

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155243	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/20/2015
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WINDY HILL DR LAFAYETTE, IN 47905
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint #IN00184703.</p> <p>Complaint #IN00184703 - Substantiated. Federal/State deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: October 16, 19 & 20, 2015</p> <p>Facility number: 000147 Provider number: 155243 AIM number: 100266900</p> <p>Census bed type: SNF/NF- 102 Total- 102</p> <p>Census payor type: Medicare- 15 Medicaid- 75 Other- 12 Total- 102</p> <p>Sample- 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 21662 on</p>	F 0000	<p>Dear Ms Rhoades, Please accept the attached plan of correction as our allegation of compliance effective November 9, 2015 for complaint #IN00184703 We respectfully request a desk review. I have included the educational information and audit tool for your review. Any additional documents can be made available to you for your review If you have any questions, please feel free to contact me at 765-477-7791 ext 204 Best regards, Laurie Dotas, HFA CEO</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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F 0309 SS=D Bldg. 00	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and October 27, 2015.			

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	<p>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 record review, observation and interview, the facility failed to ensure wound care specialist physician orders were followed for wound treatment and dressing changes for 1 of 3 residents reviewed for wound care in a sample of 3. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 10/16/15 at 2:00 p.m. Diagnoses for Resident C included, but were not limited to, end stage renal disease with dialysis, diabetes mellitus type 2, gout, peripheral vascular disease, peripheral neuropathy, necrotizing fasciitis of right lower extremity, and osteomyelitis.</p> <p>Wound care clinic, outside the facility, documentation indicated Resident C had had received weekly treatment for a stage 3 pressure ulcer to his right heel since 11/11/14, had received weekly treatment for an unstagable pressure ulcer to his right lateral foot since 1/13/15, and had received weekly treatment for a diabetic ulcer to his right lower posterior leg since 4/29/15, at the wound care clinic. At the</p>	F 0309	<p><i>This Plan of Correction is the center's 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.</i></p> <p>F309 It is the practice of Signature Healthcare of Lafayette to ensure to ensure treatments are administered as ordered.</p> <p><u>I. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</u> For resident #C, treatment orders have been verified and care plan updated.</p> <p><u>II. How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective action will be taken?</u> Corrective Action includes: Residents treatments will be reviewed to ensure all ordered treatments are appropriate Audit of TAR and actual treatments conducted to ensure treatments completed</p>	11/09/2015

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	<p>time of the investigation, Resident C was still a current patient at the wound care clinic, for treatment to his right heel, right lateral foot, and right lower posterior leg.</p> <p>Wound care clinic documentation, dated 9/2/15, indicated Resident C presented for follow up of ulcers on the right posterior calf, right heel, and lateral aspect of the right foot. Theraskin (brand name) skin grafts were applied to the right posterior leg wound and right lateral foot wound.</p> <p>Wound care physician orders, dated 9/30/15, indicated to clean wounds with normal saline, apply collagen (a wound solution treatment) to all 3 wound beds (right posterior leg, right heel, and right lateral foot), cover with gauze and fluff, secure with roll gauze and paper tape. Change twice daily. Wound physician orders, dated 10/14/15, indicated the following orders were added to the 9/23/15 orders: [Use] non-adherent foam to right posterior lower leg.</p> <p>During an observation with the Assistant Director of Nursing (ADON) on 10/19/15 at 2:30 p.m., Resident C's dressings were dated 10/16/15 and initialed with the nurses initials that completed the dressing change. The ADON asked Resident C if</p>		<p>as ordered. III <u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u> Licensed nurses will be reeducated on procedure for assessment of dressings, wound measurement validation, staging of pressure ulcers, documentation guidelines for wounds including pressure, surgical and vascular and documentation requirements for dressing changes. The Director of Nursing and/or designee will audit 25% of treatments weekly to ensure they are completed as ordered for one month until a threshold of 100% is achieved then every other week until a pattern of ongoing compliance is established</p> <p>IV. <u>How will the corrective action be monitored to ensure the alleged deficient practice will not recur?</u> The Director of Nursing will present results of audits at Quality Assurance Committee (QA) on a quarterly basis until which time the QA Committee determines otherwise until a pattern of compliance has been established. The QA Committee will make appropriate recommendations as indicated by the trends identified. V. <u>By what date will the systemic changes be completed?</u> - Compliance date: November 9, 2015 -</p>	

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	<p>his dressings were changed over the weekend and he replied, "no."</p> <p>On 10/19/15 at 3:20 p.m., during an observation of Resident C's dressing changes, LPN #2 indicated and verified it was her handwriting and her initials on the dressing that were dated 10/16/15. As RN #1 removed old dressing gauze, she indicated the old gauze had adhered to the right posterior leg wound skin graft and the right heel skin graft, subsequently making removal difficult and uncomfortable.</p> <p>The October 2015 Treatment Administration Record (TAR) entries on 10/17/15 morning and evening, and on the 10/18/15 evening entry, indicated Resident C's dressing changes were completed, as ordered.</p> <p>During an interview on 10/19/15 at 5:00 p.m., the Director of Nursing (DON) indicated she expected nurses to follow all physician orders and document the reason if the order was not completed. She indicated the dressing change orders were not followed, appropriately, on 10/17/15 and 10/18/15.</p> <p>During an interview on 10/20/15 at 1:30 p.m., the wound care clinic's Certified Wound Care Registered Nurse, who</p>			

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	<p>indicated familiarity with Resident C, explained changing the wound dressings, twice a day, was needed to prevent excessive drainage and excess moisture. If the dressings did not get changed, the risk of excess moisture and tissue breakdown at the peri- wound (skin surrounding the wounds) areas, increased. Subsequently, the risk of infection increased, also. It was very important to follow the physician orders to ensure proper healing. The ordered Collagen treatment was used to help build new skin tissue. Dressing changes were ordered to ensure the physician the wounds were assessed, twice a day, for deterioration and signs/symptoms of infection. Resident C had very poor circulation and had already had his left lower leg amputated.</p> <p>This federal tag relates to Complaint #IN00184703.</p> <p>3.1-37(a)</p>			