STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	X3) DATE SURVEY COMPLETED
	155656	A. BUILDING 00 / B. WING	01/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANTERBURY NURSING AND REHABILITATION CENTER	2827 NORTHGATE BLVD FORT WAYNE, IN 46835

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00189595. Complaint IN00189595- Substantiated. Deficiencies related to the allegations are cited at F282, F 323, and F465. Survey dates: January 4, and 5, 2016 Facility number: 000275 Provider number: 155656 AIM number: 100290930 Census bed type: SNF/NF: 82 Total: 82 Census payor type: Medicare: 10 Medicaid: 60 Other: 12 Total: 82 Sample: 3 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1. QR completed on January 6, 2016 by	F 0000	Plan of Correction for Canterbury Nursing and Rehabilitation Center	

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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	17934.			
F 0282 SS=D Bldg. 00	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review, the facility failed to follow the care plan for transfers for 1 of 3 residents reviewed for transfers in a sample of 3. (Resident #A) Findings include: Resident #A's clinical record was reviewed 1-4-2016 at 2:25 PM. Resident #A's diagnoses included, but were not limited to, osteoporosis, dementia, and cancer. Resident #A's Fall risk care plan initially dated 12-14-2014 indicated Resident #A was to be transferred using a Mechanical lift. A Fall Event document dated 12-20-2015 indicated Resident #A was lowered to the floor.	F 0282	**F-Tag 282** Services By Qualified Persons/Per CarePlan: It is the policy of Canterbury Nursing andRehabilitation Center, Fort Wayne to ensurethat all services provided or arranged are provided by qualified persons inaccordance with each resident's written plan of care. ·Resident#A –Care Plan and CNA assignment sheets were reviewed to ensure mode oftransfer listed mechanical lift per physician's order. All staff was in-servicedregarding following Care Plans and CNA assignment sheets on 12/23/2015 orbefore 2/4/2016. ·Noother residents were affected, but all resident was at risk by deficientpractice. IDT reviewed all care plansfor the use of mechanical lift for all transfers to ensure appropriate and perphysician's order. ·CEC will complete all new skillsvalidations on current	02/04/2016

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	In an interview on 1-4-2016 at 3:19 PM, the Director of Nursing Services (DNS) indicated it was discovered during the fall investigation; the CNAs completing the transfer had not followed the recommended mode of transfer in the care plan. There were no nurse's notes available that documented the fall or the mode of transfer. A review of staff reeducation conducted by the facility on 12-23 and 29-2015 indicated a total of 16 out of 30 staff members had attended the reeducation regarding proper transfers and use of mechanical lifts, gait belts, and transfers into wheelchairs. A timeline provided by the DNS dated 12-24-2015 indicated the Interdisciplinary Team (IDT) investigation on 12-21-2015 found CNAs transferring Resident #A on 12-20-15 had not utilized the Mechanical lift for transfer as outlined in Resident #A's care plan. In an interview on 1-5-2016, at 1:23 PM, the DNS indicated staff were to complete care according to the nursing care plan.		employee's for mechanical lift transfers. New employee's to have mechanical lifttransfer training upon hire prior to working on the floor. Therapy will screenresidents prior to them using of a mechanical lift to assist the IDT to makedecision their transfer status. Alldirect care nursing staff will be re-educated and in-serviced on followingresident's plan of care on 12/23/2015 or before 2/4/2016. ·To ensurecompliance theTransfer technique skills validation check will be completed onall shifts daily for one week, bi weekly for 1 week, weekly times 2 week, andmonthly for six months by DNS/Designee. Results of the skills validation willbe reviewed by the CQI committee overseen by the ED. If 95% compliance is not achievedan action plan will be developed to ensure compliance. To ensure compliance, theDNS/Designee is responsible for the completion of the CQI Transfer Audit toolweekly times 4 weeks, monthly times 6 and then quarterly to encompass allshifts until continued	

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	This Federal tag relates to Complaint IN00189595. 3.1-35(g)(2)		compliance is maintained for 2 consecutive quarters. Theresults of these audits will be reviewed by the CQI committee overseen by theED. If threshold of 95% is not achievedan action plan will be developed to ensure compliance.	
F 0323 SS=G Bldg. 00	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to ensure transfers were completed safely according to the care plan resulting in a fall with fracture for 1 of 3 residents reviewed with falls in a sample of 3. (Resident #A) Findings include: Resident #A's clinical record was reviewed on 1-4-2016 at 2:25 PM. Resident #A's diagnoses included, but were not limited to, osteoporosis, dementia, and cancer.	F 0323	**F-Tag 323** Free of AccidentHazards/Supervision/Devices: It is the policy of Canterbury Nursing and Rehabilitation Center,Fort Wayne to ensure that the resident environment remains as free of accidenthazards as is possible; and each resident receives adequate supervision andassistance to prevent accidents. ·Resident#A: On 12/21/15 after the discovery thefacility immediately corrected the identified hazard. Resident #A's bed had rubber stoppers addedto the legs of the bed. IDT recommendedthat staff was to	02/04/2016

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	Resident #A's Fall risk care plan initially dated 12-14-2014 indicated Resident #A was to be transferred using a Mechanical lift. A Fall Event document dated 12-20-2015 indicated Resident #A was lowered to the floor during a transfer at 8:00 PM. An Interdisciplinary Team (IDT) note dated 12-21-2015 at 10:30 AM indicated the staff were transferring Resident #A between the bed and the wheelchair, and when the bed moved, staff placed Resident #A on the floor. The recommendation of the IDT was to utilize the Hoyer (Mechanical) lift for all transfers. In an interview on 1-4-2016 at 3:19 PM, the Director of Nursing Services (DNS) indicated it was discovered during the fall investigation the CNAs completing the transfer had not followed the recommended mode of transfer in the care plan. There were no nurse's notes available to review documentation of the fall or the mode of transfer. Resident #A's x-ray results dated 12-20-2015 at 10:25 PM, indicated an		use mechanical lift for all transfers of Resident #A. Staff who conducted the transfer wasinserviced regarding following care plans and CAN assignment sheets on12/23/2015 or before 2/4/2016. ·Allresident are at risk to be affected by deficient practice. The Maintenance Director immediately completed walking rounds ofall units to inspect that all beds were safe and working properly. All direct care staff will be in-serviced on12/23/15 or before 2/4/16 regarding proper transfers and the use of mechanicallifts, and gait belts. ·Maintenancewill be responsible to ensure all beds are safe and are in proper workingcondition. Staff will be instructed to report immediately to maintenance upon awork order with a discovery of a concern for repair/replacement. Housekeepers will also participate ininspection of the mattress and security of side rails weekly with deep cleaningof bed frame/mattress. CEC will complete all new skills validations on current employee'sfor mechanical lift transfers. Newemployee's to have mechanical lift transfer training upon hire prior to workingon the floor. Therapy will screen residents prior to them using of a mechanicallift	

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	acute spiral fracture on the distal femoral shaft of the right leg. Resident #A's CT scan performed by (local hospital) dated 12-21-2015 at 5:30 PM, indicated fractures of both femoral shafts (right and left). A review of staff reeducation conducted by the facility on 12-23 and 12-29-2015 indicated a total of 16 out of 30 nursing staff members had attended the reeducation regarding proper transfers and use of mechanical lifts, gait belts, and transfers into wheelchairs. A timeline provided by the DNS dated 12-24-2015 indicated an IDT investigation on 12-21-2015 found CNAs transferring Resident #A on 12-20-15 had not utilized the Mechanical lift for transfer as outlined in Resident #A's care plan. This Federal tag is related to Complaint IN00189595. 3.1-45(a)(2)		to assist the IDT to make decision their transfer status. Alldirect care nursing staff will be re-educated and in-serviced on followingresident's plan of care addressing transfer care plans by 12/23/2015 or before2/4/2016. ·TheAdministrator or other designee will be responsible to complete bed safety checksweeklyx4 monthly 6x, and then semi-annuallythereafter to ensure ongoing compliance. Any identified issues will be immediately corrected and documented onfacility CQI tracking log. CQI trackinglogs are reviewed during the monthly facility Continuous Quality Improvementmeeting to ensure ongoing compliance. To ensure compliancetheTransfer technique skills validation check will be completed on all shiftsdaily for one week, bi weekly for 1 week, weekly times 2 week, and monthly forsix months by DNS/Designee. Results of the skills validation will be reviewedby the CQI committee overseen by the ED. If 95% compliance is not achieved an action plan will be developed toensure compliance.	
F 0465	483.70(h)			

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SS=E Bldg. 00	SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview and record review, the facility failed to ensure equipment operated correctly to ensure a safe resident environment. This had the potential to affect 11 of 82 residents residing in the facility. Findings include: During initial tour on 1-4-2016 at 9:10 AM, the following was observed: In room 508, the bed was moveable with minimal effort when bed locks were engaged. In room 209, bed 2 was moveable with minimal effort when bed locks were engaged. In room 210, the electrical outlet receptacle was open without a receptacle cover, and with the top outlet broken off. Bare wires were exposed. There were no residents present in the room. In room 206, bed 2 was moveable with minimal effort when bed locks were engaged. In room 212, bed 1 was moveable with minimal effort when bed locks were engaged. In room 416, bed 2 was moveable with	F 0465	**F-Tag 465** Safe/Functional/Sanitary/Comfor tableEnvironment: It is the policyof Canterbury Nursing and Rehabilitation Center, Fort Wayne to provide a safe,functional, sanitary, and comfortable environment for residents, staff, andpublic. ·Bedsin rooms 508, 209, 210, 206, 212, 416, 413, 407, 403, 314 and 303 have beenrepaired and or replaced to ensure a safe, functional, sanitary, andcomfortable living environment. Anenvironmental walk through audit will be completed to address any other areasof concern and will be repaired/replaced by 2/4/2016. ·Resident#A was not in one of these beds, but 11 of the 82 residents was at risk to beaffected by the deficient practice. Anenvironmental walk through audit was completed by the Maintenance Director toaddress any other areas of concern and will be repaired/replaced by 2-4-16. ·TheMaintenance Director immediately replaced the damaged receptacle and all of the11 beds that were found to be out of compliance. All staff will be educated and in-serviced onthe	02/04/2016

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	minimal effort when bed locks were engaged. In room 413, bed 2 was moveable with minimal effort when bed locks were engaged. In room 407, bed 1 was moveable with minimal effort when bed locks were engaged. In room 403, bed 1 was moveable with minimal effort when bed locks were engaged. In room 314, bed 1 was moveable with minimal effort when bed locks were engaged. In room 303, bed 2 was moveable with minimal effort when bed locks were engaged. In an interview on 1-4-2016 at 9:18 AM, the Director of Maintenance indicated the bed had to be raised a few inches if the bed was in the low position for the bed to lock in place. Additionally, he had completed a full house bed audit on 12-28-2015 and none of the beds were moveable with the brakes on at that time. If the staff noticed a bed that was moveable with the brakes on, the staff were responsible to write out a work order and put it in his mailbox so he could fix any issues. Further, the bed in room 403 was a rental bed, and the facility had to take what was available from the provider.		importance of proper notification through maintenance work orders forfaulty or damaged equipment on 12/21/2015 or before 2/4/2016. Work orders are to be completed as soon aspossible, but if faulty or damaged equipment can cause immediate harm, then staffwill be instructed to immediately report to their supervisor. ED/ designee will make rounds daily to ensurebeds are in good repair. ·TheAdministrator or other designee will be responsible to complete a CQIEnvironmental Audit Tool weekly x4 weeks, then monthly thereafter to ensureongoing compliance. Any identifiedissues will be immediately corrected and documented on facility CQI trackinglog. CQI tracking logs are reviewedduring the monthly facility Continuous Quality Improvement meeting to ensureongoing compliance.	

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	In an interview on 1-4-2016 at 9:23 AM, the Director of Maintenance indicated the receptacle in room 210 was "hot" (electricity was on at the box) and he was unaware of the damage to the receptacle cover. In an interview on 1-4-2016 at 9:25 AM, CNA #1 indicated she knew the box was damaged this morning when she came into work at 6 AM, but had not had time to tell anyone about it. A review of the bed audit dated as completed on 12-28-2015, indicated there were no problems with beds being moveable when locked. A current undated Policy titled Beds provided by the Administrator on 1-4-2016 at 2:53 PM indicated "Recently: Semiannual Check bed casters to make certain the brakes are locking." In an interview on 1-5-2016 at 2:25 PM, the Administrator indicated there was no "written policy for work orders, but it was understood when staff noticed broken items, a work order should be generated." This Federal tag relates to Complaint IN00189595.			

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	3.1-19(f)			