

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155341	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/06/2014
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NAME OF PROVIDER OR SUPPLIER EASTGATE MANOR NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2119 E NATIONAL HWY WASHINGTON, IN 47501
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F000000	<p>This visit was for the Investigation of Complaint IN00144800.</p> <p>Complaint IN00144800 - Substantiated, Federal/State deficiencies are cited at F157 and F323.</p> <p>Survey dates: March 5 and 6, 2014</p> <p>Facility number: 000301 Provider number: 155341 AIM number: 100289090</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 59 Total: 59</p> <p>Census payor type: Medicare: 8 Medicaid: 45 Other: 6 Total: 59</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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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 on February 7, 2014 by Jodi Meyer, RN			

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F000157 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 observation, interview, and record review, the facility failed to ensure family members were notified promptly of a resident's</p>	F000157	<i>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or</i>	03/20/2014	

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	<p>change in condition and new orders for x-rays of a left shoulder, for 1 of 3 residents reviewed for family notification, in a sample of 4.</p> <p>Resident A</p> <p>Findings include:</p> <p>On 3/5/14 at 8:55 A.M., during the initial tour, Resident A was observed sitting in a broda chair. His left arm was in a splint, and resting on a pillow. The Director of Nursing (DON) indicated at that time that the resident had a fractured left upper arm. The DON indicated the resident ' s left arm had been contracted, and staff observed a change in the appearance of the arm. The DON indicated the facility did an investigation, and couldn't ' t determine the cause of the injury. The clinical record of Resident A was reviewed on 3/5/14 at 10:45 A.M. Diagnoses included, but were not limited to, dementia, history of left CVA, and hemiparesis. A Minimum Data Set (MDS) assessment, dated 12/3/13, indicated Resident A scored a 5 out of 15 for cognition, with 15 indicating no memory impairment. The MDS</p>		<p><i>conclusions contained in the Department's inspection report.</i></p> <p>-Licensed Nursing Staff re-educated on timely notification of changes</p> <p>-DON/Designee will review applicable charts during clinical review daily (Mon-Fri) x 2 weeks to ensure timely family/responsible party notification of change took place when applicable, 3 times per week for 2 weeks, weekly for 4 weeks and monthly thereafter. Identified non-compliance will result in 1:1 re-education with repeat non-compliance resulting in disciplinary action per policy up to and including termination. Identified trends will be reviewed in QA monthly for further reccomendations as deemed appropriate.</p>				

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	<p>assessment indicated the resident required extensive assistance of two+ staff for transfer, and had range of motion limitations of "Upper extremity, Impairment on one side." Progress notes included the following notations:</p> <p>1/30/14 at 9:30 P.M.: " Contacted [name of physician] for orders to x-ray [left] shoulder et [and] [left] humerus due to flaccid movement to RO [rule out] dislocation or break of [left] arm. Res [resident] shows s/s [signs and symptoms] of pain when moving [left] arm around. [Physician] agreed to have [x-ray company] come to x-ray [left] arm et shoulder. [X-ray company] contacted et x-ray ordered. DON [name] also contacted to make aware of [change] in condition of [left] arm. "</p> <p>1/31/14 at 12:00 A.M.: " Paged [physician], x-ray [left] arm shows fx [fractured] left humerus. New orders rec ' d [received]. "</p> <p>1/31/14 at 12:30 A.M.: " Ice packs applied to [left] [upper] arm d/t [due to] [increased] swelling. Pain med given @ 12 M et res. cont. to be in pain from [left] humerus fx ..."</p>			

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	<p>1/31/14 at 2:00 A.M.: "Lortab 10/325 mg given at this time...Cont. to be in pain. Grabs at [left] arm when repositioning. [Left] arm cont. [with] swelling et bruising noted to anticubital [sic] area et inner arm area...."</p> <p>1/31/14 at 3:00 A.M.: "Paged [name of physician] et informed him of pain meds res. rec'd [received] et cont. to have [increased] pain. Order rec'd to send to ER...."</p> <p>1/31/14 at 3:15 A.M.: "Res. son [name] informed of res. condition et order rec'd to send to ER."</p> <p>The resident was transferred to the ER on 1/31/14 at 4:00 A.M., and returned to the facility on 1/31/14 at 4:50 A.M.</p> <p>An ER record, dated 1/31/14 at 4:16 A.M., indicated, "Fracture [Left] humerus shaft...."</p> <p>On 3/5/14 at 3:00 P.M., during interview with RN # 3, he indicated he was working the evening of 1/30/14. He indicated CNA # 3 informed him "something was wrong with [Resident A's] arm." He indicated he was fairly new at the facility, and so did not know the</p>			

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	<p>resident that well. But CNA # 3 told him that the resident's left arm was usually contracted, and he observed it to be "hanging" flaccid. RN # 1 indicated he called the DON, notified the physician, and obtained an order for an x-ray. He indicated he did not call the family at that time, because he was waiting to see what the x-ray revealed. RN # 3 indicated x-rays weren't obtained until "around 11:00 P.M.," and he left at 11:30 P.M. On 3/6/14 at 11:15 A.M., during interview with the Administrator, she indicated the family had not been notified until the x-rays were back which confirmed the fracture.</p> <p>This Federal tag relates to Complaint IN00144800. 3.1-5(a)(2)</p>				

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F000323 SS=G	<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. Based on observation, interview, and record review, the facility failed to apparently ensure 2 staff members assisted a resident with a transfer with a hooyer lift, potentially resulting in a fractured left humerus, for 1 of 3 residents reviewed who required a mechanical lift for transfers, in a sample of 4. Resident A Findings include: 1. On 3/5/14 at 8:55 A.M., during the initial tour, Resident A was observed sitting in a broda chair. His left arm was in a splint, and resting on a pillow. The Director of Nursing (DON) indicated at that time that the resident had a fractured left upper arm. The DON indicated the resident ' s left arm had been contracted, and staff observed a change in the appearance of the arm. The DON indicated the facility did an investigation, and couldn't ' t</p>	F000323	<p>- A one time review of current in-house residents that are assisted with transfers by utilizing a mechanical lift will be completed. Care plans and CNA sheets updated as needed to reflect current status. - Nursing Staff re-educated on mechanical lift transfers policy. -Administrator/DON/Designee will randomly select one mechanical lift transfer to observe daily (Mon-Fri) x 2 weeks to ensure appropriate number of staff members are assisting with transfer, 3 times per week for 2 weeks, weekly for 4 weeks and monthly thereafter. These observations will occur across all shifts.. Identified non-compliance will result in 1:1 re-education with repeat non-compliance resulting in disciplinary action per policy up to and including termination. Identified trends will be reviewed in QA monthly for further reccomendations as deemed appropriate.</p>	03/20/2014			

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	<p>determine the cause of the injury.</p> <p>On 3/5/14 at 9:45 A.M., the Administrator provided documentation regarding the investigation of Resident A's fracture. Included was a statement from LPN # 1, undated, which indicated: "On Jan 29th in the afternoon - [Resident A] was in bed lying on back - [CNA # 1] was with him - she was placing brief on him. I asked if she needed help [and] she said yes. I helped [with] brief [and] straighten [sic] him in bed. CNA asked if resident [left] shoulder could be out of place. I [checked] [left] shoulder [and] arm - could not feel or see anything that seemed unusual - [left] arm was still contracted. Resident did not yell during exam."</p> <p>Additional documentation from CNA # 1, dated 2/3/14, indicated, "On Wednesday [1/29/14] when me and [LPN # 1] put [Resident A] to bed that his arm was flopping around [sic] and I asked her is it broke or out of socket she felt up and down on his arm and couldn't feel anything and he didn't hollar [sic]. On</p>			

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	<p>Thursday [1/30/14] I didn't notice anything different except he was hollaring more I asked him what was wrong he said somebody had a hold of his elbow. And he was already up both days when I got here Wednesday and Thursday."</p> <p>The clinical record of Resident A was reviewed on 3/5/14 at 10:45 A.M. Diagnoses included, but were not limited to, dementia, history of left CVA, and hemiparesis. A Minimum Data Set (MDS) assessment, dated 12/3/13, indicated Resident A scored a 5 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated the resident required extensive assistance of two+ staff for transfer, and had range of motion limitations of "Upper extremity, Impairment on one side." A resident care plan, dated 12/3/13, indicated: "Problem, Potential or Actual ADL [activities of daily living]/Mobility deficit...r/t [related to]: CVA, Cognitive Impairment...As evidenced by: Generalized weakness, Contractures...Interventions, Provide</p>			

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	<p>assistive device as needed for transfer: ML [mechanical lift]...."</p> <p>Progress notes included the following notations:</p> <p>1/30/14 at 9:30 P.M.: " Contacted [name of physician] for orders to x-ray [left] shoulder et [and] [left] humerus due to flaccid movement to RO [rule out] dislocation or break of [left] arm. Res [resident] shows s/s [signs and symptoms] of pain when moving [left] arm around. [Physician] agreed to have [x-ray company] come to x-ray [left] arm et shoulder. [X-ray company] contacted et x-ray ordered. DON [name] also contacted to make aware of [change] in condition of [left] arm. "</p> <p>1/31/14 at 12:00 A.M.: " Paged [physician], x-ray [left] arm shows fx [fractured] left humerus. New orders rec ' d [received]. "</p> <p>1/31/14 at 12:30 A.M.: " Ice packs applied to [left] [upper] arm d/t [due to] [increased] swelling. Pain med given @ 12 M et res. cont. to be in pain from [left] humerus fx ..."</p> <p>1/31/14 at 2:00 A.M.: "Lortab 10/325 mg given at this time...Cont. to be in pain. Grabs at [left] arm when</p>			

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	<p>repositioning. [Left] arm cont. [with] swelling et bruising noted to anticubital [sic] area et inner arm area...."</p> <p>1/31/14 at 3:00 A.M.: "Paged [name of physician] et informed him of pain meds res. rec'd [received] et cont. to have [increased] pain. Order rec'd to send to ER...."</p> <p>1/31/14 at 3:15 A.M.: "Res. son [name] informed of res. condition et order rec'd to send to ER."</p> <p>The resident was transferred to the ER on 1/31/14 at 4:00 A.M., and returned to the facility on 1/31/14 at 4:50 A.M.</p> <p>An ER record, dated 1/31/14 at 4:16 A.M., indicated, "Fracture [Left] humerus shaft...."</p> <p>On 3/5/14 at 3:40 P.M., during interview with LPN # 1, she indicated she was working the day shift on 1/29/14. She said she helped CNA # 1 turn and reposition Resident A while he was in bed. LPN # 1 indicated she did not assist CNA # 1 transfer the resident to bed. LPN # 1 indicated she was unsure who assisted CNA # 1 with the hoyer transfer, as CNA # 2 was gone at an</p>						

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	<p>appointment. LPN # 1 indicated CNA # 1 asked her to check the resident's arm to see if it was dislocated. LPN # 1 indicated CNA # 1 did not tell her why she wanted her to check it. LPN # 1 indicated she felt up and down the resident's arm 3 times, and the resident did not appear in pain. She indicated she did not note anything was wrong at that time, and that his arm was contracted as usual.</p> <p>On 3/6/14 at 9:25 A.M., during interview with CNA # 1, she indicated she was taking care of Resident A on 1/29/14. She indicated she "noticed his left arm flopping." She indicated the resident usually held his left arm against his side with his right hand. CNA # 1 indicated LPN # 1 assisted her in placing the resident to bed, and she asked LPN # 1 to check the resident's arm, which she did. CNA # 1 indicated 3 different times that LPN # 1 assisted her in transferring the resident to bed with a hooyer lift. She indicated CNA # 2, who was working that hall with her, was gone at an appointment. CNA # 1</p>			

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	<p>indicated when she worked the next day, Resident A was holding his left arm "as usual," and did not appear in pain.</p> <p>On 3/6/14 at 11:15 A.M., during interview with the Administrator, she indicated it was facility policy to have 2 staff members present during a mechanical lift transfer. The Administrator indicated she had not noticed the discrepancy between CNA # 1 and LPN # 1 regarding assistance with transfers. The Adminsitrator indicated she felt that the fracture may have accidentally occurred during transfer or care, and staff had been inserviced on proper turning and transfer techniques.</p> <p>2. On 3/6/14 at 11:35 A.M., the Administrator provided the current facility policy on "Ergonomics-Minimal Lift Program, revised July 2012. The policy included: "The Dependent (DL) or Total mechanical lift (TL) may be used for residents who cannot reliably bear weight and can only offer minimal assistance with transfers, and will also be used for all clinically appropriate residents</p>						

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	<p>who have fallen and cannot get up independently...The DL or TL mechanical lift is completed with minimum assistance of two...."</p> <p>This Federal tag relates to Complaint IN00144800. 3.1-45(a)(2)</p>			