

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155203	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/27/2011
NAME OF PROVIDER OR SUPPLIER HILLCREST CENTRE FOR HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 203 SPARKS AVENUE JEFFERSONVILLE, IN47130		
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F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00091881 completed on 6/28/11.</p> <p>Complaint IN00091881 - Not corrected</p> <p>Survey dates: 7/26 and 7/27/11</p> <p>Facility number: 000110 Provider number: 155203 AIM number: 100271120</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF: 0 SNF/NF: 78 Total: 78</p> <p>Census payor type: Medicare: 6 Medicaid: 65 Other: 7 Total: 78</p> <p>Sample: 11</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 7/28/11 Cathy Emswiller RN</p>	F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed the plan of correction for the survey ending July 15, 2011. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		

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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F0328 SS=D	<p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents with diagnoses affecting the respiratory system were provided oxygen therapy in accordance with the physicians' orders and care plans for 3 of 7 residents in a sample of 11. (Residents L, M, and N)</p> <p>Findings include:</p> <p>During tour for observation of residents receiving oxygen therapy, on 7/26/11 between 4:05 and 4:35 p.m., when accompanied by LPN #13, who was interviewed during the tour, the following was observed:</p>	F0328	F328 Requires the facility to ensure residents with diagnosis affecting the respiratory system are provided oxygen therapy in accordance with the physicians' orders and care plans. 1. Resident L, M and N were not harmed. 2. All residents have the potential to be affected. All residents that are receiving oxygen therapy had their oxygen orders reviewed with no changes made. All portable oxygen canisters and concentrators were assessed to ensure that the residents' liter flow was set per physician's order. 3. The oxygen therapy policy and procedure was reviewed with no changes made. (See attachment A) The respiratory and nursing staff were inserviced on the above procedure. The DON or her	07/29/2011	

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	<p>Resident L was seated in her wheel chair in her room with a portable oxygen canister attached to the back of the chair and tubing to the nose. LPN #13 checked the setting on the canister. The setting was observed to be at "2," and LPN #13 indicated the setting was 2. LPN #13 was requested to check the oxygen in the portable canister, and it registered in the red section of the dial. LPN #13 indicated the tank was empty and "needs filled." LPN #13 immediately switched the resident's oxygen source to the oxygen concentrator next to the resident's bed, and she asked CNA #10, who was also in the room, to fill the portable canister.</p> <p>Resident N was lying in bed in his room with eyes closed, with oxygen tubing from an oxygen concentrator at the bedside running to his nose. LPN #13 checked the gauge on the oxygen concentrator and indicated the resident's oxygen was "almost on 5," and was "supposed to be on 4." LPN #13 adjusted the oxygen to the setting of "4."</p> <p>Resident M was seated in her wheel chair in her room with a portable oxygen canister attached to the back of the chair and tubing to the nose. LPN #13 checked the setting on the canister. The setting was observed to be "1," and LPN #13 indicated the canister was set on "1" and</p>		<p>designee will utilize the oxygen flow sheet tool (See attachment B) to ensure that residents receiving oxygen has the correct flow rate set on portable oxygen canisters and concentrators as well as oxygen being present in the tank. This audit will be completed hourly. The audit will be done daily times four weeks, then weekly times four weeks, then every two weeks times two months, then monthly thereafter. The audits will be reviewed during the facility's quarterly quality assurance meetings and plan of correction will be adjusted accordingly.5. The above corrective measures will be completed on or before July 29, 2011.</p>		

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	<p>was supposed to be at "2." LPN #13 indicated that nurses set the flow of oxygen and aides assist by filling portable tanks and adjusting tubing.</p> <p>1. The clinical record for Resident L was reviewed on 7/27/11 at 10:50 a.m.</p> <p>The resident's Care Plan Worksheet, with date of 5/23/11 and most recently updated 7/18/11, indicated, "The resident has multiple health conditions: (list) cough & congestion and is at risk for complications associated with these conditions: (list) hypoxia." Interventions included, but were not limited to, "O2 [oxygen] @ 2L [two liters per minute] NC [nasal canula] continuous."</p> <p>A physician's order, dated 7/18/11 indicated, "CXR [chest x-ray] today....O2 2L NC cont [continuous]. D/C [discontinue] O2 @ 2LPM/NC @ HS [bedtime] & off in AM [morning]."</p> <p>A Radiology Report, dated 7/18/11, indicated, "...Reason: SOB [shortness of breath]....Conclusion: Slight bilateral lower lobe atelectasis...."</p> <p>2. The clinical record for Resident N was reviewed on 7/27/11 at 11:15 a.m. The record indicated the resident's diagnoses included, but were not limited to, chronic</p>				

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	<p>obstructive pulmonary disease. The resident was receiving hospice services related to the diagnosis.</p> <p>The physician's order, dated 6/30/11, indicated, "O2 at 4 LPM via nasal canula for SOA [shortness of air]. May be off O2 @ rest if not SOA. D/C O2 at 2 LPM per NC for SOA...."</p> <p>The Medication Record for 7/27/11 for 7:00 a.m. to 7:00 p.m. indicated a nurse's initials next to the entry for "O2 at 4 L/nasal canula for SOA, may be off at rest if not SOA."</p> <p>3. The clinical record for Resident M was reviewed on 7/27/11 at 11:50 a.m.</p> <p>The physician's order, dated 7/14/11, indicated, "O2 @ 2L per nasal canula continuous *May titrate up to 4L to maintain O2 sats above 90%. Pulse ox [oximeter] q [every] shift and prn [as needed]."</p> <p>The Care Plan Worksheet for COPD [chronic obstructive pulmonary disease], dated 7/19/10 and most recently updated on 6/14/11, indicated, "Problem: The resident has COPD and is at risk for experiencing respiratory distress. Goal: The resident will maintain an oxygen saturation of at least 90%." Interventions</p>				

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	<p>included, but were not limited to, "O2 @ 2 L per nasal canula cont. *May titrate up to 4 L to maintain O2 sats > [greater than] 90%."</p> <p>Oxygen saturations measured on the 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m. shifts for 7/14 through the morning of 7/26/11 indicated a range from 82 to 100%.</p> <p>This deficiency was cited on 6/28/11 and related to complaint IN00091881. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-47(a)(6)</p>				