

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155783	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/18/2012
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NAME OF PROVIDER OR SUPPLIER GREENLEAF HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 E BEARDSLEY ELKHART, IN 46514
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F0000	<p>This visit was for the Investigation of Complaint IN00111063.</p> <p>Complaint IN00111063: Substantiated, Federal/state deficiencies related to the allegations are cited at F282.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: July 18, 2012</p> <p>Facility number: 002661 Provider number: 155783 AIM number: NA</p> <p>Survey team: Christine Fodrea, RN- TC Julie Wagoner, RN</p> <p>Census bed type: SNF: 50 NF: 4 Residential: 47 Total: 101</p> <p>Census payor type: Medicare: 23 Medicaid: 4 Other: 74 Total: 101</p> <p>Sample: 4</p>	F0000		

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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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 19, 2012 by Bev Faulkner, RN</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 interview and record review, the facility failed to ensure care plans were initiated for surgical after care for 1 of 4 residents reviewed for care plans in a sample of 4. (Resident #N)</p> <p>Findings include:</p> <p>Resident #N's record was reviewed 7-18-2012 at 2:14 p.m. Resident #N's diagnoses included but were not limited to osteoarthritis, and fractured femur.</p>	F0279	F-2791. Resident N had no known ill effects noted. Unable to update written plan of care due to resident N being discharged home.2. All residents that could have the potential to be affected after having a surgical procedure have had their written plan of care reviewed and updated if warranted.(08/03/12) 3. All nurses have been in-serviced on updating a written plan of care after any surgical procedure is done. Unit managers will do audits of all new orders pertaining to surgical procedures the following day in clinical review meeting, to ensure all areas have been addressed on	08/10/2012	

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	<p>Discharge instructions from Unity Medical and Surgical Hospital, dated 6-27-2012, indicated Resident #N was to receive eye medications in her right eye 4 times per day, to wear an eye shield while sleeping for 3 days after surgery, and to prevent water from getting in the eye for 1 week after surgery.</p> <p>A review of care plans for Resident #N did not reveal a care plan addressing eye care or pain management after surgery.</p> <p>In an interview on 7-18-2012 at 3:18 p.m., the Director of Nursing indicated a care plan should have been initiated addressing surgical after care and pain management.</p> <p>3.1-35(a)</p>		<p>written plan of care. (08/03/12).4. Unit managers will review residents records the next day if a surgical procedure has been performed to ensure all things have been addressed and added to the written plan of care. Quality Assurance team will review any findings monthly x3 and then decide to continue monitoring or if that issue is resolved the issue will be considered resolved if no records have been found to be not addressed with needed information then it will be found as resolved during that time frame.. (08/10/12).5. 08/10/12.</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 interview and record review, the facility failed to follow physician's orders for eye shield after surgical care for 1 of 1 residents reviewed with post surgical eye care in a sample of 4. (Resident #N)</p> <p>Findings include:</p> <p>Resident #N's record was reviewed 7-18-2012 at 2:14 p.m. Resident #N's diagnoses included but were not limited to osteoarthritis, and fractured femur.</p> <p>A "Discharge Instructions after Cataract Surgery" sheet, dated 6-27-2012, indicated Resident #N was to wear an eye shield while sleeping for 3 days after surgery.</p> <p>A review of Resident #N's Treatment Administration Record (TAR), dated 6-2012, revealed no documentation the eye shield had been applied on 6-27, 6-28, 6-29, or 6-30, 2012.</p> <p>A review of Nurse's Notes, dated 6-27, 6-28, 6-29 and 6-30, did not indicate an</p>	F0282	F-2821. Resident N had no known ill effects. Unable to correct due to resident being discharged home.2. All residents who have had surgical procedures done had all orders pertaining to surgery reviewed, to ensure all physicians' orders/discharge instructions are being followed. (08/03/12).3. All nurses have been in-serviced on following physicians discharge instructions after any surgical procedure. Unit managers will audit following day after any surgical procedure in morning clinical review to ensue all discharge instructions have been followed. (08/03/12).4. Unit managers will monitor daily by looking at records and orders/discharge instructions pertaining to surgical procedure during clinical management meeting daily. Quality Assurance team will review monthly x 3 months and report any findings.Unit managers will do direct observation weekly x 4 then monthly x2 and if no issues noted during monitoring audits then it will be stopped. (08/10/12).5. 08/10/12.	08/10/2012	

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	<p>eye shield was applied while Resident #N was sleeping.</p> <p>In an interview on 7-18-2012 at 1:45 p.m., LPN #2 indicated there were no orders to apply an eye shield to Resident #N's eye after surgery, so no eye shield had been applied.</p> <p>In an interview on 7-18-2012 at 3:18 p.m., the Nursing Consultant indicated physician orders were to be followed.</p> <p>A current policy titled Physician Notification Guidelines, dated 12-06-2007, was provided by the Administrator in response to a request for a policy addressing following physician orders, but the policy did not address following orders.</p> <p>This Federal tag relates to complaint number IN00111063.</p> <p>3.1-35(g)(2)</p>			