

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155432	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/17/2013
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NAME OF PROVIDER OR SUPPLIER ALBANY HEALTH CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 910 W WALNUT ST ALBANY, IN 47320
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F000000	<p>This visit was for the investigation of complaint number IN00138104.</p> <p>Complaint number IN00138104 - substantiated. Federal/state deficiencies related to the allegations are cited at F 323.</p> <p>Survey date: October 17, 2013</p> <p>Facility number: 000309 Provider number: 155432 AIM number: 100288960</p> <p>Survey team: Karen Lewis, RN TC Ginger McNamee, RN</p> <p>Census bed type: SNF: 3 SNF/NF: 77 Total: 80</p> <p>Census payor type: Medicare: 6 Medicaid: 59 Other: 15 Total: 80</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC</p>	F000000	<p>This plan of correction is prepared and executed because it is required by the provisions of State and Federal law and not because Albany Health Care & Rehabilitation Center agrees with the allegations and citations listed. Albany Health Care & Rehabilitation Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Please accept the last date noted on this plan of correction as the facility's written credible allegation of compliance. This provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	
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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>16.2.</p> <p>Quality Review completed by Debora Barth, RN.</p>			
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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to thoroughly investigate falls and to follow and/or implement new interventions to prevent falls for 2 of 3 residents reviewed for falls in a sample of 3. (Resident #'s C and B)</p> <p>Findings include:</p> <p>1. Resident # C's clinical record was reviewed on 10/17/13 at 10:15 a.m. The resident's diagnoses included, but were not limited to, dementia with Lewy Bodies, Paralysis Agitans, cognitive communication deficit, muscle weakness, difficulty in walking, and vascular dementia with delusions.</p> <p>The resident had a 8/19/13, quarterly Minimum Data Set assessment indicating she had severe cognitive impairment. The assessment indicated the resident had short term memory loss and required the extensive assistance of one for transferring, ambulation, and toileting.</p>	F000323	F3231. The facility is unable to correct the investigations completed at the time of Resident #C's falls or that Resident #B was left unattended while being toileted.2. All residents who have fallen have the potential to be affected. Fall IDT notes for the past 30 days will be reviewed to identify residents utilizing alarms being left on the toilet unassisted and if alarms were sounding at the time of the fall.3. The Corporate Nurse Consultant will in-service Administrator, Director of Nursing, and Assistant Director of Nursing on completing thorough post fall IDT notes in the residents' medical record. Nurses to be in-serviced on Fall Evaluation and Investigation Policy. An in-service on toileting residents with alarms will be presented to nursing staff.4. Administrator/designee will complete an audit of Fall IDT notes 5 days/week x 2 weeks, then weekly x 2, then bi-weekly x 4, then monthly x3. The Director of Nursing/designee will complete a 100% toileting audit of those residents with alarms; then 6 residents per week x 4 weeks; then 12 residents per monthx 5	11/16/2013

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	<p>The assessment indicated the resident used a wheelchair for mobility and had a history of falls.</p> <p>The resident had a 8/21/13, Fall Risk Evaluation with a score of 16 indicating the resident was a high risk for falls.</p> <p>A 6/2/13, 15:25 [3:25 p.m.] Progress Note indicated the resident was found sitting on the floor in the lounge and her wheelchair brakes were unlocked. The 6/4/13 15:05 [3:07 p.m.] IDT [Interdisciplinary Team] Note for this fall indicated a sensor pad alarm was placed on the resident's wheelchair due to the resident not remembering to ask for assistance.</p> <p>A 7/3/13, 19:00 [7:00 p.m.] Progress Note indicated the resident was found lying in a prone position on the floor beside her bed. The resident indicated she was trying to put herself to bed and her legs gave out. There was no indication if the sensor pad was in place and sounding. The 7/5/13, 16:11 [4:11 p.m.] IDT Note indicated non-skid strips were placed on the floor beside the bed.</p> <p>A 7/6/13, 22:22 [10:22 p.m.] Progress Note indicated the resident was found sitting on the floor beside</p>		<p>months. Results of the audits will be forwarded to QA monthly for review and any further recommendations.5. Completion date: November 16, 2013</p>				

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	<p>her bed in her room. She had a dark purple bruise on the left temple measuring 6 cm [centimeter] by 2 cm and raised 2 cm. The 7/9/13, 11:41 a.m., IDT Note for this fall indicated the resident was to be checked every hour while in bed and toileted every two hours while in bed to decrease her falls.</p> <p>A 8/13/13, 15:15 [3:15 p.m.,] Progress Note indicated the resident was trying to transfer herself to the couch and lost her balance and sat down on the floor. The 8/14/13, 13:59 [1:59 p.m.,] IDT Note indicated the resident was in her wheelchair and was transferring to the couch in the lounge when she fell. There was no indication if the resident's alarm was sounding. The intervention was to remind the resident to call for help when attempting to transfer.</p> <p>A 8/15/13, 18:15 [6:15 p.m.,] Progress Note indicated the resident was walking behind her wheelchair, while carrying a glass in her hands. She attempted to open a door and lost control of her wheelchair and sat herself on the floor in the hallway. The 8/16/13, 13:23 [1:23 p.m.,] IDT Note for this fall indicated the intervention was to remind the resident to sit down in her wheelchair</p>			
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	<p>when trying to open doors so she doesn't lose her balance. There was no indication if the sensor alarm was sounding.</p> <p>A 9/6/13, 18:04 [6:04 p.m.] Progress Note indicated the resident was sitting on the floor in front of her bed. The resident stated she was walking back from the bathroom and became unsteady so she sat on the floor. The 9/9/13, 13:50 [1:50 p.m.] IDT Note for this fall indicated the resident was to be asked if she needed to go to the bathroom every two hours at night. There was no indication if the sensor alarm was sounding.</p> <p>A 9/16/13, 18:15 [6:15 p.m.] Progress Note indicated the resident fell in her room while trying to make her bed. The 9/17/13, 14:59 [2:59 p.m.] IDT Note for this fall indicated the intervention was to remind the resident to use the call light to ask for assistance when she is making her bed. There was no indication of the alarm sounding.</p> <p>A 9/26/13, 20:31 [8:31 p.m.] Progress Note indicated the resident was on the floor in front of her closet. She indicated she lost her balance and landed on her bottom and slightly hit her head on the door. The</p>			

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	<p>9/28/13, 11:22 a.m., IDT Note for this fall indicated the intervention was to remind the resident to wait for staff to assist her. There was no indication the alarm was sounding.</p> <p>A 10/4/13, 14:55 p.m., [2:55 p.m.,] Progress Note indicated the resident took herself to the bathroom, her knees gave out and she slipped and fell on the damp floor. The resident was reminded she needs to let staff help her and to use her call light. The 10/7/13, 14:43 [2:43 p.m.,] IDT Note for this fall nor the progress note indicated if the alarm was sounding.</p> <p>A 10/7/13, 18:30 p.m., [6:30 p.m.,] Progress Note indicated the resident was found sitting Indian style on the floor by her roommate's bed. The resident said she was trying to move the roommate's chair. The immediate intervention indicated a sensor alarm was placed in the wheelchair. A 10/17/13, 10:39 a.m., IDT Note for this fall indicated the intervention was a sensor pad alarm to the wheelchair.</p> <p>The resident had a care plan problem of "Risk for falls related to: unstable health condition, unsteady gait." The interventions for this problem were as follows: initiated: 5/16/13, Provide wheelchair</p>				

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	<p>initiated: 8/16/13, Provide wheel walker as tolerated</p> <p>initiated: 8/14/13, Reinforce need to call for assistance</p> <p>initiated: 5/16/13, Resident to wear proper and non-slip footwear</p> <p>initiated: 8/16/13, Sensor pad in bed</p> <p>initiated: 10/8/13, Sensor pad to chair</p> <p>initiated: 9/9/13, Toilet every 2 hours at night</p> <p>initiated: 5/16/13, Transfer and change positions slowly.</p> <p>During an interview with the Director of Nursing on 10/17/13 at 1:30 p.m., she indicated the IDT team reviews each fall individually. She indicated they do not review previous falls to look for patterns related to time of day or shifts falls occur on for individual residents.</p> <p>2. The clinical record for Resident #B was reviewed on 10/17/13 at 9:44 a.m.</p> <p>Diagnoses for Resident #B included, but were not limited to, Alzheimer's disease, hypertension, and depression.</p> <p>A quarterly Minimum Data Set assessment (MDS), dated 7/16/13, indicated the resident was severely cognitively impaired, and required extensive assistance with 2 members</p>						

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	<p>of the staff for transfers and toileting.</p> <p>A Fall Risk assessment, dated 7/7/13, indicated the resident was a high risk for falls with a score of 11.</p> <p>Review of the Interdisciplinary Team (IDT) note, dated 10/7/13, indicated the root cause for the 10/5/13 unwitnessed fall was an unassisted transfer. Resident was on the toilet and tried to take herself off of the toilet while unattended.</p> <p>During an interview with the Director of Nursing, on 10/17/13 at 1:26 p.m., she indicated residents identified as needing extensive assistance with 2 members of the staff for toileting on the MDS were not to be left unattended during toileting. She further indicated the resident had been left unattended during toileting on 10/5/13.</p> <p>3. Review of the current policy, dated 8/2013, titled "FALL EVALUATION and INVESTIGATION," provided by the Director of Nursing on 10/17/13 at 2:16 p.m., included, but was not limited to, the following:</p> <p>"PURPOSE: 1. To detect root cause of falls to extent possible and</p>				

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	<p>to identify</p> <p style="padding-left: 40px;">supportive aides to prevent falls.</p> <p style="padding-left: 40px;">2. To identify high-risk residents and implement interventions to reduce falls and the consequences of falls....</p> <p>...When you find a resident that has fallen</p> <p>1. When a resident has fallen, notify the nurse....</p> <p>...2....</p> <p>...g. Initiate Investigation to determine tha (sic) cause of the fall.</p> <p>Investigating the Fall - IDT</p> <p>(policy does not have a 1.)</p> <p>2. Complete the investigation to determine the root cause of the fall.</p> <p>3. Complete IDT Fall Note that discusses the circumstances surrounding the fall, current interventions that pertain to this fall, new interventions added, and the root cause of the fall (if known).</p> <p>4. Update the Care Plan to reflect any new interventions added."</p>						

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	<p>This Federal tag relates to Complaint # IN00138104.</p> <p>3.1-45(a)(2)</p>				