

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155697	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/27/2016
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NAME OF PROVIDER OR SUPPLIER  CLARK REHABILITATION AND SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00197365.</p> <p>Complaint IN00197365 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: May 23, 24, 25, 26, and 27, 2016.</p> <p>Facility number: 000059 Provider number: 155697 AIM number: 100266560</p> <p>Census bed type: SNF: 04 SNF/NF: 59 Total: 63</p> <p>Census payor type: Medicare: 10 Medicaid: 41 Other: 12 Total: 63</p> <p>Sample: 35</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

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 0157 SS=D Bldg. 00	<p>Quality review completed by 34233 on May 31, 2016.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or</p>			

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	<p>interested family member.</p> <p>Based on record review and interview, the facility failed to notify the orthopedic surgeon when a resident was unable to tolerate Physical Therapy twice a day per order. This deficient practice affected 1 of 2 residents reviewed for decline in Activities of Daily Living. (Resident #86)</p> <p>Findings include:</p> <p>Review of the clinical record on 5/26/16 at 1:45 p.m., indicated Resident #86 was admitted to the facility from the hospital after undergoing cervical surgery. Diagnoses included, but were not limited to: muscle weakness, aftercare of cervical surgery; spinal stenosis cervical region, cervical spondylosis; and central cord syndrome at cervical spinal cord level.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 12/09/15, indicated a Brief Interview for Mental Status (BIM's) score of 15 out of 15; indicating the resident was cognitively intact. The resident required extensive assistance of two persons for bed mobility, toileting and transfers. The resident was total dependence of one person for dressing, bathing and grooming.</p> <p>Review of Resident #86's follow up visit</p>	F 0157	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·Resident #86 no longer resides at the facility 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?</li> <li>·All residents have the potential to be affected by the alleged deficient practice</li> <li>·100% audit will be completed by the DNS/designee for those residents receiving Therapy to ensure recommendations from Physician were noted and communicated with Therapy and when/if resident was unable to tolerate Therapy Physician was notified. Physician will be informed immediately if intolerance had not been communicated. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</li> <li>·All new orders/recommendations for therapy will be reviewed daily by the DNS/Therapy/designee and communicated to ensure orders are followed and/or Physician notified timely when resident unable to tolerate recommended Therapy. Attachment A</li> <li>·Licensed nurses were educated on or before 6/17/16 by</li> </ul>	06/17/2016	

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	<p>with the spinal surgeon, dated 1/15/16, indicated new orders for CT/MRI (Computerized Axial Tomography/Magnetic Resonance Imaging) of the cervical spine and "needs more PT 2x/day."</p> <p>The "Therapy to Nursing Referral Form", dated 1/18/16, indicated "Regarding request for BID treatments. Upon assessment, pt [patient] is unable to tolerate BID treatment. He is currently receiving PT [Physical Therapy] and OT [Occupational Therapy] services totaling 65 minutes/day and totaling 2 therapy treatments/day. Pt [patient] very low activity tolerance and achieving max [maximum] activity participation."</p> <p>Review of Resident #86's nursing progress notes dated 1/15/16 through 1/31/16 lacked documentation of the orthopedic surgeon being notified of the resident's inability to tolerate Physical Therapy twice a day.</p> <p>On 5/27/16 at 12:05 p.m., the Rehab Manager indicated "I just remembered I had this information on a communication form that we gave back to nursing indicating the resident could not tolerate PT two times a day. We communicate with nursing as to why we couldn't do PT BID [twice daily]. We don't normally do</p>		<p>the DNS/designee onfollowing/communicating Physician orders/recommendations for Therapy services Attachment B How the Corrective action(s)will be maintained to ensure the deficient practice will not recur, i.e., whatquality assurance program will be put into place?</p> <p>To ensure compliance the DNS/designee is responsible for the completionof the Change of Condition- CQI tool weekly times 4 weeks, bi-monthly times 2months, monthly times 6 and then quarterly to encompass all shifts untilcontinued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewedby the CQI committee overseen by the ED. If threshold is 95% is not achieved an action plan will be developed toensure compliance, Attachment C</p>	

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	<p>the communication with the physician. I don't know if nursing notified the physician."</p> <p>During an interview on 5/27/16 at 12:00 p.m., the Administrator indicated she did not have a specific policy which addressed notifying the physician about therapy. The Administrator indicated nursing staff should have notified the surgeon after therapy indicated he was unable to tolerate PT twice a day.</p> <p>3.1-5(a)(3)</p>			