

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155330	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/17/2015
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NAME OF PROVIDER OR SUPPLIER  SALEM CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 200 CONNIE AVE SALEM, IN 47167
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00175014 and IN00175148.</p> <p>Complaint IN00175014 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00175148 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F282 and F323.</p> <p>Survey dates: June 16 and 17, 2015</p> <p>Facility number: 000223 Provider number: 155330 AIM number: 100267680</p> <p>Census bed type: SNF/NF: 91 Total: 91</p> <p>Census payor type: Medicare: 18 Medicaid: 62 Other: 11 Total: 91</p> <p>Sample: 3</p>	F 0000	<p>Please find the enclosed plan of correction for the survey ending June 17, 2015. Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance; feel free to contact me with any questions.</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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F 0157 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</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</p>			

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	<p>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 interview and record review, the facility failed to notify the physician in a timely manner with a significant change in condition related to the presence of bilateral lower extremity edema (swelling) for 1 of 3 residents reviewed for significant changes. (Resident #C)</p> <p>Findings include:</p> <p>The clinical record for Resident #C was reviewed on 6/16/15 at 3:08 p.m. Diagnosis included, but was not limited to, dementia. The MDS (Minimum Data Set) assessment, dated 5/21/15, indicated Resident #C was a 2 person physical assist with transfers.</p> <p>The Observation Reports, titled "Weekly Summary", dated 4/23/15, 4/30/15 and 5/7/15, indicated Resident #C did not have edema (swelling).</p> <p>The Observation Reports, titled "Weekly Summary", dated 5/14/15, 5/21/15, 5/28/15, 6/4/15 and 6/11/15, included, but were not limited to, the following, "...SKIN ASSESSMENT...Edema Yes</p>	F 0157	<p>F-157</p> <p>1.Resident#C physician and family were notified on 6-15-15 and orders received.</p> <p>2.Allother residents have the potential to be affected. Interdisciplinary team reviewed all residentsweekly nursing summaries and Nurses Notes since 4-1-15 and followed upaccordingly as needed for any resident with noted edema and to ensure physicianwas notified.</p> <p>3.ChargeNurse Job Description and Resident Change of Condition Policy and Procedures werereviewed with no changes made (See Attachment A and C). The CEC or designee will in-service licensedenursing staff on the above job description and policy by 6-26-15. Licensed nursing will communicate any changeof conditions to physician as they may arise. DNS or designee will review weekly summary daily using the NursingMonitoring Tool (See Attachment B) to ensure MD/family is being notified of anychange of condition.</p> <p>4.TheDNS or designee will complete a Change of Condition CQI (See Attachment D)weekly times 1 month, then monthly times 6 months, then quarterly.</p>	07/03/2015	

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	<p>(location) - BLE's [bilateral lower extremities]...."</p> <p>The IDT (Interdisciplinary Team) note, dated 6/15/15 at 10:57 a.m., included, but was not limited to the following, "Follow up Fall:...Res. [Resident] noted to have increased edema to bil. [bilateral] lower ext. [extremities]...."</p> <p>The Physician Order, dated 6/15/15 and untimed, indicated the following, "Increase lasix [medication used to decrease swelling] to 40 mg [milligrams] po [by mouth] BID [twice a day].</p> <p>During an interview on 6/17/15 at 9:45 a.m., LPN (Licensed Practical Nurse) #1 indicated if a resident did not previously have edema, and then presented with edema, she would consider that a significant change and notify the physician.</p> <p>During an interview with LPN #2 on 6/17/15 at 9:55 a.m., she indicated if a resident had edema and did not have it before, she would consider it a significant change. She also indicated she would assess the edema and notify the physician.</p> <p>The document titled, "Resident Change of Condition", was provided by the CEC</p>		The audits will be reviewed during the facility's CQI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 95% or above		

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	<p>(Clinical Educator Coordinator) on 6/17/15 at 10:45 a.m. and indicated as current. This document included, but was not limited to, the following, "...POLICY...It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective intervention takes place.</p> <p>PROCEDURE...2. Acute Medical Change...a. Any sudden or serious change in a resident's condition manifested by marked change in physical or mental behavior will be communicated to the physician. b. If unable to contact the attending physician or alternative physician in a timely manner, notify the Medical Director for medical intervention. c. The responsible party will be notified that there has been a change in the resident's condition and what steps are being taken. d. All nursing actions/interventions will be documented in the medical record as soon as possible after resident needs have been met...."</p> <p>The clinical record for Resident #C lacked physician and family notification related to the bilateral lower extremity edema between the onset of the edema on 5/14/15 and the time of the resident's fall on 6/15/15.</p>			

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F 0282 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00175148.</p> <p>3.1-5(a)(2)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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 interview and record review, the facility failed to ensure the plan of care was followed, as written, related to the use of non-skid footwear being used for falls prevention for 2 of 3 residents (Resident #B and #C) and administration of PRN (as needed) blood pressure medication for elevated systolic blood pressures greater than 150 for 1 of 3 residents (Resident #C) reviewed for falls.</p> <p>Findings include:</p> <p>1. The clinical record for Resident #B was reviewed on 6/16/15 at 3:45 p.m. Diagnosis included, but was not limited to, dementia. The quarterly MDS (Minimum Data Set) assessment, dated 3/24/15, indicated Resident #B was an extensive 2 person physical assist with</p>	F 0282	<p>F-282</p> <p>1. Resident #B and #C were not harmed. Non-skid footwear applied to both residents and all other fall interventions checked to ensure followed per resident's plan of care. Resident #C Physician was notified on 6-17-15 and orders changed related to blood pressure.</p> <p>2. All other residents have the potential to be affected. The Interdisciplinary team reviewed all residents with blood pressure parameters and there were no further findings. Interdisciplinary team also reviewed residents identified as high risk for falls on the Cottage to ensure recurrent fall interventions were in place per resident's plan of care.</p> <p>3. Charge Nurse Job Description reviewed with no changes made (See Attachment A). CEC or Designee in-service licensed nursing staff on Job Description by</p>	07/03/2015			

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	<p>transfers.</p> <p>The care plan for Resident #B included the following, "Care Plan - [resident name]...Problem...Problem Start Date: 11/11/2013...Category: Falls...Fall risk related to: Dementia and general weakness...Goal...Long Term Goal Target Date: 07/02/2015...Resident will have no injury related to falls...Approach...Approach Start Date: 12/23/2013...non skid footwear at all times (gripper socks when in bed)...."</p> <p>The Fall Event, dated 5/29/15 at 5:34 a.m., included, but was not limited to, the following: "...Was fall witnessed...No...Describe resident appearance at time of fall...pajamas on, no shoes or socks...Resident or witness statement of how fall occurred...resident unable to give statement...."</p> <p>The progress note, dated 5/29/15 at 5:50 a.m., included, but was not limited to, the following, "Resident was found in [sic] floor beside her bed while staff was doing rounds...."</p> <p>The progress note, dated 5/29/15 at 9:46 a.m., included, but was not limited to the following, "F/U [follow up] fall: When staff entered room during bed check, heard resident yelling for help...Root</p>		<p>6-26-15. IDT will review blood pressure out of range report daily to ensure physician's orders are being followed and will make rounds daily to ensure fall interventions are in place per resident's plan of care utilizing the Nursing Monitoring Tool (See Attachment B).</p> <p>4. The DNS or designee will generate an eMAR Administration Compliance Report from Matrix software and complete the fall management CQI tool (see attachment C) weekly times 1 month, then monthly times 6 months, then quarterly to review compliance of physician's orders being followed by licensed personnel. The audits will be reviewed during the facility's CQI meetings and issues will be addressed and the above plan will be altered accordingly if the threshold is not 95% or above.</p>		

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	<p>cause: unwitnessed fall, resident has scoop mattress in place, however did not have gripper socks on...."</p> <p>During an interview with LPN (Licensed Practical Nurse) #1 on 6/17/15 at 9:45 a.m., she indicated fall interventions for Resident #B were non-skid footwear and gripper socks at night.</p> <p>2. The clinical record for Resident #C was reviewed on 6/16/15 at 3:08 p.m. Diagnosis included, but was not limited to, dementia. The MDS (Minimum Data Set) assessment, dated 5/21/15, indicated Resident #C was a 2 person physical assist with transfers.</p> <p>The care plan for Resident #C included, but was not limited to, the following, "Care Plan - [resident name]...Problem...Problem Start Date: 02/16/2015...1. Resident is at risk for fall due to: decreased safety awareness r/t [related to] dementia...Goal...Goal Target Date: 07/09/2015...Resident fall risk factors will be reduced in an attempt to avoid significant fall related injury...Approach...Approach Start Date: 02/16/2015...Non skid footwear...Approach Start Date: 04/15/2015...fall intervention: gripper socks at night...."</p>			

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	<p>The Fall Event, dated 4/15/2015 at 2:11 a.m., included, but was not limited to, the following, "...Was fall witnessed...No...Describe resident appearance at time of fall...no socks or shoes on...." (Fall #1)</p> <p>The progress note, dated 4/15/2015 at 2:00 a.m., included, but was not limited to the following, "Heard this resident yelling out from her room. Upon entering resident's room, resident was noted to be sitting in [sic] floor in front of her dresser on bilateral buttocks with pants to her knees, incontinent of bowel and bladder and no socks or shoes noted to be on.....New intervention: Gripper socks to be applied while abed...."</p> <p>The Fall Event, dated 4/16/2015 at 3:41 a.m., included, but was not limited to, the following, "...Describe resident appearance at time of fall...pajamas on, shoes off... Resident or witness statement of how fall occurred...unwitnessed [sic]...." (Fall #2)</p> <p>The progress note, dated 4/16/2015 at 3:23 a.m., included the following, "RSD [resident] had Unwitnessed fall. RSD [resident] noted to be in [sic] floor at foot of bed with back against wall. Large knot noted to be above rt [right] eye. RSD [resident] c/o [complaints of] pain to</p>			

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	<p>area. MD [Medical Doctor] notified with orders to transfer to [name of hospital] ED [emergency department]...."</p> <p>The Fall Event, dated 6/12/2015 at 8:53 p.m., included, but was not limited to, the following, "...Describe what the resident was doing prior to the fall...standing beside w/c [wheelchair] after transferring w/o [without] assistance...what intervention(s) was put into place to prevent another fall...Clonidine [blood pressure medication] PRN [as needed] r/t [related to] elevated BP [blood pressure]...." (Fall #3)</p> <p>The progress note, dated 6/12/2015 at 9:30 p.m., included the following, "N.O. [new order] Clonidine HCl 0.1 mg [milligram] PO [by mouth] PRN [as needed] Q8 [every 8 hours] hours for systolic [top number of blood pressure] BP [blood pressure] &gt; [greater than] 150."</p> <p>The Vitals Report indicated Resident #C's blood pressure was 168/71 on 6/12/15 at 8:45 p.m. and 176/64 on 6/14/15 at 10:52 a.m.</p> <p>Review of the June, 2015 MAR (Medication Administration Record) indicated the Clonidine had not been administered to Resident #C since the</p>			

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	<p>date it was ordered by the Physician.</p> <p>During an interview with LPN #3 on 6/17/15 at 9:40 a.m., she indicated Resident #C had not received the Clonidine. She indicated if the resident had received it, the MAR would have the nurse's initials and the time it was administered on the date given.</p> <p>During an interview with LPN #1 on 6/17/15 at 9:45 a.m., she indicated fall interventions for Resident #C included non-skid socks and gripper socks at night. She also indicated if a resident had an order to administer a blood pressure medication for an elevated systolic blood pressure greater than 150, and the resident's systolic pressure was greater than 150, she would administer the medication and recheck the blood pressure after 30 minutes.</p> <p>During an interview with LPN #2 on 6/17/15 at 9:55 a.m., she indicated if a resident had an order to administer blood pressure medication for elevated systolic blood pressures greater than 150 and it was, she would administer the medication and recheck the blood pressure after 30 minutes to 1 hour.</p> <p>The document titled, "[name of pharmacy] STANDARD PO [by</p>			

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F 0323 SS=D Bldg. 00	<p>mouth]/IM [intramuscular] EDK [Emergency Drug Kit] was provided by the Clinical Educator Coordinator on 6/17/15 at 11:30 a.m. This document indicated Clonidine 0.1 mg was available for use if needed.</p> <p>This Federal tag relates to Complaint IN00175148.</p> <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 interview and record review, the facility failed to ensure residents identified as high risk to fall received adequate supervision and/or failed to ensure care plan interventions were in place after falls to prevent further falls for 2 of 3 residents reviewed for falls. This deficient practice resulted in Resident #B and Resident #C experiencing a fall resulting in a hematoma (area of swelling).</p>	F 0323	<p>F-323 - Free of Accident Hazards/Supervision/Devices</p> <p>1. Resident's #B and #C were not harmed- non-skid footwear applied to both residents and all other fall interventions were checked to ensure followed per resident's plan of care.</p> <p>2. All residents have the potential to be affected. The Interdisciplinary team reviewed all residents identified at high risk for falls on the Cottage to ensure current fall interventions were</p>	07/03/2015			

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	<p>Findings include:</p> <p>1. The clinical record for Resident #B was reviewed on 6/16/15 at 3:45 p.m. Diagnosis included, but was not limited to, dementia. The quarterly MDS (Minimum Data Set) assessment, dated 3/24/15, indicated Resident #B was an extensive 2 person physical assist with transfers.</p> <p>The care plan for Resident #B included the following, "Care Plan - [resident name]...Problem...Problem Start Date: 11/11/2013...Category: Falls...Fall risk related to: Dementia and general weakness...Goal...Long Term Goal Target Date: 07/02/2015...Resident will have no injury related to falls...Approach...Approach Start Date: 12/23/2013...non skid footwear at all times (gripper socks when in bed)...."</p> <p>The Fall Event, dated 5/29/15 at 5:34 a.m., included, but was not limited to, the following, "...Was fall witnessed...No...Describe resident appearance at time of fall...pajamas on, no shoes or socks...Resident or witness statement of how fall occurred...resident unable to give statement...."</p> <p>The progress note, dated 5/29/15 at 5:50</p>		<p>inplace per resident's plan of care.</p> <p>3.ChargeNurse Job Description reviewed with no changes made (See Attachment A). Nursing staff will be in-serviced on orbefore 6/26/15 by the CEC/designee on fall interventions/use of residentprofiles for current fall interventions. DNS/designee will make rounds daily to ensure fall interventions are inplace per resident's plan of care utilizing the nursing monitoring tool (seeattachment B)</p> <p>4.TheDNS/designee will complete the fall management CQI (see attachment C) weekly x1 month, then monthly x 6 months and then quarterly. The audits will be reviewed during thefacility CQI meetings and issues will be addressed and the above plan will bealtered accordingly if the threshold is not 95% or above.</p>				

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	<p>a.m., included, but was not limited to, the following, "Resident was found in [sic] floor beside her bed while staff was doing rounds...Rsd [Resident] noted to have contusion [area of bruising and swelling] to back R [right] side of head...."</p> <p>The progress note, dated 5/29/15 at 9:46 a.m., included, but was not limited to the following, "F/U [follow up] fall: When staff entered room during bed check, heard resident yelling for help...contusion noted to back of head...Root cause: unwitnessed fall, resident has scoop mattress in place, however did not have gripper socks on...."</p> <p>During an interview with LPN (Licensed Practical Nurse) #1 on 6/17/15 at 9:45 a.m., she indicated fall interventions for Resident #B included non-skid footwear and gripper socks at night.</p> <p>2. The clinical record for Resident #C was reviewed on 6/16/15 at 3:08 p.m. Diagnosis included, but was not limited to, dementia. The MDS (Minimum Data Set) assessment, dated 5/21/15, indicated Resident #C was a 2 person physical assist with transfers.</p> <p>The care plan for Resident #C included, but was not limited to, the following,</p>			

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	<p>"Care Plan - [resident name]...Problem...Problem Start Date: 02/16/2015...1. Resident is at risk for fall due to: decreased safety awareness r/t [related to] dementia...Goal...Goal Target Date: 07/09/2015...Resident fall risk factors will be reduced in an attempt to avoid significant fall related injury...Approach...Approach Start Date: 02/16/2015...Non skid footwear...Approach Start Date: 04/15/2015...fall intervention: gripper socks at night...."</p> <p>The Fall Event, dated 4/15/2015 at 2:11 a.m., included, but was not limited to, the following, "...Was fall witnessed...No...Describe resident appearance at time of fall...no socks or shoes on...."</p> <p>The progress note, dated 4/15/2015 at 2:00 a.m., included, but was not limited to the following, "Heard this resident yelling out from her room. Upon entering resident's room, resident was noted to be sitting in [sic] floor in front of her dresser on bilateral buttocks with pants to her knees, incontinent of bowel and bladder and no socks or shoes noted to be on.....New intervention: Gripper socks to be applied while abed...."</p> <p>The Fall Event, dated 4/16/2015 at 3:41</p>			

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	<p>a.m., included, but was not limited to, the following, "...Describe resident appearance at time of fall...pajamas on, shoes off... Resident or witness statement of how fall occurred...unwitnessed [sic]...."</p> <p>The Event Report titled, "Documentation Guidelines/Hot Charting -- [initials of company] SBAR [Situation, Background, Assessment, Recommendations] Physician Communication Tool", dated 4/16/2015 at 3:18 a.m., included, but was not limited to the following, "...DESCRIPTION...unwitnessed [sic]...Based on assessment, the bedside clinician concludes: Unwitnessed fall large knot above rt [right] eye...ORDERS...May transfer to [name of hospital] Ed [sic] [Emergency Department] for evaluation r/t [related to] Unwitnessed [sic] fall. Special instructions: Indications: Unwitnessed fall...Notes...4/16/2015 03:23 AM RSD [resident] had Unwitnessed [sic] fall. RSD [resident] noted to be in [sic] floor at foot of bed with back against wall. Large knot noted to be above rt [right] eye. RSD [resident] c/o [complaints of] pain to area. MD [Medical Doctor] notified with orders to transfer rsd [resident] to [name of hospital] ED [Emergency Department]. Family made aware...."</p>			

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

PRINTED: 07/07/2015

FORM APPROVED

OMB NO. 0938-0391

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	This Federal tag relates to Complaint IN00175148.  3.1-45(a)(2)				