

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155325	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/12/2016
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NAME OF PROVIDER OR SUPPLIER MEADOW VIEW HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 ANSON ST SALEM, IN 47167
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00198638.</p> <p>Complaint IN00198638 - Substantiated - Federal/State deficiencies related to the allegations are cited at F323 and 9999.</p> <p>Survey date: May 12, 2016</p> <p>Facility Number: 000218 Provider Number: 155325 AIM Number: 100274800</p> <p>Census bed type: SNF/NF: 79 Total: 79</p> <p>Census payor type:</p> <p>Medicare: 16 Medicaid: 56 Other: 7 Total: 79</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 34233 on</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 2567 Plan of Correction be considered the letter of credible allegation and requests a face to face IDR as the facility disagrees with the severity of the deficiency	

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 0323 SS=G Bldg. 00	<p>May 14, 2016.</p> <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 interview, observation and record review, the facility failed to ensure a resident had a physician's order for use, was supervised during use of a hot pack and was free from sustaining injury in that the resident developed a Second-degree burn while using a hot pack. This deficient practice affected 1 of 3 residents reviewed for accidents with injury. (Resident #B)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #B on 5/12/16 at 10:00 a.m., indicated the resident was admitted to the facility from the hospital on 3/20/16. Diagnoses included, but were not limited to: paraplegia due to Motor Vehicle Accident, chronic pain secondary to trauma, diabetes mellitus and poly neuropathy.</p> <p>During an interview with Resident #B on 5/12/16 at 10:35 a.m., the resident</p>	F 0323	<p>1.The resident identified still resides at the facility and receives treatment to the affected area and is healing. Resident remains free of pain and signs and symptoms of infection.</p> <p>2.No resident's in the facility has orders for heat packs at this time. All clinical and therapy staff will be reeducated by DNS/CEC that residents requiring heat treatment will have an order obtained and treatment will be done by a licensed therapist. The clinical staff and therapist will be educated on the "Moist Hot Pack" policy and procedure that the facility has in place</p> <p>3.All clinical and therapy staff will be reeducated by DNS/CEC that residents requiring heat treatment will have an order obtained and treatment will be done by a licensed therapist. The clinical staff and therapist will be educated on the "Moist Hot Pack" policy and procedure that the facility has in place.</p> <p>DNS/designee reviews the facility activity report to ensure any heat treatments are applied by PT</p>	06/11/2016			

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	<p>indicated he was unable to feel anything from his pelvic area down but for some reason whenever he was bothered with a possible kidney infection, he would have severe muscle spasms on the right side from his lower back to his right thigh area.</p> <p>The resident indicated he recently asked the nurse to fix him a moist hot pack by heating a towel in the microwave as he used to do at home and what staff had done in the past as he was having severe muscle spasms running from his low back down his right leg. He indicated this had always helped him in the past.</p> <p>Resident #B indicated when the nurse initially brought him the hot pack, he did not think it was warm enough, so he asked her to warm it up more in the microwave. When she brought it back, he then placed it on his upper right thigh. The resident indicated he had it on his thigh for quite a while and moved it around turning the pack in order to gain more heat. When asked if the nurse checked on him while he had the hot pack on his leg, he indicated the nurse did come in occasionally to ask if the pack was helping his spasms. He further indicated the nurse did not check on his skin nor remove the pack at any time while he used it. The resident indicated</p>		<p>only.</p> <p>4. Resident's with orders for heat treatment will be reviewed to ensure therapy is aware and follow physician order and policy for the heat treatment, weekly for 4 weeks, monthly times 2 6months, and quarterly for 3 quarters. Results will be reviewed by CQI committee and action plans will be developed as needed if 100% threshold is not achieved.</p> <p>The facility disagrees with the severity of the deficiency and request face to face IDR meeting</p>		

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	<p>that since he had no feeling in his legs, he did not realize he had sustained a burn until the next day when he felt something wet while moving around and noticed the burn had a blister which popped.</p> <p>Documentation was lacking in the nursing notes of the nurse having assessed the resident's pain prior to giving the resident the hot pack and of the nurse checking the resident while the hot pack was in use.</p> <p>Interviews with 5 LPNs (Licensed Practical Nurses) on 5/12/16 between 11:50 a.m. and Noon, indicated the following:</p> <ul style="list-style-type: none"> - LPN #1 - " Have only been here a short time, but warming towels has never been allowed as you cannot regulate the temperature. Only allowed to use approved hot packs from the facility." - LPN #2 - "Only allowed to use the hot packs facility has approved. As far as I know, we have never been allowed to use warmed towels in the microwave." - LPN #3 - "We first need a physician's order; then only use the facility provided hot packs placed in a protective barrier like a towel or pillow case so its not directly against the skin. You only leave the pack on 20 minutes - no longer, and 			

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	<p>then off 20 minutes. Use of a heated towel is never allowed."</p> <p>- LPN #4 and #5 were also present during LPN #3's interview and agreed with what she had said.</p> <p>A 4/20/16 Incident Report presented by the Administrator at 1:00 p.m., indicated the area was an open blister which measured 3.4 by 3.0 centimeters; but had no pain associated with it due to the resident's paraplegia. A written statement by the nurse involved indicated "Resident asked for a warm compress for L (left) leg due to muscle cramp. Heated moistened towels placed in bag & (and) applied to leg with towel over compress. Resident requested to have compress reheated because wasn't warm enough."</p> <p>The Administrator also presented a copy of the hot pack packaging the facility used titled "Accu-Therm Hot Pack". The instructions included, but were not limited to: "#3 Wrap in cloth." Among the warnings also listed on the package included, but not limited to: "...Consult a Physician before using on sensory impaired individuals, check patient and pack regularly during product use...The unattended use of a hot compress by children, elderly or incapacitated person is dangerous..."</p>			

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F 9999 Bldg. 00	<p>This Federal tag is related to Complaint IN00198638.</p> <p>3.1-45(a)(2)</p> <p>State Rule 3.1-13(i)(1) Each facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interviews, the facility failed to develop a policy which addressed the use of heat packs by nursing in that 1 of 3 residents reviewed for accidents with injuries had sustained a Second degree burn. (Resident #B)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #B on 5/12/16 at 10:00 a.m., indicated the resident was admitted to the facility from the hospital on 3/20/16. Diagnoses included, but were not limited to:</p>	F 9999	<p>1.The resident identified still resides at the facility and receives treatment to the affected area and is healing. Resident remains free of pain and signs and symptoms of infection. Facility has a policy for Moist hot pack in place.</p> <p>2.No resident's in the facility has orders for heat packs at this time. Facility developed a policy for Moist hot packs</p> <p>3.All clinical and therapy staff will be educated by DNS/CEC that residents requiring heat treatment will have an order obtained and treatment will be done by a licensed therapist. The clinical staff and therapist will be educated on the "Moist Hot Pack" policy and procedure that the facility has in place. The licensed therapist's will complete and sign off on the "Moist Hot Pack" competencies form.</p> <p>4.Resident's with orders for heat treatment will be reviewed to ensure therapy is aware and follow physician order and policy for heat treatment weekly for 4 weeks, monthly times 6</p>	06/11/2016			

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	<p>paraplegia due to Motor Vehicle Accident, chronic pain secondary to trauma, diabetes mellitus and poly neuropathy.</p> <p>A 4/20/16 Incident Report presented by the Administrator at 1:00 p.m., indicated the resident had an area on his right thigh which was an open blister that measured 3.4 by 3.0 centimeters; but had no pain associated with it due to the resident's paraplegia. A written statement by the nurse involved indicated "Resident asked for a warm compress for L (left) leg due to muscle cramp. Heated moistened towels placed in bag & (and) applied to leg with towel over compress. Resident requested to have compress reheated because wasn't warm enough."</p> <p>The Administrator also presented a copy of the hot pack packaging the facility used titled "Accu-Therm Hot Pack". The instructions included, but were not limited to: "#3 Wrap in cloth." Among the warnings also listed on the package included, but not limited to: "...Consult a Physician before using on sensory impaired individuals, check patient and pack regularly during product use...The unattended use of a hot compress by children, elderly or incapacitated person is dangerous..."</p>		<p>months, and quarterly for 3 quarters. Results will be reviewed by CQI committee and action plans will be developed as needed if 100% threshold is not achieved.</p>	

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	<p>During an interview with the Administrator at this time, he indicated the facility did not have a policy which addressed the use of hot packs by nursing. He indicated the only policy he could find addressed the use of hot packs by therapy.</p> <p>The State Rule is related to Complaint IN 00198638.</p>				