

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E281	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/19/2012
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NAME OF PROVIDER OR SUPPLIER  GOSPORT NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 27 S SEVENTH ST GOSPORT, IN 47433
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F0000	<p>This visit was for the Investigation of Complaint IN00102023.</p> <p>Complaint IN00102023 - Substantiated. Federal/State deficiencies related to the allegations are cited at F253 and F461.</p> <p>Survey date: 1/19/12</p> <p>Facility number: 000409 Provider number: 15E281 AIM number: 100291270</p> <p>Survey team: Teresa Buske, RN-TC Mary Weyls, RN</p> <p>Census bed type: NF 41 Total 41</p> <p>Census payor type: Medicaid: 37 Other: 4 Total : 41</p> <p>Sample: 11</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 24,</p>	F0000		
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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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	2012 by Bev Faulkner, RN			
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F0253 SS=D	<p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation, and interview, the facility failed to ensure resident equipment i.e. wheelchairs/Broda chairs were maintained in good repair for 3 of 8 residents wheelchairs/Broda chairs observed in a sample of 11. (Resident B, Resident C, and Resident D).</p> <p>Findings include:</p> <p>1. On 1/19/12 at 11:45 a.m., Resident B's wheelchair was observed in his room. The wheelchair was noted to be wide wheelchair. The back rest of the wheelchair was observed to be ripped away from the metal wheelchair frame on both sides and attempted to be secured with silver duct tape. Silver duct tape was also noted to be wrapped around the metal wheel frame and the spokes of the wheelchair in multiple places.</p> <p>Interview of Resident B on 1/19/12 at 11:45 a.m., indicated he uses the wheelchair daily and that the duct on the wheels was holding the frame and spokes together.</p> <p>Review of the clinical record of Resident B on 1/19/12 at 12:50 p.m., indicated a Brief Interview of Mental Status (BIMS)</p>	F0253	<p>The corrective action accomplished for those residents found to have been affected by the deficient practice is that resident B's wheelchair was replaced. The defective chair was removed from the facility and resident use. The back of resident C's and the arms of resident D's wheelchairs have been replaced with new one by the maintenance department. Other residents having the potential to be affected by the same deficient practice will be identified as those residents who use wheelchairs/Broda chairs belonging to the facility. Measures put into place include instructing the nursing staff to write in the maintenance book repairs needed and having maintenance do weekly checks of facility equipment. The corrective action will be monitored by the administrator/designee with random weekly checks of wheelchairs/Broda chairs that belong to the facility for 1 month, then monthly for 3 months. Findings will be discussed at the quality assurance meetings held monthly. ADDENDUM: Wheelchairs/Broda chairs will be checked monthly for needed replacement of parts by maintenance. Staff will report any needed repairs when they are noted. The administrator will</p>	02/06/2012	

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	<p>was completed 1/1/12. The assessment identified the resident without cognitive impairment, or long/short term memory problems.</p> <p>Interview of the Director of Nursing on 1/19/12 at 2 p.m., indicated the wheelchair Resident B utilized was the facility's wheelchair.</p> <p>2. On 1/19/12 at 1:10 p.m., Resident C was observed to be transferred from the wheelchair to the bed by CNAs utilizing a mechanical lift. The resident's wheelchair back rest was observed to be torn in 3 separate places in the material. The tears were greater than 1 inch in length.</p> <p>Interview of the Director of Nursing on 1/19/12 at 2 p.m., indicated the wheelchair utilized by Resident C was the facility's wheelchair.</p> <p>3. On 1/19/12 at 1:45 p.m., Resident D was observed to be sitting in wheelchair at the nurses' station. The arm rests of the wheelchair were observed to be torn and covered with yellow duct tape.</p> <p>Interview of the Director of Nursing on 1/19/12 at 2 p.m., indicated the wheelchair utilized by Resident D was the facility's wheelchair.</p>		monitor to make sure the checks are done monthly and repairs made.				

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	<p>Interview of the Administrator on 1/19/12 at 3 p.m., indicated the facility would have to look at the wheelchairs.</p> <p>This Federal tag relates to Complaint IN00102023.</p> <p>3.1-19(f)</p>				

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F0461 SS=D	<p>Bedrooms must have at least one window to the outside; and have a floor at or above grade level.</p> <p>The facility must provide each resident with-- (i) A separate bed of proper size and height for the convenience of the resident; (ii) A clean, comfortable mattress; (iii) Bedding, appropriate to the weather and climate; and (iv) Functional furniture appropriate to the resident ' s needs, and individual closet space in the resident ' s bedroom with clothes racks and shelves accessible to the resident.</p> <p>CMS, or in the case of a nursing facility the survey agency, may permit variations in requirements specified in paragraphs (d)(1)(i) and (ii) of this section relating to rooms in individual cases when the facility demonstrates in writing that the variations-- (i) Are in accordance with the special needs of the residents; and (ii) Will not adversely affect residents ' health and safety.</p> <p>Based on observation, record review and interview, the facility failed to provide a bed of appropriate size to allow easier movement and comfort for 1 of 3 residents reviewed for specialized equipment in the sample of 11. (Resident A)</p> <p>Findings include:  On 1/19/12 at 12:30 p.m., CNA #'s 1 and 2 were observed to provide care for Resident A. The resident was observed</p>	F0461	The corrective action accomplished for those residents found to have been affected by the deficient practice is that arrangements were being made to obtain a bariatric bed for the resident by the social services director. However, before the bed was obtained, resident A was transferred to the hospital on 2/5/12 and admitted to CCU. It has been recommended that resident A be placed in a skilled/medicare facility when she is released. Other residents having the potential to be affected	02/06/2012			

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	<p>when lying on her back to cover the mattress with her body and with both arms touching the 1/2 siderails. The CNAs turned the resident over toward her right side. The resident was observed to be laying directly on the edge of the bed, leaning against CNA #1 and to have her left arm laying straight up on the wall.</p> <p>Resident A's clinical record was reviewed on 1/19/12 at 1:40 p.m.</p> <p>An admission date was noted of 2/22/11.</p> <p>Diagnoses were noted of, but not limited to, CVA with Left side hemiparesis.</p> <p>An admission weight of 359.3 pounds was noted, with the most current weight in December 2011 of 369 pounds.</p> <p>The most recent quarterly assessment, dated 12/6/11, indicated the resident was dependant for bed mobility requiring assist of two persons.</p> <p>During interview of the resident on 1/19/12 at 12:30 p.m., the resident indicated "A bigger bed would help me."</p> <p>During interview of CNA #1 on 1/19/12 at 12:30 p.m., the CNA indicated "I guess she needs a bigger bed."</p>		<p>by the same deficient practice will be identified by body size and ability to fit properly in a regular bed without touching the siderails. Measures put into place to ensure that the deficient practice does not recur include assessing the resident upon admission for proper fit and asking the resident if the bed is comfortable and fits him/her. If not, a proper bed will be obtained. The corrective action will be monitored by the administrator and a correct fitting bed will be obtained if there is an admission needing a larger bed. ADDENDUM: The Director of Nursing shall have the responsibility of assessing the admissions for proper equipment (bed, wheelchairs, broda chair, etc.) and shall notify the administrator of any additional equipment needed to accomodate the resident. This will be for all admissions to the facility.</p>				

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	<p>During interview of the DON (Director of Nursing) on 1/19/12 at 2:10 p.m., the DON indicated Resident A's bed was a regular size bed. The DON indicated the resident had always been on a regular size bed, and indicated the facility did not have a bariatric bed.</p> <p>This Federal tag relates to Complaint IN00102023.</p> <p>3.1-19(m)(1)</p>						