

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/21/2015
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NAME OF PROVIDER OR SUPPLIER WOODLANDS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00177996.</p> <p>Complaint IN00177996 - Substantiated. Federal/State deficiency related to the allegations is cited at F282.</p> <p>Survey dates: July 20 and 21, 2015</p> <p>Facility number: 000134 Provider number: 155229 AIM number: 100275430</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 7 Medicaid: 57 Other: 8 Total: 72</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	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. This provider respectfully requests that the plan of correction be considered the letter of credible allegation and request for a Desk Review (compliance) by August 19, 2015	
F 0282	483.20(k)(3)(ii)			

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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SS=D Bldg. 00	<p>SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure care plan interventions were followed for the prevention and healing of pressure ulcers for 1 of 3 residents reviewed for pressure ulcers (Resident C) and failure to provide indwelling urinary catheter care for 2 of 3 residents reviewed with indwelling urinary catheters. (Resident C and Resident E)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 7/20/15 at 8:53 a.m. The diagnoses for Resident C included, but were not limited to, pressure ulcers, hypertension, dementia, anorexia, anxiety, Alzheimer's disease, and congestive heart failure.</p> <p>The most recent Minimum Data Set (MDS) assessment, dated 6/30/15, was reviewed on 7/20/2015 at 8:53 a.m. The MDS indicated Resident C was severely cognitively impaired. Resident C received the following Activities of Daily Living (ADL) assistance; extensive assist with 2 person physical assist for transfers,</p>	F 0282	<p>1. Care plans for Residents C and E were reviewed and revised to be patient specific for daily catheter care. (A) Resident C no longer resides in the facility. 2. All residents with catheters have the potential to be affected. A) All residents who have catheters will be reviewed by DON or Designee to ensure care plans and C.N.A care guides are updated. 3. Re-education of Nursing staff on Catheter care as per LCCA policy will be done by DON or designee by 8/19/15. A)DON or designee will audit TAR/and C.N.A documentation 3x's weekly for 4 weeks, then weekly for thereafter for 5 months. 4. DON or designee will bring results of the audits to the monthly PI meetings for review for 6 months, or until 100% compliance is achieved. 5. Completion Date: August 19, 2015</p>	08/19/2015

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	<p>dressings, bathing, hygiene and toilet use. For eating, she needed the extensive assistance with one person assist. Resident C was occasionally incontinent of bowels and had an indwelling urinary catheter. Resident C had no impairments to range of motion in all extremities.</p> <p>An admission order, dated 6/23/15, indicated Resident C was to receive catheter care every shift.</p> <p>Resident C was admitted with several skin integrity issues: a stage 2 pressure area located on her right inner gluteal, measuring 5.2 cm x 3 cm x 0.1cm; a stage 2 pressure area located on her right gluteal, measuring 5.2 cm x 3 cm x 0.1 cm; a stage 2 pressure area located on her left gluteal, measuring 1.2 cm x 4 cm x 0.1 cm; an unstageable pressure area to her coccyx measuring 3 cm x 3 cm; a right lower gluteal pressure area, stage 2 measuring 0.4 cm x 0.3 cm x 0.1 cm; a deep tissue injury to her right heel measuring 4.1cm x 3 cm; and a deep tissue injury to her left heel measuring 2 cm x 4 cm.</p> <p>A care plan for pressure ulcers, dated 6/23/15, was reviewed on 7/20/15 at 9:11 a.m. Interventions included, but were not limited to: "assist as PRN (as needed) to reposition/shift weight to relieve</p>			

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	<p>pressure; Encourage and assist resident to turn/change position every 2 hours and as needed while in bed; Check resident every 2 hours and as needed for incontinent episodes. Provide prompt pericare after each incontinent episode."</p> <p>A plan of care for the urinary catheter, dated 6/23/15, was reviewed on 7/20/15 at 9:11 a.m. Interventions included, but were not limited to, "change catheter per policy, and provide catheter care per policy."</p> <p>Review of the "Monthly Flow Report" for June, 2015 indicated Resident C was to receive repositioning every 2 hours as well as incontinent and toileting care every 2 hours. The flow sheet documentation indicated the following: Day shift 6/24/15 through 6/30/15, lacked documentation for repositioning every 2 hours or incontinent and toileting every 2 hours. Evening shift 6/24/15 through 6/30/15, lacked documentation of repositioning every 2 hours and incontinent and toileting every 2 hours. Night shift 6/23/15 through 6/30/15, indicated documentation of repositioning every 2 hours and incontinent and toileting care every 2 hours were documented on 6/26/15 only.</p>			

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	<p>The "Monthly Flow Record" lacked documentation for foley catheter care for the following dates: Day shift 6/24/15 and 6/26/15, evening shift 6/24/15 and night shift 6/23/15.</p> <p>Review of the "Seven Day Toileting Plan Look Back Report" for 6/24/15 through 6/30/15 for Resident C, lacked documentation of the "Check and Change Program" for the following dates: Day shift 6/24/15, 6/25/15, 6/27/15, 6/28/15, 6/29/15 and 6/30/15. Evening shift lacked documentation from 6/24/15 through 6/30/15. Night shift lacked documentation for 6/24/15, 6/25/15, 6/26/15, 6/27/15, 6/28/15, and 6/30/15.</p> <p>Review of the "Monthly Flow Report" for July, 2015 indicated Resident C was to receive repositioning every 2 hours. The flow sheet documentation indicated the following: Day shift 7/1/15 through 7/10/15, lacked documentation for repositioning every 2 hours for the following dates: 7/1/15, 7/2/15, 7/3/15, 7/5/15, 7/6/15, 7/7/15, 7/8/15, 7/9/15 and 7/10/15. Evening shift 7/1/15 through 7/10/15, lacked documentation of repositioning every 2 hours for the following dates: 7/1/15, 7/4/15, 7/5/15, 7/6/15, 7/7/15, 7/8/15, 7/9/15, 7/9/15 and 7/10/15. Night shift 7/1/15 through 7/10/15,</p>			

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	<p>lacked documentation of repositioning every 2 hours on the following dates: 7/1/15, 7/2/15, 7/3/15, 7/5/15, 7/6/15, 7/7/15, 7/8/15, 7/9/15 and 7/10/15.</p> <p>The "Monthly Flow Record" for July, 2015 lacked documentation for foley catheter care for the following dates: Day shift 7/4/15 and 7/5/15. Evening shift 7/2/15, 7/3/15, 7/6/15, 7/9/15 and 7/10/15. Night shift 7/6/15.</p> <p>Review of the "Seven Day Toileting Plan Look Back Report" for 7/1/15 through 7/10/15 for Resident C, lacked documentation of the "Check and Change Program" for the following dates: Day shift - 7/1/15, 7/2/15, 7/3/15, 7/6/15, 7/7/15, 7/8/15, 7/9/15 and 7/10/15. Evening shift - 7/1/15, 7/4/15, 7/5/15, 7/6/15, 7/7/15, 7/8/15 and 7/9/15. Night shift lacked documentation from 7/1/15 through 7/9/15.</p> <p>2. The clinical record for Resident E was reviewed on 7/21/15 at 3:00 p.m. The diagnoses for Resident E included, but were not limited to, anemia, hypertension, dementia, Alzheimer's disease, neurogenic bladder, Parkinson's disease and anxiety.</p> <p>The most recent Minimum Data Set (MDS) assessment, dated 6/8/15, was</p>			

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	<p>reviewed on 7/21/15 at 3:00 p.m. The MDS indicated Resident E was severely cognitively impaired. Resident E received the following Activities of Daily Living (ADL) assistance: extensive assist with 2 person physical assist for transfers, dressing, bathing, hygiene, and toilet use. The resident was assessed as needing extensive assist with 1 person physical assist for eating. Resident E was always incontinent of bowels and had an indwelling urinary catheter. Resident E had no impairments to range of motion in all extremities.</p> <p>A plan of care for urinary catheter, dated 6/13/12, was reviewed on 7/21/15 at 3:45 p.m. Interventions included, but were not limited to, "change catheter per policy, and provide catheter care per policy."</p> <p>Review of the "Monthly Flow Record" for June, 2015, indicated a lack of documentation for foley catheter care for the following dates: Day shift - 6/1/15, 6/2/15, 6/3/15, 6/11/15 and 6/13/15. Evening shift - 6/13/15, 6/14/15 and 6/22/15. night shift - 6/29/15.</p> <p>Review of the "Monthly Flow Record" for July, 2015 indicated a lack of documentation for foley catheter care for the following dates:</p>			

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	<p>Evening shift - 7/7/15 and 7/13/15. Night shift - 7/14/15.</p> <p>During an interview on 7/21/15 at 1:23 p.m., LPN #1 indicated residents admitted with in indwelling urinary catheter would automatically receive a nursing order to provide catheter care every shift. "First I would care plan it. I would put in the order and then verify all the orders with the physician. But yes I would write an order to check the catheter once a shift." LPN #1 also indicated residents admitted with impaired skin integrity would be care planned to reposition the resident every 2 hours. "It would be care planned and the CNA's (Certified Nursing Assistant) would be told to make sure they were repositioned." LPN #1 also indicated it was the responsibility of the nurse to ensure all CNA documentation was complete at the end of the shift.</p> <p>During an interview on 7/21/15 at 4:17 p.m., the Director of Nursing indicated the missing documentation on the "Monthly Flow Records" should have been completed. She also indicated she would look to see if she could locate any further documentation. No further information was provided.</p> <p>This federal tag relates to Complaints</p>			

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

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	IN00177996. 3.1-35(g)(1)				