STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E245	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST AUGUSTINE HOME FOR THE AGED	2345 W 86TH ST INDIANAPOLIS, IN46260

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R0000	This visit was for the Investigation of Complaint IN00098978. Complaint IN00098978 - Substantiated. State residential deficiencies related to the allegations are cited at R217 and R241. Survey date: November 3, 2011 Facility number: 000389 Provider number: 15E245 AIM number: 100288920 Survey team: Chuck Stevenson RN Census bed type: NF: 39 Residential :25 Total: 64 Census payor type: Medicaid: 36 Other: 28 Total: 64 Sample: 3 These state findings are cited in accordance with 410 IAC 16.2. Quality review completed 11/9/11 by	R0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Jennie Bartelt, RN.			

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R0217	(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on record review and interview, the facility failed to ensure a resident (Resident B) had a service plan which identified and documented services to be performed to address the resident's chronic bilateral hip pain, including the use of heat packs, for 1 of 3 residents reviewed for the appropriate service plans in a sample of 3.	R0217	To prevent this from happening in the future the nurse who assesses for the service plan will check with therapy and restorative to see if an individual has a plan to address a health issue. Also once a month for 3 months then every 3 months, the service plans will be audited by a nurse, Mary Clifford, LPN, whose position is to assist in meeting documentation issues, she is not	11/15/2011

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	Findings include: The record of Resident B was reviewed on 11/03/11 at 10:30 a.m. Diagnoses included, but were not limited to, hypertension, diabetes mellitus, macular degeneration, and cardiomegaly. A physician's progress note dated 5/04/11 indicated, "Res (resident) has hx (history) of OA (osteoarthritis) (symbol for "with") bilat (bilateral) hip pain, numerous meds tried." A nurse's note dated 10/23/11 at 1:00 p.m. indicated in its entirety: "Heat pack applied 20 minutes to back which was helpful." A nurse's note dated 10/23/11 at 7:00 p.m. indicated, "Writer was called to look at blister area on resident's lower back and buttocks- found open blister 3 x 5 cm (centimeters) on (symbol for "right") buttocks and to the left of that a 3 x 3 cm area where new blister forming and several red areas noted to left lower back and buttocks..." There were no nurse's notes between 1:00 p.m. and 7:00 p.m.		the individual who is filling them out to be sure that all of their health issues are taken care. This will be initiated immediately as of November 15th, 2011. Completed 11-30-2011	

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	A physician's telephone order dated 10/23/11 at 7:05 p.m. indicated, "Silversol sulfadiazene cream apply b.i.d. (twice a day) to affected area to lower back and buttocks..." A physician's progress note date 10/26/11 at 4:15 p.m. indicated, "Medicine note: (symbol for "subjective") Using heating pad over wknd (weekend) burned (symbol for "right") buttocks area. Has been getting Silvadene/dressing (symbol for "changes") to the area...(symbol for "objective") Skin: 4 x 7 cm area of 2nd degree skin burn (symbol for "with") blisters. Exposed skin. Mild surrounding redness. Imp: (impression) 2nd degree burn..." Resident B was interviewed on 11/03/11 at 1:30 p.m. She indicated the burn had been caused by the heating pack, and that it had been "very painful" when it first occured and that she had "lost a strip of skin". She indicated she was getting regular treatments for the burn, and that it was improving, but still caused her some discomfort. Resident B's record contained no documentation of any assessment prior to, during, or after the heat pack treatment of 10/23/11. There was no documentation of technique used in applying the heat pack,			

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	including but not limited to, how many layers of toweling were used. There was no documentation of any instruction to, or response from, the resident. Resident B's record contained no physician's order for the use of a heat pack. Resident B's Service Plans, reviewed from admission to the most recent dated 11/2/11, do not contain any documentation of plans for management of the resident's chronic pain, including the use of heat packs. An undated facility document titled "Inservice for all Nurses, QMA's [Qualified Medication Aides], and Restorative Aides" was received from the Assistant Director of Nursing on 11/03/11 at 10:15 a.m. She indicated this document was the facility standard for using heat packs, and that it had been prepared after, and in response to, Resident B's being burned by use of a heat pack. It indicated: "Hydrocollator heat/hot packs are to be administered to residents only with an order and only by trained nurses, qma's, or restorative aides. Moist heat pack procedure:			

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	1. Check skin for abrasions, sores, cuts, or color changes before placing heat pack on. 2. Cover heat pack with three thicknesses of turkish toweling. 3. Keep heat pack on no more than 20 minutes. 4. Check resident 5 minutes after heat pack has been applied for any areas of redness or skin irritation. If perspiration is present form heat, wipe area dry first and then check skin. 5. Moist heat may be given no closer than 2 hours after the first treatment was removed. 6. Inform resident to signal staff vocally or with use of call light if heat pack becomes to (sic) hot. 7. After removing moist heat pack, check skin for redness, irritation or burns after 5 minutes. 8. Chart on resident and return all equipment to therapy room. During an interview on 11/03/11 at 2:30 p.m. the Director of Nursing indicated she could not find any documentation of the			

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	facility's policy and procedure for use of heat packs prior to Resident B's incident of 10/23/11, but that the information contained in the document "Inservice for all Nurses, QMA's, and Restorative Aides" documented above was correct and appropriate and should have been followed at the time of Resident B's incident. She also indicated Resident B's service plan contained no documentation of any interventions for Resident B's chronic pain. This state residential tag is related to Complaint IN00098978.			
R0241	(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview, the facility failed to ensure a resident (Resident B) was protected from harm (a second degree burn) during the use of a heat pack for 1 of 2 residents reviewed for	R0241	Effective immediately as of November 15th ,2011, a nurse will assess a residential resident's skin prior to hot packs being applied by a QMA. No nurse or QMA can apply hot packs before completing an in-service on their	11/15/2011

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	the use of heat packs in a sample of 3. Findings include: The record of Resident B was reviewed on 11/03/11 at 10:30 a.m. Diagnoses included, but were not limited to, hypertension, diabetes mellitus, macular degeneration, and cardiomegaly. A physician's progress note dated 5/04/11 indicated, "Res (resident) has hx (history) of OA (osteoarthritis) (symbol for "with") bilat (bilateral) hip pain, numerous meds tried." A nurse's note dated 10/23/11 at 1:00 p.m. indicated in its entirety: "Heat pack applied 20 minutes to back which was helpful." A nurse's note dated 10/23/11 at 7:00 p.m. indicated, "Writer was called to look at blister area on resident's lower back and buttocks- found open blister 3 x 5 cm (centimeters) on (symbol for "right") buttocks and to the left of that a 3 x 3 cm area where new blister forming and several red areas noted to left lower back and buttocks..." There were no nurse's notes between 1:00 p.m. and 7:00 p.m.		proper application. The restorative assistant, Ann Pounds RNA, will keep a log of who has attended the in-service and all will be instructed in proper documentation. The DON will check weekly for one month to assure that the packs are being properly applied. Completed 11-30-2011.	

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	A physician's telephone order dated 10/23/11 at 7:05 p.m. indicated, "Silversol sulfadiazene cream apply b.i.d. (twice a day) to affected area to lower back and buttocks..." A physician's progress note date 10/26/11 at 4:15 p.m. indicated, "Medicine note: (symbol for "subjective") Using heating pad over wknd (weekend) burned (symbol for "right") buttocks area. Has been getting Silvadene/dressing (symbol for "changes") to the area...(symbol for "objective") Skin: 4 x 7 cm area of 2nd degree skin burn (symbol for "with") blisters. Exposed skin. Mild surrounding redness. Imp: (impression) 2nd degree burn..." Resident B was interviewed on 11/03/11 at 1:30 p.m. She indicated the burn had been caused by the heating pack, and that it had been "very painful" when it first occured and that she had "lost a strip of skin". She indicated she was getting regular treatments for the burn, and that it was improving, but still caused her some discomfort. An undated manufacturer's operating instructions manual for the use of Tropic Pac heat packs included, but was not limited to:			

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	"Caution: Do not use Tropic Pac on sensitive skin... Have the patient tell you if the Tropic Pac is too hot... Use extra care when using the Tropic Pac with infants and the elderly... During treatment, check the condition of the patient and the treated area often..." Instructions/Precautions: Constantly monitor hot pack application to insure that the skin is not becoming irritated... Damage to skin can occur from exposure to extreme heat..." An undated facility document titled "Inservice for all Nurses, QMA's, and Restorative Aides" was received from the Assistant Director of Nursing on 11/03/11 at 10:15 a.m. She indicated this document was the facility standard for using heat packs, and that it had been prepared after, and in response to, Resident B's being burned by use of a heat pack. It indicated: "Hydrocollator heat/hot packs are to be			

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	administered to residents only with an order and only by trained nurses, qma's [Qualified Medication Aides], or restorative aides. Moist heat pack procedure: 1. Check skin for abrasions, sores, cuts, or color changes before placing heat pack on. 2. Cover heat pack with three thicknesses of turkish toweling. 3. Keep heat pack on no more than 20 minutes. 4. Check resident 5 minutes after heat pack has been applied for any areas of redness or skin irritation. If perspiration is present form heat, wipe area dry first and then check skin. 5. Moist heat may be given no closer than 2 hours after the first treatment was removed. 6. Inform resident to signal staff vocally or with use of call light if heat pack becomes to (sic) hot. 7. After removing moist heat pack, check skin for redness, irritation or burns after 5 minutes.			

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	8. Chart on resident and return all equipment to therapy room. During an interview on 11/03/11 at 2:30 p.m. the Director of Nursing indicated she could not find any documentation of the facility's policy and procedure for use of heat packs prior to Resident B's incident of 10/23/11, but that the information contained in the document "Inservice for all Nurses, QMA's, and Restorative Aides" documented above was correct and appropriate and should have been followed at the time of Resident B's incident. Resident B's record contained no documentation of any assessment prior to, during, or after the heat pack treatment of 10/23/11. There was no documentation of technique used in applying the heat pack, including but not limited to, how many layers of toweling were used. There was no documentation of any instruction to, or response from, the resident. Resident B's record contained no physician's order for the use of a heat pack. Resident B's Service Plans, reviewed from admission to the most recent dated 11/2/11, do not contain any			

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	documentation of plans for management of the resident's chronic pain, including the use of heat packs. This state residential tag is related to Complaint IN00098978.			