

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155682	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/03/2015
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NAME OF PROVIDER OR SUPPLIER WOODMONT HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1325 ROCKPORT RD BOONVILLE, IN 47601
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00175407.</p> <p>Complaint IN00175407 - Substantiated. State findings related to the allegations are cited at R 117, R 241, and R 349.</p> <p>Survey dates: August 2 and 3, 2015</p> <p>Facility number: 002724 Provider number: 155682 AIM number: 200309330</p> <p>Census bed type: SNF: 12 SNF/NF: 41 Residential: 38 Total: 91</p> <p>Census payor type: Medicare: 18 Medicaid: 24 Other: 11 Total: 53</p> <p>Sample: 6</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5.</p>	R 0000		

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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R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing			

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	<p>staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>Based on observation, interview, and record review, the facility failed to ensure sufficient staff were available to provide care, answer call lights, and to prevent falls, and utilized alarms in place of supervision, for 4 of 5 residents reviewed who resided on the residential unit, in a sample of 6. (Residents C, E, A, and B)</p> <p>Findings include:</p> <p>1. On 8/2/15 at 6:15 P.M., during the initial tour, LPN # 2 indicated a nurse and CNA worked the evening shift. LPN # 2 indicated there were 22 residents who resided on the residential unit. She indicated most of the residents experienced at least slight confusion, and required assistance with activities of daily living.</p> <p>On 8/2/15 at 6:30 P.M., CNA # 1</p>	R 0117	<p>All residents have the potential to be affected by the deficient practice and through in-servicing and training staff we will ensure that resident needs are met in accordance with the regulations Completion Date 8-28-2015 Residents C, E, A and B have been reassessed with fall interventions and assistance needs updated on service plan. Systemic change is the use of battery indicator light alarms that flash green for functional and have a yellow flashing light when getting low and then chirp when very low. Additional systemic change is the review of all AL circumstance forms in morning meeting for interdisciplinary discussion. Completion Date 8-28-2015 DHS/designee will randomly audit alarms for proper function, call light response time and staff ability to meet unscheduled needs 3x/week for 4 weeks and 3x/month for 6 months thereafter Results of the audits will be forwarded to the QA committee monthly for 6 months and quarterly thereafter.</p>	08/28/2015			

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	<p>provided a CNA assignment sheet for the residential unit. She indicated she attempted to update the sheet at that time. The assignment sheet indicated:</p> <p>11 out of 22 residents required the assistance of 1 staff for hygiene/grooming;</p> <p>1 resident required the assistance of 2 staff;</p> <p>9 residents required the assistance of 1 staff for transfer;</p> <p>1 resident required the assistance of 2 staff;</p> <p>9 residents were documented as "Fall Risks."</p> <p>8 residents were incontinent;</p> <p>2 residents had foley catheters, and 1 resident had a colostomy.</p> <p>2 residents were documented as "Wound Risks."</p> <p>On 8/2/15 at 8:20 P.M., the Unit Manager provided Resident Council minutes, dated 7/13/15. The minutes indicated 9 residents attended the meeting. The minutes included:</p> <p>"Administration: Dinner time starts late. Nursing: ...long waits for call lights...."</p> <p>On 8/2/15 at 8:20 P.M., the Director of Nursing (DON) provided the previous 2 week nursing schedule for the Residential Unit. The schedule indicated a nurse and CNA worked on the day shift; a nurse or</p>			

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	<p>QMA and CNA worked on the evening shift; and 1 QMA worked on the night shift.</p> <p>2. On 8/2/15 at 6:15 P.M., during the initial tour, LPN # 2 indicated Resident C had "confusion off and on," and required an alarm for fall prevention.</p> <p>On 8/2/15 at 7:20 P.M., Resident C was observed sitting in a recliner in her room. A pad alarm was observed in the recliner. Resident C indicated she was unsure how long she had lived at the facility.</p> <p>The clinical record of Resident C was reviewed on 8/2/15 at 8:35 P.M. Diagnoses included, but were not limited to, falls.</p> <p>A Physician's order, initially dated 10/16/13 and on the current August 2015 orders, indicated, "Recliner to prevent falls."</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 5/2/15 at 8:30 A.M., indicated: "Location of fall Bathroom, Witnessed: N [no], Found on floor...Activity at time of fall: Transferring self, Toileting...Resident states was transferring with help but no one in bathroom with her. Fall Risk Re-Assessment: Resident has cognitive</p>			

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	<p>or memory impairment that effects [sic] safety and judgment? Y [yes], Resident has difficulty understanding and following directions? Y, Resident has history of falls in the past three months? Y, Resident requires assistance to transfer? Y, Resident has poor, impaired vision or forgets to wear glasses? Y, Resident requires use of an assistive device and/or often forgets to use device? Y...Prevention Update, Bed and/or chair alarm. Other: Staff must stay in bathroom [with] her...."</p> <p>A Service Plan, dated 5/14/15, indicated the resident required physical assistance for mobility and hygiene and bathing, two person assistance for transfers, and required a "PP [personal pad] alarm @ all x's [times]." The resident's cognitive level was documented as moderate impairment.</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 5/20/15 at 7:00 A.M., indicated: "Location of fall Bathroom, Witnessed: N [no], Found on floor...Other: Refusal to use call light, Safety equipment in place and functioning at time of incident? N [no]...Other Comments: Pressure pad alarm [not] in w/c [wheelchair] @ time. Fall Risk Re-Assessment: Resident has cognitive or memory impairment that</p>			

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	<p>effects [sic] safety and judgment? Y [yes], Resident has difficulty understanding and following directions? Y, Resident has history of falls in the past three months? Y, Resident requires assistance to transfer? Y, Resident has poor, impaired vision or forgets to wear glasses? Y, Resident is unable to maintain balance while sitting, standing or walking without assistance? Y, Resident requires use of an assistive device and/or often forgets to use device? Y...Prevention Update, Bed and/or chair alarm. Other: Therapy to educate on using reacher."</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 5/20/15 at 8:00 P.M., indicated: "Location of fall res [resident] room [number], Witnessed: N [no], Found on floor, Injury: Bruising, Skin tear, Injury location: Rt. [right] arm, rt. elbow...Activity at time of fall: Slipped...IDT [interdisciplinary team] Review 5/21/15, Do not leave in w/c, put in bed/recliner when in room." Documentation did not indicate if the resident had a pressure pad alarm on at the time of the fall.</p> <p>3. On 8/2/15 at 6:15 P.M., during the initial tour, LPN # 2 indicated Resident E was confused, required a wheelchair, and had an alarm for fall prevention.</p>			

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	<p>The clinical record of Resident E was reviewed on 8/3/15 at 9:50 A.M. Diagnoses included, but were not limited to, dementia.</p> <p>A Service Plan, dated 2/17/15, indicated the resident was independent in mobility and transfers, and had moderate cognitive impairment.</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 3/6/15 at 11:45 A.M., indicated: "Location of fall Res room, Witnessed: N [no]...Wet floor, recently shampooed - still wet, Other: bare feet... Fall Risk Re-Assessment: Resident has cognitive or memory impairment that effects [sic] safety and judgment? N [no], Resident has difficulty understanding and following directions? N, Resident has history of falls in the past three months? Y, Resident requires assistance to ambulate safely with or without assistive device? Y,Resident requires use of an assistive device and/or often forgets to use device? Y...."</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 3/30/15 at 10:30 A.M., indicated: "Location of fall Res room beside bed, Witnessed: N [no], Found on floor...Injury location: Hit head...C/O [complaints of]</p>			

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	<p>Pain...Location: [Right] shoulder [and] leg...Other:...res got up to use BR [bathroom] rollator was not locked...no shoes or socks on...teaching [with] res [and] staff to ensure rollator is locked @ bedside."</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 4/26/15 at 4:15 A.M., indicated: "Location of fall In resident's Rm [number], Witnessed: N [no], Found on floor...Prevention Update: Bed and/or chair alarm...PP applied to bed."</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 4/29/15 at 8:55 A.M., indicated: "Location of fall Res bathroom, Witnessed: N [no], Found on floor...Injury: Skin tear...[right] middle finger...Steri strip to finger...Res transferring self from toilet to chair...Prevention Update: Therapy eval [evaluation] PP to w/c."</p> <p>The most recent Service Plan, dated 7/17/15, indicated the resident was still independent in mobility, required supervision with transfers, required an alarm at all times, and had moderate cognitive impairment.</p> <p>On 8/3/15 at 10:30 A.M., an alarm was heard sounding in Resident E's room. The</p>			

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	<p>Unit Manager was followed as she responded to the alarm. Resident E was observed to be sitting on the toilet. Her wheelchair, which had an alarm on it that was sounding, was next to her.</p> <p>4. On 8/2/15 at 6:15 P.M., during the initial tour, LPN # 2 indicated Resident B was slightly confused, and required an alarm for fall prevention.</p> <p>The clinical record of Resident B was reviewed on 8/2/15 at 8:00 P.M. Diagnoses included, but were not limited to, dementia and cataracts.</p> <p>Documentation indicated the resident fell on 12/6/14 and 12/28/14. A "Prevention Update," dated 12/28/14, indicated: "Bed and/or chair alarm."</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 1/3/15 at 8:15 P.M., indicated: "Location of fall Res Room [number], Witnessed: N [no], Found on floor, Injury: Abrasion, Skin tear, Injury location: [lower] [right] elbow - Rt abdomen, Steri strips ST [skin tear]...Prevention Update: Teach walker safety - to use walker @ all xs." Documentation did not indicate if an alarm sounded.</p> <p>Documentation indicated the resident fell</p>			

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	<p>in the bathroom on 1/9/15.</p> <p>Documentation did not indicate if an alarm was sounding. An Emergency Room note, dated 1/9/15 at 9:37 A.M., indicated, "Walking out of her bathroom and fell. She does not remember why she fell...She hit her head and has a large hematoma [raised bruise] on right occipital skull. Painful to touch...Clinical Impression: Fall, Closed Head Injury...."</p> <p>Nurses Notes, dated 1/10/15 at 4:45 A.M., indicated, "Staff seen resident slide off bed to floor...we put slipper socks on resident...."</p> <p>Nurses Notes, dated 1/10/15 at 6:30 A.M., indicated, "Give staff report, we heard 'thump' alarm did not sound, battery dead. 1.0 cm skin tear to [left] side of face...."</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 1/10/15 at 6:15 A.M., indicated: "Location of fall [room number]...Injury location: [Left] cheek, Hit head... Fall Risk Re-Assessment: Resident has cognitive or memory impairment that effects [sic] safety and judgment? Y [yes], Resident has difficulty understanding and following directions? Y, Resident has history of falls in the past three months? Y, Resident requires assistance to</p>			

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	<p>transfer? Y, Resident has poor, impaired vision or forgets to wear glasses? Y, Resident is unable to maintain balance while sitting, standing or walking without assistance? Y, Resident requires use of an assistive device and/or often forgets to use device? Y...Transfer attempt independently - fell earlier this AM also. Use pad alarm in chair instead of pull tab."</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 3/5/15 at 8:40 A.M., indicated: "Location of fall Res room...Safety equipment in place and functioning at time of incident? Y PP alarming...Offer recliner prior to leaving room."</p> <p>A Service Plan, dated 6/16/15, indicated the resident required physical assistance for mobility, transfer, and hygiene/dressing. The resident's cognitive level was documented as severe impairment.</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 6/17/15 at 9:50 A.M., indicated: "Location of fall Res room, Found on floor...Attempting to transfer self from recliner to w/c for activity...Prevention Update, lock w/c @ recliner...."</p>			

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	<p>5. The clinical record of Resident A was reviewed on 8/2/15 at 7:40 P.M.</p> <p>A Service Plan, dated 4/15/15, indicated the resident was totally dependent on staff for mobility, and required physical assistance for transfers and hygiene/dressing.</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 4/16/15 at 2:00 A.M., indicated: "Location of fall Res. room, Witnessed: N [no], Found on floor... Fall Risk Re-Assessment: Resident has cognitive or memory impairment that effects [sic] safety and judgment? N, Resident has history of falls in the past three months? [Left blank], Resident requires assistance to transfer? Y, Resident requires assistance to ambulate safely with or without assistive device? Y...Care Plan: Put res in recliner or bed of an eve...."</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 6/18/15 at 8:55 A.M., indicated: "Location of fall Res BR... Assisted to floor...Injury: Skin tear, Injury location: elbow [left]...Slipped while getting off toliet [sic] floor was wet...Prevention Update: Ensure floor is dry prior to transfer...."</p> <p>On 8/3/15 at 3:00 P.M., the Unit</p>			

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	<p>Manager provided the Residential Unit policies. The manual included: "Assisted Living Guidelines, Staffing requirements," dated December 2010: The campus shall schedule staff sufficient in number, qualifications and training...to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided...."</p> <p>This residential finding relates to Complaint IN00175407.</p>			

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R 0241 Bldg. 00	<p>410 IAC 16.2-5-4(e)(1) Health Services - Offense</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p> <p>Based on observation, interview, and record review, the facility failed to follow a physician's order to keep a resident's feet elevated, and failed to provide a pressure pad alarm in a resident's wheelchair, for 2 of 5 resident's reviewed regarding implementation of physician orders, in a sample of 6. This deficient practice resulted in Resident B acquiring an unstageable pressure area to the heel. (Resident B, Resident C)</p> <p>Findings include:</p> <p>1. On 8/2/15 at 6:15 P.M., during the initial tour, LPN # 2 indicated Resident B was slightly confused, and had a blackened area on her heel.</p> <p>On 8/2/15 at 7:20 P.M. and 8:35 P.M., Resident B was observed to be asleep in her bed. Both of her heels were lying flat on the bed.</p> <p>The clinical record of Resident B was reviewed on 8/2/15 at 8:00 P.M.</p>	R 0241	<p>Resident B had orders reviewed and staff that care for her have been in-serviced on them to ensure her heel is floated. Completion Date 8-28-15</p> <p>Resident C had service plan reviewed with staff that care for her to ensure alarm is on at all times as ordered. Completion Date 8-28-15</p> <p>All residents have the potential to be affected by the alleged deficient practice and through in-servicing will ensure that orders for floating heels and alarms to be used are carried out as ordered. Completion Date 8-28-2015</p> <p>AL Staff will be in-serviced on resident needs and orders as well as use of assignment sheets. Completion Date 8-28-2015</p> <p>AL manager/designee will audit all skin and fall interventions daily for 2 months and then 2x/week for 2 months and then monthly to ensure that heels are floated and alarms are on and in place as ordered. Results of audits will be forwarded to QA for review monthly x 3 months and then quarterly.</p>	08/28/2015

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NAME OF PROVIDER OR SUPPLIER WOODMONT HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1325 ROCKPORT RD BOONVILLE, IN 47601
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	<p>Diagnoses included, but were not limited to, dementia and diabetes mellitus.</p> <p>A Service Plan, dated 5/14/15, indicated the resident required physical assistance for mobility, transfers, and hygiene and dressing. The resident's cognitive level as documented as severe impairment.</p> <p>A Physician's order, dated 6/16/15 and on the current August 2015 orders, indicated, "Skin prep - apply to [right] heel q [every] shift. Keep feet elevated off bed/recliner. No shoes."</p> <p>Documentation regarding the appearance of the right heel at that time was not found in the clinical record.</p> <p>Documentation regarding the progression or lack of progression of the right heel ulcer was not found in the clinical record.</p> <p>On 8/2/15 at 8:45 P.M., the DON provided a list of residents, indicating those that were considered interviewable. Resident B was not considered interviewable.</p> <p>On 8/3/15 at 9:00 A.M., a skin assessment was requested. Resident B was observed sitting up in a recliner, with socks on both of her feet. The Unit Manager indicated she was not quite sure which heel had the skin impairment, and</p>			

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	<p>started removing the sock off the resident's left foot. A visitor at the time indicated the pressure ulcer was on the resident's right heel. A black, scab-like pressure area, approximately quarter sized, was observed on the resident's right heel. The Unit Manager indicated the area was "much smaller" than it had been.</p> <p>On 8/3/15 at 9:10 A.M., during an interview with the Unit Manager, she indicated, "We don't do skin sheets over here, it's residential. We don't do measurements of skin areas."</p> <p>2. On 8/2/15 at 6:15 P.M., during the initial tour, LPN # 2 indicated Resident C had "confusion off and on," and required an alarm for fall prevention.</p> <p>On 8/2/15 at 7:20 P.M., Resident C was observed sitting in a recliner in her room. A pad alarm was observed in the recliner. Resident C indicated she was unsure how long she had lived at the facility.</p> <p>The clinical record of Resident C was reviewed on 8/2/15 at 8:35 P.M. Diagnoses included, but were not limited to, falls.</p> <p>A Physician's order, initially dated 10/16/13 and on the current August 2015</p>			

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	<p>orders, indicated, "Recliner to prevent falls."</p> <p>Documentation indicated the resident was "Found on floor" on 1/4/15 and on 4/15/15.</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 5/2/15 at 8:30 A.M., indicated: "Location of fall Bathroom, Witnessed: N [no], Found on floor...Activity at time of fall: Transferring self, Toileting...Resident states was transferring with help but no one in bathroom with her. Fall Risk Re-Assessment: Resident has cognitive or memory impairment that effects [sic] safety and judgment? Y [yes], Resident has difficulty understanding and following directions? Y, Resident has history of falls in the past three months? Y, Resident requires assistance to transfer? Y, Resident has poor, impaired vision or forgets to wear glasses? Y, Resident requires use of an assistive device and/or often forgets to use device? Y...Prevention Update, Bed and/or chair alarm. Other: Staff must stay in bathroom [with] her...."</p> <p>A Service Plan, dated 5/14/15, indicated the resident required physical assistance for mobility and hygiene and bathing, two person assistance for transfers, and</p>			

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	<p>required a "PP [personal pad] alarm @ all x's [times]." The resident's cognitive level was documented as moderate impairment.</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 5/20/15 at 7:00 A.M., indicated: "Location of fall Bathroom, Witnessed: N [no], Found on floor...Other: Refusal to use call light, Safety equipment in place and functioning at time of incident? N [no]...Other Comments: Pressure pad alarm [not] in w/c [wheelchair] @ time. Fall Risk Re-Assessment: Resident has cognitive or memory impairment that effects [sic] safety and judgment? Y [yes], Resident has difficulty understanding and following directions? Y, Resident has history of falls in the past three months? Y, Resident requires assistance to transfer? Y, Resident has poor, impaired vision or forgets to wear glasses? Y, Resident is unable to maintain balance while sitting, standing or walking without assistance? Y, Resident requires use of an assistive device and/or often forgets to use device? Y...Prevention Update, Bed and/or chair alarm. Other: Therapy to educate on using reacher."</p> <p>A "Fall Circumstance, Assessment, and Intervention" document, dated 5/20/15 at</p>			

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R 0349 Bldg. 00	<p>8:00 P.M., indicated: "Location of fall res [resident] room [number], Witnessed: N [no], Found on floor, Injury: Bruising, Skin tear, Injury location: Rt. [right] arm, rt. elbow...Activity at time of fall: Slipped...IDT [interdisciplinary team] Review 5/21/15, Do not leave in w/c, put in bed/recliner when in room." Documentation did not indicate if the resident had a pressure pad alarm on at the time of the fall.</p> <p>On 8/3/15 at 4:00 P.M., the Corporate Nurse indicated there was not additional information to add regarding the concerns.</p> <p>This residential finding relates to Complaint IN00175407.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p>			

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	<p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on observation, interview, and record review, the facility failed to ensure documentation was complete regarding the appearance and progress of pressure ulcers, for 2 of 3 residents reviewed with skin impairments, in a sample of 6. Residents B and A</p> <p>Findings include:</p> <p>1. On 8/2/15 at 6:15 P.M., during the initial tour, LPN # 2 indicated Resident B was slightly confused, and had a blackened area on her heel.</p> <p>On 8/2/15 at 7:20 P.M. and 8:35 P.M., Resident B was observed to be asleep in her bed. Both of her heels were lying flat on the bed.</p> <p>The clinical record of Resident B was reviewed on 8/2/15 at 8:00 P.M. Diagnoses included, but were not limited to, dementia and diabetes mellitus.</p> <p>A Service Plan, dated 5/14/15, indicated the resident required physical assistance for mobility, transfers, and hygiene and dressing. The resident's cognitive level as documented as severe impairment.</p>	R 0349	<p>Resident B is currently receiving home health for wound care and a current documentation of wound assessment is in the recordCompletion Date 8-28-2015Resident A is currently receiving home health for wound care and a current documentation of wound assessment is in the record.Systemic change is the implementation of Skin Impairment Circumstance form on AL and Home Health referrals for residents with greater than stage 1 pressure ulcers.Assisted Living nursing staff including LPN #2 will be in-serviced on wound policy and requirements for documentation and pressure reduction interventions.Completion Date 8-28-2015Unit Manager/designee will audit Assisted Living residents with wounds 3x/week for accurate documentation and interventions. Results of audits will be forwarded to QA committee monthly x6 months and then quarterly for review and further suggestion.</p>	08/28/2015			

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	<p>A Physician's order, dated 6/16/15 and on the current August orders, indicated, "Skin prep - apply to [right] heel q [every] shift. Keep feet elevated off bed/recliner. No shoes."</p> <p>Documentation regarding the appearance of the right heel at that time was not found in the clinical record.</p> <p>Documentation regarding the progression or lack of progression of the right heel ulcer was not found in the clinical record.</p> <p>On 8/2/15 at 8:45 P.M., the DON provided a list of residents, indicating those that were considered interviewable. Resident B was not considered interviewable.</p> <p>On 8/3/15 at 9:00 A.M., a skin assessment was requested. Resident B was observed sitting up in a recliner, with socks on both of her feet. The Unit Manager indicated she was not quite sure which heel had the skin impairment, and started removing the sock off the resident's left foot. A visitor at the time indicated the pressure ulcer was on the resident's right heel. A black, scab-like pressure area, approximately quarter sized, was observed on the resident's right heel. The Unit Manager indicated the area was "much smaller" than it had</p>			

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	<p>been.</p> <p>On 8/3/15 at 9:10 A.M., during an interview with the Unit Manager, she indicated, "We don't do skin sheets over here, it's residential. We don't do measurements of skin areas."</p> <p>2. On 8/2/15 at 6:15 P.M., during the initial tour, LPN # 2 indicated Resident A had a "black area" on her heel. Resident A was observed sitting in her wheelchair at that time. Her feet were not elevated.</p> <p>On 8/2/15 at 7:15 P.M., Resident A was observed sitting in her wheelchair. She was wearing a shoe on her right foot, and a sock on her left foot. She indicated her left foot "was sore." Her feet were not elevated.</p> <p>The clinical record of Resident A was reviewed on 8/2/15 at 7:40 P.M. Diagnoses included, but were not limited to, diabetes mellitus, generalized weakness, and coronary artery disease.</p> <p>Nurse's Notes, dated 1/21/15 and untimed, indicated, "Noted lg [large] fluid filled dark blister on [left] heel measures 4.2 x 3.4 cm [centimeters]. N.O. [new order] rc'd [sic] to apply skin prep q shift. No shoes. Float heels @ all xs [times] while in bed."</p>			

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	<p>A Nurse Practitioner note, dated 2/17/15, indicated, "She has area on left heel from pressure. Occ drains dark drainage. Using skin prep/[and] keeping it elevated, floating @ noc [night]...."</p> <p>Further documentation of the pressure area was not found in the clinical record.</p> <p>The most recent Service Plan, dated 7/17/15, indicated the resident required "Total dependence on staff to move about," Physical assistance for transfers and hygiene and dressing, and had a "Skin Impairment requiring treatment." The resident's most recent cognitive level was documented as severe impairment.</p> <p>On 8/2/15 at 8:45 P.M., the DON provided a list of residents, indicating those that were considered interviewable. Resident A was not considered interviewable.</p> <p>On 8/3/15 at 9:10 A.M., a skin assessment was requested. Resident B was observed sitting in a wheelchair, with her legs down. The Unit Manager removed the resident's left sock, and a blackened, scab-like area, larger than a quarter, was observed on the resident's left heel. The Unit Manager indicated at that time that there was no</p>			

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	<p>documentation of the measurements or appearance of the heel ulcer since January 2015.</p> <p>On 8/3/15 at 3:00 P.M., the Unit Manager provided the current facility Residential Unit's policies and procedures. Included in the manual was the policy "Assisted Living Guidelines Nursing Documentation," dated December 2010. The policy indicated, "Purpose: To record nursing interventions, care of the resident and condition of the resident in the medical record...Nursing shall not make routine charting entries unless there is an exception to customary care such as: i. Significant change in condition, ii. Resident's needs..." "Circumstance Forms" should be completed for incidents requiring follow up such as skin concerns...."</p> <p>This residential state finding relates to Complaint IN00175407.</p>			

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