

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/11/2015
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NAME OF PROVIDER OR SUPPLIER FRANKLIN UNITED METHODIST COMMUNITY RES & COM CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W JEFFERSON ST FRANKLIN, IN 46131
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F000000	<p>This visit was for the Investigation of Complaint IN00162484 and Complaint IN00164391.</p> <p>Complaint IN00162484 - Substantiated. Federal/State deficiencies related to the allegations are cited at F221.</p> <p>Complaint IN00164391 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: February 10, and 11, 2015</p> <p>Facility number: 001127 Provider number: 155771 AIM number: 200247220</p> <p>Survey team: Susan Worsham, RN-TC</p> <p>Census bed type: NF: 130 SNF/NF: 38 RESIDENTIAL: 135 Total: 303</p> <p>Census payor type: Medicare: 19 Medicaid: 96 Other: 53 Total: 168</p>	F000000	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations the facility has taken and will take actions set forth in the Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that the deficiencies cited have been corrected by the date certain.</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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F000221 SS=D	<p>Sample: 03</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 17, 2015; by Kimberly Perigo, RN.</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. Based on observation, interview, and record review, the facility failed to ensure a resident was free from a physical restraint in that a resident was positioned in a geri-chair with a sheet positioned around their waist and tied in the back of the chair for 1 of 3 residents reviewed for restraint use. (Resident#A).</p> <p>Findings include:</p> <p>Review of a facility self reported unusual</p>	F000221	It is the practice of Franklin United Methodist Community (FUMC) to ensure the resident has the right to be free from any physical restraint imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: The restraint was immediately removed upon observation.	02/16/2015	

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	<p>occurrence, dated 12/15/14, indicated Resident #A was observed to have had a sheet tied around them with the tie to the back of a geri- chair (geriatric chairs/mobile recliner). A _____ (confidential person) called the DON (Director of Nursing) to advise Resident #A had been inappropriately placed in a restraint. When the DON arrived, they observed Resident #A to be sitting up in a geri-chair with a restraint in place. When the DON questioned RN #1, they indicated they were not aware Resident #A was in a restraint. Resident #A did not have an active order for a restraint at that time.</p> <p>Review of Resident #A's clinical record on 12/10/15 at 11:30 a.m., indicated Resident #A had diagnoses including, but not limited to: dementia with behaviors, psychosis, and depression. Resident #A's MDS (Minimum Data Sheet) dated 12/11/14, indicated a BIMS (brief initial mental status) score of 3, indicating severe cognitive impairment. Resident #A was dependent on staff with ADL's (activities of daily living) and required assistance to ambulate/walk.</p> <p>Review of current physician's orders dated December 2014 through February 2015, did not indicate any orders for any type of restraint.</p>		<p>Resident was assessed from head to toe to ensure no physical injury occurred. Resident was interviewed immediately and voiced no complaints. Staff member responsible was suspended immediately and consequently terminated. All nursing staff was re-educated regarding abuse and restraints. Constant monitoring is completed by all nursing administration and nursing unit managers. Evening and night supervisors also are constantly rounding units and monitoring residents for any inappropriate restraint usage. Staff is consistently monitored for "burn out" also. This includes watching all employees for signs of changes in personality, mood swings, signs of depression and unusual anger or frustration. Employees are now being educated on these signs of "burn out" upon orientation and also educated about reporting these signs if noticed in co-workers. We have an employee assistance program contracted through "Solutions" which provides professional assistance to those experiencing stress and other related conditions. II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken: All residents have the potential to be affected, so monitoring and observation will be completed for</p>				

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	<p>Interview with the DON on 2/11/15 at 9:20 a.m., the DON indicated she was called regarding this incident. A _____ (confidential person) reported to her a resident was tied to a geri-chair with a sheet and a blanket was placed over the sheet. The DON indicated upon investigation it was determined RN #1 had implemented the restraint for unknown reason. RN #1 was removed from the floor and terminated immediately.</p> <p>On 2/11/15 at 1:30 p.m., CNA #1 was called related to incident. CNA #1 indicated the exact information that was given by the DON in an earlier interview. Attempts to speak with LPN #1 and RN #1 were unsuccessful.</p> <p>On 2/11/15 at 3:00 p.m., the DON provided the facility restraint policy, dated 5/21/98, and indicated the policy was the one currently being used by the facility. Review of the policy indicated, "... to use restraints or confinements only to treat medical symptoms in accordance with a physician's order and informed consent from a resident or responsible party. Neither restraints nor confinements shall be employed for the purpose of punishment or for staff convenience."</p>		<p>all residents. Constant monitoring is completed by all nursing administration and nursing unit managers. Evening and night supervisors also are constantly rounding units and monitoring residents for any inappropriate restraint usage. Staff is consistently monitored for "burn out" also. This includes watching all employees for signs of changes in personality, mood swings, signs of depression and unusual anger or frustration. Employees are now being educated on these signs of "burn out" upon orientation and also educated about reporting these signs if noticed in co-workers. III.</p> <p>What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur: All nursing staff was re-educated regarding abuse and restraints. Constant monitoring is completed by all nursing administration and nursing unit managers. Evening and night supervisors also are constantly rounding units and monitoring residents for any inappropriate restraint usage. All employees are informed and sign acknowledgement upon orientation regarding resident rights, restraints, and abuse. It will be reiterated at every opportunity that FUMC does not tolerate restraining a resident for any reason other than per physician order or policy.</p>				

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	This Federal tag relates to Complaint IN00162484. 3.1-3(w)		Education will be completed upon hire and annually regarding "burn out" including the signs to indicate this and steps the employee can take if they feel these signs or see it in their co-workers. Contact information for our employee assistance program will be provided employees identified by their supervisor as one who could benefit from counseling and assistance. IV. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, ie...what quality assurance program will be put into place: FUMC will monitor all residents daily to ensure only residents assessed and documented to have the need to utilize a restraint have the correct restraint in place. DON, ADONs, Unit Managers and evening and night shift supervisors will continue to round units and monitor this. Monthly audits are completed on all physicians' orders to ensure orders are correct and appropriate. V. By what date will the systemic changes be completed: February 16, 2015		