

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155307	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2012
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NAME OF PROVIDER OR SUPPLIER TOWNE CENTRE HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 7250 ARTHUR BLVD MERRILLVILLE, IN 46410
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F0000	<p>This visit was for the Investigation of Complaint IN00106304.</p> <p>Complaint IN00106304: Substantiated-Federal/State deficiencies related to the allegations are cited at F282 and F314.</p> <p>Survey Dates: April 11 & 12, 2012</p> <p>Facility Number: 000204 Provider Number: 155307 AIM Number: 100284910</p> <p>Surveyor: Heather Tuttle, R.N.</p> <p>Census Bed Type: 90 SNF/NF 90 Total</p> <p>Census Payor Type: 26 Medicare 52 Medicaid 12 Other 90 Total</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>Preparation and implementation of this plan of correction does not constitute admission or agreement by Towne Centre Health Care of the truth of the facts, findings, or other statements as alleged by the preparer of the survey/inspection dated 4-27-2012. Towne Centre Health Care specifically reserves the rights to move to strike or exclude this document as evidence in any civil, administrative, and criminal action not related directly to the licensing and/or certification of this facility or provider.</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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	Quality review 4/13/12 by Suzanne Williams, RN			

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F0282 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 record review and interviews, the facility failed to ensure Physician Orders were followed related to nutritional supplements and medications for 2 of 4 Residents reviewed for Physician Orders in the sample of 4. (Residents #B and #C)</p> <p>Findings include:</p> <p>1. The closed record for Resident #B was reviewed on 4/11/12 at 12:55 p.m. Review of Physician Orders dated 2/9/12 indicated Prostat 101 (a nutritional supplement used for wound healing) 30 cubic centimeters (cc) daily and a Multi-Vitamin with Minerals 1 tablet daily.</p> <p>Review of the 2/12 Medication Administration Record (MAR) indicated the Multi-Vitamin was not administered to the resident until 2/18/12. Further review of the 2/12 MAR indicated the Prostat was not administered until 2/25/12.</p> <p>Interview with the Second Floor Unit</p>	F0282	<p>F2821) Residents B and C are no longer at the facility.2) All residents physician orders will be reviewed to ensure that they have been transcribed to the MAR and TAR.3) The SDC will in-service the Licensed Nursing staff by 5-12-12 on proper documentation and transcription of orders. Physician orders will be reviewed M-F by the Unit Manager/designee and on weekend and holidays by the Nurse Manager/designee to ensure properly transcribed to MAR and/or TAR.4) An audit of at least 10 charts per week will be completed by the DON/designee for the first month with the expectation that 100% compliance will be achieved. Once 100% compliance is achieved, the DON/designee will review 8-10 charts for compliance with proper transcription and present the results to the monthly QA for further review and recommendations. This will then be ongoing.5) By 5-12-12</p>	05/12/2012

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	<p>Manager on 4/12/12 at 8:50 a.m., indicated she was the nurse who originally took the phone order from the Physician. She indicated she did not transcribe the orders onto the 2/12 MAR.</p> <p>Interview with Interim Director of Nursing (DoN) on 4/11/12 at 4:00 p.m., indicated the nurse who takes the telephone orders from the Physician should be the nurse who transcribes the order onto the MAR.</p> <p>2. The record for Resident #C was reviewed on 4/12/12 at 9:30 a.m. Review of Physician Orders dated 2/25/12 indicated Prostat 101 30 cc twice daily with medication pass. Further review of Physician Orders dated 2/25/12 indicated Med Pass (a nutritional supplement) 60 cc with medications.</p> <p>Review of the 3/12 MAR indicated the Prostat and the Med Pass were not transcribed onto the sheet. There was no evidence the resident received the both of the nutritional supplements as ordered by the Physician.</p> <p>Interview with the Second Floor Unit Manager on 4/12/12 at 11:15 a.m., indicated she was nurse who checked the previous month's Physician Recap with March's recap and did not transcribe both</p>			

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	<p>supplements onto the 3/12 MAR.</p> <p>This Federal Tag relates to Complaint IN00106304.</p> <p>3.1-35(g)(2)</p>			

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F0314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review and interviews, the facility failed to ensure each resident with pressure sores receives the necessary treatment and services to prevent further pressure sores related to following the facility's policy and procedure for assessment and measuring of acquired pressure ulcers for 1 of 3 residents reviewed for pressure ulcers in the sample of 4. (Resident #B)</p> <p>Findings include:</p> <p>The closed record for Resident #B was reviewed on 4/11/12 at 12:55 p.m. The resident's diagnoses included, but were not limited to, dementia, high blood pressure, anemia, dysphagia, and decubitus ulcer. The resident was readmitted to the facility on 2/7/12 with three pressure ulcers. The pressure ulcers were located on the left and right gluteal and the coccyx. The resident did not have</p>			F0314	<p>F314</p> <p>1) Resident B no longer resides in the facility. 2) All residents with pressure ulcers will be re-assessed to ensure that they received the necessary treatment and serviced to prevent further pressure sores related to following the facility's policy and procedure for assessment and measuring of pressure ulcers. All physician orders of residents with Pressure Ulcers will be reviewed by Medical Records/designee to ensure that any orders have been properly transcribed to the MAR and TAR. 3) A new Wound Care Notification form will be initiated by 5-12-12. The Wound Nurse has been in-serviced by the Director of Nursing on the current Wound Care Policy and Procedure. The Nurse who improperly transcribed the order has been in-serviced on proper documentation of a physician order, following physician orders</p>		05/12/2012

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	<p>any pressure ulcers or any identified skin issues on his heels or his feet on the Resident Assessment Data Collection Form dated 2/7/12.</p> <p>Review of Physician Orders dated 2/9/12 indicated Prostat 101 (a nutritional supplement used for wound healing) 30 cubic centimeters (cc) daily and a Multi-Vitamin with Minerals 1 tablet daily.</p> <p>Review of the 2/12 Medication Administration Record (MAR) indicated the Multi-Vitamin was not administered to the resident until 2/18/12. Further review of the 2/12 MAR indicated the Prostat was not administered until 2/25/12.</p> <p>Review of Nursing Progress Notes dated 2/26/12 at 7:15 p.m., indicated "...Also pressure ulcers to both heels left greater than right, in addition the top of both feet reveals coagulated skin tears. Left foot more remarkable than right foot. The Power of Attorney requesting Vaseline to be mixed with lotion to apply on resident's body...." Further review of Nursing Progress Notes dated 2/27/12 at 4:00 a.m., indicated the resident's bilateral lower extremities were elevated on pillows while he was in bed.</p>		<p>and transcription of physician orders. The Wound Nurse/designee will review the daily 24-hour Reports and Wound Care Notification forms received since previous days review. The DON will review the 24-hour Report and all new Wound Care Notification forms at the morning nurses meeting M-F.</p> <p>4) The DON will audit Wound Care Reports weekly for proper compliance with policy and procedures for assessments and measuring pressure sores. Expectation of audits is to be 100%. Results of audits will be reported to the QA committee for further recommendations and the audits will be ongoing.</p> <p>5) By 5-12-12</p>	

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	<p>Review of Physician Orders dated 2/27/12 indicated multi-podus boots were ordered for the resident to wear to bilateral lower extremities.</p> <p>Review of the 24 hour report provided by the Wound Care Nurse indicated 3-11 shift Resident #B "new pressure ulcers to bilateral heels. Make sure Vaseline is used with lotion to resident's body. Wound Care Nurse to assess."</p> <p>Review of Nursing Progress Notes dated 2/27-3/13/12 indicated there was no assessment or documentation regarding the pressure ulcers to the heels.</p> <p>Review of Nursing Progress Notes dated 3/14/12 at 11:30 a.m., indicated "MD (name) in facility and assessed resident's heels. Bilateral areas are dry black in color hard to touch. MD (name) ordered heels up with pillow between feet." There was no treatment ordered for the heels at that time.</p> <p>Review of the Pressure Ulcer Evaluation Report indicated the left heel measured 4.3 centimeters (cm) by 4.2 cm and was unstageable and the right heel measured 4 cm by 4 cm. Both pressure ulcers were measured and assessed for the first time by the Wound Care Nurse on 3/14/12.</p>						

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	<p>Review of the current and undated Skin Condition and Pressure Ulcer Assessment Policy provided by the Administrator indicated an individual skin condition report will be initiated when skin problems, pressure or other ulcers are assessed by licensed nurse. A separate skin report form for each identified skin problem area will be completed and will include: Site, Size, Stage of pressure ulcer, Odor, Drainage, and Description. Weekly assessment of pressure ulcers are to be documented on the skin report.</p> <p>Interview with the Wound Care Nurse on 4/11/12 at 4:00 p.m., indicated she was completely unaware the nurse identified the pressure ulcers to the heels on 2/26/12. She indicated she usually gets her information from the 24 hour report and she must have overlooked the newly acquired areas to the both heels on the 2/26/12, 24 hour report sheet. She further indicated the Physician had seen the pressure ulcers on 3/14/12 and did not order any treatments to them.</p> <p>This Federal Tag relates to Complaint IN00106304.</p> <p>3.1-40(a)(2)</p>				