

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155277	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/11/2012
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NAME OF PROVIDER OR SUPPLIER  WHISPERING PINES HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3301 N CALUMET AVE VALPARAISO, IN 46383
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F0000	<p>This visit was for the Investigation of Complaint IN00120812.</p> <p>Complaint IN00120812-Substantiated.</p> <p>Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: December 10 and 11, 2012</p> <p>Facility number: 000176 Provider number: 155277 AIM number: 100288940</p> <p>Survey team: Janelyn Kulik, RN</p> <p>Census bed type: SNF: 5 SNF/NF: 113 Total: 118</p> <p>Census payor type: Medicare: 15 Medicaid: 75 Other: 28 Total: 118</p>	F0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Whispering Pines desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on January 4, 2013.</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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	<p>Sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on December 14, 2012 by Brenda Buroker, RN</p>			

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F0323 SS=G	<p><b>483.25(h)</b> <b>FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</b> 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.</p> <p>Based on observation, record review, and interview the facility failed to provide adequate supervision for 1 of 3 residents reviewed for safety with low air loss mattresses related to a resident observed with her legs over the side of the bed and was later found without vital signs and her head between the mattress and side rail with her body on the floor. This had the potential to affect 11 residents with low air loss mattresses on their beds. (Resident #D)</p> <p>Findings include:</p> <p>The record for Resident #D was reviewed on 12/11/12 at 9:15 a.m. Her diagnoses included, but were not limited to, Alzheimer's, osteoarthritis, chronic urinary tract infections, and neuropathy.</p> <p>A physician order dated 11/16/12 at</p>	F0323	<p><b>F323</b> It is the policy of this facility to ensure that the residents environment remains free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p><b>I. Specific Corrective Actions:</b> 1. All beds with air mattresses were checked for gaps between mattress and side rails.</p> <p>2. All residents with air mattresses were reviewed and determined which needed side rails with gap preventing device or where bed was lowered to the lowest position and side rails lowered.</p> <p><b>II. Identification and correction of others:</b></p> <p><b>All residents have the potential to be affected by not ensuring the environment is free of accident hazards. All residents with an air mattress were evaluated for safety. A Side Rail/Air Mattress Use Policy</b></p>	01/04/2013

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	<p>2:40 p.m. indicated admit to hospice, start morphine 5 mg sl(sublingual-under the tongue) every hour as needed for pain and/or shortness of breath, and an air mattress to bed.</p> <p>A nursing note dated 12/10/12 at 12:00 a.m. indicated, CNA #1 completed rounds at 10:20 p.m. The resident was in bed, talking, with no distress. CNA #1 went back into the resident's room for a second set of safety/check and change rounds. The resident was discovered laying on the floor next to the bed, head/neck wedged between mattress/bed frame and right side rail, facing out. CNA #1 and the nurse worked to loosen the mattress and move it off of the bed and were able to pull the resident free. The resident was cold, blue and rigid. There was no pulse present. The resident was laid on her back on the floor, no respirations were present. The bed was in the lowest position at the time of the fall. The hoier lift was used to reposition the resident into bed. The Assistant Director of Nursing and the</p>		<p><b>and Procedure was developed and a new Side Rail Assessment was developed to include the use of an air mattress. (See Policy and Assessment attachments.)</b></p> <p><b>III. Systemic Changes:</b>All nurses will be educated on the new policy and side rail assessment by December 31, 2012. The Side Rail Assessment will be completed on each resident by January 3, 2013.</p> <p><b>IV. Monitoring:</b> Any resident who has an air mattress will be reviewed for assistive devices needed. The air mattress and devices will be placed on the TAR and the nurses will check every shift to ensure devices and/or bolsters are in place per our policy. Unit Managers or their designee(s) will audit weekly for two months, then monthly for five months; reports will be provided monthly at the QAPI meeting. (See updated Daily Rounds Flow Sheet.)</p>		

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	<p>Administrator were made aware of the incident. The physician was paged and staff were waiting a call back. The family was made aware of the change in condition and asked to come to the facility. Post mortem care was administered. Lividity was noted to the right upper thigh, lower back and buttocks.</p> <p>A nursing note dated 12/10/12 at 12:50 a.m. indicated family was at the resident's bedside, daughter made aware of circumstances of resident passing. The daughter remained calm and understanding. The daughter stated, "It's ok (sic) to call the funeral home."</p> <p>A written statement provided by the Administrator on 12/11/12 at 9:00 a.m. indicated, the statement was written on 12/10/12 by CNA #1. "I came in, clocked in, went up to Timbre-Linden Unit. I put my stuff away, got report from 2-10's (sic) &amp; (and) started down the hallway checking to make sure every resident had on their alarm &amp; gerri (sic) sleeves. I started @ (at) the</p>			

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	beginning of the hallway down to the end. When I got to (Resident #D's name) rm (room), her bed was lowered and she had her legs hanging off to the left side. By this time, it was 10:10 p-10:15 p (p.m.). I put her legs back on the pillow, repositioned her to face the window (still in the middle covered by 2 regular pillows, a bigger pillow (thicker) & the body pillow in front of her close to the window). All other pillows were behind her closer to the wall. I, again lowered the bed & knudged (sic) it to make sure it didn't move. I went back up to the front, talked to the nurse for a min (minute), found out what I needed from central supply, asked the nurse if it was ok (sic). She said yes. I ran to Elm (unit in the facility) to help the aide, down to central supply, got the key from PT (Physical Therapy), grabbed the stuff I needed, came back up to Linden (unit in the facility). I started w/c's (wheelchairs) until I saw it was 11:55 p (p.m.). I started doing rounds starting with the last rm (room) 1st(-Resident #D's name). When I walked in I found [Resident #D's			

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	<p>name] on her right side on the floor facing the window. Her head was between the bed &amp; (and) the guard rail. We put a hoyer pad underneath her, brought her body up to where we could lower her onto the bed." The CNA indicated another staff member helped her clean the resident. "(Prior to going down to the supply rm (room) I was by the desk &amp; (and) could hear [Resident #D's name] talking. [Another resident's name] is closer &amp; (and) talks when laying down, but it was [Resident #D's name] voice I heard."</p> <p>A Significant Change Minimum Data Set Assessment dated 12/5/12, indicated the resident was rarely understood and sometimes understood what was said to her. She was severely cognitively impaired. She was totally dependent on staff requiring a two person physical assist with bed mobility.</p> <p>A bed rail assessment completed on 11/21/12 indicated side rails served as an enabler to promote independence. The comments</p>			

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	<p>indicated side rails were up times two. The quarter rails were to assist with bed mobility.</p> <p>A fall risk assessment dated 11/21/12 indicated a score of 9. A total score of 15 or higher represented a high risk for falls.</p> <p>Review of the nurse's notes and care plan section of the resident's record indicated no history or behavior of putting her legs over the side of her bed.</p> <p>The Administrator provided the policy and procedure for "Air Mattress Use" on 12/10/12. The Air Mattress Policy was dated 12/10/12. The objective was "To establish guidelines for assuring resident safety when utilizing an air mattress."</p> <p>Purpose was "To reduce possible gaps between air mattress and side rails."</p> <p>Procedure was "The facility will use air mattresses with bolsters whenever possible. Any air mattresses without bolsters will have gap reducing device in place or side rails will not be used.</p>			

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	<p>Air mattress use will be care planned."</p> <p>The manufacturer's instructions for the Plexus 2200M series Low Air Loss Mattress System were provided by Hospice on 12/11/12 at 1:40 p.m. The manufacturer's instructions indicated, "Plexus mattresses are not intended to be AND DO NOT FUNCTION AS a patient fall safety device. SIDE RAILS MUST BE USED WITH THE PLEXUS MATTRESS TO PREVENT FALLS, unless determined unnecessary based on the facility protocol or the patient's medical needs as determined by the facility, IN WHICH CASE THE USE OF OTHER SUITABLE PATIENT SAFETY MEASURES ARE RECOMMENDED."</p> <p>Phone interview with CNA #1 on 12/10/12 at 2:55 p.m., indicated when she started her shift at 10:00 p.m. she made her rounds and found Resident #D with her legs hanging over the side of the bed. She repositioned the resident in the middle of the bed facing the window. She went to the</p>			
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	<p>nurses' desk and down to central supplies. She also indicated prior to going to central supply she heard Resident #D talking. She realized it was 11:55 p.m. and she needed to make rounds. She started at Resident #D's room. When she entered the room the resident's legs were on the floor and her head was between the mattress and side rail She further indicated the resident did put her legs over the side of the bed. She indicated it did not happen frequently, not even every day, but maybe once a week.</p> <p>Interview with Nurse #1 on 12/11/12 at 11:12 a.m. indicated she had never seen the resident with her legs over the side of the bed and she made rounds to check on the residents every two hours.</p> <p>Interview with CNA #1 on 12/11/12 at 11:00 a.m. indicated she had never seen the resident with her legs over the side of the bed.</p> <p>Interview with Nurse #2 on 12/11/12 at 10:35 a.m. indicated Resident #D</p>			

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	<p>did have a tendency to put her legs over the side of the bed. She never tried to get out of bed.</p> <p>Interview with the Timber-Linden Unit Manager on 12/10/12 at 5:30 p.m., indicated Resident #D never tried to get out of bed and she was not aware of her putting her legs over the side of the bed.</p> <p>Interview with the Administrator on 12/10/12 at 4:00 p.m. during the tour of the the Linden Unit with the Unit Manager it was indicated that the low air loss mattress for Resident #D was no longer on her bed. She had expired and the mattress had been provided by Hospice and it had already been removed from the facility.</p> <p>On 12/10/12 at 4:30 p.m. observations were made on all low air loss mattresses in the facility. Room 1 bed 1 had a spacer pad between the bed rail and the mattress. The spacer measured 4 inches.</p> <p>Room 1 bed 3 had a low air loss</p>			

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	<p>mattress and the gap between the bed rail and the mattress measured 2 1/2 inches.</p> <p>Room 4 bed 2 had a low air loss mattress and a spacer pad between the bed rail and the mattress that measured 4 inches.</p> <p>Room 32 bed 2 had a low air loss mattress and a spacer pad between the side rail and the mattress was 4 inches.</p> <p>Room 36 bed 2 had a low air loss mattress and the space between the side rail and the mattress measured 2 inches.</p> <p>Room 40 bed 1 had a low air loss mattress and the space between the bed rail and the mattress measured 2 inches.</p> <p>Room 41 bed 1 had a low air loss mattress and the space between the bed rail and the mattress measured 2 inches.</p> <p>Room 42 bed 2 had a low air loss</p>			

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	<p>mattress and the space between the bed rail and the mattress measured 2 inches.</p> <p>Room 43 bed 1 had a low air loss mattress and there was no space between the mattress and the bed rails.</p> <p>Room 272 bed 2 had a low air loss mattress and there was a spacer pad between the side rail and the mattress measuring 4 inches. When the spacer was removed the space between the mattress and the bed rail was 3 inches.</p> <p>Interview with the Administrator 12/11/12 at 1:50 p.m., indicated there was no facility policy in regards to low air mattresses prior to 12/10/12 and there were no other Plexus 2200M low air loss mattresses in the facility at present time. She further indicated during the facility investigation the staff tried to figure how the resident had gotten between the side rail and the mattress. She did not measure the gap but it was three to four inches. She was not sure if the</p>			

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	<p>resident had passed away and then slid out of the bed or what had happened.</p> <p>This Federal tag relates to Complaint IN00120812.</p> <p>3.1-45(a)(2)</p>			