

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155572	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/16/2014
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NAME OF PROVIDER OR SUPPLIER AUTUMN HILLS HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10352 N 600 E COUNTY LINE RD DEMOTTE, IN 46310
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F000000	<p>This visit was for the Investigation of Complaints IN00134129 and IN00135656.</p> <p>Complaint IN00134129-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00135656-Substantiated. Federal/State deficiencies related to the allegations are cited at F226, F282, F309, and F431.</p> <p>Survey Dates: January 13, 14, 15, and 16, 2014</p> <p>Facility number: 000471 Provider number: 155572 AIM number: 100290390</p> <p>Survey team: Regina Sanders RN</p> <p>Census bed type: SNF/NF: 60 Residential: 09 Total: 69</p> <p>Census payor type: Medicare: 07 Medicaid: 51</p>	F000000	<p>The facility requests paper compliance for this citation. The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</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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F000226 SS=D	<p>Other: 11 Total: 69</p> <p>Sample: 11 Residential sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 19, 2014, by Janelyn Kulik, RN.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to ensure the facility's abuse policy was followed, related to not immediately reporting an allegation of abuse to the Administrator of the facility, for 1 of 3 residents reviewed for abuse allegations. (Resident #B)</p> <p>Findings include:</p>	F000226	1. Immediate actions taken for those residents identified Resident	02/15/2014	

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	<p>A facility policy, dated 01/2012, titled, "Abuse, Neglect, and Misappropriation of Resident Property", received from the Administrator as current, indicated, "...the facility will ensure that all allegations of mistreatment, neglect or abuse...are reported immediately to the Administrator of the facility..."</p> <p>Resident #B's record was reviewed on 01/14/14 at 2 p.m. The resident's diagnoses included, but were not limited to, Parkinson's Disease and dementia.</p> <p>A hand written note, written by Laundry Aide #1, dated 07/04/13 (no time documented), indicated Resident #B had indicated a girl who walks her had been mean to her.</p> <p>The investigation, dated 07/05/13, indicated the resident had reported to a laundry staff member, someone who had walked her on 07/04/13 had been mean to her and the facility had spoke to the resident on 07/05/13 at 11:15 a.m.</p> <p>During an interview on 01/14/14 at 3:35 p.m., the Social Service Director indicated she was unsure how she received the note from the Laundry Aide. She indicated it may</p>		<p>#B complaint was investigated and determination of no findings.</p> <p>2. How the facility identified other residents All unusual occurrences were reviewed by the Health Facility Administrator for timeliness in reporting.</p>	

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	<p>have been put under her office door.</p> <p>During an interview on 01/14/14 at 3:50 p.m., the Administrator indicated she had not been immediately notified of the allegation. She indicated the Abuse Policy states to notify the Administrator immediately and the Abuse Policy had not been followed.</p> <p>This Federal Tag relates to complaint IN00135656.</p> <p>3.1-28(a)</p>				

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			3. Measures put into plan / System Changes All staff were re-educated on the steps of reporting unusual occurrences and the policy of notifying the Health Facility Administrator immediately upon witnessing and occurrence or receiving and allegation.	

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			<p>4. How the corrective actions will be monitoredThe Health Facility Administrator will review all unusual occurrences 3 days a week. Findings of the review will be presented in the monthly Quality</p> <p>Assurance meeting monthly X 6 months.</p> <p>DON/Designee to oversee.</p>		

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F000282 SS=D	<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 ensure physician's orders and care plans were followed, related to skin treatments for 2 of 3 resident's reviewed for skin treatments in a total sample of 11. (Resident's #B and #C)</p> <p>Findings include:</p> <p>1. Resident #B's record was reviewed on 01/14/14 at 2 p.m. The resident's diagnoses included, but were not limited to, Parkinson's Disease and dementia.</p> <p>A physician's order, dated 05/23/13, indicated to apply Nystatin Powder (used for fungal infections) on both breasts four times a day for a rash.</p>	F000282	<p>1. Immediate actions taken for those residents identified: Resident #B no longer resides in this facility. Resident #C A weekly head to toe skin assessment was completed on 1/20/14 with no negative findings.</p>	02/15/2014

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	<p>The Treatment Administration Record (TAR), dated 08/13, indicated the Nystatin Powder had not been applied on 08/01/13 at 8 a.m. and 12 p.m., 08/09/13 at 12 p.m., and 08/10/13 at 8 a.m.</p> <p>The Nursing Progress Notes and the TAR, dated 08/01/13, 08/09/13, and 08/10/13, lacked documentation to indicate the reason why the Nystatin Powder had not been applied.</p> <p>2. Resident #C's record was reviewed on 01/14/14 at 3:20 p.m. The resident's diagnoses included, but were not limited to, open wound of the hip and thigh and osteoarthritis.</p> <p>A) A physician's orders, dated 06/26/13, indicated an order to cleanse the left rear thigh, pat dry, apply medihoney alginate (skin treatment), cover the area with an abdominal pad and secure the dressing with tape, every day shift on Monday, Wednesday, and Friday.</p> <p>A care plan, dated 06/24/13, indicated the resident had a pressure ulcer on the left rear thigh. The interventions included, administer treatments as ordered.</p>		<p>2. How the facility identified other residents: All Treatment administration records were reviewed by 1/31/14 to identify documentation when a treatment is not administered.</p> <p>3. Measures put into place / System Changes: The nurses were re-educated regarding documentation of Treatments and Following Physician Orders.</p>		

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	<p>A TAR, dated 08/13, indicated the treatment on Monday 08/05/13 and Wednesday 08/14/13 had not been completed as ordered.</p> <p>The Nursing Progress Notes and the TAR, dated 08/05/13 and 08/14/13, lacked documentation to indicate the reason why the treatment had not been completed as ordered.</p> <p>B) A physician's order, dated 07/02/13, indicated Nystatin Cream (used for fungal infection), apply to groin and abdominal folds every shift for skin rash.</p> <p>A TAR, dated 08/13, indicated the Nystatin Cream had not been applied as ordered on 08/05/13 and 08/14/13.</p> <p>The Nursing Progress Notes and the TAR, dated 08/05/13 and 08/14/13, lacked documentation to indicate the reason why the treatment had not been completed as ordered.</p> <p>C) A physician's order, dated 08/13/13, indicated to wash the right lower leg with soap and water twice daily and apply lotion to help soften scabs, every day and evening shift for healing.</p>		<p>4. How the corrective actions will be monitored: Audits of the Treatment Administration Records will be conducted by the DON/designee 3 days a week. Results of the audits will be reviewed in the</p> <p>Quality Assurance meeting monthly X 6 months.</p> <p>DON/Designee to oversee.</p>		

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	<p>A TAR, dated 08/13, indicated the treatment had not been completed on 08/14/13 on the day shift and 08/16/13 on the day shift.</p> <p>The Nursing Progress Notes and the TAR, dated 08/14/13 and 08/16/13, lacked documentation to indicate the reason why the treatment had not been completed as ordered.</p> <p>During an interview on 01/14/14 at 1:08 p.m., the Director of Nursing (DoN) indicated the treatment would have been given or if the resident refused the treatment, it would have been documented on the TAR.</p> <p>This Federal Tag relates to complaint IN00135656.</p> <p>3.1-35(g)(2)</p>				

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F000309 SS=D	<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 record review and interview, the facility failed to ensure a resident received necessary care and services, related to monitoring and assessment of a non pressure skin condition, for 1 of 3 residents reviewed for skin rashes in a total sample of 11. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's record was reviewed on 01/14/14 at 3:20 p.m. The resident's diagnoses included, but were not limited to, open wound of the hip and thigh and osteoarthritis.</p> <p>A physician's order, dated 07/02/13, indicated Nystatin Cream (used for fungal infection), apply to groin and abdominal folds every shift for skin rash.</p>	F000309	<p>1. Immediate actions taken for those residents identified:</p> <p>Resident #C, A skin assessment was completed on 1/20/14 with no negative findings indicated.</p>	02/15/2014			

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	<p>There was a lack of documentation in the resident's record, dated 07/01/13 and 07/02/13, to indicate an assessment of the skin rash had been completed.</p> <p>A Nursing Progress Note, dated 07/06/13 at 2:21 a.m., indicated Nystatin cream was applied to reddened area of the peri area and the abdominal folds. This was the first documentation found on the area, which was four days after the order for the Nystatin had been received.</p> <p>The resident's record lacked documentation of an assessment of the peri area and abdominal folds from 07/12/13 through 10/22/13, when a care plan was written for the residents redness of the peri area and abdominal folds.</p> <p>A facility policy, dated 06/12, and received from the Regional Quality Assurance Director as current, titled, "Skin Conditions and Pressure Ulcer Assessment", indicated, "...4. Skin observations are made daily...5. Each resident will be observed for skin breakdown or problems on their scheduled shower/bath days...changes are to be promptly</p>		<p>2. How the facility identified other residents:</p> <p>A full house audit will be completed by 2/6/14 of all residents receiving skin treatments and auditing for weekly skin assessments and daily documentation.</p> <p>3. Measures put into place / System changes:</p> <p>The nurses were re-educated regarding weekly skin assessments and daily documentation, and use of the</p>	

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	<p>reported to a licensed nurse who will then perform a complete assessment, as appropriate...Weekly evaluation of skin problems and pressure ulcers will be documented on the skin report..."</p> <p>During an interview on 01/15/14 at 9:20 a.m., the Director of Nursing (DoN) indicated there had been no assessment of the resident's rash on 07/02/13.</p> <p>No further documentation was provided by the DoN as of 01/16/14 at 2 p.m. in regards to the resident's skin condition.</p> <p>This Federal Tag relates to complaint IN00135656.</p> <p>3.1-37(a)</p>		<p>pertinent charting log.</p> <p>The pertinent charting log for daily documentation will be reviewed Monday thru Friday by the Director of Nursing/Designee.</p> <p>4. How the corrective actions will be monitored:</p> <p>Audits will be conducted by the DON/Designee 3 days a week. Results of the audits will be reviewed in the Quality Assurance meeting monthly X 6 months.DON/Designee to oversee.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/03/2014
FORM APPROVED
OMB NO. 0938-0391

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F000431 SS=E	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, record review, and interview, the facility failed to ensure biological's, which</p>	F000431		02/15/2014	

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	<p>had been used, were labeled and stored with resident names for 3 of 4 treatment carts in the facility, which had the potential to affect 62 residents who reside in the facility. (North, South, and West Unit)</p> <p>Findings include:</p> <p>1. During an observation of the West Unit Treatment Cart with LPN #2 on 01/13/14 at 7:55 p.m., the following opened and used containers of biological's were observed:</p> <p>Clotrimazol cream (anti-fungal cream). An interview at the time of the observation, LPN #2 indicated she did not know who the cream belonged to. She indicated she did not apply the cream to anyone.</p> <p>A bottle of Nystop (anti-fungal). LPN #2 indicated she did not know who the Nystop belonged to.</p> <p>A tube of Vasolex ointment (topical debriding agent).</p> <p>A tube of Calmoseptin ointment (barrier cream)</p> <p>A tube of Derma-Septine ointment (barrier cream)</p>		<p>1. Immediate actions taken for those residents identified:</p> <p>The West Unit Treatment Cart, all opened and unlabeled biologicals removed from the treatment cart and destroyed.</p>				

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	<p>Two spray bottles of Safclens (wound cleaner)</p> <p>A bottle of Derma wound cleanser</p> <p>2. During an observation of the South Unit Treatment Cart on 01/13/14 at 8 p.m. with the ADoN (Assistant Director of Nursing) present, the following opened and used containers of biological's were observed:</p> <p>A tube of Santyl (debriding ointment)</p> <p>A tube of Nystatin ointment (anti-fungal)</p> <p>Two tubes of Medihoney (antibacterial and debriding gel)</p> <p>Two Antifungal Creams</p> <p>A tube of DermaSyn Hydrogel (anti-microbial)</p> <p>Four tubes of Derma-Septine ointment</p> <p>A bottle of wound cleanser</p> <p>During an interview at the time of the observation, the ADoN indicated she did not know what residents the</p>		<p>The North Unit Treatment Cart, all opened and unlabeled biologicals removed from the treatment cart and destroyed.</p> <p>The south Unit Treatment Cart, all opened and unlabeled biologicals removed from the treatment cart and destroyed.</p>				

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	<p>biological's were used on. She indicated she would destroy the biological's.</p> <p>3. During an observation of the North Unit Treatment Cart with the ADoN on 01/13/14 at 8:10 p.m., the following opened and used containers of biological's were observed:</p> <p>A tube of Cavilon (barrier cream)</p> <p>A bottle of Liquid Skin Prep</p> <p>A tube of Vasolex ointment</p> <p>Two tubes of Derma-Septin ointment</p> <p>A container of Medihoney</p> <p>A tube of Santyl ointment</p> <p>A container of Silvasorb Gel (anti-infective)</p> <p>A tube of Sensicare (barrier)</p> <p>A tube of Nystatin Cream</p> <p>A tube of Tramcinolone cream</p> <p>A bottle of Triamcinolone lotion</p> <p>A bottle of Nystop</p>		<p>2. How the facility identified other resident:</p>		

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	<p>Four bottles of Wound Cleanser</p> <p>During an interview at the time of the observations, the ADoN indicated it was the Nurses' responsibility to ensure the biological's were labeled correctly.</p> <p>A facility policy, dated 06/28/13, received as current from the Directotr of Nursing, titled, "Product Labeling", indicated, "All patient-specific commercially available medication, products, supplies, and compounded medications will be dispensed with a prescription label affixed as required by law and regulation...The following information should be contained on each prescription label:...Patient name..."</p> <p>This Federal Tag relates to complaint IN00135656.</p> <p>3.1-25(j)(k)(l)</p>		<p>All Treatment Carts (4) were inspected for treatments for correct labels and resident names. All unlabeled treatments removed and destroyed.</p>	
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			<p>3. Measures put into place / System Changes:</p> <p>All Licensed staff was educated on maintaining biologicals in a plastic bag labeled with the resident's name and medication.</p>	

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			<p>The Director of Nursing/designee will inspect Treatment Carts 3 days a week.</p> <p>The Wound Care Nurse will inspect Treatment Carts 5 days a week to ensure biologicals are bagged.</p>	

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			<p>4. How the corrective actions will be monitored:</p> <p>Inspections will be completed 3 days a week with the results placed on and audit tool.</p>	

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			Results of the audit will be reviewed in the Quality Assurance meeting monthly X 6 months. DON/Designee to oversee.	

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