

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155455	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/04/2014
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NAME OF PROVIDER OR SUPPLIER  WESLEYAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 729 W 35TH ST MARION, IN 46953
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F000000	<p>This visit was for the Investigation of Complaint IN00142649.</p> <p>Complaint IN00142649 - Substantiated. Federal deficiencies related to allegation are cited at F312 and F461.</p> <p>Survey dates: February 3 and 4, 2014</p> <p>Facility number: 000557 Provider number: 155455 AIM number: 100291240</p> <p>Survey team: Shelley Reed, RN</p> <p>Census bed type: SNF: 17 SNF/NF: 119 Residential: 7 Total: 143</p> <p>Census payor type: Medicare: 17 Medicaid: 96 Other: 30 Total: 143</p> <p>Sample: 4</p> <p>These deficiencies reflect state</p>	F000000		
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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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F000312 SS=D	<p>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on record review and interview, the facility failed to ensure a resident who was dependent on staff for grooming and personal hygiene received those services in regards to a shower and/or full bath twice weekly for 1 of 4 residents reviewed for assistance with activities of daily living in a sample of 4. (Resident B)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident (B) was reviewed on 2/3/14 at 9:50 a.m.</p> <p>Diagnoses for Resident (B) included, but were not limited to, pneumonia, dysphagia, muscle weakness, dementia and rehabilitation.</p>	F000312	In lieu of th survey results the facility respectfully requests a paper compliance.The facility is unable to correct the alleged deficient practice for Resident B as he no longer resides in the building.All residents have the potential to be affected by the alleged deficient practice.An audit will be conducted by the Unit Managers for the last 30 days on all residents to ensure that twice weekly showers have been completed.Resident's charts will be audited 2 times weekly for 12 weeks then weekly ongoing by Unit Managers and then reviewed by the DON for any needed follow up.QA Committee to review audits monthly for 3 months then quarterly ongoing.	03/06/2014	

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	<p>The Minimum Data Set (MDS) assessment dated 11/13/13, indicated Resident (B) indicated the resident was moderately cognitively impaired. Resident (B) received the following Activities of Daily Living (ADL) assistance; transfer-limited assistance with two person physical assist, ambulation-occurred 1 to two times per week with two person physical assist, dressing-extensive assistance with one person physical assist, hygiene and bathing-extensive assist with one person physical assist.</p> <p>A health care plan problem, dated 11/7/13, indicted Resident (B) required occupational therapy related to impaired ADL skills. One of the approaches for this problem indicated "manual therapy". Another approach included "self care/home management".</p> <p>During an interview on 2/4/14 at 10:00 a.m., the Rehabilitation Director indicated Resident (B) required extensive assistance related to care. She indicated the resident was unable to ambulate himself. She indicated he was on the therapy case load for approximately 3 weeks.</p>			

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	<p>The current "Shower/Bathing Schedule", provided by DoN on 2/4/14 at 1:30 p.m., indicated Resident (B) was to have a twice weekly shower or bath on Sundays and Wednesdays.</p> <p>During review of the shower record from 11/6-12/2/13, a shower and/or full bath given to the resident was first documented on 11/10/13. During the week of 11/25/13, no shower was documented and/or a full bath for the next 8 days. Resident (B) was discharged on 12/2/13.</p> <p>This Federal tag relates to Complaint IN00142649.</p> <p>3.1-38(a)(2)(A)</p>				

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F000461 SS=D	<p>483.70(d)(1)(vi)-(vii), (d)(2) BEDROOMS - WINDOW/FLOOR, BED/FURNITURE/CLOSET Bedrooms must have at least one window to the outside; and have a floor at or above grade level.</p> <p>The facility must provide each resident with-- (i) A separate bed of proper size and height for the convenience of the resident; (ii) A clean, comfortable mattress; (iii) Bedding, appropriate to the weather and climate; and (iv) Functional furniture appropriate to the resident ' s needs, and individual closet space in the resident ' s bedroom with clothes racks and shelves accessible to the resident.</p> <p>CMS, or in the case of a nursing facility the survey agency, may permit variations in requirements specified in paragraphs (d)(1) (i) and (ii) of this section relating to rooms in individual cases when the facility demonstrates in writing that the variations-- (i) Are in accordance with the special needs of the residents; and (ii) Will not adversely affect residents' health and safety.</p> <p>Based on observation, interview and record review, the facility failed to provide a resident with a comfortable mattress, free from obvious wear and use, for 1 of 4 residents reviewed for a comfortable environment in a sample of 4. (Resident B)</p> <p>Findings include:</p>	F000461	The mattress was replaced in room 18. Facility is unable to correct the alleged deficient practice for Resident B as he no longer resides in the building.All residents have the potential to be affected by the alleged deficient practice. Resident mattresses have been inspected to ensure that no others are in need of replacement. Conducted by the Maintenance Department. Nursing Staff to be in-serviced	03/06/2014	

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	<p>During the initial tour on 2/3/14 at 10:30 a.m., Room 18 was observed to be a private room on Harbour Lane. The bed was found to have a "dip" in the middle of the mattress. The dip in the mattress was approximately 24" in diameter. The room was currently occupied by a resident who was not interviewable.</p> <p>The clinical record for Resident (B) was reviewed on 2/3/14 at 9:50 a.m.</p> <p>Diagnoses for Resident (B) included, but were not limited to, pneumonia, dysphagia, muscle weakness, dementia and rehabilitation.</p> <p>The Minimum Data Set (MDS) assessment, dated 11/13/13, indicated Resident (B) was moderately cognitively impaired. Resident (B) received the following Activities of Daily Living (ADL) assistance; transfer-limited assistance with two person physical assist, ambulation-occurred 1 to two times per week with two person physical assist, dressing-extensive assistance with one person physical assist, hygiene and bathing-extensive assist with one person physical assist.</p>		<p>regarding the need to provide a safe/comfortable mattress and to notify the Maintenance Department if a mattress issue is identified. Maintenance Department to conduct mattress inspections quarterly to ensure a safe and comfortable mattress is being provided. Results of the mattress inspections to be reviewed by the QA Committee quarterly ongoing.</p>				

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	<p>A health care plan problem, dated 11/7/13, indicated Resident (B) was a fall risk.</p> <p>During record review, the nursing notes indicated Resident (B) fell twice on 11/27/13. On 11/27/13 at 12:10 a.m., Resident (B) was observed on the floor on his stomach at the bedside. The note indicated an alarm was on the bed, but did not sound. The immediate intervention included checking the bed alarm. The alarm was checked and found to be functioning properly. No injuries were noted.</p> <p>On 11/27/13 at 2:00 p.m., Resident (B) was found in his room on his right side in a fetal position on the floor. The immediate intervention indicated the mattress was flipped. No injuries were noted.</p> <p>During an interview on 2/4/14 at 2:00 p.m., the DoN indicated Resident (B) had fallen out of bed and the mattress was found to have a "dip" in the center. The dip caused the alarm to not sound and the mattress was flipped over and a new alarm was placed.</p> <p>On 2/4/14 at 2:45 p.m., the DoN indicated the bed currently did have</p>				

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	<p>a "dip" in the middle of the bed and would need to be completely replaced.</p> <p>Review of a current facility policy dated titled "Resident Rights", which was provided by the DoN on 2/3/14 at 9:30 a.m., indicated the following;</p> <p>"h)Environment The facility must provide-</p> <p>(1)A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;</p> <p>(3)Clean bed and bath linens that are in good condition;"</p> <p>This Federal tag relates to Complaint IN00142649.</p> <p>3.1-19(m)(2)</p>			