

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155743	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2016
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NAME OF PROVIDER OR SUPPLIER GREEN-HILL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN 47944
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00187414.</p> <p>Complaint IN00187414- Substantiated. Federal/State deficiencies related to the allegation were cited at F157, F225, F226, F250, F279, and F312.</p> <p>Survey dates: January 5 & 6, 2016</p> <p>Facility number: 000288 Provider number: 155743 AIM number: 100287380</p> <p>Census bed type: SNF/NF: 38 Total: 38</p> <p>Census Payor type: Medicare: 2 Medicaid: 27 Other: 9 Total: 38</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 26143, on</p>	F 0000		
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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>January 12, 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>				

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	<p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify a resident's Physician and Power of Attorney (POA) of a change in condition, related to an open lesion of the skin, for 1 of 3 residents reviewed for Physician and Responsible Party notifications, in a total sample of 3. (Resident #B)</p> <p>Finding includes:</p> <p>During an interview on 01/15/16 at 10:25 a.m., Resident #B's POA indicated "around" November 7, 2015, she had found a large bandage, which was half on and half off on the resident's right leg. She indicated she had not been notified of the area prior to this observation.</p> <p>Resident #B's record was reviewed on 01/05/16 at 12:55 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease and anxiety.</p> <p>An "Initial Assessment of Non-Pressure Related Skin Condition" form, dated 10/29/15, indicated the resident had an open lesion on the right outer leg of partial thickness, measured at 2 cm (centimeter) by 1 cm with a depth of less</p>	F 0157	<p>F 157</p> <p>1. Resident B did not experience any negative outcome related to this alleged deficient practice. The POA and MD have been updated on Resident B's current condition including, if indicated, any skin alterations noted. 2. All residents have the potential to be affected. Each resident's clinical record has been reviewed. If a condition change, including any skin alteration, was noted, the POA and MD were updated. 3. The facility's policies for notifying the MD and POA for condition changes and skin management has been reviewed and no changes are indicated at this time. The nurses' have been re-educated on the policies with a special focus on notifying the MD and POA when a skin alteration is noted. A monitoring tool has been implemented. 4. The DON or designee will be responsible for completing the monitoring tool to ensure the MD and POA are updated on condition changes including skin alterations. The monitoring tool will be completed on scheduled work days as follows: Daily x 2 weeks then weekly thereafter. Should a concern be found, immediate corrective action will occur. Results of the monitoring and any corrective actions will be discussed in the</p>	02/02/2016

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	<p>than 0.1 cm and tender to touch. The wound bed was described as red and scabbed with red wound edges. The area of Physician and Legal Representative Notification was dated 10/29/15 and the form was signed by RN #1.</p> <p>There was no entry in the Nurses' Notes from 10/26/15 through 11/08/15.</p> <p>During an interview on 01/05/16 at 2:50 p.m., RN #1 indicated she could not recall calling the Physician and the POA. RN #1 indicated since there was no time documented, she may have wrote the date in thinking the day shift would have picked it up to call the Physician and the POA. RN #1 indicated she did not remember calling the Physician and the POA. She indicated sometimes incidents happen later in the evening and the phone calls were made on the next day.</p> <p>A facility policy, dated 10/2013, titled, "Skin Management Program", received from the Director of Nursing as current, indicated, "...Notification of the physician and resident or legal representative shall occur upon initial observation of a new skin condition..."</p> <p>This Federal Tag relates to Complaint IN00187414.</p>		<p>facility's monthlyQA meetings on an ongoing basis for a minimum of 6 months and the plan adjustedif indicated.</p>		

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F 0225 SS=D Bldg. 00	<p>3.1-5(a)(2)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other</p>			

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	<p>officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate an injury of an unknown source, related to an injury on a resident's leg for 1 of 3 residents reviewed for injuries of an unknown source in a total sample of 3. (Resident #B)</p> <p>Finding includes:</p> <p>Resident #B's record was reviewed on 01/05/16 at 12:55 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease and anxiety.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 12/01/15, indicated the resident's cognition was severely impaired, had no behaviors, required limited assistance of one staff for transfers, supervision for ambulation, and extensive assistance of one staff for hygiene and bathing.</p> <p>An "Initial Assessment of Non-Pressure Related Skin Condition" form, dated 10/29/15, indicated the resident had an open lesion on the right outer leg of partial thickness, measured at 2 cm</p>	F 0225	F 225 1.A thorough investigation of the skin alteration on Resident B's leg has been completed by the facility. 2. All residents have the potential to be affected. The clinical record for each resident has been reviewed for the past 30 days and if an injury of unknown origin was noted, a thorough investigation has been completed. 3. The facility's policy for abuse has been reviewed and no changes are indicated at this time. The Administrator and DON have been re-educated on the policy with a special focus on completing a thorough investigation for injuries of unknown origin. A monitoring tool has been implemented. 4. The DON or designee will be responsible for completing the monitoring tool to ensure a thorough investigation is done for all injuries of unknown origin. The monitoring tool will be completed on scheduled work days as follows: Daily for 2 weeks, weekly for two weeks, monthly for two months, then quarterly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective	02/02/2016			

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F 0226 SS=D Bldg. 00	<p>(centimeter) by 1 cm with a depth of less than 0.1 cm and tender to touch. The wound bed was described as red and scabbed with red wound edges.</p> <p>During an interview on 01/05/16 at 4:10 p.m., the Director of Nursing (DoN) indicated there had not been an investigation completed on the open lesion on the right outer leg. The DoN indicated the facility policy states all injuries of unknown origin were to be investigated for potential abuse.</p> <p>During an interview on 01/06/16 at 11:20 a.m., the Administrator indicated all injuries of unknown origin were to be investigated as alleged occurrences of abuse.</p> <p>This Federal Tag relates to Complaint IN00187414.</p> <p>3.1-28(c)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement</p>		actions will be discussed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted accordingly		

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	<p>written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to follow their Abuse Policy related to the investigation of an injury of an unknown source, related to an injury on a resident's leg, for 1 of 3 residents reviewed for injuries of an unknown source in a total sample of 3. (Resident #B)</p> <p>Finding includes:</p> <p>Resident #B's record was reviewed on 01/05/16 at 12:55 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease and anxiety.</p> <p>An "Initial Assessment of Non-Pressure Related Skin Condition" form, dated 10/29/15, indicated the resident had an open lesion on the right outer leg of partial thickness, measured at 2 cm (centimeter) by 1 cm with a depth of less than 0.1 cm and tender to touch. The wound bed was described as red and scabbed with red wound edges.</p> <p>During an interview on 01/05/16 at 4:10 p.m., the Director of Nursing (DoN) indicated there had not been an investigation completed on the open lesion on the right outer leg. The DoN</p>	F 0226	<p>F 226</p> <p>1. A thorough investigation of the skinalteration on Resident B's leg has been completed by the facility. 2. All residents have the potential to be affected. Theclinical record for each resident has been reviewed for the past 30 days and ifan injury of unknown origin was noted, a thorough investigation has beencompleted. 3. The facility's policy for abuse has been reviewed and nochanges are indicated at this time. The Administrator and DON have beenre-educated on the policy with a special focus on completing a thoroughinvestigation for injuries of unknown origin. A monitoring tool has beenimplemented. 4. The DON or designee will be responsible for completing themonitoring tool to ensure a thorough investigation is done for all injuries ofunknown origin. The monitoring tool will be completed on scheduled workdays as follows: Daily for 2 weeks, weekly for two weeks, monthly for twomonths, then quarterly thereafter. Should a concern be found, immediate correctiveaction will occur. Results of these reviews and any corrective actionswill be discussed during the facility's monthly QA meetings on an ongoing basisfor a minimum of 6 months and the plan adjusted accordingly.</p>	02/02/2016

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	<p>indicated the facility policy states all injuries of unknown origin were to be investigated for potential abuse.</p> <p>During an interview on 01/06/16 at 11:20 a.m., the Administrator indicated all injuries of unknown origin were to be investigated as alleged occurrences of abuse.</p> <p>A facility policy, dated 10/2014, titled, "Abuse Prohibition, Reporting and Investigation", received from the DoN as current on 01/06/16 at 9 a.m., indicated, "...This facility will ensure that all alleged violations, including...injuries of unknown source...are reported immediately to the administrator of the facility...The Administrator shall initiate and direct the investigation immediately..."</p> <p>A blank facility form, received from the DoN on 01/06/16 at 9 a.m., titled "Injury of Unknown Origin Investigation", indicated the investigation should include, but not limited to, a description of the injury including measurements, a head to toe assessment of the resident, interview with the resident for potential causes, assistive devices and other equipment used by the resident for a possible cause, behaviors of the resident, and interviews with the resident's</p>			

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F 0250 SS=D Bldg. 00	<p>caregivers.</p> <p>This Federal Tag relates to Complaint IN00187414.</p> <p>3.1-28(a)</p> <p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on observation, record review and interview, the facility failed to provide medically-related social services to attain or maintain the highest practicable mental and psychosocial well-being of each resident, related to identifying behaviors, thoroughly assessing behaviors, implementing new individualized behavioral interventions, informing caregivers of interventions, ensuring all behaviors were documented, and evaluating the outcome of the interventions to support the residents' individual needs for 1 of 3 residents reviewed for behaviors (Resident #B).</p>	F 0250	<p>F 250</p> <p>1. Resident #B is currently receiving medically-related social services to attain or maintain the highest practicable mental and psychosocial well-being related to behaviors. The facility has reviewed the behaviors has identified, assessed, implemented interventions, informed the care givers of the interventions, ensured behaviors are documented and evaluated the outcome of the interventions with changes made if indicated.</p> <p>The podiatrist was notified and seen Resident #C on 1/6/16.</p>	02/02/2016	

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	<p>The facility also failed to provide notification in a timely manner to a Podiatrist of the need for a resident to be evaluated for 1 of 3 resident's reviewed for Podiatry visits. (Resident #C)</p> <p>Findings include:</p> <p>1. Resident #B's record was reviewed on 01/05/16 at 12:55 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease and anxiety.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 12/01/15, indicated the resident's cognition was severely impaired, had no behaviors, required limited assistance of one staff for transfers, supervision for ambulation, and extensive assistance of one staff for hygiene and bathing.</p> <p>A care plan, initiated on 10/05/15, and reviewed on 12/01/15 and 12/16/15, indicated the resident refused showers and could become combative with screaming and yelling during showers. The interventions indicated, "Approach resident from the front in a calm manner, Call resident by preferred name...introduce yourself with a smile, Upon signs/symptoms of agitation, do not start care, Allow resident time to calm down and re-approach as needed,</p>		<p>2. All residents have the potential to be affected. Their clinical record has been reviewed and they are currently receiving medically-related social services to attain or maintain the highest practicable mental and psychosocial well-being related to behaviors. The facility has reviewed the behaviors has identified, assessed, implemented interventions, informed the care givers of the interventions, ensured behaviors are documented and evaluated the outcome of the interventions with changes made if indicated.</p> <p>The toenails of each resident has been assessed and the Podiatrist contacted to set up visits if indicated.</p> <p>3. The facility's mood and behavior program has been reviewed and no changes are indicated at this time. The staff, including the SSD, has been re-educated on the program with a special focus on behavior identification, assessment, implementation of interventions, informing care givers of the interventions, documentation and evaluation the interventions implemented and changing interventions if needed. A monitoring form has been implemented.</p> <p>The nursing staff, including the ADON, and the SSD have been re-educated on the need to contact Podiatry and have them come in as soon as possible if there is a</p>	

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	<p>Attempt with alternate caregiver, Praise for all acts towards compliance, Try to determine immediate cause for rejection, Limit distractions, Attempt a relaxing activity (all and attempt to give a bath."</p> <p>A Shower Skin Assessment form, dated 10/01/15, indicated the resident refused a shower. There was no Mood and Behavior Communication Memo for this behavior. There were no interventions and outcomes documented for this behavior.</p> <p>A Mood and Behavior Communication memo, dated 10/02/15 at 1:45 p.m., indicated the resident was screaming and crying in the shower and did not want a shower given, staff stopped the shower, and dried then dressed the resident. The interventions attempted were relaxation techniques, massage, provided an object to hold, and sang a song. The interventions were all marked unsuccessful and the behavior was marked unchanged.</p> <p>A Shower Skin Assessment form, dated 10/05/15, indicated the resident refused a shower. The Mood and Behavior Communication Memo, dated 10/05/15 at 1 p.m., indicated the resident refused a shower. The interventions attempted were relaxation techniques,</p>		<p>problem noted with residents' toenails. A monitoring form has been implemented.</p> <p>4. The SSD will be responsible for completing the monitoringtools on schedule work days as follows: daily for two weeks, weekly for two weeks, monthly for two months thenquarterly thereafter to ensure the facility is providing medically-relatedsocial services to attain or maintain the highest practicable mental andpsychosocial well-being of the residents in the facility. Should a concern be found, immediatecorrective action will occur. Results ofthese reviews and any corrective actions will be discussed during thefacility's monthly QA meetings on an ongoing basis for a minimum of 6 monthsand the plan adjusted if indicated.</p>		

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	<p>quiet environment, allow to vent feeling, reassurance and comfort, time to calm/re-approach, and validation of feelings and words. The form indicated the interventions were unsuccessful. The outcome of the behavior worsened, and the form indicated the resident still refused.</p> <p>A Shower Skin Assessment form, dated 10/19/15, indicated the resident refused a shower. The Mood and Behavior Communication Memo, dated 10/19/15 at 9:30 a.m., 11 a.m., and 12:30 a.m., indicated the resident refused a shower due to not wanting to be naked and cold. The interventions attempted were, toileting, provide one on one, time to calm/re-approach, and redirection. All interventions were marked as unsuccessful and the form indicated the behavior worsened.</p> <p>A Shower Skin Assessment form, dated 11/16/15, indicated the resident refused a shower, A Mood and Behavior Communication Memo, dated 6:45 a.m., 10 a.m., and 1 p.m., indicated the resident refused a shower due to coldness. The interventions attempted were, toileting, relaxation techniques, walked with resident, provided a quiet environment, allowed to vent feeling, time to calm/re-approach, and validation of</p>			

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NAME OF PROVIDER OR SUPPLIER GREEN-HILL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN 47944
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	<p>feelings, All interventions were marked unsuccessful and the behavior was unchanged. The form indicated the resident became anxious and pulled away from the caregivers.</p> <p>The Mood and Behavior Communication Memo, dated 11/19/15 at 1 p.m., indicated the resident refused a shower. The interventions attempted were, walked with resident, allowed resident to vent feelings, and time to calm/re-approach and the form indicated the interventions were unsuccessful. The outcome of the interventions indicated the behavior was unchanged.</p> <p>An Activities of Daily Living (ADL) form, dated 11/2015, indicated the resident refused a shower on 11/21/15. There was no Mood and Behavior Communication Memo for this behavior. There were no interventions and outcomes documented for this behavior.</p> <p>A Shower Skin Assessment form, dated 11/30/15, indicated the resident refused a shower. A Mood and Behavior Communication Memo, dated 9:05 a.m. indicated the resident was very upset and said she did not want to shower and told the caregiver to leave her alone. The care giver indicated the resident was asked three times with refusals and the nurse</p>			

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	<p>was notified. The interventions attempted were provided relaxation techniques, walked with resident, provided quiet environment, allowed resident to vent feelings, provided reassurance and comfort, time to calm/re-approach, and redirections. The interventions were unsuccessful and the behavior was unchanged.</p> <p>The ADL form, dated 12/2015, indicated the resident refused a shower on 12/14/15. There was no Mood and Behavior Communication Memo for this behavior. There were no interventions and outcomes documented for this behavior.</p> <p>A Mood and Behavior Communication Memo, dated 12/10/15 at 10:45 a.m., indicated the resident refused a shower, the resident became angry with attempts to shower, and the resident's family was present during the behavior. The interventions attempted were provided relaxation techniques, walked with resident, provided one on one, allowed resident to vent feelings, conversation of interest, provided reassurance and comfort, called family for assistance, time to calm/re-approach, and redirection. The interventions were unsuccessful and the behavior was unchanged.</p>			

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	<p>A Shower Skin Assessment form, dated 12/17/15, indicated the resident refused a shower and a bedbath three times. There was no Mood and Behavior Communication Memo for this behavior. There were no interventions and outcomes documented for this behavior.</p> <p>A Shower Skin Assessment form, dated 12/28/15, indicated the resident refused a shower. The Mood and Behavior Communication Memo, dated 12/28/15 at 8 a.m., 9 a.m., and 10 a.m., indicated the resident refused a shower when asked, became combative and verbally aggressive. The interventions attempted were, toileting, change position, walked with resident, provided one on ones, allowed resident to vent feelings, conversation of interest, time to calm/re-approach, and redirection. The interventions were unsuccessful and the behavior was unchanged. The memo indicated, "we tried everything nothing worked."</p> <p>A Social Service Note, dated 12/01/15, indicated, "Quarterly Assessments completed. Care plans reviewed. Mood and Behavior indicators present at this time. Care plans remain appropriate..."</p> <p>A Social Service Assessment,</p>			

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	<p>dated 12/01/15, indicated, the resident had wandered on 11/08/15, Rejected care on 10/02/15, 10/05/15, 10/19/15, 11/16/15 (three times), and 11/19/15, and had delusions on 10/19/15. The assessment indicated the care plans had been reviewed and remain appropriate at this time.</p> <p>During an interview on 01/06/16 at 10 a.m., the Social Service Director (SSD) indicated there were no other Mood and Behavior Communication Memos filled out for the resident. The SSD indicated the resident's family member had said if help was needed with the behaviors she would come in to help. The SSD indicated nothing had been added to the behavioral care plan or interventions.</p> <p>During an interview on 01/06/16 at 10:36 a.m., CNA #2 indicated when behaviors occur, different interventions were attempted. CNA #2 indicated there were no written individualized interventions for Resident #B's behaviors for the staff to follow.</p> <p>During an interview on 01/06/16 at 10:55 a.m., CNA #3 indicated there were no written individualized interventions for Resident #B's behaviors for the staff to follow.</p>			

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	<p>During an interview on 01/06/16 at 11 a.m., CNA #4 indicated there were no written individualized interventions for Resident #B's behaviors for the staff to follow. CNA #4 indicated there were interventions on the listed on the Behavior Memo form.</p> <p>During an interview on 01/06/16 at 11:30 a.m., the DoN indicated when a resident had a behavior the Behavior Memo forms were to be filled out. The SSD indicated refusal of a shower was a behavior. The SSD indicated she had spoke to Resident #B's family several times and interventions that worked had varied. The SSD indicated interventions should have been updated.</p> <p>A facility policy, dated 07/2010, titled, "Mood and Behavior Program Procedures", received from the Administrator as current, indicated, "...The Mood and Behavior Communication Memo form will be completed by all staff members upon witnessing a mood and/or behavior...A New and Worsening Mood and Behavior Problem assessment will be initiated by social services or nursing and completed by the interdisciplinary team...in an attempt to identify any intrinsic or extrinsic factors which may be causing or precipitating the mood(s) or</p>			

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	<p>behavior(s)...A written plan of care will be developed to address the mood(s) and/or behavior(s), including interventions to address any noted intrinsic and/or extrinsic factors precipitating the mood(s) and/or behavior(s)...A copy of the resident's Mood and Behavior Care Plan will be placed in the notebook so it can be easily accessible to all staff. 10. Social Service...will be responsible to record all mood(s) and /or behavior(s) that have been identified onto the Mood and Behavior Monthly Flow Record..."</p> <p>2. During an observation on 01/05/16 at 9:30 a.m., Resident #C was lying in bed. The Assistant Director of Nursing (ADoN) exposed the resident's feet and found a band-aid placed on the resident's left large toe around the toenail. There was a dark red substance dried on the resident's left large toe around the bandage. The ADoN indicated she was unaware of the area on the left large toe. The ADoN washed the left large toe and indicated the toe continued to seep blood around the nail. The toenails of both feet were observed to be long and thick. The ADoN indicated the nail of the right large toe was approximately two centimeters above the skin.</p> <p>Resident #C was interviewed during the</p>			

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	<p>observation on 01/05/16 at 9:30 a.m. Resident #C indicated the area on the left great toe was an ingrown toenail and it had started bleeding a, "few days ago". The resident indicated they found the area after her shower and RN #2 put an "ointment" and band-aid on the area. Resident #C indicated her toenails were, "so long" and the toes hurt because of the long toenails. The resident indicated the staff at the facility had not cut her toenails.</p> <p>Resident #C's record was reviewed on 01/05/16 at 3:30 p.m. the resident's diagnoses were, but not limited to, multiple sclerosis, diabetes mellitus, and stroke.</p> <p>The Quarterly Minimum Data Set assessment, dated 11/10/15, indicated the resident's cognition was intact and required extensive assistance with all activities of daily living.</p> <p>The consent to be seen by the Podiatrist, dated 10/22/15 had "declined written on the form.</p> <p>During an interview on 01/05/16 at 11:30 a.m., the SSD indicated the Podiatrist visits the facility every month and sees different sections of the facility each visit so residents were seen by the Podiatrist</p>			

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	<p>every other month.</p> <p>During an interview on 01/05/16 at 3:35 p.m., the SSD indicated the resident had declined the Podiatrist upon admission. The SSD indicated the Podiatrist had been called to get Resident #C on the list to be seen on 01/26/16. The SSD indicated the Podiatrist had just been at the facility on 12/18/15. The SSD indicated she would call the Podiatrist again to see if they could visit sooner. The SSD indicated she was unaware she could ask the Podiatrist to come in sooner.</p> <p>During an interview on 01/05/16 at 4 p.m., the SSD indicated the Podiatrist would see the resident on 01/06/16. The SSD indicated no one had reported the resident's toenails were sore or that the Podiatrist would come at non-scheduled times.</p> <p>During an interview on 01/06/16 at 8:50 a.m., the SSD indicated the ADoN informed her the resident needed seen by the Podiatrist either on 01/04/16 or 01/05/16.</p> <p>During an interview on 01/06/16 at 8:55 a.m., RN #5 indicated she had reported the need for Resident #C to see the Podiatrist on 01/04/16.</p>			

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	<p>During interviews on 01/06/16 at 9:05 a.m., the SSD indicated the Podiatrist was notified on 01/05/16 right after she was informed of the area by the ADoN. The ADoN indicated the resident informed her the toe bleeding started on 01/04/16. The ADoN indicated she was unaware of the concern until the observation on 01/05/16. The SSD indicated she could not recall RN #5 informing her of the area and the need for the Podiatrist on 01/04/16.</p> <p>This Federal Tag relates to Complaint IN00187414.</p> <p>3.1-34(a)</p>			

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F 0279 SS=D Bldg. 00	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, record review and interview, the facility failed to ensure a plan of care was developed for behaviors, related to resistance of care for 1 of 3 residents reviewed for care plans in a total sample of 3. (Resident #B)</p> <p>Finding includes:</p> <p>During an observation on 01/05/16 at 12 p.m., Resident #B was sitting in the dining room, with pureed food sitting in front of her. The resident was eating the pureed diet by placing her finger in the</p>	F 0279	<p>F 279</p> <p>The care plan for Resident #B has been updated to include resisting nail care & hand washing, and eating with her fingers.</p> <p>All residents have the potential to be affected. Their care plans have been reviewed and updated to reflect their current status if indicated.</p> <p>The facility's policy for care planning has been reviewed and no changes are indicated at this time. The care plan team, including</p>	02/02/2016
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	<p>food and bringing the finger to her mouth.</p> <p>During an interview on 01/05/16 at 2:30 p.m., RN #5 indicated the staff will assist resident #B to the bathroom to wash her hands. RN #5 indicated sometimes the resident would refuse the care.</p> <p>During an observation on 01/05/16 at 2:45 p.m., Resident #B was observed with a dark dried substance under three of her right fingernails.</p> <p>During an observation on 01/05/16 at 3:10 p.m., CNA #6 indicated the resident ate with her hands.</p> <p>During an interview on 01/06/16 at 9:05 a.m., the Social Service Director indicated the resident would be resistive with nail care and had been resistive when her family tried to trim the nails.</p> <p>During an interview on 01/06/16 at 10:55 a.m., CNA #3 indicated she had attempted to trim Resident #B's nails and the resident was combative.</p> <p>Resident #B's record was reviewed on 01/05/16 at 12:55 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease and anxiety.</p>		<p>the SSD, have been re-educated on the policy with a special focus on care planning specific behaviors. A monitoring tool has been implemented.</p> <p>The Administrator will be responsible for reviewing 3 resident care plans and completing the monitoring tool on scheduled work days as follows: daily for two weeks, weekly for two weeks, monthly for two months, then quarterly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective actions will be discussed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted if indicated.</p>		

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F 0312 SS=D Bldg. 00	<p>A Quarterly Minimum Data Set (MDS) assessment, dated 12/01/15, indicated the resident's cognition was severely impaired, had no behaviors, required limited assistance of one staff for transfers, supervision for ambulation, and extensive assistance of one staff for hygiene and bathing.</p> <p>The care plans, dated 12/16/15, indicated the resident had a care plan for refusals of showers and wandering. There were no care plans for the resident refusing/resisting other ADL's and eating food with her fingers.</p> <p>During an interview on 01/06/16 at 11:30 a.m., the Social Service Director indicated the resident's care plan should had been updated.</p> <p>This Federal Tag relates to Complaint IN00187414.</p> <p>3.1-35(a)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the</p>			

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	<p>necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation and record review, the facility failed to provide necessary services to a resident who required extensive to dependant assistance with activities of daily living, related to toenail care, for 1 of 3 residents reviewed for activities of daily living (ADL) who were extensive to dependant for care in a total sample of 3. (Resident #C)</p> <p>Finding includes:</p> <p>During an observation on 01/05/16 at 9:30 a.m., Resident #C was lying in bed. The Assistant Director of Nursing (ADoN) exposed the resident's. The toenails of both feet were observed to be long and thick. The ADoN indicated the nail of the right large toe was approximately two centimeters above the skin.</p> <p>Resident #C indicated her toenails were, "so long" and the toes hurt because of the long toenails. The resident indicated the staff at the facility had not cut her toenails.</p> <p>Resident #C's record was reviewed on 01/05/16 at 3:30 p.m. the resident's diagnoses were, but not limited to,</p>	F 0312	<p>F 312</p> <ol style="list-style-type: none"> 1. Resident #C was seen by the Podiatrist on 1/6/16 and hertoenails have been cut. 2. All residents have the potential to be affected. Their toenails have been assessed and nursingstaff have cut and trimmed the nails if possible. If the toenails were assessed and the nursingstaff could not trim them, the podiatrist was notified to make a visit fortoenail trimming. 3. The nursing staff have been re-educated on nail careincluding trimming of toenails of all residents and nurses only to attempt tottrim diabetic nails. If unable to trim, nursing staff alerts the SSD to contactthe Podiatrist. A monitoring tool hasbeen implemented. 4. The DON or designee will be responsible to assess 3residents nails/toenails and for completing the monitoring tool on scheduledwork days as follows: daily for twoweeks, weekly for two weeks, monthly for two months then quarterly thereafter. Should a concern be noted, immediatecorrective action will occur. Results ofthese reviews and any corrective action will be discussed during the facility'smonthly QA meetings and the plan adjusted if indicated. 	02/02/2016

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	<p>multiple sclerosis, diabetes mellitus, and stroke.</p> <p>The Quarterly Minimum Data Set assessment, dated 11/10/15, indicated the resident's cognition was intact and required extensive to dependant assistance with all ADL's.</p> <p>During an interview on 01/05/16 at 4:10 p.m., the Director of Nursing indicated the Nurses' were to attempt to trim the resident's toenails if the resident was diabetic and if they were unable to trim the nails, then they were to notify the Social Service Director so the resident could be put on the list for the podiatrist. The Director of Nursing indicated there was no facility policy for toenail care.</p> <p>During an interview on 01/06/16 at 8:55 a.m., RN #5 indicated she was aware the resident's toenails were long on 01/04/16. RN #5 indicated she had not gotten back to the resident to cut the nails.</p> <p>This Federal Tag relates to Complaint IN00187414.</p> <p>3.1-38(E)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/01/2016

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155743	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2016
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NAME OF PROVIDER OR SUPPLIER GREEN-HILL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN 47944
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