

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155522	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/15/2015
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY PARKVIEW HEALTH AND LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PARKVIEW LN ELWOOD, IN 46036
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00188525.</p> <p>Complaint IN00188525 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F309 .</p> <p>Survey dates: December 14 and 15, 2015.</p> <p>Facility number: 000372 Provider number: 155522 AIM number: 100289060</p> <p>Census bed type: SNF/NF: 69 Residential: 7 Total: 76</p> <p>Census payor type: Medicare: 8 Medicaid: 57 Other: 11 Total: 76</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	Submission of this plan of correction shall not constitute or be construed as an admission by Community Parkview Health & Living that the allegations contained in this survey report are accurate or reflect accurately the provision of care and services to the residents at Community Parkview Health & Living. The facility requests the following plan of correction be considered for paper review compliance.	

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 0157 SS=D Bldg. 00	<p>QR completed by 11474 on December 16, 2015.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or</p>			

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	<p>interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the responsible party and the physician were notified when there was a change in condition for 1 of 3 residents reviewed for notification. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 12/14/15 at 9:33 a.m. Diagnoses for Resident B included, but were not limited to, chronic kidney disease stage 3, atrial fibrillation, hypothyroidism, leukemia, atherosclerotic vascular disease and gastroenteritis.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment, dated 9/17/15, was reviewed on 12/14/15 at 9:33 a.m. The MDS indicated Resident B was cognitively intact with a BIMS (Brief Interview for Mental Status Score) of 15 out of 15. Resident B received the following Activities of Daily Living (ADL) assistance; transfer-supervision setup only, dressing bathing and hygiene-supervision setup only, eating-supervision setup only and supervision with one person physical assist for toilet use. Resident B was always continent of bowel and bladder. Resident B had no impairments to range of motion in all</p>	F 0157	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The physician and interested family member will be notified of changes in condition timely moving forward.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>The physician and legal representative, interested family member will be notified of changes in condition timely.</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>The licensed nurse staff were in-serviced by the DON/ADON on 12/07/15 and 12/11/15 reviewing the facility policy for Incident/Accident, Change of Condition Assessment &amp; Reporting. See attached policy and inservice attendance sheet. The policy includes a revision noting to link documentation entered to the 24 hour report.</p> <p>How the corrective action(s) will be</p>	01/14/2016			

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	<p>extremities.</p> <p>Review of the nursing note, dated 12/5/15 at 5:36 p.m., indicated Resident B had told the night shift nurse on 12/4/15 she was short of breath. "Res told this nurse she has [sic] SOB [shortness of breath] during the night. Res. said Nurse during night had her sleep in chair [sic]. Res. still having complaints of SOB et tightness in chest. V/S 133/72, 70, 97.2, 20, 97% RA [room air]..." The nursing note indicated the MD was paged at this time.</p> <p>Review of a late entry nursing note, dated 12/6/15 at 10:58 a.m., indicated Resident B stated she had been "up all night (12/4/15) feeling funny and unable to breath".</p> <p>Review of the nursing note, dated 12/5/15 at 6:54 p.m., indicated Resident B's family arrived and Resident B was sent to the hospital. Resident B had been transferred to a heart hospital and admitted with a diagnoses of congestive heart failure.</p> <p>The clinical record lacked any documentation for the night shift on 12/4/15. The clinical record lacked any documentation the responsible party nor the physician were notified of the change</p>		<p>monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>The DON, or designee, will review the 24 hour report daily following up on items that meet criteria per notification policy for compliance with that policy. Non-compliance with the notification policy will be addressed with staff involved. The DON, or designee, will review results of this initiative during the monthly QA meeting.</p>	

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	<p>in condition for Resident B for the 12/4/15 night shift or the 12/5/15 day shift.</p> <p>During an interview on 12/14/15 at 1:17 p.m., the responsible party for Resident B indicated they were never called by the facility to inform them of her change in condition.</p> <p>During an interview on 12/15/15 at 8:00 a.m., RN #4 indicated she did not call the responsible party nor document the encounter because she did not feel there had been a change in condition for Resident B.</p> <p>During an interview on 12/15/15 at 11:00 a.m., Resident B indicated she had difficulty breathing on 12/4/15 during the night shift and the staff never informed her family. "They never even called my son to tell him I was having problems."</p> <p>Review of a current policy undated titled "Incident, Accident, &amp; Change of Condition Assessment &amp; Reporting Policy/Procedure" indicated the following: "...2. Notification...a. Notify the physician immediately for emergencies and injuries requiring treatment, as well as any change of condition (contact the Medical Director for Community</p>			
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F 0309 SS=D Bldg. 00	<p>Parkview Health &amp; Living if the physician does not respond within thirty minutes).</p> <p>d. Notify the responsible party between 6:30 am [sic] and 10 pm [sic] for non-emergent incidents/accidents (unless otherwise requested by the responsible party)...."</p> <p>This policy was provided by the Director of Nursing on 12/15/15 at 11:50 a.m.</p> <p>This Federal tag relates to Complaint IN00188525.</p> <p>3.1-5(a)(2)</p> <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 ensure resident records were complete and accurate related to resident assessments for change of condition for 1 of 3 residents reviewed for change of condition. (Resident B).</p> <p>Findings include:</p>	F 0309	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The resident will have change in condition assessments completed and documented if a change in condition is suspected.</p> <p>How other residents having the</p>	01/14/2016	

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	<p>The clinical record for Resident B was reviewed on 12/14/15 at 9:33 a.m. Diagnoses for Resident B included, but were not limited to, chronic kidney disease stage 3, atrial fibrillation, hypothyroidism, leukemia, atherosclerotic vascular disease and gastroenteritis.</p> <p>Review of the clinical record indicated Resident B was transferred to a heart hospital on 12/5/15 and readmitted to the facility on 12/14/15. Resident B's readmission diagnoses included, but were not limited to, congestive heart failure and non ST elevation myocardial infarct (heart attack).</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment, dated 9/17/15, was reviewed on 12/14/15 at 9:33 a.m. The MDS indicated Resident B was cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15 out of 15. Resident B received the following Activities of Daily Living (ADL) assistance; transfer-supervision setup only, dressing bathing and hygiene-supervision setup only, eating-supervision setup only and supervision with one person physical assist for toilet use. Resident B was always continent of bowel and bladder. Resident B had no impairments to range of motion in all extremities.</p>		<p>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>The residents will have change in condition assessments completed and documented if a change in condition is suspected.</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>The licensed nurse staff were in-serviced on 12/07/15 and 12/11/15 relating to the Change of Condition Assessment &amp; Reporting Policy by the DON/&amp; ADON. See attached policy and inservice attendance sheet. The licensed nurse staff were in-serviced on 12/11/15 by the Respiratory Therapist for assessment of lungs/respiratory complaints. Education related to identification of change of condition and the use of the INTERACT CONDITION CHANGE TOOL will be completed for nursing staff by 1/6/2016.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>The DON/designee will hold huddles on all three shifts for 7 days post</p>	

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	<p>Review of the nursing notes from 12/3/15 through 12/7/15 indicated the lack of any resident assessment on 12/4/15 night shift and 12/5/15 day shift.</p> <p>A nursing note, dated 12/5/15 at 5:36 p.m., indicated the following: "Res. [Resident] told this nurse she has [sic] SOB [shortness of breath] during the night. Res. said Nurse during night [sic] had her sleep in chair [sic]. Res. still having complaints of SOB et tightness in chest. V/S 133/72, 70, 97.2, 20, 97% RA [room air]. Dr. [name of doctor] on call for [name of doctor] was paged."</p> <p>During an interview on 12/15/15 at 8:00 a.m., RN #4 indicated the following: "[Name of Resident B] did not complain on shortness of breath or chest tightness. I took vitals because she said she was uncomfortable. We repositioned her and she said she felt better. The CNA (Certified Nursing Assistant) came and got me later and told me she just toileted [Name of Resident B] and said {Resident B} wanted to sit up in her chair and I said it was fine. Her vital signs were all within normal limits. I didn't feel there was anything to document. She was just uncomfortable and said she felt better after she was repositioned."</p>		<p>change of condition inservice to validate knowledge and answer any questions about the integration of the INTERACT CONDITION CHANGE TOOL. Additionally, the INTERACT CONDITION CHANGE TOOL will be reviewed by the DON/designee and results of the change in process will be discussed during the monthly QA meetings. Any additional educational needs that arise related to change of condition or the form will be addressed on the spot. The change of condition educational module and the INTERACT CHANGE OF CONDITION TOOL will be integrated into orientation for nursing staff, based on scope of practice, beginning 1/12/2016.</p>	

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	<p>During an interview on 12/15/15 at 9:57 a.m., CNA #5 indicated she was aware resident B was complaining of shortness of breath. CNA #5 indicated she got RN #4 and the RN took Resident B's vital signs and they raised the head of the bed. CNA #5 indicated later she assisted Resident B to the toilet and took Resident B to her recliner afterwards per the resident's request. CNA #5 indicated she informed RN #4 and was told that was fine.</p> <p>During an interview on 12/15/15 at 11:00 a.m., Resident B indicated the following: "Friday evening I woke up and couldn't breathe. I thought I was going to die. I told her (the nurse) I was having chest pain and couldn't get my breath. She raised the head of the bed and left. She never came back after she took my vital signs. She didn't give me oxygen or my nitro pills. I got myself up and in the chair. They never did anything for me. I don't want that nurse again. They never even called my son to let him know I was having problems." Resident B was unable to verbalize what happened the next day until her family arrived and had her sent to the hospital in the evening. Resident B indicated she may have been helped to the toilet by the CNA but couldn't remember.</p>			

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	<p>Review of a current policy undated titled "Incident, Accident, &amp; Change of Condition Assessment &amp; Reporting Policy/Procedure" indicated the following:</p> <p>"1. Assessment</p> <p>a. Assess resident's condition for possible injury form incident, accident, or change of condition.</p> <p>i. A change of condition may occur without an accompanying incident of accident.</p> <p>ii. Changes of condition include, but are not limited to: 1. Significant changes in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental or psychosocial status in either life-threatening conditions or clinical complications),</p> <p>2. Any need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to begin a new form of treatment, ..."</p> <p>This policy was provided by the Director of Nursing on 12/15/15 at 11:50 a.m.</p> <p>The Assistant Director of Nursing indicated the facility did not have a specific policy for assessments of complaints related to shortness of breath or chest pain. No further information was provided.</p>			
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