

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155784	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2015
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NAME OF PROVIDER OR SUPPLIER CREEKSIDE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 E DOUGLAS RD MISHAWAKA, IN 46545
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00180753.</p> <p>Complaint IN00180753 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F282 and F323.</p> <p>Survey dates: August 26, 27 and 28, 2015.</p> <p>Facility number: 012329 Provider number: 155784 AIM number: 201002500</p> <p>Census bed type: SNF/NF: 75 Total: 75</p> <p>Census payor type: Medicare: 20 Medicaid: 39 Other: 16 Total: 75</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation.	

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>QR completed by 14454 on September 4, 2015.</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 interested family member.</p> <p>Based on record review and interview,</p>	F 0157	F-157 Notifyof change (Injury,	09/27/2015

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	<p>the facility failed to ensure the physician was notified for the non administration of a topical medication and dressing designated for the treatment of a coccyx wound for 1 of 3 Resident's reviewed for Pressure Ulcers. (Residents B)</p> <p>Finding includes:</p> <p>On 8-26-15 at 2:00 P.M., the clinical record for Resident B was reviewed. Resident B was admitted to the facility on 3-26-13, with diagnosis including, but not limited to, Parkinson's disease, depression, cerebrovascular accident, memory loss, hypertension, hyperlipidemia, osteoporosis and seasonal allergies.</p> <p>A Physician's order, dated 8-12-15, indicated "...Cleanse area to coccyx with wound cleanser, pat dry, apply medihoney [a topical medication used to treat wounds] cover with foam dressing daily and prn [as needed]...."</p> <p>A Wound care plan, dated 8-13-15, indicated "...Resident has a chronic wound to sacrum area. Resident is on hospice services. Has diagnosis of heart disease, thyroid disease, dementia, cvd (cerebrovascular disease), poor mobility, incontinence, stays in bed most of the time, risk for nutritional deficit...wound</p>		<p>decline, room changes) It is the practice of this facility to assure that the physician is notified for non-administration of medications and dressing changes.</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; 1. Hospice was immediately notified of the instances where dressing changes were refused. Hospice physician was contacted and order obtained to discontinue wound care treatment as an end of life comfort measure.</p> <p>2. 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; 1. All residents that receive wound care have the potential to be effected by this alleged deficient practice 2. 100% audit of all residents receiving wound care and SBAR will be completed to ensure physicians orders are followed for topical medications.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; 1. All licensed nursing staff</p>	

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	<p>treatment as ordered...."</p> <p>A Nurses Note, dated 8-20-15, indicated "...Family in at bedside, resident resting comfortably in bed with eyes closed. Resident will take 3-6 breaths and then 25-30 second period of apnea...Family did request as long as her mom is comfortable and not in pain to not turn her as frequent...."</p> <p>A Treatment Administration Record, dated 8-1-15 through 8-31-15, indicated a set of initials with a circle around it for the dates of 8-21-15, 8-23-15, 8-24-15 and 8-25-15. This indicated the treatment to the coccyx wound was not done as ordered by the physician.</p> <p>During an interview on 8-28-15 at 10:30 A.M., LPN # 3 indicated Resident B's family member had asked her not to do the dressing changes because she was in the dying process and wanted her to be comfortable but that she did not document the family's request for the dressing change to be held.</p> <p>On 8-28-15 at 12:05 P.M., during an interview with the Director of Nurses, the Director of Nurses indicated she could not find where the physician had been notified the medication and dressing was not applied or had been refused.</p>		<p>in-service will be held on or before regarding physician and family notification policy and procedure by 09/27/2015.</p> <p>2. DNS/Designee will review the MAR daily to ensure the MD is notified of any medication not dispensed per MD order.</p> <p>4. 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;</p> <p>1. To ensure compliance, the DNS/Designee is responsible for the completion of the Medication Error CQI tool weekly times 4 weeks, monthly times 6 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>5. By what date the systemic changes will be completed.</p> <p>1. Completed by 09/27/2015</p>	

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F 0282 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00180753.</p> <p>3.1-5(a)(3)</p> <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 a Resident's plan of care was followed for the administration of a topical medication and dressing designated for the treatment of a coccyx wound for 1 of 3 Resident's reviewed for Pressure Ulcers. (Residents B)</p> <p>Findings include:</p> <p>On 8-26-15 at 2:00 P.M., the clinical record for Resident B was reviewed. Resident B was admitted to the facility on 3-26-13, with diagnosis including, but not limited to, Parkinson's disease, depression, cerebrovascular accident,</p>	F 0282	<p>F-282</p> <p>Servicesby qualified persons/per care plan Itis the practice of this facility that each residents care plan is followedregarding the application of wound care treatments.</p> <p>1.Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice;</p> <p>1.Hospicewas immediately notified of the missed dressing changes. Hospice physician wascontacted and order obtained to discontinue wound care treatment.</p> <p>2.Careplan was immediately</p>	09/27/2015

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	<p>memory loss, hypertension, hyperlipidemia, osteoporosis and seasonal allergies.</p> <p>A Physician's order, dated 8-12-15, indicated "...Cleanse area to coccyx with wound cleanser, pat dry, apply medihoney [a topical medication used to treat wounds] cover with foam dressing daily and prn [as needed]...."</p> <p>A Wound care plan, dated 8-13-15, indicated "...Resident has a chronic wound to sacrum area. Resident is on hospice services. Has diagnosis of heart disease, thyroid disease, dementia, cvd [cerebrovascular disease], poor mobility, incontinence, stays in bed most of the time, risk for nutritional deficit...wound treatment as ordered...."</p> <p>A Nurses Note, dated 8-20-15, indicated "...Family in at bedside, resident resting comfortably in bed with eyes closed. Resident will take 3-6 breaths and then 25-30 second period of apnea...Family did request as long as her mom is comfortable and not in pain to not turn her as frequent...."</p> <p>A Treatment Administration Record, dated 8-1-15 through 8-31-15, indicated a set of initials with a circle around it for the dates of 8-21-15, 8-23-15, 8-24-15</p>		<p>updated to reflect current wound care orders.</p> <p>2.Howother residents having the potential to be affected by the same deficientpractice will be identified and what corrective action(s) will be taken;</p> <p>1.All residents with wounds havethe potential to be affected. 2.100%audit of all residents receiving wound care will be performed and care planswere reviewed and updated accordingly by DNS/Designee.</p> <p>3.Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur;</p> <p>1.Alllicensed nursing staff will be in-serviced regarding physician and familynotification per policy and procedure by 09/27/2015 by DNS/Designee. 2.Alllicensed nursing staff educated on utilizing 24 hour report book to communicaterefusals by DNS/Designee. 3.Alllicensed nursing staff education on proper documentation of medication andtreatment refusals by DNS/Designee. 4.Nursingmanagement will review the 24 hour communication book daily for any notedresident refusals or omissions of prescribed treatments on an on-going basis. 5.DNS/Designee will review</p>				

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	<p>and 8-25-15. This indicated the treatment to the coccyx wound was not done as ordered by the physician.</p> <p>During an interview on 8-28-15 at 10:30 A.M., LPN # 3 indicated Resident B's family member had asked her not to do the dressing changes because she was in the dying process and wanted her to be comfortable but that she did not document the family's request for the dressing change to be held.</p> <p>On 8-28-15 at 11:12 A.M., review of the current " General Dose Preparation and Medication Administration" policy, revised 1-1-13, and received from the Director of Nurses at 10:40 A.M., indicated "...6.1 Document necessary medication administration/treatment information (e.g. (example)...if medications are refused) on appropriate forms...."</p> <p>On 8-28-15 at 12:05 P.M., during an interview with the Director of Nurses, the Director of Nurses indicated she could not find documentation where the medication and dressing had been refused.</p> <p>This Federal tag relates to Complaint IN00180753.</p>		<p>the MAR daily to ensure the MD is notified of any medication notdispensed per MD order. Care plan will be updated accordingly</p> <p>4.Howthe corrective action(s) will be monitored to ensure the deficient practicewill not recur, i.e., what quality assurance program will be put into place;</p> <p>1.Toensurecompliance, the DNS/Designee isresponsible for the completion of the CarePlan CQI tool weekly times 4 weeks, monthly times 6 and then quarterly untilcontinued compliance is maintained .The results of these audits will bereviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an actionplan will be developed to ensure compliance.</p> <p>5.Bywhat date the systemic changes will be completed.</p> <p>1.Completeby 09/27/2015</p>	

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F 0323 SS=G Bldg. 00	<p>3.1-35(g)(2)</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 record review and interview, the facility failed to ensure the plan of care was followed during a transfer using a Hoyer lift that resulted in a fall with femur fracture for 1 of 3 residents reviewed for transfers. (Resident C)</p> <p>Finding includes:</p> <p>On 8-27-15 at 10:00 A.M., the clinical record for Resident C was reviewed. Resident C was admitted to the facility, on 5-22-14, with diagnosis including, but not limited to, hereditary progressive muscular dystrophy, edema, chronic airway obstruction and congenital anomaly of skin.</p> <p>A Minimum Data Set (MDS) assessment, with an assessment reference date of 5-22-15, indicated the resident was cognitively intact with a BIMS (Brief</p>	F 0323	<p>F-323 Free of accidents/hazards/supervision/devices It is the practice of this facility to assure that resident's individual care plan is followed during transfers utilizing mechanical lifts.</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; 1. Resident #C chart was reviewed to assure that current transfer status was appropriately reflected on care plan, current orders and current CNA sheets. 2. Transfer with mechanical lift skills validation was completed for CNA #2 by CEC.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will</p>	09/27/2015

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	<p>Interview for Mental Status) score of 15. Resident C required 2 persons and extensive assistance with transfers. The MDS further indicated Resident C had lower extremity range of motion impairment to both sides of his extremities.</p> <p>A Fall Risk care plan, initiated on 5-22-15, indicated "... Resident is at risk for fall due to pain and diagnosis of muscular dystrophy...Approach: Resident utilizes a hooyer lift [mechanical lift used for transfer] with assist of 2 for transfers...."</p> <p>A SBAR (Situation Background Appearance and Review) communication form, dated 6-28-15, indicated "...Nurses Notes: Resident slid from hooyer sling. Resident lowered to floor with help from CNA [Certified Nursing Assistant] from approx. [approximately] 2 ft. [feet] in air. Resident landed on back et [and] hit head on floor. No new injuries. Resident c/o [complained of] increase joint pain which is chronic discomfort. Ibuprofen [a pain medication] et [and] Tramadol [a pain medication] given at 2100 [9:00 P.M.] as scheduled prior to fall...."</p> <p>A Radiology Report, dated 6-29-15, indicated "...Conclusion: Findings suspicious for nondisplaced oblique</p>		<p>be identified and what corrective action(s) will be taken;</p> <p>1.Allresidents that are transferred via mechanical lift are at risk to be affected.</p> <p>2.100%audit to assure that all residents that require mechanical lifts have careplans in place, physician orders reflecting transfer mode and updated CNAworksheets.</p> <p>3.AllCNA's completed mechanical lift skills validation by DNS/Designee by09/27/2015.</p> <p>3.Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur;</p> <p>1.Allcurrent staff will be re-educated on proper use of mechanical lifts. All newstaff members will receive education with return demonstration during new hireorientation.</p> <p>2.DNS/Designee will conduct rounds on each shift to ensure proper procedures per manufacturer'sinstructions are followed for mechanical lifts.</p> <p>4.Howthe corrective action(s) will be monitored to ensure the deficient practicewill not recur, i.e., what quality assurance program will be put into place;and</p> <p>1.Nursingmanagement team to assure 100% completion of staff re-training for proper useof mechanical lift by 09/27/2015 and then bi-annually training</p>		

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	<p>femoral neck fracture...."</p> <p>On 8-28-15 at 8:00 A.M., an interview was conducted with Resident C. Resident C indicated a CNA was attempting to transfer him from his wheelchair to his bed. Resident C further indicated he did not think the CNA got all the hooks of the sling on the hooyer and she didn't get a second person to help her with the transfer. Resident C indicated "... I fell and hit the floor, she did not catch me...."</p> <p>On 8-28-15 at 10:00 A.M., a Witness Investigation Statement, dated 6-28-15 at 9:30 P.M., indicated "... I [name of CNA #2] trying to put [name of Resident C] on the bed by myself w/[with] the hooyer machine at 9:30 P.M...I attempt to lift the machine because I couldn't find the other aid around, but the strap just come to loose so I hold his back and slowly put him on the floor and called the two nurses to help me put him in the bed...."</p> <p>On 8-28-15 at 11:38 A.M., a (Corporate name) Mechanical Lift Skills Validation check off form, provided by the Assistant Director of Nurses, was reviewed. The Skills Validation form indicated "... Note: Two (2) staff is required at all times when using a mechanical lift...."</p>		<p>thereafter.</p> <p>2.Toensurecompliance, the DNS/Designee isresponsible for the completion of the Mechanicallift CQI tool weekly times 4 mechanical lifts weeks, monthly times 6 and thenquarterly until continued compliance is maintained. The results of these auditswill be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an actionplan will be developed to ensure compliance</p> <p>5.By what date the systemic changeswill be completed.</p> <p>1.Completeby 09/27/2015</p>		

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	<p>On 8-28-15 at 11:43 A.M., a (Brand Name) Skills Check Off/Return Demonstration (brand name for the mechanical lift) form, provided by the Assistant Director of Nurses, indicated "...I have reviewed the information on operating the (brand name of the mechanical lift). I have successfully demonstrated the skills and understand that these lifts are to be used to comply with the policy...I also understand that when transferring a resident with a lift, 2 trained staff members must be present to ensure the resident remains safe...Employee: [Name of CNA #2]...Date: 4-23-14...."</p> <p>On 8-28-15 at 11:47 A.M., during an interview, the DON (Director of Nurses) indicated, "...there should be 2 persons with a hooyer lift transfer regardless of the situation...."</p> <p>This Federal tag relates to Complaint IN00180753.</p> <p>3.1-45(a)(1)</p>			