

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155283	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/30/2012
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NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534
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F0000	<p>This visit was for the Investigation of Complaint IN00104743.</p> <p>Complaint IN00104743 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F279, F282, F309, and F323.</p> <p>Survey date: March 30, 2012</p> <p>Facility number: 000181 Provider number: 155283 AIM number: 100266860</p> <p>Survey team: Sandra Haws RN</p> <p>Census bed type: SNF/NF: 29 Total: 29</p> <p>Census payor type: Medicare: 2 Medicaid: 26 Other: 1 Total: 29</p> <p>Sample: 3</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or corrections set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of requirements under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</p>	

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 completed 4/5/12 by Jennie Bartelt, RN.				

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to ensure the physician was notified of a resident with a seizure disorder experiencing a seizure for 1 of 3 residents reviewed for physician</p>	F0157	<p><b>F 157 1. The physician of resident D was notified of the seizure like activity on 4/9/12.</b> <b>2. The medical records of all residents were reviewed for the 90 days to ensure appropriate</b></p>	04/13/2012			

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	<p>notification in a sample of 3. Resident # D</p> <p>Findings include:</p> <p>Resident # D's record was reviewed on 3/30/12 at 12:30 p.m. The resident's record indicated diagnoses of, but not limited to, seizures, obesity, cerebral vascular accident and diabetes.</p> <p>A nurses note, dated 12/30/11 at 12:00 p.m., indicated, "Sudden onset of seizure-like activity. No response to call for 45 seconds...." The nurses note lacked documentation to indicate the physician had been notified of the seizure activity the resident experienced.</p> <p>Nurses note, dated 3/14/12 at 4:00 p.m., indicated, "Resident had episode lasting approximately 1 minute nonverbal, eyes elevated upward, resident quickly responded to environmental stimuli...." The nurses note lacked information to indicate the physician had been notified of the possible seizure activity.</p> <p>A physician's order, dated 9/3/08 to current, indicated, "Levetiracetum (also known as Keppra) (for seizures) 500 mg (milligram) tab, take 2 tablets (1,000) mg by mouth every morning and evening with 250 mg tab in p.m. to = (equal)</p>		<p><b>assessment and notification occurred when the resident condition changed. 3. The licensed nursing staff was re-educated on the facility policy and procedure for notification of the family and physician. The Director of Nursing and/or designee will review the 24 hr report, new physician orders, and the nursing notes 5 x weekly to monitor for compliance. These reviews will be completed indefinitely. 4. The results of these reviews will be brought to QAA and reviewed monthly for 3 months and then quarterly.</b></p>		

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	<p>1,250 mg dx (diagnosis) Seizures."</p> <p>A lab report indicated a Keppra level had been completed on 12/27/11, with trough level results 22, normal 5-30, peak level: 10-63. No other levels had been checked after the resident experienced the seizure activity.</p> <p>During an interview with the Director of Nursing on 3/30/12 at 1:45 p.m., regarding the resident's seizure activity, she indicated the physician should have been notified of the 12/30/11 seizure activity. She further indicated she didn't feel the activity the resident experienced on 3/14/12 needed to be reported to the physician.</p> <p>The facility's policy and procedure titled "Physician and Family Notification Procedure," undated, indicated, "Purpose: To keep the physician, resident and family appraised of all condition changes, Procedure: Telephone: 1. Telephone notification is required for all emergencies or all condition changes that require an immediate response. 2. Notify the physician of any change in condition that may or may not warrant a change in treatment plan...4. Document the information reported to the physician in the nurses notes including the time and date of notification...."</p>			

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	<p>This federal tag relates to Complaint IN00104743.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p>			

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>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 record review and interview, the facility failed to ensure a resident's plan of care was updated to prevent further falls related to a resident with a history of falling and not updating the care plan after 2 further falls for 1 of 3 residents reviewed with fall care plans in a sample of 3. Resident # C.</p> <p>Findings include:</p> <p>Resident # C's record was reviewed on 3/30/12 at 11:00 a.m. The resident's record indicated diagnoses of, but not limited to, mental retardation, dementia,</p>	F0279	<p><b>F 279</b></p> <p><b>1. The care plan of resident #C was updated on 3/30/12,</b></p> <p><b>2. The care plans of all residents who had fallen in the last 180 days were reviewed to ensure all interventions were present.</b></p> <p><b>3. The licensed nursing staff was re-educated on the facility policy and procedure for Care Plan</b></p>	04/13/2012	

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	<p>cerebral vascular accident, and depression.</p> <p>The resident's record indicated a Fall Risk Assessment dated 2/1/11. The Fall Risk Assessment indicated the resident had a history of falls, used assistive devices , use of narcotics, antipsychotics, and hypnotics drugs.</p> <p>After she had fallen on 2/6/12, the plan of care indicated an update to include a lower bed and a therapy screen.</p> <p>Nurses note, dated 3/11/12 at 8:00 a.m., indicated, "...writer and CNA heard res (resident) yelling...CNA went to room found res lying on floor. CNA summons writer to room...." The note indicated the resident was not injured.</p> <p>Nurse note, dated 3/27/12 at 2:00 p.m., indicated, "Resident was observed throwing herself on floor...assessment completed no injury noted..."</p> <p>The plan of care dated 7/11/11 indicated, "The resident has multiple risk factors for falls such as: weakness (refer to fall risk assessment) unsteady gait, med use, use of walker...." The interventions included "...Implement intervention to reduce risk for falls: (list interventions and date initiated)..."</p>		<p><b>Development and Review. The Director of Nursing and/or designee will review the 24 hr report, new physician orders, nursing notes and care plans 5 x weekly to monitor for compliance. These reviews will be completed indefinitely.</b></p> <p><b>4. The results of these reviews will be brought to QAA and reviewed monthly for 3 months and then quarterly.</b></p>				

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	<p>During an interview with the Director of Nursing on 3/30/12 at 2:40 p.m. regarding the resident's plan of care not being updated after two additional falls, she indicated it should have been updated with an intervention after each fall.</p> <p>The facility's policy and procedure titled "Care Plan Development and Review Procedure" dated 11/08 reviewed on 3/30/11 at 1:40 p.m. indicated, "...4. Care Plans are revised as changes in the resident's condition dictate. Changes in the resident must be immediately addressed on the care plan...."</p> <p>This federal tag relates to Complaint IN00104743.</p> <p>3.1-35(a)</p>				

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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 interview, the facility failed to ensure a resident's plan of care was followed for the resident's diagnosis of seizures for 1 of 3 residents reviewed with care plans in a sample of 3. Resident #D</p> <p>Findings include:</p> <p>Resident # D's record was reviewed on 3/30/12 at 12:30 p.m. The resident's record indicated diagnoses of, but not limited to: Seizures, obesity, cerebral vascular accident and diabetes.</p> <p>A nurses note, dated 12/30/11 at 12:00 p.m., indicated, "Sudden onset of seizure-like activity. No response to call for 45 seconds...." The nurses note lacked documentation to indicate the physician had been notified of the seizure activity the resident experienced.</p> <p>The resident's plan of care was reviewed on 3/30/12 at 12:40 p.m. The plan of care, dated 1/4/12, indicated, "Problem, The resident has a diagnosis of seizure disorder and is at risk for</p>	F0282	<p><b>F 282</b></p> <p><b>1. The physician of resident #D was notified of the seizure like activity on 4/9/12.</b></p> <p><b>2. The medical records of all residents were reviewed for the 90 days to ensure appropriate assessment and notification occurred when the resident condition changed.</b></p> <p><b>3. The licensed nursing staff was re-educated on the facility policy and procedure for notification of the family and physician and following the resident plan of care. The Director of Nursing and/or designee will review the 24 hr report, new physician orders, and the nursing notes 5 x weekly to monitor for compliance. These reviews will be completed</b></p>	04/13/2012	

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	<p>injury....Interventions...Record the seizure activity and notify the physician unless otherwise noted...."</p> <p>Nurses note, dated 3/14/12 at 4:00 p.m., indicated, "Resident had episode lasting approximately 1 minute nonverbal, eyes elevated upward, resident quickly responded to environmental stimuli...."</p> <p>The nurses note lacked information to indicate the physician had been notified of the possible seizure activity.</p> <p>A physician's order, dated 9/3/08 to current, indicated "Levetiracetum (also known as Keppra) (for seizures) 500 mg (milligram) tab, take 2 tablets (1,000) mg by mouth every morning and evening with 250 mg tab in p.m. to = (equal) 1,250 mg dx (diagnosis) Seizures."</p> <p>The resident's lab reports indicated a Keppra level had been completed on 12/27/11 with trough level results 22, normal 5-30, peak level: 10-63. No other levels had been checked after the resident experienced the seizure activity.</p> <p>During an interview with the Director of Nursing on 3/30/12 at 1:45 p.m., regarding the resident's seizure activity, she indicated the physician should have been notified of the 12/30/11 seizure activity. She further indicated she didn't</p>		<p><b>indefinitely.</b></p> <p><b>4. The results of these reviews will be brought to QAA and reviewed monthly for 3 months and then quarterly.</b></p>				

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	<p>feel the activity the resident experienced on 3/14/12 needed to be reported to the physician.</p> <p>The facility's policy and procedure titled "Physician and Family Notification Procedure " undated, indicated, "Purpose: To keep the physician, resident and family appraised of all condition changes, Procedure: Telephone: 1. Telephone notification is required for all emergencies or all condition changes that require an immediate response. 2. Notify the physician of any change in condition that may or may not warrant a change in treatment plan...4. Document the information reported to the physician in the nurses notes including the time and date of notification...."</p> <p>This federal tag relates to Complaint IN00104743.</p> <p>3.1-35(g)(2)</p>				

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 record review and interview, the facility failed to ensure care for a resident with seizures was provided as planned. The facility failed to notify the physician for possible new interventions when the resident experienced seizure activity. The deficient practice affected 1 of 1 resident reviewed related to seizures in a sample of 3. (Resident #D)</p> <p>Findings include:</p> <p>Resident # D's record was reviewed on 3/30/12 at 12:30 p.m. The resident's record indicated diagnoses of, but not limited to, seizures, obesity, cerebral vascular accident and diabetes.</p> <p>A nurses note, dated 12/30/11 at 12:00 p.m., indicated, "Sudden onset of seizure-like activity. No response to call for 45 seconds...." The nurses note lacked documentation to indicate the physician had been notified of the seizure activity the resident experienced.</p>	F0309	<p><b>F 309</b></p> <ol style="list-style-type: none"> <li><b>1. The physician of resident #D was notified of the seizure like activity on 4/9/12.</b></li> <li><b>2. The medical records of all residents were reviewed for the 90 days to ensure appropriate assessment and notification occurred when the resident condition changed.</b></li> <li><b>3. The licensed nursing staff was re-educated on the facility policy and procedure for notification of the family and physician and following the resident plan of care. The Director of Nursing and/or designee will review the 24 hr report, new physician orders, and the nursing notes 5 x weekly to monitor for</b></li> </ol>	04/13/2012	

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	<p>A nurses note, dated 3/14/12 at 4:00 p.m., indicated, "Resident had episode lasting approximately 1 minute nonverbal, eyes elevated upward, resident quickly responded to environmental stimuli...."</p> <p>The nurses note lacked information to indicate the physician had been notified of the possible seizure activity.</p> <p>A physician's order dated 9/3/08 to current for "Levetiracetum (also known as Keppra) (for seizures) 500 mg (milligram) tab, take 2 tablets (1,000) mg by mouth every morning and evening with 250 mg tab in p.m. to = (equal) 1,250 mg dx (diagnosis) Seizures."</p> <p>Lab reports indicated a Keppra level had been completed on 12/27/11 with trough level results 22, normal 5-30, peak level: 10-63. No other levels had been checked after the resident experienced the seizure activity.</p> <p>The resident's plan of care was reviewed on 3/30/12 at 12:40 p.m. The plan of care, dated 1/4/12, indicated, "Problem, The resident has a diagnosis of seizure disorder and is at risk for injury....Interventions...Record the seizure activity and notify the physician unless otherwise noted...."</p> <p>During an interview with the Director of</p>		<p><b>compliance. These reviews will be completed indefinitely.</b></p> <p><b>4. The results of these reviews will be brought to QAA and reviewed monthly for 3 months and then quarterly.</b></p>				

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	<p>Nursing on 3/30/12 at 1:45 p.m., regarding the resident's seizure activity, she indicated the physician should have been notified of the 12/30/11 seizure activity. She further indicated she didn't feel the activity the resident experienced on 3/14/12 needed to be reported to the physician.</p> <p>The facility's policy and procedure titled "Physician and Family Notification Procedure " undated, indicated, "Purpose: To keep the physician, resident and family appraised of all condition changes, Procedure: Telephone: 1. Telephone notification is required for all emergencies or all condition changes that require an immediate response. 2. Notify the physician of any change in condition that may or may not warrant a change in treatment plan...4. Document the information reported to the physician in the nurses notes including the time and date of notification...."</p> <p>This federal tag relates to Complaint IN00104743.</p> <p>3.1-37(a)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155283	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/30/2012
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F0323 SS=D	<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.</p> <p>Based on record review and interview, the facility failed to ensure supervision and that care was planned and implemented to prevent falls by a resident at risk for falls who fell on multiple occasions. The deficient practice affected 1 of 3 residents reviewed related to falls in a sample of 3. (Resident # C)</p> <p>Findings include:</p> <p>Resident # C's record was reviewed on 3/30/12 at 11:00 a.m. The resident's record indicated diagnoses of, but not limited to, mental retardation, dementia, cerebral vascular accident, and depression.</p> <p>A Fall Risk Assessment, dated 2/1/11, indicated the resident had a history of falls, used assistive devices , use of narcotics, antipsychotics, and hypnotics drugs...."</p> <p>After a fall on 2/6/12, the plan of care indicated an update to include a lower bed and a therapy screen.</p>	F0323	<p><b>F 323</b></p> <ol style="list-style-type: none"> <li><b>1. The care plan of resident #C was updated on 3/30/12,</b></li> <li><b>2. The care plans of all residents who had fallen in the last 180 days were reviewed to ensure all interventions were present.</b></li> <li><b>3. The licensed nursing staff was re-educated on the facility policy and procedure for Care Plan Development and Review. The Director of Nursing and/or designee will review the 24 hr report, new physician orders, nursing notes and care plans 5 x weekly to monitor for compliance. These reviews will be completed indefinitely.</b></li> <li><b>4. The results of these reviews will be brought to QAA and reviewed</b></li> </ol>	04/13/2012

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	<p>Nurses note, dated 3/11/12 at 8:00 a.m., indicated, " ...writer and CNA heard res (resident) yelling...CNA went to room found res lying on floor. CNA summons writer to room...." The note indicated the resident was not injured.</p> <p>Nurse note, dated 3/27/12 at 2:00 p.m., indicated, " Resident was observed throwing herself on floor...assessment completed no injury noted...."</p> <p>The plan of care, dated 7/11/11, indicated, " The resident has multiple risk factors for falls such as: weakness (refer to fall risk assessment) unsteady gait, med use, use of walker...." The interventions included "...Implement intervention to reduce risk for falls: (list interventions and date initiated)...."</p> <p>During an interview with the Director of Nursing on 3/30/12 at 2:40 p.m., regarding the resident's plan of care not being updated after two additional falls, she indicated it should have been updated with an intervention after each fall.</p> <p>The facility's policy and procedure titled "Care Plan Development and Review Procedure" dated 11/08 reviewed on 3/30/11 at 1:40 p.m. indicated, "...4. Care Plans are revised as changes in the</p>		<b>monthly for 3 months and then quarterly.</b>		

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	<p>resident's condition dictate. Changes in the resident must be immediately addressed on the care plan...."</p> <p>This federal tag relates to Complaint IN00104743.</p> <p>3.1-45(a)(2)</p>				