

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155319	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/20/2016
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NAME OF PROVIDER OR SUPPLIER CLINTON GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 375 S 11TH ST CLINTON, IN 47842
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00199081</p> <p>Complaint IN00199081 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency cited at F323.</p> <p>Survey date: May 20, 2016.</p> <p>Facility number: 000212 Provider number: 155319 AIM number: 100285040</p> <p>Census bed type: SNF/NF: 89 Total: 89</p> <p>Census payor type: Medicare: 16 Medicaid: 47 Other: 26 Total: 89</p> <p>Sample: 7</p> <p>This deficiency reflects a State finding cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 05/25/2016 by</p>	F 0000	<p>The filing of this plan of correction does not constitute an admission that the deficiencies alleged did in fact exist. The plan of correction is filed as evidence of the community's desire to comply with the requirements and to continue to provide a safe and functional environment for our residents. Clinton Gardens would like to respectfully request a desk review of the following plan of correction</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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F 0323 SS=D Bldg. 00	<p>29479.</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 observation, interview, and record review, the facility failed to ensure safety locks were on to prevent residents beds from rolling or moving during resident care and failed to ensure manufacturer's directions were followed during a mechanical lift transfer for 2 of 2 residents observed for safe use of assistive equipment (Residents G and H).</p> <p>Findings include:</p> <p>1. On 5/20/16 at 11:27 a.m., Certified Nursing Assistants (CNAs) #7 and #9</p>	F 0323	<p>No residents were found to be affected by the bed wheels being in the unlocked position. All residents have the potential to be affected. All beds immediately checked for brakes to be in the locked position. Staff instructed on the proper use of beds and the locking mechanisms. Beds will be checked for proper locking by the IDT during rounds weekly x 1 month. Biweekly x 2 months and monthly for 4 months. ED will monitor for compliance. No residents were found to be affected by the lift usage. All residents that require a hoist</p>	06/03/2016

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	<p>were observed providing incontinence care to Resident G. The resident was in an electric, high- low bed that was raised to a high level during care. The bed rolled away from staff who were assisting with care. The CNAs indicated the wheels on the bed were not locked.</p> <p>Resident G's clinical record was reviewed on 5/20/16 at 11:10 a.m. A Quarterly Minimum Data Set (MDS) assessment, dated, 5/3/16, coded the resident as extensive assistance of two for bed mobility and transfers.</p> <p>A plan of care with onset date of 7/25/13, indicated the resident required assistance of two staff, and an approach dated, 12/03/13, indicated a Hoyer Lift was utilized for all transfers.</p> <p>2. On 5/20/16 at 1:10 p.m., CNAs #9 and #10 were observed transferring Resident H from a Broda chair to bed with a Maxi Lift (mechanical lift) to provide incontinence care.</p> <p>The base of the lift was positioned underneath the chair, from the side. After attaching the sling to the lift, the lift was pulled away from the chair. The base of the lift got caught under the chair and required moving back and forth to clear the chair. The lift was raised to its</p>		<p>lift have the potential to be affected. 1:1 training immediately offered to staff. Further training completed with all staff by ADNS. Skillscheck-offs to be completed with all nursing staff x 1. Lift observation to be completed on each shift and hall weekly x 4 weeks, monthly x 5 months. ED will monitor for compliance.</p>				

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	<p>highest level with the resident's head above the CNAs' performing the transfer. With the resident in the raised position, and parallel to the lift mast, he was transferred to the bed, and lowered into the bed. A Dycem (non slick pad) was not present on the sling. During positioning of the resident the bed rolled and the bed wheels were not in the locked position.</p> <p>Resident H's clinical record was reviewed on 5/20/16 at 1:30 p.m. A significant change MDS was dated 4/25/16. The assessment indicated the resident required extensive assistance of two for bed mobility and transfers.</p> <p>A plan of care that addressed falls, included an approach, dated 12/29/16, included using a Dycem between the resident and Hoyer sling, and between the sling and Broda chair.</p> <p>The Director of Nursing Services (DNS) was interviewed on 5/20/16 at 2:30 p.m. The DNS indicated the dycem was added to the care plan for the sling after the resident received shearing areas on his back and behind the left knee.</p> <p>Manufacturer's directions for the electric high-low beds, provided by the Administrator on 5/20/16 at 2:05 p.m.,</p>			

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	<p>included, but were not limited to: "...The manual/electric bed is equipped with locking casters. When transferring into or out of the manual/electric bed, always lock the locking caster(s)...."</p> <p>Manufacturer's guidelines for the Maxi Move mechanical lift, provided by the Administrator on 5/20/16 at 2:05 p.m., included but were not limited to: "...Ensure that the Maxi Move is close enough to be able to attach the sling's shoulder clips to the spreader bar. To accomplish this you may have to put the patients feet on, or over the chassis...." (The illustration in "Fig. 13" depicted the base of the lift opened around and facing the resident's chair)...Before transportation, position the patient to face the attendant at approximately normal chair height...This gives confidence and dignity and also improves the Maxi Move's mobility."</p> <p>3.1-45(a)</p>			