

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155746	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/26/2013
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NAME OF PROVIDER OR SUPPLIER  PARKVIEW HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 101 CONSTITUTION DR FRANCESVILLE, IN 47946
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 22, 23, 24, 25, and 26, 2013</p> <p>Facility number: 000539 Provider number: 155746 AIM number: 100267280</p> <p>Survey team: Regina Sanders, RN, TC (April 22, 23, 24, and 25, 2013) Shannon Pietraszewski, RN (April 22, 23, and 25, 2013) Amber Bloss, Medical Surveyor (April 25 and 26, 2013) Heather Tuttle, RN (April 22, 23, 24, and 25, 2013) Janelyn Kulik, RN (April 26, 2013)</p> <p>Census bed type: SNF: 01 SNF/NF: 36 Residential: 16 Total: 53</p> <p>Census Payor type: Medicare: 04 Medicaid: 22 Other: 27 Total: 53</p>	F000000	<p>The preparation and execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of the federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licenser of the long term care facilities, and this plan of correction in its entirety, constitutes this provider's allegation of compliance. Completion dates are provided for the procedural preceding purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is under the opinion it was in the requirements of participation or that the corrective action was necessary.</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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	<p>Residential sample: 6</p> <p>There deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 3, 2013, by Janelyn Kulik, RN.</p>				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>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 observation, record review and interviews, the facility failed to follow the care plan related to monitoring bruises for residents who were at risk for bruising for 2 of 3 residents reviewed for non pressure skin related conditions of the 4 residents who met the criteria for non pressure skin conditions. (Residents #2 and #34)</p> <p>Findings include:</p> <p>1. On 4/22/13 at 9:37 a.m. Resident #2 was observed sitting on his bed in his room. At that time, the resident was observed with a red/purple bruise to his left forearm.</p> <p>On 4/23/13 at 11:20 a.m., the resident was in bed. At that time he was observed with a red/purple bruise to his left arm. He indicated he often bumps his arm and bruised easily.</p> <p>On 4/23/13 at 1:45 p.m., the resident was in bed. LPN #1 assessed the resident's skin. At that time, she observed a red/purple bruise to his</p>	F000282	<p>F282</p> <p>1. Immediate action for residents identified: Res #2 and #34 had no ill effects from the cited deficiency. Care Plans reviewed for res # 2 and # 34, CNA assignment sheets and treatment orders were updated to include instructions to observe skin for bruising when administering care to residents.</p> <p>2. How the facility will identify other residents: On 5-7-13 all Care Plans have been audited for residents that are high risk for bruises.</p> <p>3. System change: The CN A assignment sheets on residents at high risk for bruising will now include instructions to observe skin for bruising, and to notify the nurse if bruises are found. A nursing measure was added to the treatment sheet of all high risk residents for nurses to monitor for bruises each shift. All nursing staff have been in serviced 5-10-13 on updated policy including observing for bruising when rendering care and notifying nurse as soon as</p>	05/10/2013			

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	<p>left forearm. She indicated she was unaware of the resident's bruise to his left forearm. She asked the resident how it happened and he indicated he did not know.</p> <p>The record for Resident #2 was reviewed on 4/23/13 at 11:39 p.m. The resident was admitted to the facility on 1/23/13 from the hospital. The resident's diagnoses included, but were not limited to, stroke, left hip fracture, muscles weakness, edema, and high blood pressure.</p> <p>Review of the current plan of care, dated 1/31/13, indicated the resident was prescribed aspirin therapy. The approaches were to observe for signs of active bleeding such as nosebleeds, bleeding gums, petechiae, purpura, ecchymotic areas, hematoma, blood in urine, blood in stools, and protect resident from injury.</p> <p>Review of Physician Orders on the 4/13 recap indicated the resident received Aspirin 325 milligrams (mg) daily.</p> <p>Review of Nursing Progress Notes dated 4/4/13 at 6:56 p.m., indicated there was no information or documentation regarding the bruise to</p>		<p>noted. On 5-8-13 all other staff were trained to be observant of bruises and to report them immediately to the nurse.</p> <p>4. How the corrective action will be monitored: For one month on a weekly basis the DON or designee will randomly pick 3 residents who are care planned as high risk for bruising and perform skin assessments checking for any bruises. When 4 consecutive weeks occur with 100% compliance, the DON or designee will perform the assessment on 3 residents once a month. When 3 months occur with 100% compliance the Grassroots Quality Improvement Committee will decide upon the need and frequency of further monitoring. The Committee will be provided monthly reports until that point is reached.</p> <p>5. Date of Compliance 5-10-13.</p>		

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	<p>the resident's left forearm.</p> <p>Interview with LPN #1 on 4/23/13 at 2:00 p.m., indicated the bruise to the left forearm measured 1 centimeter (cm) by .5 cm.</p> <p>2. On 4/22/13 at 1:18 p.m. Resident #34 was observed sitting in her wheelchair by the Nurse's station. At that time, the resident was observed with red/purple bruises to her left wrist and hand area.</p> <p>On 4/23/13 at 11:07 a.m., the resident was up in a wheelchair in her room. LPN #2 was observed at the time administering the resident her insulin. The resident was observed with red/purple bruises to her left hand and wrist areas.</p> <p>On 4/23/13 at 1:45 p.m., the resident was observed wearing short sleeves. At that time, she was noted to have two bruises to her left hand and wrist areas.</p> <p>The record for Resident #34 was reviewed on 4/23/13 at 2:12 p.m. The resident's diagnoses included, but were not limited to, dementia, skin disorder, congestive heart failure, confusion, epitaxis, high blood pressure, and atrial fibrillation.</p>						

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	<p>Review of Physician Orders, dated 4/17/13, indicated the resident received Coumadin (an anticoagulant medication that thins the blood) 5 milligrams (mg) daily.</p> <p>Review of the current plan of care dated 2/4/13 indicated the resident gets bruises and abrasions easily. The nursing approaches were to use caution when providing care, use sit to stand lift, handle resident with care during direct care, monitor and record any complaints of pain.</p> <p>Review of the current plan of care, dated 12/6/12, indicated the resident was prescribed anticoagulant therapy. The Nursing approaches were to observe for signs of active bleeding, ecchymotic areas, and purpura.</p> <p>Interview with LPN #2 on 4/23/13 at 2:54 p.m., indicated she had observed the bruises herself earlier in the morning and was not aware any other nurse had identified them earlier. She further indicated the information regarding the bruises was not passed on to her from the previous shift. She indicated the bruise by her thumb measured 2 centimeters (cm) by 2.5 cm and the left wrist bruise measured 3 cm by 2</p>						

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	<p>cm.</p> <p>Interview with the Director of Nursing (DoN) on 4/24/13 at 9:33 a.m., indicated the resident did bruise easily and there was a care plan to monitor her skin for bruising.</p> <p>3.1-35(g)(2)</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>Based on observation, record review, and interview, the facility failed to ensure each resident received the necessary treatment and services related to the monitoring and assessment of bruises for 2 of 3 residents reviewed for non pressure related skin conditions of the 4 residents who met the criteria for non pressure related skin conditions. (Residents #2 and #34)</p> <p>Findings include:</p> <p>1. On 4/22/13 at 9:37 a.m. Resident #2 was observed sitting on his bed in his room. At that time, the resident was observed with red/purple bruise to his left forearm.</p> <p>On 4/23/13 at 11:20 a.m., the resident was in bed. At that time he was observed with a red/purple bruise to his left arm. He indicated he often bumps his arm and bruised easily.</p> <p>On 4/23/13 at 1:45 p.m., the resident</p>	F000309	<p>F309 1. Immediate action for residents identified: On 4-25-13 Head to toe body assessment complete and bruises were documented and MD notified for resident #2 and # 34. They had no ill effects from the cited deficiency. 2. How the facility will identify other residents: A full skin assessment will be completed on all residents that have care plans for high risk for bruising, any bruises will be documented and MD will be notified by 5-10-13. 3. System changes: The Bruise policy has been updated to include that all nursing staff are to monitor for bruising and notify nurse immediately. All nursing staff have been in serviced that any skin area noted must be immediately reported to the charge nurse. On 5-8-13 all other staff were trained to be observant of bruises and to report them immediately to the nurse. 1. How the corrective action will be monitored: For one month on a weekly basis the DON or designee will randomly pick 3 residents and perform skin</p>	05/10/2013	

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	<p>was in bed. LPN #1 assessed the resident's skin. At that time, she observed a red/purple bruise to his left forearm. She indicated she was unaware of the resident's bruise to his left forearm. She asked the resident how it happened and he indicated he did not know.</p> <p>The record for Resident #2 was reviewed on 4/23/13 at 11:39 p.m. The resident was admitted to the facility on 1/23/13 from the hospital. The resident's diagnoses included, but were not limited to, stroke, left hip fracture, muscles weakness, edema, and high blood pressure.</p> <p>Review of the 1/31/13 admission Minimum Data Set (MDS) assessment indicated the resident was alert and oriented with a Brief Interview for Mental Status (BIMS) score of 15, he needed supervision with transfers, bed mobility, locomotion, and dressing.</p> <p>Review of the current plan of care, dated 1/31/13, indicated the resident was prescribed aspirin therapy. The approaches were to observe for signs of active bleeding such as nosebleeds, bleeding gums, petechiae, purpura, ecchymotic areas, hematoma, blood in urine,</p>		<p>assessments checking for any bruises. When 4 consecutive weeks occur with 100% compliance, the DON or designee will perform the assessment on 3 residents once a month. When 3 months occur with 100% compliance the Grassroots Quality Improvement Committee will decide upon the need and frequency of further monitoring. The Committee will be provided monthly reports until that point is reached. 4. Date of Compliance 5-10-13</p>				

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	<p>blood in stools, and protect resident from injury.</p> <p>Review of Physician Orders on the 4/13 recap indicated the resident received Aspirin 325 milligrams (mg) daily.</p> <p>Review of Nursing Progress Note, dated 4/4/13 at 6:56 p.m., indicated there was no information or documentation regarding the bruise to the resident's left forearm.</p> <p>Interview with LPN #1 on 4/23/13 at 2:00 p.m., indicated the bruise to the left forearm measured 1 centimeter (cm) by .5 cm.</p> <p>Interview with LPN #1 on 4/23/13 at 1:38 p.m. indicated if a bruise was identified on a resident, they were to measure the bruise, document it in the resident's chart, call the physician and family. and monitor the bruise thereafter weekly.</p> <p>2. On 4/22/13 at 1:18 p.m. Resident #34 was observed sitting in her wheelchair by the Nurse's station. At that time, the resident was observed with red/purple bruises to her left wrist and hand area.</p> <p>On 4/23/13 at 11:07 a.m., the</p>						

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	<p>resident was up in a wheelchair in her room. LPN #2 was observed at the time administering the resident her insulin. The resident was observed with red/purple bruises to her left hand and wrist areas.</p> <p>On 4/23/13 at 1:45 p.m., the resident was observed wearing short sleeves. At that time, she was noted to have two bruises to her left hand and wrist areas.</p> <p>The record for Resident #34 was reviewed on 4/23/13 at 2:12 p.m. The resident's diagnoses included, but were not limited to, dementia, skin disorder, congestive heart failure, confusion, epistaxis, high blood pressure, and atrial fibrillation.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment, dated 2/12/13, indicated the resident was not alert and oriented, she needed extensive assist with two person physical assist with bed mobility, locomotion, and transfers.</p> <p>Review of Physician Orders, dated 4/17/13, indicated the resident received Coumadin (a medication that thins the blood) 5 milligrams (mg) daily.</p>						

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	<p>Review of the current plan of care, dated 2/4/13, indicated the resident gets bruises and abrasions easily. The nursing approaches were to use caution when providing care, use sit to stand lift, handle resident with care during direct care, monitor and record any complaints of pain.</p> <p>Review of the current plan of care, dated 12/6/12, indicated the resident was prescribed anticoagulant therapy. The Nursing approaches were to observe for signs of active bleeding, ecchymotic areas, and purpura.</p> <p>Review of Nursing Progress Notes, dated 4/15-4/22/13, indicated there was no documentation or assessment regarding the bruises to the left hand and wrist areas.</p> <p>Review of Nurse's Notes, dated 4/23/13 at 6:55 a.m., indicated new purple bruises of thumb and wrist. The measurements of the bruises were thumb 2 centimeters (cm) by 2.5 cm and left wrist 3 cm by 2 cm.</p> <p>Review of the current 2/3/12 Bruise/Skin Tear Policy indicated bruises were to reported immediately to the charge nurse. The charge nurse prepares an event on all</p>						

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	<p>bruises and skin tears. The DoN will investigate bruises and skin tears that are of unknown origin.</p> <p>Interview with LPN #2 on 4/23/13 at 2:54 p.m., indicated she had observed the bruises herself earlier in the morning and was not aware any other nurse had identified them earlier. She further indicated the information regarding the bruises was not passed on to her from the previous shift.</p> <p>Interview with the Director of Nursing (DoN) on 4/24/13 at 9:33 a.m., indicated the staff were to report any new bruises to the nurse immediately. She indicated after a brief investigation of Resident #34's bruises the CNA from the previous day shift indicated to her she had noticed the bruises to her left wrist and hand area but they were small and she did not report the bruises to the nurse. The Director of Nursing indicated the CNA informed her the bruises were bigger today 4/24/13. The DoN further indicated the resident did bruise easily and there was a care plan to monitor her skin for bruising.</p> <p>3.1-37(a)</p>			

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F000465 SS=C	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure the resident's environment was clean and in good repair related to marred walls, missing wallpaper, marred over bed tables, marred and scratched tables, bases and table legs, and shampoos and lotions without resident names for 2 of 2 dining rooms and 2 of 2 units. (The Main and Nursing Dining rooms and the East and North Units). This had the potential to effect 37 of 37 residents who reside in the facility.</p> <p>Finding include</p> <p>During the Environmental Tour on 4/25/13 at 9:30 a.m., with the Maintenance Supervisor indicated the following:</p> <p>A. In the Nursing Dining Room there were three tables and table bases which were marred and in need of staining. There were two dining room chairs which were marred. There was a chest of drawers which housed the suction supplies and extra linens that was marred, scratched and gouged. The black table legs of the assisted</p>	F000465	<p>F465 Comfortable, functional, safe environment 1 Corrective actions: Nursing and Main Dining Rooms: Marred chest of drawers was replaced on 5-8-13 with an unmarred unit. The marred tables and chairs will be repaired or replaced by 5-25-13. Bathing Area: removed backpack containing unlabeled personal items immediately. Replaced bulbs and removed marred overbed tables. The wallpaper and wall gouges in rooms 214, 201, and 218 will be repaired by 5-25-13. 2 Other residents identification; All residents are affected by the deficiency. All resident rooms were assessed for marred surfaces on walls and furnishing, all resident care areas were checked for any unlabeled personal care items and items were removed. 3 System change : By 5-14-13 all Environmental Services employees were trained to be observant of marred surfaces on walls, furniture, or floors, or missing wallpaper or peeling paint. They were trained to report this to the ES manager by completing a maintenance request form. On 5-8-13 all employees were trained to not bring in any personal care items</p>	05/25/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155746	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  04/26/2013
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	<p>feeding tables were scratched.</p> <p>B. There was a ceiling light burned out in the lounge next to the nurse's station.</p> <p>C. There were bottles of shampoos, lotions, and body washes stored in a backpack in the shower room. The bottles had no resident names on them. Interview with CNA #1 at the time, indicated she brings the lotions, shampoos, and body washes from home to make the residents smell good. She further indicated there were no names on the bottles and she does use them for multiple residents.</p> <p>D. There were three tables in the Main Dining Room that were scratched and marred.</p> <p>E. In room 205 on the North Unit, the over bed table was cracked and gouged. There were two residents who resided in this room.</p> <p>F. In room 214 on the East Unit, there was a large area behind the recliner that had no wallpaper. There were two residents who resided in this room</p> <p>G. In room 201 on the North Unit,</p>		<p>for use on residents and if found to report such items to the nurse. Nursing and Main Dining Rooms; Marred chest of drawers was replaced on 5-8-13 with an unmarred unit. The marred tables and chairs will be repaired or replaced by 5-25-13. Bathing area; removed backpack containing unlabeled personal items immediately. Marred overbed tables throughout the facility will be removed and replaced by 5-25-13. The wallpaper and wall gouges in rooms 214, 201, and 218 and other non-cited rooms which we identified with deficiencies will be repaired by 5-25-13. 4 Monitoring; On a weekly basis the administrator or his designee from the Quality Assurance Committee, excluding the Environmental Services Manager, will inspect walls and furnishings that may require attention. This practice will help to identify and correct areas that require attention. Also resident care areas will be inspected weekly to ascertain that there are no unlabeled personal care items. A weekly report of the inspections will be given to the administrator, and a monthly report to the QA committee for the duration of the monitoring period. Upon achieving 100% compliance rate, The QA committee will decide upon the need and frequency of further monitoring. If compliance rate is not met, the QA committee</p>		

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	<p>there were scrapes behind the recliner chair. There were two residents who resided in this room.</p> <p>H. In room 206 on the North Unit, the over bed table was cracked and gouged. There were two residents who resided in this room.</p> <p>I. In room 218 on the East Unit, the bathroom wall marred and gouged. There were two residents who resided in this room.</p> <p>Interview with the Maintenance Director on 4/25/13 at 10:00 a.m., indicated all the above were in need of cleaning and/or repair.</p> <p>3.1-19(f)</p>		will continue with monthly reporting to achieve 100% compliance rate. 5 Completion Date: 5-25-13		