

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E064	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/26/2015
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NAME OF PROVIDER OR SUPPLIER  BROOKSIDE HAVEN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N GAVIN ST MUNCIE, IN 47303
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F 000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00168416 and IN00169880.</p> <p>Complaint IN00168416 - Substantiated. Federal/state deficiencies related to the allegations are cited at F 279 and F 323.</p> <p>Complaint IN00169880 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: March 25 and 26, 2015.</p> <p>Facility number: 000311 Provider number: 15E064 AIM number: 100285520</p> <p>Survey team: Shelley Reed, RN TC</p> <p>Census bed type: SNF: 38 Total: 38</p> <p>Census payor type: Medicaid: 37 Other: 1 Total: 38</p> <p>Sample: 6</p> <p>These deficiencies also reflects state</p>	F 000	F- 0000 This Plan of Correction is prepared and executed because it is required by the provisions of the State and Federal Regulations, and not because Brookside Haven agrees with the allegations and citations listed on the statements of deficiencies. This Plan of Correction shall operate as Brookside Haven's written credible allegation of compliance. Brookside Haven respectfully request paper compliance on the attached Plan of Correction.	

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 279 SS=D Bldg. 00	<p>findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 27, 2015 by Randy Fry RN.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to develop a comprehensive care plan regarding the use of a hydraulic lift for 1 of 1 residents reviewed for mechanical lift transfer. (Resident E)</p>	F 279	F-2791.) Facility immediately reviewed/updated as deemed necessary the comprehensive care plan and CNA assignment sheet on (Resident E) and all other resident's requiring a hooyer transfer of a (hydraulic or mechanical lift) to attain and	04/10/2015

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	<p>Findings include:</p> <p>Resident (E) was observed on 3/25/15 at 10:55 a.m., awake in bed. She was again observed on 3/26/15 at 10:30 a.m., dressed and seated in her chair.</p> <p>The clinical record for Resident (E) was reviewed on 3/25/15 at 2:30 p.m. Diagnoses for the resident included, but were not limited to, Huntington's disease, aphasia, osteoporosis and dementia.</p> <p>The most recent Minimum Data Set (MDS) assessment dated 12/23/14, indicated Resident (E) was unable to complete the Brief Interview for Mental Status (BIMS). Resident (E) was severely cognitively impaired. Resident (E) received the following Activities of Daily Living (ADL) assistance; bed mobility-total assist with two person assist, dressing, bathing, eating and hygiene-extensive assistance with one person assist.</p> <p>During review of the clinical record, a progress note dated 2/10/15 at 1:20 p.m., indicated Resident (E) fell from the Hoyer lift during transfer. Resident (E) sustained a laceration to the right side of her head and behind her ear. Resident (E) was bleeding from the area. The</p>		<p>maintain the resident's highest practical physical, mental, and psychosocial well-being.2.) Any resident has the potential to be affected.3.) Charge nurse immediately in-serviced all CNA's on Hoyer Lift policy (requiring no less than two staff members) also completed re-education to all CNA's on February 10, 2015 by observing each CNA perform the proper use of lift.4.) DON, HFA and Care Plan Team will review and monitor care plans for timely documentation for interventions upon admissions, significant changes and our regular quarterly reviews. Care Plan Team shall report to the Quality Assurance Committee (QAA) will monitor for 6 months and during regular scheduled meetings and follow any recommendations to ensure on-going compliance. (See Exhibit "A")5.) Completion Date: 04/10/2015</p>	

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	<p>physician and Power of Attorney (POA) for Resident (E) were notified and the resident was sent to the emergency room.</p> <p>A hospital physician's progress note dated 2/10/15 at 7:00 p.m., indicated a 4 cm (centimeter) laceration to the right parietal required 12 staples. A hospital physician's progress note dated 2/10/15 at 9:07 p.m., indicated a 4 cm laceration to the right post-auricular required 5 sutures.</p> <p>Review of the Indiana State Department of Health Incident Report form dated 2/11/15, Resident (E) was being transferred with a Hoyer lift when she fell. The report indicated CNA #1 was the only staff person involved.</p> <p>During an interview on 3/25/15 at 10:30 a.m., the Administrator indicated the CNA was alone during the transfer. She indicated the CNA was suspended and re-educated on Hoyer transfer policy.</p> <p>During an interview on 3/26/15 at 2:30 p.m., the Administrator and Corporate Nurse indicated the facility policy was for two staff members to be present during all Hoyer lift transfers.</p> <p>A health care plan problem dated 1/2/15, indicated Resident (E) was a fall risk</p>			

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	<p>related to medications and Huntington's disease. The approaches for the problem included, but were not limited to, side rails, hipster in the Broda chair and pad on the floor. No care plan was identified for the use of the Hoyer lift.</p> <p>Review of the nurse aide's information sheet for Resident (E) indicated no mode of transfer was listed.</p> <p>Review of the physician's orders for March 2015 indicated no mode of transfer was listed.</p> <p>During an interview on 3/26/15 at 2:30 p.m., CNA #2 and CNA #3 indicated two staff persons had to be present when using the Hoyer lift to transfer a resident.</p> <p>During an interview on 3/26/15 at 3:05 p.m., the Corporate Nurse was unable to identify a list of residents who were transferred by the Hoyer lift. She indicated Resident (E) did not have a care plan and she would have to update those residents who were transferred by the Hoyer lift system.</p> <p>This Federal tag relates to Complaint IN00168416.</p> <p>3.1-35(a)</p>			

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F 323 SS=G Bldg. 00	<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 residents who were transferred using a mechanical lift were transferred with sufficient staff assistance to prevent accident and injury for 1 of 1 residents reviewed for accidents. This failure resulted in a laceration to the right parietal and right post-auricular head requiring emergency room services. (Resident E).</p> <p>Findings include:</p> <p>Resident (E) was observed on 3/25/15 at 10:55 a.m., awake in bed. She was again observed on 3/26/15 at 10:30 a.m., dressed and seated in her chair.</p> <p>The clinical record for Resident (E) was reviewed on 3/25/15 at 2:30 p.m. Diagnoses for the resident included, but were not limited to, Huntington's disease, aphasia, osteoporosis and dementia.</p>	F 323	F-3231.) Facility immediately reviewed/updated as deemed necessary the comprehensive care plan and CNA assignment sheet on (residnet E) and all other resident's requiring a hoyer transfer of a (hydraulic or mechanical lift) to attain and maintain the resident's highest practical physical, mental, and psychosocial well-being.2.) Any resident has the potential to be affected.3.) Charge nurse immediately in-serviced all CNA's on hoyer lift policy (requiring no less than two staff members) also completed re-education to all CNA's on February 10, 2015 by observing each CNA perform the proper use of lift. CNA was immediately suspended, pending investigation, written disciplinary action and re-education.4.) Updated CNA checklist for orientation to include (hydraulic or mechanical lift) transfers. DON, HFA or Designee will monitor the CNA orientation checklist to ensure the orientation of the hydraulic or mechanical lift was	04/10/2015

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	<p>The most recent Minimum Data Set (MDS) assessment dated 12/23/14, indicated Resident (E) was unable to complete the Brief Interview for Mental Status (BIMS). Resident (E) was severely cognitively impaired. Resident (E) received the following Activities of Daily Living (ADL) assistance; bed mobility-total assist with two person assist, dressing, bathing, eating and hygiene-extensive assistance with one person assist.</p> <p>During review of the clinical record, a progress note dated 2/10/15 at 1:20 p.m., indicated Resident (E) fell from the Hoyer lift during transfer. Resident (E) sustained a laceration to the right side of her head and behind her ear. Resident (E) was bleeding from the area. The physician and Power of Attorney (POA) for Resident (E) were notified and the resident was sent to the emergency room.</p> <p>A hospital physician's progress note dated 2/10/15 at 7:00 p.m., indicated a 4 cm (centimeter) laceration to the right parietal head area required 12 staples. A hospital physician's progress note dated 2/10/15 at 9:07 p.m., indicated a 4 cm laceration to the right post-auricular area required 5 sutures.</p>		<p>completed during orientation period. DON, HFA will monitor all new CNA employee checklist for 6 months to ensure compliance. All new employed CNA's shall be observed performing the proper use of the mechanical lift during their 3-day orientation by the Director of Nursing to ensure the safety of all-resident's during transfers for 6 months. Director of Nursing will in-service and re-educate all CNA's on the policy and procedure of the mechanical lift for proper use every quarter X4 quaters to ensure on-going compliance. DON or HFA shall report to the Quality Assurance Committee (QAA) during regular scheduled meetings and follow any recommendations. (See Exhibit "A")5.) Completion Date: 04/10/2015</p>	

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	<p>Review of the Indiana State Department of Health Incident Report form dated 2/11/15, indicated Resident (E) was being transferred with a Hoyer lift when she fell. The report indicated CNA #1 was the only staff person involved.</p> <p>During an interview on 3/25/15 at 10:30 a.m., the Administrator indicated the CNA was alone during the transfer. She indicated the CNA was suspended and re-educated on Hoyer transfer policy.</p> <p>During an interview on 3/26/15 at 2:30 p.m., the Administrator and Corporate Nurse indicated the facility policy was for two staff members to be present during all Hoyer lift transfers.</p> <p>A health care plan problem dated 1/2/15, indicated Resident (E) was a fall risk related to medications and Huntington's disease. The approaches for the problem included, but were not limited to, side rails, hipster in the Broda chair and pad on the floor. No care plan was identified for the use of the Hoyer lift.</p> <p>Review of the nurse aide's information sheet for Resident (E) indicated no mode of transfer was listed.</p> <p>Review of the physician's orders for March indicated no mode of transfer was</p>			

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	<p>listed.</p> <p>During an interview on 3/26/15 at 2:30 p.m., CNA #2 and CNA #3 indicated two staff persons had to be present when using the Hoyer lift to transfer a resident.</p> <p>During an interview on 3/26/15 at 3:05 p.m., the Corporate Nurse was unable to identify a list of residents who were transferred by the Hoyer lift. She indicated Resident (E) did not have a care plan and she would have to update those residents who were transferred by the Hoyer lift system.</p> <p>Review of an in-service for proper use of the Hoyer lift dated 12/15/14, CNA #1 demonstrated correct use of the lift.</p> <p>A copy of the manufacturer's instructions were provided. No specific facility policy was provided.</p> <p>This Federal tag relates to Complaint IN00168416.</p> <p>3.1-45(a)(2)</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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