indicated that RN #1 indicated Resident D "fell" and requested assistance to get her up. CNA #1</p>		<p>and root cause of fall and develop an IDT review note of fall and provide proper documentation noting interventions, plan of care, and future preventions.</p> <ul style="list-style-type: none"> ·DNS/CEC/nurse manager/designee will conduct daily audits on progress notes to identify potential errors of documentation for falls. ·DNS/Designee will review daily progress notes identifying residents who have had a fall or incident that is questionable for fall and provide an IDT review per fall policy and procedure and IDT note will be done next business day. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·DNS/ Designee will daily utilize fall management CQI tool x 2weeks then weekly x 12 weeks then monthly x 6 months to ensure preventative measures are in place. ·If a threshold of 95% is not achieved an action plan will be developed. Findings will be reported 				

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	<p>indicated, "I seen [sic] her [Resident D] on the floor. [CNA #2] helped her up with [RN #1] and they put her in the recliner." CNA #1 indicated Resident D was "crying because she was in really bad pain" as RN #1 and CNA #2 assisted Resident D to ambulate to a recliner down the hall. CNA #1 indicated she and CNA #2 were instructed by RN #1 to get Resident D up from the recliner for lunch approximately an hour after the fall and called RN #1 to assess Resident D due to her continued crying and the "puffy" appearance of her right leg.</p> <p>The DNS was interviewed on 5/20/2015 at 1:50 p.m. The DNS indicated she conducted an investigation the day after the incident and interviewed RN #1, CNA #1, and CNA #2. The DNS indicated both CNAs provided a "different version" of events than RN #1, and that both CNAs reported to her that Resident D was found on the floor. The DNS indicated she notified the Interim Executive Director of the discrepancy and was instructed to "go with the nurse's version [of events]."</p> <p>This Federal tag relates to the Investigation of Complaint IN00170369.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>		<p>in continuous quality improvement every month for a minimum of 6 months.</p> <p>Compliance date: June 6, 2015</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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