STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155323	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING PINES REHABILITATION CENTRE	410 TIOGA RD MONTICELLO, IN 47960

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F000000	This visit was for the Investigation of Complaint IN00125340. Complaint IN00125340-Substantiated. Federal/state deficiencies related to the allegations are cited at F309 and F514. Survey dates: March 13 & 14, 2013 Facility number: 000216 Provider number: 155323 AIM number: 100267580 Survey team: Janet Adams, RN, TC Census bed type: SNF/NF: 47 Total: 47 Census payor type: Medicare: 7 Medicaid: 32 Other: 8 Total: 47 Sample: 3 These deficiencies reflect state findings cited in accordance with 410	F000000	Submission of the Plan of Correction does not constitute an admission or agreemnet by the provider of the truth of facts alleged or coreections set forth on the statement of deficiencies.This Plan of Correction is prepared and submitted because of requirements under State and Federal law.Please accept this Plan of Correction as our credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	IAC 16.2. Quality review completed on March 17, 2013, by Janelyn Kulik, RN.			

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F000309 SS=D	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. Based on record review and interview, the facility failed to provide the necessary care and services for non pressure skin conditions related to the lack of ongoing assessments of wounds for 1 of 3 residents reviewed with skin conditions in the sample of 3. (Resident #D) Findings include: The closed record for Resident #D was reviewed on 3/12/13 at 10:40 a.m. The resident's diagnoses included, but were not limited to, chronic pupura, depressive disorder, ischemic heart disease, osteoporosis, chronic kidney disease, anemia, peripheral vascular disease, high blood pressure, recurrent skin infection, hiatal hernia, coronary artery disease, chronic obstructive pulmonary disease, and a history of left leg cellulitis. Review of the 2/2013 Physician Order	F000309	F3091. Resident D no longer resides in the facility.2. All residents identified with wounds were reviewed to ensure assessments were current and present in the medical records. Any identified concerns were immediately addressed.3. All licensed staff were re-educated on the facility Skin Management policy and procedure.4. The Director of Nursing and/or designee will audit the skin condition flow sheets 5x weekly to determine compliance. The findings of these audits will be submitted to the QA committee for review monthly x 3 months and then quarterly x 3.5. 4/02/13	04/02/2013

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	Statement indicated there were Physician orders to apply Lotrisone Cream to the areas on the resident's abdominal folds, axilla (armpit areas) area, left antecubital area (area at the bend between the arm and elbow areas) and under the breasts twice a day. The order was rewritten on 2/18/13 to apply Lotrisone cream every shift to the apron areas (areas around waist/abdominal area), bilateral axilla and breast area, and the left antecubital area. Skin Condition Flowsheets for Non-Pressure Related Skin Conditions were reviewed for the following skin conditions. Flowsheets for the left breast areas were reviewed for the months of 9/2012 and 10/2012. A flow sheet started on 9/4/12 indicated there were two areas on the left breast. The 9/4/12 assessment entry indicated area A measured 1.9 cm (centimeters) x 1.3 cm x <.1 cm with red exudate. Area B measured .5 cm x .1 cm x <.1cm with red exudate. Under the column titled "Description of the wound/bed" the word "red" was written once and did not distinguish if both areas A and B were red. The next assessments were completed on 9/18/12, 10/2/12, 10/16/12, and			

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	10/30/12. Flowsheets for the right breast area were reviewed for the months of 9/2012 and 10/2012. A flow sheet started on 9/4/12 indicated there was an area on breast measuring as a 1.4 cm circle with red exudate. The wound bed was described as red. The next assessments of this area were completed on 9/18/12, 10/2/12, 10/16/12, and 10/30/12. Flowsheets for the left axilla areas were reviewed for the months of 9/2012 and 10/2012. A flow sheet started on 9/5/12 indicated there were four areas on left axilla area. The areas measured .8 cm circular, .7 cm circular, .4 cm circular, and .5 cm circular with red exudate from all the above four areas. The next assessments of the axilla areas were completed on 9/18/12, 10/2/12, 10/16/12, and 10/30/12. Flowsheets for the left hip/abdominal areas were reviewed for the months of 9/2012 and 10/2012. A flow sheet started on 9/4/12 indicated there were four areas measuring 2.7 cm circular, 7.8 cm .5 cm, 9 cm x 1 cm, and 6.4 cm x 2.5 cm with red exudate. The next assessment of the areas were completed on 9/18/12, 10/2/12,			

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	10/16/12, and 10/30/12. Flow sheets for the right axilla areas were reviewed for the months of 9/2102 and 10/2012. A flow sheet started on 9/5/12 indicated a pink area was present. There were no measurements of the area. The next assessments of the area were completed on 9/18/12, 10/2/12, 10/16/12, and 10/30/12. No measurements were recorded on the above four assessments. Flowsheets for the left antecubital area were reviewed for the months of 10/2102 and 11/2012. A flow sheet started on 10/30/12 indicated the first assessment was completed on 10/30/12. The next assessment of the area was completed on 11/16/12. The "Skin Management Program" policy was reviewed on 3/14/13 at 11:50 a.m. A revised date of 3/2010 was listed on the policy. The Assistant Director of Nursing provided the policy and identified the policy as current. The policy indicated skin alterations were to be documented on either the "Skin Condition Flow sheet for Non-Pressure related Skin Conditions" or the "Pressure Ulcer Flow sheet" upon initial finding of the area and at least weekly thereafter			

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	until healed. When interviewed on 3/13/13 at 11:05 a.m., the Director of Nursing indicated all pressure and non pressure related skin conditions were to be assessed and measured weekly. The Director of Nursing also indicated there were forms for pressure and non pressure areas and both of the forms were to include an assessment of each area weekly to monitor the status of each area. The Director of Nursing indicated Resident #D was admitted a few years ago and several of the skin areas were present on admission. This federal tag relates to Complaint IN00125340. 3.1-37(a)			

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F000514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on observation, record review, and interview, the facility failed to ensure clinical records were complete related to pressure ulcer and non pressure ulcer skin assessment sheets not completed and not available for 2 of 3 residents reviewed for skin conditions in the sample of 3. (Residents #C and #D) Finding include: 1. On 3/13/13 at 2:20 p.m., LPN #1 was observed completing wound care for Resident #C. The resident had a round open area to the left inner buttock area. The record for Resident #C was reviewed on 3/13/13 at 9:09 a.m. The resident's diagnoses included, but	F000514	F514 1. Resident C's record was reviewed and the information was present within the nurse's notes and other portions of the medical record, however not on the resident pressure ulcer flow sheet itself. Resident D no longer resides in the facility. 2. All residents identified with wounds were reviewed to ensure assessments were current and present in the respective resident medical record(s). Any identified concerns were immediately addressed. 3. All licensed staff and the medical records designee were re-educated on the facility guideline for the filing of skin condition flow sheets. 4. The Director of Nursing or designee will review all skin	04/02/2013

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	were not limited to, anemia, anxiety, high blood pressure, depression, osteoporosis, arthritis, and diabetes mellitus. Review of the 12/2012 and 1/2013 Pressure Ulcer Flowsheets indicated the resident had a Stage IV pressure ulcer (a pressure ulcer with full thickness skin loss with extensive destruction, tissue necrosis, or damage to the muscle, bone, or tendon) to the left buttock area. An entry was made on 12/20/12. The next entries were made on 1/3/13, 1/10/13, and 1/31/13. When interviewed on 3/13/13 at 11:05 a.m., the Director of Nursing indicated all pressure and non pressure related skin conditions were to be assessed and measured weekly. The Director of Nursing also indicated there were forms for pressure and non pressure areas and both of the forms were to include an assessment of each area weekly to monitor the status of each area. 2. The closed record for Resident #D was reviewed on 3/12/13 at 10:40 a.m. The resident's diagnoses included, but were not limited to, chronic pupura, depressive disorder,		condition flow sheets 5x weekly to ensure the documents are present and completed. The completed documents will be reviewed by the Director of Nursing or designee prior to being filed in the medical record to ensure the medical record remains complete. The findings of these audits will be presented to the QA committee monthly x 3 months and then quarterly x 3. 5. 4/02/13	

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	ischemic heart disease, osteoporosis, chronic kidney disease, anemia, peripheral vascular disease, high blood pressure, recurrent skin infection, hiatal hernia, coronary artery disease, chronic obstructive pulmonary disease, and a history of left leg cellulitis. The 12/2012 Physician Order Statement was reviewed. There were orders to apply Riley's Butt Cream to the areas under the resident's breasts, abdominal folds, and axilla area twice a day The 1/2013 Physician Order Statement was reviewed. There were orders to cleanse and dry the areas under the resident's breasts, abdominal folds, and axilla areas and apply Riley's Butt Cream twice a day. The 2/2013 Physician Order Statement was reviewed. There were orders to apply Lotrisone cream to the area on the resident's breasts, abdominal folds, and axilla areas twice a day. There were no Skin Condition Flowsheets available between 12/1/2102 and 2/19/2013. The "Skin Management Program"			

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	policy was reviewed on 3/14/13 at 11:50 a.m. A revised date of 3/2010 was listed on the policy. The Assistant Director of Nursing provided the policy and identified the policy as current. The policy indicated skin alterations were to be documented on either the "Skin Condition Flow sheet for Non-Pressure related Skin Conditions" or the "Pressure Ulcer Flow sheet" upon initial finding of the area and at least weekly thereafter until healed. When interviewed on 3/13/13 at 11:05 a.m., the Director of Nursing indicated all pressure and non pressure related skin conditions were to be assessed and measured weekly. The Director of Nursing also indicated there were forms for pressure and non pressure areas and both of the forms were to include an assessment of each area weekly to monitor the status of each area. When interviewed on 3/14/13 at 8:15 a.m., the Director of Nursing indicated they were not able to locate any of Skin Condition Flowsheets for any of the resident's wounds between 12/1/2012 and 2/19/2013. This federal tag relates to Complaint IN00125340.			

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	3.1-50(a)(1) 3.1-50(a)(2)			