

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155699	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/14/2015
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NAME OF PROVIDER OR SUPPLIER BRIDGEWATER REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 N MILL ST HARTFORD CITY, IN 47348
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00184214.</p> <p>Complaint IN00184214 - Substantiated. Federal/State deficiency related to the allegations are cited at F309.</p> <p>Survey dates: October 13 and 14, 2015</p> <p>Facility number: 000290 Provider number: 155699 AIM number: 100379970</p> <p>Census bed type: SNF: 31 Total: 31</p> <p>Census payor type: Medicare: 3 Medicaid: 27 Other: 1 Total: 31</p> <p>Sample: 4</p> <p>This deficiency reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 26143, on October 18, 2015.</p>	F 0000	<p>Submission of this Plan of Correction does not constitute an admission to or agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</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 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) 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 interview, and record review, the facility failed to ensure physician orders were accurately transcribed for 1 of 4 residents reviewed for physician orders. (Resident B)</p> <p>Findings include:</p> <p>Review of Resident B's clinical record began on 10/13/15 10:00 a.m. Diagnoses included, but were not limited to, intellectual disability, suprapubic catheter, blind, deaf, pressure wounds and diabetes mellitus.</p> <p>Resident B had a current, 7/3/15, annual Minimum Data Set assessment (MDS), which indicated the resident was severely cognitively impaired and required extensive assistance for ADLs.</p> <p>Resident B's Pressure Ulcer Care Plan, initiated 10/8/15 indicated, "The resident has a pressure ulcer." Interventions indicated, "Treatment as ordered...Monitor for treatment efficacy....Assist/encourage to turn and</p>	F 0282	<p>1. Resident B's MAR has been corrected to reflect once a day dressing change.</p> <p>2. There were no residents affected but all residents have the potential to be affected by this alleged deficient practice.</p> <p>3. The facility's policy for Physician's Orders has been reviewed and no changes are indicated at this time. Licensed nursing staff have been re-educated on this policy with a special focus on transcription of orders. (See Attachment A). A Medication Reconciliation Review Form has been implemented (See Attachment B).</p> <p>4. Director of Nursing/Assistant Director of Nursing will monitor all new orders daily on scheduled work days on an ongoing basis. Should concern be found, immediate corrective action will occur. These reviews and any concerns/corrective actions will be discussed during the facilities quarterly QA meetings for a minimum of 6 months and the plan adjusted if indicated.</p>	10/23/2015

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	<p>reposition...."</p> <p>Resident B was admitted to a local hospital on 10/2/15 and returned to the facility on 10/8/15.</p> <p>Resident B was readmitted with the following physician orders dated 9/9/15:</p> <ol style="list-style-type: none"> 1. "cleanse L [left] thigh c [with] wound cleanser rinse c [with] N.S. [normal saline] pat dry apply Santyl (topical ointment for wound healing) nickle [sic] thick wound bed cover c [with] saline moistened gauze + [and] Optifoam [dressing] Q [every] day x [times] 7 days then re-eval." 2. "cleanse R [right] buttock c [with] wound cleanser rinse c [with] N.S. [normal saline] pat dry apply Santyl nickle [sic] thick to wound bed cover c [with] saline moistened gauze + [and] Optifoam Q [every] day x [times] 7 days then re-eval." 3. "cleanse L [left] buttock c [with] wound cleanser rinse c [with] N.S. [normal saline] pat dry apply Santyl nickle [sic] thick to wound bed cover c [with] saline moistened gauze + [and] Optifoam Q [every] day x [times] 7 days then re-eval." 			

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	<p>Review of a "Medication Administration Record" (MAR) dated September 9, 2015, indicated the dressing was to be changed during 6:00 a.m.-6:00 p.m., and again from 6:00 p.m.-6:00 a.m.</p> <p>The three dressing changes had been done twice on October 10th, 11th, 12th and 13th.</p> <p>During an interview, on 10/13/15 at 12:00 p.m., the Director of Nursing (DON) indicated the nurse transcribed the order wrong on all three dressing changes. The dressings were to be changed daily.</p> <p>During an interview on 10/14/15 at 12:35 p.m., the Assistant Director of Nursing (ADON) indicated the orders have been corrected to be changed only daily.</p> <p>Review of the corrected MAR dated 10/14/15, indicated the treatments were to be done daily from 6:00 a.m.-6:00 p.m.</p> <p>Review of a policy, titled "MEDICATION RECONCILIATION", dated 10/2014, provided by the ADON on 10/14/15 at 12:40 p.m., indicated the following:</p> <p>PURPOSE: To provide a safe and effective process</p>			

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	<p>for obtaining, documenting and communicating medications across a resident's continuum of care.</p> <p>...The admitting nurse must reconcile (compare) the medications from the resident's history with those medications ordered for treating current conditions upon admission...."</p> <p>This Federal tag relates to Complaint IN00184214.</p> <p>3.1-35(g)(2)</p>				