

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/24/2012
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NAME OF PROVIDER OR SUPPLIER SEBO'S NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4410 W 49TH AVE HOBART, IN 46342
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F0000	<p>This visit was for the Investigation of Complaint IN00113951 and IN00114906.</p> <p>Complaint IN00113951-Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00114906- Substantiated, Federal/State deficiency related to the allegations is cited a F 309.</p> <p>Survey date: August 23 and 24, 2012</p> <p>Facility number: 000366 Provider number: 155469 AIM number: 100288900</p> <p>Survey team: Janelyn Kulik, RN, TC (August 24, 2012) Janet Adams, RN (August 23, 2012)</p> <p>Census bed type: SNF/NF: 124 Total: 124</p> <p>Census bed type: Medicare: 14 Medicaid: 96 Other: 14 Total: 124</p>	F0000	<p>Preparation and / or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because the provisions of federal and state laws require it.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation for substantial compliance. This facility asks that a desk review be considered in review of this 2567.</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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	<p>Sample: 6</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 29, 2012 by Bev Faulkner, RN</p>			

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and 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 and interview, the facility failed to provide assessment of the skin for 1 of 3 residents reviewed with rashes in a sample of 6 (Resident #E).</p> <p>Findings include:</p> <p>On 8/23/12 at 10:05 a.m., Resident #E was observed in bed in a hospital gown with pin point scabs on her left shoulder and chest area and a few on her arms. The resident was scratching her left shoulder area.</p> <p>On 8/24/12 at 12:25 p.m., the resident was observed in bed sleeping. She had red scratch marks on her left upper arm.</p> <p>On 8/24/12 at 1:45 p.m., the resident was observed in bed, she was scratching both her left and right arm, there were pin point scabs observed on her left shoulder and red scratch marks observed on her arms bilaterally.</p> <p>The record for Resident #E was reviewed</p>	F0309	<p>F309</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident E – skin assessment and plan of care have been updated.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All facility residents have the potential to be effected by the same alleged deficient practice.</p> <p>Skin assessments were completed for facility residents with a rash. Any resident identified as having a rash were reviewed in IDT to ensure proper documentation is present and proper interventions are in place.</p>	09/12/2012	

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	<p>on 8/23/12 at a.m. 11:00 a.m. Her diagnoses included, but were not limited to, rash, chronic pain, morbid obesity, diabetes mellitus, heart disease, and atrial fibrillation.</p> <p>Review of a bath and skin report sheet for August 2012, indicated on 8/10/12, 8/14/12, 8/17/12 and 8/21/12 the resident had redness and rash.</p> <p>Review of a "Skin integrity events-rash/lesions" form, dated 8/8/12 at 3:30 p.m., indicated the rash was located on the resident's upper arms, chest and upper trunk. It was red, raised and irregular in shape. The rash was solid and elevated lesion less than 1 cm (centimeter) in diameter. The resident indicated the itching comes and goes.</p> <p>Review of the progress notes, dated 8/8/12 at 12:20 p.m., indicated the resident's physician was made aware of the resident complaining of itching. A new order was received for Benadryl (medication used for itching) 25 mg (milligrams) as needed.</p> <p>A progress note on 8/9/12 at 5:30 p.m., indicated the resident complained of itching. At 6:00 p.m., the physician was informed of the resident itching and being hypersensitive to Cefazidime (an</p>		<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Licensed nursing staff and C.N.A.'s have been re-inserviced on skin conditions including:</p> <ul style="list-style-type: none"> · Observation of skin · Assessment/observation of skin condition · Notifying nurse · Notifying physician and family · Obtaining new orders · Interventions · Ongoing assessment/observation until condition resolves · 24 hour report <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</p> <p>The DON/designee will review the 24-hour report and incident reports 5 days a week during clinical meeting to identify any condition changes related to skin.</p> <p>The DON/designee will review the documentation and orders with each skin condition change in the clinical meeting to identify what residents have been assessed as</p>		

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	<p>antibiotic). The physician was informed of a possible allergic reaction and a new antibiotic was ordered.</p> <p>A progress note, dated 8/10/12 at 1:00 a.m., indicated no rash noted. At 1:26 p.m., the resident was in bed with no new rash noted but the resident was demanding Benadryl.</p> <p>A progress note, dated 8/11/12 at 2:33 a.m., indicated no further rash areas noted. The resident continued on Benadryl for symptoms.</p> <p>A progress note, dated 8/12/12 at 2:19 a.m. and 9:22 p.m., indicated the resident complained of itching. There was no assessment of the rash.</p> <p>A progress note, dated 8/13/12 at 9:04 p.m., indicated the resident was complaining of itching and Benadryl was given. The red splotches were minimal.</p> <p>A progress note, dated 8/14/12 at 2:20 a.m., indicated the red splotches are minimal. At 1:52 p.m., there was no new rashes noted and she continued on Benadryl as ordered.</p> <p>A progress note, dated 8/16/12 at 5:26 a.m., indicated the resident voiced some relief from itching. At 5:30 p.m., the</p>		<p>having a skin condition, if skin assessment was completed, interventions are present if warranted, proper interventions completed as ordered, and the nurse's notes indicate the skin condition.</p> <p>DON/designee will present a summary of the audits to the QA committee monthly for three months. Thereafter, if determined by the QA committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be ongoing.</p> <p>Date by which systemic corrections will be completed: 9-12-2012</p>				

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	<p>resident complained of itching and Benadryl was given. There was no assessment of the rash.</p> <p>A progress note, dated 8/17/12 at at 2:31 p.m., indicated the resident was medicated for pruritis (itching) as requested. There was no assessment of the rash.</p> <p>A progress note, dated 8/18/12 at 12:56 p.m., indicated the resident was medicated for pruritis as requested. There was no assessment of the rash. At 7:15 p.m., the resident complained of some pruritis in the upper chest, red patches around upper chest area. The resident indicated it was a prior reaction from an antibiotic.</p> <p>A progress note, dated 8/19/12 at 4:47 p.m., the resident was medicated for pruritis times one this shift. There was no assessment of the rash.</p> <p>A progress note, dated 8/21/12 at 2:48 p.m., indicated the resident complained of occasional itching to shoulders and chest. Benadryl was given. There was no assessment of the rash.</p> <p>A progress note, dated 8/22/12 at 3:00 a.m., indicated Benadryl was given for complaints of itching earlier in the shift.</p>			

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	<p>The resident denied itching a this time. There was no assessment of the rash. At 3:42 p.m., due to the resident complaining of itching and being on IV antibiotics, a message was left for the physician to see if the medication can be changed. At 4:24 p.m., a new order was received to discontinue antibiotic and start a new antibiotic. At 8:01 p.m., the resident complained of severe itching to shoulders and chest. Benadryl was given per orders. There was no assessment of the rash.</p> <p>A progress note, dated 8/23/12 at 11:03 a.m., indicated the resident was medicated for itching. There was no assessment of the residents rash.</p> <p>Review of the Medication Administration Record for August 2012, indicated an order for Benadryl 25 mg, one tablet every six hours as needed. The order originated on 8/8/12 for a diagnosis of rash. The resident received the medication twice on 8/8/12, 8/13/12, 8/15/12, 8/18/12, and 8/19/12. She received the medication once on 8/17/12, 8/21/12, 8/22/12, and 8/23/12.</p> <p>A care plan initiated on 8/23/12, indicated a problem with a start date of 8/23/12 of "Resident has rash to chest and bilateral arms." The intervention included, but were not limited to, conduct a systematic</p>						

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	<p>skin inspection daily during care and shower/bath. Encourage resident to request medication before symptoms become unbearable. The resident was to be kept clean and dry as possible and to minimize skin exposure to moisture. Monitor and record any complaints of pain, itching or discomfort (location, duration, quantity, quality, alleviating factors, and aggravating factors.) and Treat the resident's rash per physician orders.</p> <p>A policy for Pressure Ulcers/Skin Breakdown-Clinical Protocol was provided on 8/23/12 at 2:30 p.m. The assessment and recognition included, but was not limited to, the nurse shall assess and document /report the following: full assessment of skin condition including, but not limited to location, stage or partial/full thickness, length, with and depth, presence of exudates or necrotic tissue.</p> <p>Interview with the Assistant Director of Nursing on 8/24/12 at 5:00 p.m., indicated this was the policy for the treatment of non-pressure skin issues.</p> <p>Interview with the Director of Nursing on 8/23/12 at 1:13 p.m., indicated she was aware there was not good documentation related to the assessment of the resident's</p>			

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	<p>rash.</p> <p>This Federal tag relates to complaint IN00114906.</p> <p>3.1-37(a)</p>				