

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155750	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/04/2015
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NAME OF PROVIDER OR SUPPLIER MORGANTOWN HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00172760 and IN00172558.</p> <p>Complaint IN00172760 - Substantiated. Federal/State deficiencies related to the allegations are cited at F221.</p> <p>Complaint IN00172558 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: May 1 & 4, 2015</p> <p>Facility number: 000399 Provider number: 155750 AIM number: 100289100</p> <p>Census bed type: SNF/NF: 35 Total: 35</p> <p>Census payor type: Medicaid: 31 Other: 4 Total: 35</p> <p>Sample: 03</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		

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 221 SS=D Bldg. 00	<p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a restraint consent had been filled out as indicated by facility policy prior to being signed by the guardian for 1 of 1 residents in a sample of 3 reviewed for physical restraint. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 5/1/15 at 12:00 p.m.</p> <p>Diagnosis included, but were not limited to: anoxic/toxic encephalopathy and major depression.</p> <p>A BIMS (Brief Interview for Mental Status) dated 4/7/15, indicated a 99, which indicates Resident #A was unable to answer questions related to the</p>	F 221	<p>1. Immediately called the P.O.A to explain the Restraint Form and get her verbal approval per phone call. Verbal approval was received from the P.O.A and was heard by two witnesses per phone call on May 1, 2015. SSD was in-serviced immediately on the need for total completion of Restraint Form, and the use of new Restraint Form for all new residents. 2. Any resident has the potential to be affected. 3. All residents who have need for Restraint Consent form were reviewed for completion. DON and SSD will both sign off of the Consent form for verification of completion. All nurses were in-serviced to notify DON and SSD of any new orders for Restraints on any resident so consent can be obtained for the residents chart. 4. HFA, DON, SSD will monitor daily for restraint orders and completion of restraint</p>	06/03/2015

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	<p>cognitive level.</p> <p>Physician order dated 10/13/14, indicated "may be up in a broda chair [a chair used to assist residents with optimal seating to help assist with residents who may slump, slide, or have difficulty with poor lateral support] with straps [padded and placed in between legs] due to inability to balance self well, leans forward and side to side, and slides down flinging legs over side of chair."</p> <p>Review of consent form dated 10/17/14, indicated consent had been signed by Resident #A's guardian, however in the area of what type of restraints would be used was blank. The informed consent did not indicate any type of reasoning, specific target behaviors, and/or medical symptoms for use of physical restraints.</p> <p>Interview with the DON (Director of Nursing) on 5/1/2015 at 1:00 p.m., indicated the Social Service Director was in charge of getting the form signed. The DON also indicated although the consent sheet had blank areas, it was for the implementation of the thigh straps related to the broda chair.</p> <p>On 5/4/2015 at 10:30 a.m., the Director of Nursing provided a copy of the</p>		<p>form to facility policy. The QA committee will review quarterly for 6 months. The facility will follow the recommendation of QA committee. 5. June 3, 2015 completion date.</p>		

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	<p>facility's Use of Restraints policy dated April 2014, and indicated the policy was the one currently used by the facility. Review of the policy indicated under the informed consent section, the resident and/or surrogate/sponsor shall be informed about the potential risks and benefits of all options under consideration, including the use of restraints, not using restraints, and the alternatives to restraint use.</p> <p>This Federal tag relates to Complaint IN00172760.</p> <p>3.1-3(w)</p>				