

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 07/16/2015
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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 IN00177474.</p> <p>Complaint IN00177474 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282, F323, and F309.</p> <p>Survey dates: July 16, 2015</p> <p>Facility number: 000372 Provider number: 155522 AIM number: 100289060</p> <p>Census bed type: SNF/NF: 67 Residential: 10 Total: 77</p> <p>Census payor type: Medicare: 6 Medicaid: 56 Other: 15 Total: 77</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 Care Center, that the allegations contained in this survey report are accurate or reflect accurately the provision of care and services to the residents of this facility. The facility requests the following plan of correction be considered as its allegation of 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 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow the care plan related to falls for 1 of 3 residents reviewed for accidents. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 7/16/15 at 9:15 a.m. Diagnoses for Resident B included, but were not limited to, anemia, dyspnea, dementia, depression, hypertension, dementia, and insomnia.</p> <p>The most recent Quarterly Minimum Data Set (MDS) assessment, dated 4/2/15, indicated Resident B was severely cognitively impaired. Resident B received the following Activities of Daily Living (ADL) assistance: transfer-extensive assist with one person assist, for dressing, bathing, hygiene and toileting. Resident B was occasionally incontinent of bowel and bladder.</p> <p>Review of the nursing notes, dated 7/6/15 at 1:47 p.m., indicated Resident B was found on the floor in her bathroom. Resident B had been left on the commode</p>	F 0282	<p>F282 SERVICES BY QUALIFIED PERSON PER CAREPLAN-the facility failed to follow the care plan related to falls What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B's care plan was updated to reflect the need for ongoing supervision while toileting. The C.N.A assignment sheet was also updated to alert staff that resident is a 1 person assist for toileting needs and not to be left unattended while assisting with toileting needs. Resident B was placed on the Hourly Rounding program due to the history of self-transfers. 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: For other residents with the potential to be affected by the same practice, their care plans and assignment sheets have been updated to reflect the need for ongoing supervision while toileting assist is provided. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p>	08/04/2015

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	<p>and instructed to use the call light when she was finished. Resident B complained of pain in her left shoulder. Post fall an x-ray of the left shoulder was ordered.</p> <p>Review of the radiology report dated 7/6/15, indicated suspected recent fracture of the left humeral neck.</p> <p>A plan of care, dated 1/17/13, indicated Resident B had moderately impaired cognition related to a diagnosis of dementia. Interventions for this problem included, but were not limited to, "Give verbal and visual cues as needed."</p> <p>A plan of care, dated 6/10/14, indicated Resident B had a history of self transferring. Interventions for this problem included, but were not limited to, "Observe whenever passing by room for resident's whereabouts and what resident is doing to ensure safety."</p> <p>A plan of care, dated 1/9/13, indicated Resident B was a high risk for falls related to "Unaware of safety needs and impaired mobility." Interventions for this problem included, but were not limited to, "Anticipate and meet the resident's needs."</p> <p>A plan of care, dated 1/24/13, indicated Resident B has an ADL (Activities of</p>		<p>The Interdisciplinary Team will determine if a resident meets the criteria for being designated as a resident that cannot be left unattended while toileting. If designated that resident's care plan & assignment sheet will reflect the need to be supervised during the toileting task/not left unattended on the toilet. If a resident is deemed necessary for the Hourly Rounding Program, that resident will be added accordingly as well. Two way radios will be purchased and implemented so that staff on duty has access to a paging system to alert other staff that a resident has a need without leaving the resident unattended. The Director of Nursing, or designee, will investigate incidents to determine if compliance with following the care plan was met. If compliance was not met, the Director of Nursing, or designee will address the non-compliance with the appropriate staff person(s). The Care Plan Coordinator will monitor the care plan and C.N.A. assignment sheets for current information. The Care Plan Coordinator, or designee will review the list of residents requiring toileting assist during the huddle meeting so that staff on duty will have reminders of which residents are not to be left unattended during toileting assist. How the corrective action(s) will be monitored to ensure the deficient practice will</p>				

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	<p>Daily Living) Self Care Performance deficit related to dementia and impaired mobility. Interventions for this problem included, but were not limited to, "TOILET USE: The resident requires 1 staff limited assistance to use toilet. TRANSFER: The resident requires 1 staff limited assist with transfers."</p> <p>During an interview on 7/16/15 at 1:10 p.m., Housekeeper #2 indicated she was in Resident B's room cleaning at the time of the fall. "I was cleaning her room and the bathroom door was open and I saw [Resident B's name] sitting on the potty and she said she was done. I told her I'd go get somebody to help her and I left. I got maybe five steps out of her room and I heard [Resident B's name] hollering. She got up herself. She didn't want to wait for help. I didn't see her fall but I heard her." Housekeeper #2 indicated she noticed the call light was on at the time.</p> <p>During an interview on 7/16/15 at 1:20 p.m., LPN #1 indicated she had taken Resident B to the toilet after lunch on 7/6/15. She indicated she left the resident in the bathroom and instructed her to use the call light when she was done. "I walked her into the bathroom and gave her the call light. She stated she would pull the light when she was</p>		not recur, i.e., what quality assurance program will be put into place The Director of Nursing, or designee, will perform random checks on toileting assist residents for compliance with staff attendance twice a week. The Director of Nursing, or designee, will review the compliance tracking weekly with the Administrator and then quarterly during QA meeting. The Director of Nursing, or designee will review incidents/accidents during quarterly QA process. The monitoring process will continue until 100% compliance is achieved for 2 consecutive quarters. By what date the systemic changes will be completed August 4, 2015				

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	<p>finished and I left the room."</p> <p>During an interview on 7/16/15 at 1:00 p.m., QMA #3 (Qualified Medication Aide) indicated she was in the hallway when a housekeeper came out of Resident B's room and said she had fallen. "When I came into the room she was on the bathroom floor on her left side. I called for the nurse. They started doing their thing, you know, vitals and stuff. They asked her if she hurt anywhere and she said her left arm."</p> <p>During an interview on 7/16/15 at 4:00 p.m., the Administrator indicated Resident B should not have been left alone in the bathroom. She also indicated the CNA assignment sheets were not correct and needed to be updated. No further information was provided.</p> <p>On 7/16/15 at 3:45 p.m., the Administrator provided undated policy titled "Care Plan Development and Review Procedure". The policy indicated the following: "...Procedure: ...7) Care plan information that is pertinent to the resident's direct care will be placed on the certified nursing assistance assignment sheet. The care plan team is responsible for</p>			

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F 0309 SS=D Bldg. 00	<p>communicating this information to the Desk Nurse who oversees the assignments."</p> <p>This federal tag relates to Complaint IN00177474.</p> <p>3.1-35 (g)(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 interview and record review, the facility failed to implement interventions for the management and assessment of pain for 1 out of 3 residents reviewed for accidents. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 7/16/15 at 9:15 a.m. Diagnoses for Resident B included, but were not limited to, anemia, dyspnea, dementia, depression, hypertension, dementia and insomnia.</p> <p>The most recent Quarterly Minimum</p>	F 0309	F309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING-the facility failed to implement interventions for the management and assessment of pain for accidents What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B will have a pain assessment completed as part of the protocol for incident/accident. Resident B will have a pain assessment completed for PRN pain medication administered prior to and after for effectiveness. How other residents having the potential to be affected by the same deficient practice will be	08/04/2015

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	<p>Data Set (MDS) assessment, dated 4/2/15, indicated Resident B was severely cognitively impaired.</p> <p>Review of the nursing notes indicated: On 7/6/15 at 1:47 p.m., Resident B was found on the floor. Documentation lacked any pain assessment. On 7/6/15 at 6:40 p.m., Resident B was documented as being in "a lot of pain. Shoulder swollen. Ice applied." On 7/6/15 at 7:45 p.m., an x-ray of the left shoulder was taken. Documentation lacked any pain assessment. On 7/6/15 at 7:46 p.m., x-ray results were discussed with Resident B. Resident B and family requested to send Resident B to the emergency room for treatment and evaluation "so the she isn't in pain." On 7/6/15 at 7:52 p.m., documentation lacked any pain assessment. On 7/6/15 at 7:55 p.m., the ambulance was called to transport resident to the emergency room. Documentation lacked any pain assessment. On 7/6/15 at 8:06 p.m., Resident B was sent to the emergency room via ambulance. Documentation lacked any pain assessment.</p> <p>Review of the Medication Administration Record for June 2015 indicated Resident B had an order for Tramadol HCL 50 mg (milligram) tablets, one tablet to be given</p>		<p>identified and what corrective action(s) will be taken: For other residents with the potential to be affected by the same practice, will have a pain assessment completed for PRN pain medication administered prior to and after for effectiveness. Other residents will have a pain assessment completed as part of the protocol for accident/incident. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The current incident report process on our software program includes a section for pain assessment and intervention. The nursing staff responsible for incident reporting will be educated on this section including the protocol for assessing and addressing pain with each incident and effectively managing pain post incident. To better improve our pain assessment program, the pain assessment tool will be revised to include a more comprehensive and standardized approach for assessing pain in dementia persons. The ADON, or designee will educate the nursing staff on the pain assessment section in the software program. 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 The Director of Nursing, or</p>				

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	<p>by mouth three times a day at 6:00 a.m., 2:00 p.m. and 8:00 p.m. This order was dated 5/21/15. The Tramadol dose for 2:00 p.m. was given. Resident B was also given two doses of Tylenol Extra Strength 500 mg. This order was dated 1/18/13. The Tylenol was given at 1:30 p.m. and 5:30 p.m.</p> <p>During an interview on 7/16/15 at 1:20 p.m., LPN #1 indicated Resident B was given an "as needed" pain medication by the Qualified Medication Aide (QMA). She indicated when she assessed Resident B's arm. it was not swollen or discolored. "There were no signs of a fracture or a dislocation and she was just whining not crying." LPN #1 indicated she never thought to call the physician to see if she could get a different pain medication for Resident B. LPN #1 indicated she did not have Resident B rate the pain using the facility pain scale.</p> <p>During an interview on 7/16/15 at 1:00 p.m., QMA #3 indicated she observed the nurses assess Resident B at the time of her fall. QMA #3 indicated Resident B stated she had pain in her arm. QMA #3 indicated she did not have Resident B rate her pain using the facility pain scale prior to giving Resident B Tylenol.</p> <p>During an interview on 7/6/15 at 3:45</p>		<p>designee, will review each incident report for compliance with documentation in the pain assessment and intervention section. The Director of Nursing, or designee, will review the compliance tracking during the morning huddles, weekly with the Administrator and then quarterly during QA meeting. F323 FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES-failed to ensure interventions identified in the residents plan of care were in place to help prevent falls What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B's care plan was updated to reflect the need for ongoing supervision while toileting. The C.N.A assignment sheet was also updated to alert staff that resident is a 1 person assist for toileting needs and not to be left unattended while assisting with toileting needs. Resident B was placed on the Hourly Rounding program due to the history of self-transfers. 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: For other residents with the potential to be affected by the same practice, their care plans and assignment sheets have been updated to reflect the need for ongoing supervision while</p>				

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	<p>p.m., the Administrator provided an undated policy titled, "Pain Assessment Policy and Procedure Community Parkview Care Center". The policy stated the following: "...A Pain Assessment will be completed with a change in pain and as needed." No further information was provided.</p> <p>This federal tag relates to Complaint IN00177474.</p> <p>3.1-37(a)</p>		<p>toileting assist is provided. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The Interdisciplinary Team will determine if a resident meets the criteria for being designated as a resident that cannot be left unattended while toileting. If designated that resident's care plan & assignment sheet will reflect the need to be supervised during the toileting task/not left unattended on the toilet. If a resident is deemed necessary for the Hourly Rounding Program, that resident will be added accordingly as well. Two way radios will be purchased and implemented so that staff on duty has access to a paging system to alert other staff that a resident has a need without leaving the resident unattended. The Director of Nursing, or designee, will investigate incidents to determine if compliance with following the care plan was met. If compliance was not met, the Director of Nursing, or designee will address the non-compliance with the appropriate staff person(s). The Care Plan Coordinator will monitor the care plan and C.N.A. assignment sheets for current information. The Care Plan Coordinator, or designee will review the list of residents requiring toileting assist during the huddle meeting so that staff on duty will have reminders</p>	

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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 record review and interview,	F 0323	of which residents are not to be left unattended during toileting assist. 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 The Director of Nursing, or designee, will perform random checks on toileting assist residents for compliance with staff attendance twice a week. The Director of Nursing, or designee, will review the compliance tracking weekly with the Administrator and then quarterly during QA meeting. The Director of Nursing, or designee will review incidents/accidents during quarterly QA process. The monitoring process will continue until 100% compliance is achieved for two consecutive quarters. The incident review process will continue indefinitely as that task is now part of our QA review process each quarter. By what date the systemic changes will be completed August 4, 2015 By what date the systemic changes will be completed August 4, 2015	08/04/2015	

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	<p>the facility failed to ensure interventions identified in the resident's plan of care were in place to help prevent falls for 1 of 3 residents reviewed who met the criteria for accidents. This deficient practice allowed the resident to have a resulting arm fracture. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 7/16/15 at 9:15 a.m. Diagnoses for Resident B included, but were not limited to, anemia, dyspnea, dementia, depression, hypertension, dementia and insomnia.</p> <p>The most recent Quarterly Minimum Data Set (MDS) assessment, dated 4/2/15, indicated Resident B was severely cognitively impaired. Resident B received the following Activities of Daily Living (ADL) assistance; transfer-extensive assist with one person assist, dressing, bathing, hygiene and toileting Resident B was occasionally incontinent of bowel and bladder.</p> <p>During a review of the fall reports for the past three months provided by the Administrator on 7/16/15 at 9:40 a.m., Resident B had three reported falls within the past three months.</p>		<p>HAZARDS/SUPERVISION/DEVICES-failed to ensure interventions identified in the residents plan of care were in place to help prevent falls What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B's care plan was updated to reflect the need for ongoing supervision while toileting. The C.N.A assignment sheet was also updated to alert staff that resident is a 1 person assist for toileting needs and not to be left unattended while assisting with toileting needs. Resident B was placed on the Hourly Rounding program due to the history of self-transfers. 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: For other residents with the potential to be affected by the same practice, their care plans and assignment sheets have been updated to reflect the need for ongoing supervision while toileting assist is provided. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The Interdisciplinary Team will determine if a resident meets the criteria for being designated as a resident that cannot be left unattended while toileting. If designated that resident's care</p>				

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	<p>A plan of care, dated 1/9/13, indicated Resident B was a high risk for falls related to "Unaware of safety needs and impaired mobility. Interventions for this problem included, but were not limited to, "Anticipate and meet the resident's needs."</p> <p>A plan of care, dated 6/10/14, indicated Resident B had a history of self transferring. Interventions for this problem included, but were not limited to, "Observe whenever passing by room for resident's whereabouts and what resident is doing to ensure safety."</p> <p>A plan of care, dated 1/24/13, indicated Resident B has an ADL (Activities of Daily Living) Self Care Performance deficit related to dementia and impaired mobility. Interventions for this problem included, but were not limited to, "TOILET USE: The resident requires 1 staff limited assistance to use toilet. TRANSFER: The resident requires 1 staff limited assist with transfers."</p> <p>Review of the nursing notes, dated 7/6/15 at 1:47 p.m., indicated Resident B was found on the floor in her bathroom. Resident B had been left on the commode and instructed to use the call light when she was finished. Resident B complained of pain in her left shoulder. Post fall an</p>		<p>plan & assignment sheet will reflect the need to be supervised during the toileting task/not left unattended on the toilet. If a resident is deemed necessary for the Hourly Rounding Program, that resident will be added accordingly as well. Two way radios will be purchased and implemented so that staff on duty has access to a paging system to alert other staff that a resident has a need without leaving the resident unattended. The Director of Nursing, or designee, will investigate incidents to determine if compliance with following the care plan was met. If compliance was not met, the Director of Nursing, or designee will address the non-compliance with the appropriate staff person(s). The Care Plan Coordinator will monitor the care plan and C.N.A. assignment sheets for current information. The Care Plan Coordinator, or designee will review the list of residents requiring toileting assist during the huddle meeting so that staff on duty will have reminders of which residents are not to be left unattended during toileting assist. 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 The Director of Nursing, or designee, will perform random checks on toileting assist residents for compliance with</p>	

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 07/16/2015
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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	<p>x-ray of the left shoulder was ordered.</p> <p>Review of the radiology report, dated 7/6/15, indicated suspected recent fracture of the left humeral neck.</p> <p>During an interview on 7/16/15 at 1:10 p.m., Housekeeper #2 indicated she was in Resident B's room cleaning at the time of the fall. "I was cleaning her room and the bathroom door was open and I saw [Resident B's name] sitting on the potty and she said she was done. I told her I'd go get somebody to help her and I left. I got maybe five steps out of her room and I heard [Resident B's name] hollering. She got up herself. She didn't want to wait for help. I didn't see her fall but I heard her." Housekeeper #2 indicated she noticed the call light was on at the time.</p> <p>During an interview on 7/16/15 at 1:20 p.m., LPN #1 indicated she had taken Resident B to the toilet after lunch on 7/6/15. She indicated she left the resident in the bathroom and instructed her to use the call light when she was done. "I walked her into the bathroom and gave her the call light. She stated she would pull the light when she was finished and I left the room."</p> <p>During an interview on 7/16/15 at 1:00</p>		<p>staff attendance twice a week. The Director of Nursing, or designee, will review the compliance tracking weekly with the Administrator and then quarterly during QA meeting. The Director of Nursing, or designee will review incidents/accidents during quarterly QA process. The monitoring process will continue until 100% compliance is achieved for two consecutive quarters. The incident review process will continue indefinitely as that task is now part of our incident QA review each quarter.</p> <p>By what date the systemic changes will be completed August 4, 2015</p>		

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	<p>p.m., QMA #3 (Qualified Medication Aide) indicated she was in the hallway when a housekeeper came out of Resident B's room and said she had fallen. "When I came into the room she was on the bathroom floor on her left side. I called for the nurse. They started doing their thing, you know, vitals and stuff. They asked her if she hurt anywhere and she said her left arm."</p> <p>During an interview on 7/16/15 at 4:00 p.m., the Administrator indicated Resident B should not have been left alone in the bathroom. No further information was provided.</p> <p>This federal tag relates to Complaint IN00177474.</p> <p>3.1-45(a)(2)</p>				