

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155387	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/04/2016
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NAME OF PROVIDER OR SUPPLIER CAROLETON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 IOWA AVE CONNERSVILLE, IN 47331
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit to the Recertification and State Licensure Survey completed on November 16, 2015.</p> <p>Survey dates: January 4, 2016</p> <p>Facility number: 000318 Provider number: 155387 AIM number: 100266550</p> <p>Census bed type: SNF/NF: 47 Total: 47</p> <p>Census payor type: Medicare: 2 Medicaid: 40 Other: 5 Total: 47</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on January 6, 2016</p>	F 0000	Preparation and submission of this plan of correction by Caroleton Manor, LLC , does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws.	

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 0311 SS=D Bldg. 00	<p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS</p> <p>A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on observation, interview, and record review, the facility failed to provide a resident with active range of motion (AROM) and ambulation daily, according to her Restorative Program for 1 of 3 residents reviewed for Activities of Daily Living. (Resident #3)</p> <p>Findings include:</p> <p>Resident #3's record was reviewed on 1/4/16 at 11:35 a.m. Her diagnoses documented on her January 2016 physician recapitulation orders indicated but were not limited to, dementia and an artificial hip.</p> <p>Resident #3's annual Minimum Data Set (MDS) assessment dated 10/7/15, indicated she was understood and usually understood others. She was severely impaired in her cognitive daily decision making skills. She required extensive assistance of 2 plus persons for bed mobility. She required extensive assistance of 1 person for transfer, and to walk in her room and corridor. She had no impairment in her range of motion.</p>	F 0311	<p>F 311</p> <p>1. Resident #3 was reevaluated for restorative programming on 1/7/16 by the interdisciplinary team.</p> <p>Resident #3 was reevaluated on 1/7/16 by therapy and no decline in function was noted.</p> <p>2. The Restorative Nurse Coordinator completed an audited of the current residents' restorative nursing programs on 1/7/16 to ensure the restorative programs are implemented as ordered, documentation is completed and filed on the medical record, and licensed nurses follow up with assistance provided when staffing challenges occur.</p> <p>3. The licensed nurses and Certified Nursing Assistants will be reeducated by the Restorative</p>	01/23/2016

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	<p>Her mobility devices included a wheelchair and walker.</p> <p>A Physical Therapist Progress and Discharge Summary for Resident #3 dated 10/16/15, indicated therapy recommended a Restorative Nursing Program for ambulation to decrease her risk of decline in functional status.</p> <p>A physician's order for Resident #3 on her January 2016 physician recapitulation orders, initiated 10/21/15, indicated her Restorative Program would include AROM to her bilateral lower extremities with 2 pound ankle weights for 20 repetitions daily and ambulation with a walker for 50 to 90 feet daily with extensive assistance of 1 person.</p> <p>A Plan of Care for Resident #3 initiated 10/21/15, indicated she required bilateral range of motion due to her potential for decline related to limited mobility and weakness. She required walking due to her potential for falls related to her limited ambulation ability.</p> <p>Resident #3's Restorative Nursing Care Flow Record for December 2015 indicated she was not provided AROM or ambulation restorative on 12/19/15, 12/20/15, 12/24/15, 12/25/15, 12/26/15, 12/27/15, 12/30/15, and 12/31/15. No</p>		<p>Nurse Coordinator by 1/22/16 to ensure restorative programs are implemented as ordered, documentation is completed and filed on the medical record, licensed nurses follow up with assistance is provided when staffing challenges occur.</p> <p>4. The Staff Development Coordinator and Director of Nursing will audit the current resident restorative programs weekly for 4 weeks and monthly for 2 months to ensure that restorative nursing programs continue to be implemented as ordered, documentation continues to be completed and filed on the medical record and license nursing continue to follow up with assistance provided when staffing challenges occur. The Director of Nursing will submit a report to the Quality Assurance Committee monthly for 3 months. The Director of Nursing will be responsible for monitoring and follow up. Compliance Date: 1-23-16</p>		

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	<p>explanation was documented as to why Resident #3 had not been provided AROM or ambulation restorative on those dates.</p> <p>Resident #3's Restorative Nursing Care Flow Record for January 2016 indicated she was not provided AROM or ambulation restorative on 1/1/16. No explanation was documented as to why Resident #3 had not been provided AROM or ambulation restorative.</p> <p>On 1/4/16 at 10:59 a.m., CNA #1 was observed in Resident #3's bedroom and indicated she had just finished Resident #3's care. CNA #1 indicated Restorative Aides were responsible to provide residents with their restorative programs. At that time resident #3 was observed seated in her wheelchair in her bedroom next to her bed. She was unable to respond appropriately to questions asked regarding her restorative program. Resident #3 was observed propelling her wheelchair in her bedroom with the use of both arms.</p> <p>On 1/4/16 at 11:21 a.m., CNA #2 indicated she filled in as a Restorative Aide 2 days a month. CNA #2 indicated Resident #3 participated in her restorative program.</p>			

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	<p>On 1/4/16 at 11:58 a.m., the MDS Coordinator indicated a Restorative Aide was scheduled on 1/1/16, and she was unsure why Resident #3's AROM and ambulation restorative was not documented as completed. The MDS Coordinator indicated the Director of Nursing had informed her on 12/19/15, 12/20/15, 12/25/15, and 12/26/15, the Restorative Aide was pulled from restorative duties to work as a CNA. On 12/27/15 and 12/31/15, there was no Restorative Aide scheduled. On 12/24/15 and 12/30/15, there was a Restorative Aide scheduled and she was unsure why Resident #3's AROM and ambulation restorative was not documented as completed.</p> <p>The Restorative Nursing Program provided by the Administrator on 1/4/16 at 2:28 p.m., indicated the following: "...Range of Motion Program: To maintain or improve joint mobility to assist resident/patient in maintaining or achieving their most independent function. To promote management and prevention of contractures. Resident/patient requires restorative nursing care to: Prevent or reduce contractures and deformity. Preserve range of motion of residual limb to allow for use of prosthesis. Increase and/or maintain individually determined Range</p>			

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	<p>of Motion (ROM). Prevent further joint mobility limitation. Stimulate circulation and enhance muscle strengthening. Ambulatory Programs ("Positioning", "Bed Mobility", and "Mobility" Programs): To promote increased independence. To promote circulation, stimulation, and muscle strengthening. To reduce the potential for falls. To increase self-esteem...."</p> <p>This deficiency was cited on 11/16/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-38(a)(2)(B)</p>				