

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155495	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/03/2014
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NAME OF PROVIDER OR SUPPLIER LAKELAND REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 505 W 4TH ST MILFORD, IN 46542
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F000000	<p>This visit was for the Investigation of Complaint IN00156824.</p> <p>Complaint IN00156824 - Substantiated. Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey Dates: October 1, 2 & 3, 2014</p> <p>Facility number: 000491 Provider number: 155495 AIM number: 100291230</p> <p>Survey team: Diana McDonald, RN-TC</p> <p>Census bed type: SNF 9 SNF/NF: 41 Total: 50</p> <p>Census payor type: Medicare: 8 Medicaid: 34 Other: 8 Total: 50</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>This plan of correction is submitted by Lakeland Rehabilitation and Healthcare Center in order to respond to the alleged deficiencies cited during our complaint survey which was conducted on October 3, 2014. Preparation or execution of this plan of correction does not constitute admission or agreement by provider to the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the position of Federal and State law. Please accept this plan of correction as the provider's credible allegation of compliance effective November 2, 2014.</p>	
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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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F000323 SS=G	<p>Quality Review completed on October 10, 2014, by Brenda Meredith, R.N.</p> <p>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 provide adequate supervision for Resident A while he was outside on the front porch of the facility. Resident A suffered dehydration and heat stroke/heat exhaustion as a result of the lack of supervision. This affected 1 of 1 residents, Resident A.</p> <p>Findings include:</p> <p>Resident A's clinical record was reviewed on 10/1/2014 at 4:00 p.m. Resident A's diagnoses included, but were not limited to, multiple sclerosis, delirium, hypertension, diabetes, bilateral tibia/fibula fracture. Resident A's Brief Interview for Mental Status (BIMS), dated 7/21/2014, indicated a score of 8, moderately impaired. The Minimum Data Set (MDS) assessment, dated 7/21/2014, indicated Resident A's ambulation status was total dependence</p>	F000323	<p>1. Resident A was given treatment and returned to the facility per the 2567. 2. All resident's have the potential to be effected. No other resident had any adverse side effects related to the heat. 3. Staff will be re-inserviced on taking resident's out with supervision. Residents' Kaleidoscope levels that are emerald indicates no cognitive issues and will be allowed to be outside unattended. All residents that do not score an emerald Kaleidoscope level will be supervised while outside. a. Kaleidoscope Care Program is a method of assessing Resident cognitive fuction which coinsides with the BIMs Assessment. This allows for identifying each resident's cognitive function level as a color coded visual identification for our staff -(placard is posted within each residents room with color border)</p> <p>i. Emerald is Green and is Cognitively Intact (14-15) ii.</p>	11/02/2014

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	<p>with full staff performance. Resident has a non-electric wheel chair.</p> <p>On 10/1/2014 at 4:30 p.m., the DON (Director of Nursing) was interviewed. The DON indicated, "In regards to [Resident A's name] on 8/25/14. He was taken outside to the front porch by a Certified Resident Care Assistant (CRCA) after they finished feeding him lunch. The 2 CRCA's caring for him at that time were Staff name [CRCA #1] and Staff name [CRCA #2]. The second shift CRCA Staff name [CRCA #3] checked on Resident name [Resident A] and noticed that he was not himself and took him inside to the nurse. The nurse taking care of him at that time was Staff name[RN #1]." The DON indicated she did not know who took Resident A outside on 8/25/2014, or what time Resident A was taken outside.</p> <p>A nursing note, dated 8/25/2014 at 2:30 p.m., indicated "Res [Resident A] brought to writer with CRCA noted that resident not acting himself. B/P [blood pressure] = 86/66, P [pulse] = 92, R [respiration] =14, T [Temperature] =100." "...unable to clear secretions in throat. Unresponsive [Name MD] notified. Order received to suction as need , transfer to [Hospital]..." "...suctioned sm [small] amt [amount] of</p>		<p>Topez is Yellow and is Mild Cognitive Impairment -Early Stage Dementia(12-13) iii. Ruby is Red and is Moderate Cognitive Impairment –Middle Stage Dementia (8-11) iv. Sapphire is Blue and is Severe Cognitive Impairment- End Stage Dementia (0-7) b. Residents who go outside independently will be monitored hourly during hourly rounds. c. During hourly rounds if resident is outside, it will be noted as to their whereabouts i. During Inclement weather conditions-Residents will be checked on more frequently 20-30 minute intervals d. Audits will be conducted by the DHS or designee daily x 4 weeks; then weekly x 1months; then monthly x 4 months to ensure compliance. e. DHS or designee will monitor audits weekly that 5 residents who went outside have had proper criteria followed. DHS or designee will report findings to QA&A for 6 months or until 100% compliance is achieved. 4. QAA will monitor monthly for 6 months or until 100% compliance is obtained. QAA will make recommendations or changes to the Plan of Correction as needed. Completion date: 11/2/14</p>				

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	<p>thick clear secretion..."</p> <p>A following nurse's note indicated, "...Sent to [hospital]. "Returned to facility per Emergency Medical Services [EMS] on 8/25/2014 at 9:30 p.m." "...Transferred to bed per two assist, resting comfortably..."</p> <p>A review of the hospital record was conducted on 10/2/2014 at 5:30 p.m. The Emergency Department Report Admitted, "History of Present Illness," dated 8/25/2014, no time, indicated "...This is a patient who is chronically debilitated with multiple sclerosis who lives in a nursing home and was taken outside in the temperatures of 89 to 90 degrees Fahrenheit [F] with greater than 80% humidity. When they checked on the patient, his blood pressure was low and he was very hot. His temperature at that time was 100.1 [degrees F] and his blood pressure at Lakeland nursing home was 77/54. At that time EMS was contacted and the patient was brought in here. EMS started and intravenous [IV] and had given 1 liter [L] of fluid...." "...The patient is awake and he attempts to answer questions, but he is having trouble due to mouth being dry and him feeling so weak...."</p> <p>The Emergency Department Report</p>						

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	<p>Admitted, "Medical Decision Making," dated 8/25/2014, no time, indicated, "...The patient most likely given his prolonged heat exposure, is dehydrated and potentially has either heat exhaustion or heat stroke. We will continue to resuscitate the patient with IV fluids, obtain laboratory studies,.."</p> <p>"...He did not have a fever before going outside. The patient in fact had no complaints this morning...."</p> <p>The Emergency Department Physician Assessment Record, dated 8/25/2014 at 3:50 p.m., indicated Resident A arrived at Emergency Department on 8/25/2014 at 3:50 p.m., and departed Emergency Department on 8/25/2014 at 8:48 p.m.</p> <p>The temperature for 8/25/14, for Goshen, Indiana (located near the facility) was retrieved from the website "http://www.accuweather.com/en/us/goshen-in/46526/august-weather/332931," on 10/3/2014 at 11:15 a.m., and indicated the outside temperature was 93 degree F.</p> <p>During an interview on 10/3/2014 at 11:29 a.m., RN #1 indicated it was very hot and humid outside that day. I was working second shift and CRCA #3 stated Resident was acting unusual. I did a complete assessment and my major</p>						

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	<p>concern was his respiration upon auscultation was gurgling, so I called the doctor for orders. I received an order to suction prn (as needed) and to transport to hospital.</p> <p>During an interview on 10/3/2014 at 11:55 a.m., CRCA #1 indicated she checked outside before end of shift and did not see Resident A. CRCA #1 indicated she did not take him outside, if I take someone outside who is alert and oriented I check on them every 20 minutes, if they are not alert and oriented I check on them every 15 minutes.</p> <p>During an interview on 10/3/14 at 12:05 p.m., CRCA #2 indicated she saw Resident A in the dinning room at lunch. She indicated she did not take him outside on 8/25/2014. She further indicated, "I check on the residents I bring outside every 15 minutes."</p> <p>During an interview with the Administrator and Corporate Nurse #1 on 10/3/2014 at 2:10 p.m., they both indicated that no investigation had been done to determine who took the resident outside. There was no determination as to who was responsible to monitor and/or supervise the resident after having been taken outside.</p>						

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	<p>During an interview on 10/3/2014 at 2:20 p.m., CRCA #3 indicated she received report from day shift and no one had indicated to her that Resident A was outside. She further indicated she went to check on her residents and found Resident A outside on the front porch. "Resident A was not acting like his usual self so I reported it to the nurse."</p> <p>During an interview on 10/3/2014 at 3:00 p.m., Resident A's wife indicated she was not at the facility on 8/25/2014 because it was too hot and humid outside and she believed her husband would remain inside that day.</p> <p>This Federal tag relates to Complaint IN00156824.</p> <p>3.1-45(a)(2)</p>				