

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155586	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/28/2014
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NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 6701 S ANTHONY BLVD FORT WAYNE, IN 46816
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F000000	<p>This visit was for the Investigation of Complaints IN00149657.</p> <p>Complaint IN00149657 Substantiated. Federal/ state deficiencies related to the allegations are cited at F225, F226 and F309.</p> <p>Survey dates: May 27, and 28, 2014</p> <p>Facility number : 000283 Provider number: 155586 AIM number: 100275020</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF: 4 SNF/NF: 113 Residential: 39 Total: 156</p> <p>Census payor type: Medicare: 13 Medicaid: 81 Other: 62 Total: 156</p> <p>Sample: 3</p>	F000000	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of 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>	

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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F000225 SS=D	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 2, 2014 by Randy Fry RN.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in</p>						

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	<p>progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review the facility failed to investigate the cause of a skin tear for 1 of 3 residents with skin tears. (Resident #Q) The facility further failed to report skin tears for 2 of 3 residents with skin tears requiring sutures in a sample of three. (Resident #Q, and Resident #S)</p> <p>Findings include:</p> <p>1. Resident #Q's record was reviewed 5-27-2014 at 1:50 PM. Resident #Q's diagnoses included, but were not limited to, high blood pressure, depression, and anemia.</p> <p>A review of Nurse's progress notes dated 5-18-2014 at 2:56 PM indicated Resident #Q had an open area with a significant amount of bleeding. When Resident #Q was asked what happened, she indicated her watch had done it. The family and physician were notified, and orders were</p>	F000225	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of 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>R225</p> <p>The facility does not employ individuals who have been found guilty of abusing, neglecting, or</p>	06/24/2014			

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	<p>received for Resident #Q to go to the hospital for sutures.</p> <p>Emergency room records dated 5-18-2014 indicated Resident #Q received 10 sutures to close the area on the back of her right arm, measuring 7.5 cm x 4 cm.</p> <p>In an interview on 5-27-2014 at 2:42 PM, CNA #2 indicated she had went on break, and upon returning, her coworker had placed Resident #Q on the toilet to get her cleaned up. CNA #2 indicated there was blood on her gerisleeve before she was placed on the toilet.</p> <p>In an interview on 5-27-2014 at 2:49 PM, QMA #3 indicated Resident #Q had her watch with a metal band placed on top of her gerisleeve. Resident #Q became ill, and when vomited, raised her arm and hand quickly to her face. QMA #3 indicated she noted a small amount of blood on the gerisleeve prior to placing Resident #Q on the toilet to assist her in cleaning up after feeling ill. This is when her coworker returned from break, and the skin tear was found under the gerisleeve.</p> <p>In an interview on 5-27-2014 at 3:17 PM, RN #4 indicated she had not investigated the wheelchair as a cause of the skin tear,</p>		<p>mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents of misappropriation of their property....</p> <p>The facility ensures that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, are reported immediately, are investigated, and results of investigations are reported in accordance with state law.</p> <p>Corrective action for residents affected:</p> <p>Resident #Q – The Director of Nursing (DON) met with the Unit Manager assigned to the unit where Resident #Q resides following survey exit. All investigative data was again reviewed and compared to interview results shared by the surveyor. As stated in the alleged citation, the resident informed staff the skin tear was caused by her watch, thus intensive environmental evaluation was not deemed necessary. The facility did report this skin tear to the</p>				

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	<p>because she was under the impression the skin tear occurred during transfer.</p> <p>A review of the investigation statement made by QMA #3 dated 5-18-2014 with no time on the report indicated QMA #3 noted Resident #Q "was vomiting, took resident to room to change clothing, (Resident #Q) vomited again, noted blood on gerisleeve."</p> <p>A current policy titled Reportable Occurrences dated 8-25-2013 indicated "It is the policy of Lutheran Life Villages that the facility will ensure reportable occurrences are investigated and reported to the appropriate agencies..." " large contusions or lacerations are defined as injuries greater than 10.0 centimeters (cm) in any direction." and "5. e. Review of potential environmental factors."</p> <p>In an interview on 5-28-2014 at 8:26 AM, the Director of Nursing indicated the skin tear was not reported because the area was under 10.0 centimeters. and did not meet the facility's policy for reporting.</p> <p>3. Resident #S's record was reviewed 5-27-2014 at 4:38 PM. Resident #S's diagnoses included, but were not limited to, high blood pressure, anemia, and peripheral vascular disease.</p>		<p>ISDH on 5/28/14.</p> <p>Resident #S – The facility did report this resident’s skin tear to the ISDH on 5/28/14.</p> <p>Other residents having the potential to be affected and corrective actions:</p> <p>All residents who receive lacerations or skin tears large enough to require sutures have the potential to be affected by this deficient practice. No other residents have had an injury of this nature since 5/28/14 when the surveyor exited the facility. RN#4 and Unit Managers have been re-educated on facility policy regarding investigative procedures following a potentially significant injury and reporting responsibilities. The facility has put prevention measures in place as stated below.</p> <p>Measures to ensure practice does not recur:</p> <p>Facility policy addressing significant injuries that require reporting to the ISDH has been reviewed and revised to ensure it reflects all current federal and state requirements and the ISDH Reportable Incident Policy last</p>		

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	<p>Nurse's progress notes dated 5-26-2014 at 8:30 PM indicated Resident #S was attempting to put herself in bed, and during transfer received a laceration to her right lower leg measuring 9.5 cm long. The notes further indicated Resident #S's family and physician were notified and orders received to send Resident #S to the ER (Emergency Room) for sutures.</p> <p>An Emergency Room record dated 5-26-2014 indicated Resident #S received 13 sutures.</p> <p>In an interview on 5-28-2014 at 8:26 AM, the Director of Nursing indicated she had not reported the laceration because it did not meet the facility's reporting guidelines.</p> <p>This Federal tag is related to Complaint IN00149657.</p> <p>3.1-28(e) 3.1-28(c)</p>		<p>reviewed 06/30/11. Nursing staff has received additional training on employee responsibility to report any significant injury to the Administrator immediately, and on thorough investigative procedures as defined in facility policy.</p> <p>This corrective action will be monitored by:</p> <p>Incident Reports will continue to be reviewed daily Monday through Friday by the DON or designee. An added focus on the size/extent of skin tears, lacerations, or other injuries that meet facility-defined "significant" criteria will be included for the next 3 months. All significant injuries requiring investigation and/or reporting will be audited by the DON or Nurse Consultant to ensure facility policy was followed for the next 3 months. Trends in audit results will be reported to the QA Committee. Additional corrective actions will be developed by the committee as deemed necessary.</p> <p>Completion Date 6/24/ 2014</p>		

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review the facility failed to implement facility policy for investigating the cause of a skin tear for 1 of 3 residents with skin tears in a sample of three. (Resident #Q)</p> <p>Findings include:</p> <p>Resident #Q's record was reviewed 5-27-2014 at 1:50 PM. Resident #Q's diagnoses included, but were not limited to, high blood pressure, depression, and anemia.</p> <p>A review of Nurse's progress notes dated 5-18-2014 at 2:56 PM indicated Resident #Q had an open area with a significant amount of bleeding. When Resident #Q was asked what happened, she indicated her watch had done it. The family and physician were notified, and orders were received for Resident #Q to go to the hospital for sutures.</p>	F000226	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted because of requirements under State and Federal law. F226 The facility developed and implemented written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. The policies reflect Indiana State Administrative Code 410 IAC 16.2-3.1-13(g)(1). Corrective action for residents affected: Resident #Q – The Director of Nursing (DON) met with the Unit Manager assigned to the unit where Resident #Q resides following survey exit. All investigative data was again reviewed and compared to interview results shared by the surveyor. As stated in the alleged citation, the resident informed staff the skin tear was caused by her watch, thus intensive</p>	06/24/2014

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	<p>Emergency room records dated 5-18-2014 indicated Resident #Q received 10 sutures to close the area on the back of her right arm , measuring 7.5 cm by 4 cm.</p> <p>In an interview on 5-27-2014 at 2:42 PM, CNA #2 indicated she had went on break, and upon returning, her coworker had placed Resident #Q on the toilet to get her cleaned up. CNA #2 indicated there was blood on her gerisleeve before she was placed on the toilet.</p> <p>In an interview on 5-27-2014 at 2:49 PM, QMA #3 indicated Resident #Q had her watch with a metal band placed on top of her gerisleeve. Resident #Q became ill, and when vomited, raised her arm and hand quickly to her face. QMA #3 indicated she noted a small amount of blood on the gerisleeve prior to placing Resident #Q on the toilet to assist her in cleaning up after feeling ill. This is when her coworker returned from break, and the skin tear was found under the gerisleeve.</p> <p>A review of the investigation statement made by QMA #3 dated 5-18-2014 with no time on the report indicated QMA #3 noted Resident #Q "was vomiting, took resident to room to change clothing, (Resident #Q) vomited again, noted</p>				<p>environmental evaluation was not deemed necessary. The facility did report this skin tear to the ISDH on 5/28/14. Other residents having the potential to be affected and corrective actions: All residents who receive lacerations or skin tears large enough to require sutures have the potential to be affected by this deficient practice. No other residents have had an injury of this nature since 5/28/14 when the surveyor exited the facility. RN#4 and Unit Managers have been re-educated on facility policy regarding investigative procedures following a potentially significant injury and reporting responsibilities. The facility has put prevention measures in place as stated below. Measures to ensure practice does not recur: Facility policy addressing significant injuries that require reporting to the ISDH has been reviewed and revised to ensure it reflects all current federal and state requirements and the ISDH Reportable Incident Policy last reviewed 06/30/11. Nursing staff has received additional training on employee responsibility to report any significant injury to the Administrator immediately, and on thorough investigative procedures as defined in facility policy. This corrective action will be monitored by: Incident Reports will continue to be reviewed daily Monday through Friday by the DON or designee.</p>		

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F000309 SS=D	<p>blood on gerisleeve."</p> <p>In an interview on 5-27-2014 at 3:17 PM, RN #4 indicated she had not investigated the wheelchair as a cause of the skin tear, because she was under the impression the skin tear occurred during transfer.</p> <p>A current policy titled Reportable Occurrences dated 8-25-2013 indicated "It is the policy of Lutheran Life Villages that the facility will ensure reportable occurrences are investigated and reported to the appropriate agencies..." " large contusions or lacerations are defined as injuries greater than 10.0 centimeters (cm) in any direction." and "5. e. Review of potential environmental factors."</p> <p>This Federal tag relates to Complaint IN00149657.</p> <p>3.1-28(a)</p> <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</p>		<p>An added focus on the size/extent of skin tears, lacerations, or other injuries that meet facility-defined "significant" criteria will be included for the next 3 months. All significant injuries requiring investigation and/or reporting will be audited by the DON or Nurse Consultant to ensure facility policy was followed for the next 3 months. Trends in audit results will be reported to the QA Committee. Additional corrective actions will be developed by the committee as deemed necessary. Completion Date 6/24/ 2014</p>		

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	<p>the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to assess for signs and symptoms of infection for 1 of 3 residents reviewed with skin tears in a sample of three. (Resident #R)</p> <p>Findings include:</p> <p>Resident #R's record was reviewed 5-27-2014 at 3:28 PM. Resident #R's diagnoses included, but were not limited to, high blood pressure, depression, and heart disease.</p> <p>A Nurse's progress note dated 5-23-2014 at 9:15 PM indicated Resident #R had attempted to transfer herself into her bed. A skin tear was observed on her right forearm, measuring 4 cm (centimeters) x 6 cm. The family and physician were notified and orders for treatment were received.</p> <p>A Nurse's progress note dated 5-24-2014 at 7:00 AM indicated the dressing to the right forearm was clean, dry, and intact, but did not indicate if the skin surrounding the dressing had any signs or symptoms of infection.</p> <p>A Nurse's progress note dated 5-25-2014</p>	F000309	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. 309</p> <p>This Plan of Correction is prepared and submitted because of requirements under State and Federal law. The facility provides all 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 Corrective action for residents affected: Resident #R – The facility is monitoring this resident's skin tear following facility guidelines. Including entering assessment data and documentation requirements as stated below. Documentation is available in the electronic medical record. Other residents having the potential to be affected and corrective actions: All residents who receive lacerations or skin tears large enough to require sutures have the potential to be affected by this deficient practice. The facility is monitoring resident injuries daily through Incident Reports and 24-Hour Reports. No other residents have been identified to be affected by the alleged deficit practice. Licensed staff responsible for not entering</p>	06/24/2014			

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	<p>at 7:59 AM indicated the dressing to the right forearm was clean, dry, and intact. The note further indicated there were no signs or symptoms of infection.</p> <p>A review of Nurse's progress notes for 5-26 and 5-27-2014 indicated no mention of the right forearm dressing or if there were signs or symptoms of infection at the site of the skin tear.</p> <p>There was no additional documentation Resident #R's skin tear was assessed.</p> <p>In an interview on 5-28-2014 at 9:15 AM, LPN #1 indicated the staff are expected to document the condition of skin tears for signs and symptoms of infection at least daily until healed.</p> <p>This Federal tag is related to Complaint IN00149657.</p> <p>3.1-37(a)</p>		<p>assessment data have been re-educated on proper assessment and documentation requirements. The facility has put prevention measures in place as stated below. Measures to ensure practice does not recur: A Pertinent Charting Protocol has been implemented which includes specific assessment and documentation requirements for a variety of resident condition changes including accidentally-inflicted wounds. Facility policy also requires on-going weekly wound assessments be documented in the Skin and Wound module of the electronic medical record until wounds are healed. Licensed nursing staff has received training on facility requirements regarding wound assessment and documentation. This corrective action will be monitored by: Unit Managers or designees will audit clinical records of residents with lacerations or skin tears daily Monday through Friday to ensure facility policy regarding assessment and documentation was followed. Any non-compliance found will be addressed immediately and reported to the Director of Nursing. Trends in audit results will be reported to the QA Committee. Additional corrective actions will be developed by the committee as deemed necessary.</p> <p>Completion Date 6/24/ 2014</p>		

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

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