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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155815 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 10/30/2014 |
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| NAME OF PROVIDER OR SUPPLIER CLEARVISTA LAKE HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP CODE 8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256 |
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| F000000 | <p>This visit was for the Investigation of Complaints IN00157549 and IN00157889.</p> <p>Complaint IN00157549- Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00157889- Substantiated. Deficiencies related to the allegations are cited at F157, F279, F309, F314, and F514.</p> <p>Survey dates: October 27, 28, 29, and 30, 2014</p> <p>Facility number: 013019 Provider number: NA AIM number: NA</p> <p>Survey team: Chuck Stevenson RN, TC</p> <p>Census bed type: SNF: 37 SNF/NF: 4 Residential: 29 Total: 70</p> <p>Census payor type: Medicare: 22 Medicaid: 4 Other: 15</p> | F000000 | <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint (IN00157549 and IN00157889) Survey on October 30, 2014. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> | |
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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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| F000157 SS=D | <p>Total: 70</p> <p>Sample: 5</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.3-1.</p> <p>Quality review completed on November 5, 2014 by Cheryl Fielden, RN.</p> <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</p> | | | |

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| | <p>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 record review and interview, the facility failed to ensure a resident's physician was notified when the resident had changes that might require an alteration in treatment. (Resident C). 1 resident of 3 reviewed for physician notification in a sample of 5.</p> <p>Findings include:</p> <p>The record of Resident C was reviewed on 10/28/14 at 9:20 A.M. Diagnoses included, but were not limited to, dementia, hypertension, diabetes mellitus, atrial fibrillation, a history of urinary tract infections, and gastro esophageal reflux disease.</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 5/24/14 at 9:09 P.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes. Where is the skin problem located? On her entire buttocks."</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 6/09/14 at 11:35 A.M., indicated "Did you see a new skin</p> | F000157 | <p>F 157 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #C MD has been notified / updated of all skin impairments. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will review all residents with skin impairments and ensure MD has been notified / updated. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Licensed Nurses on the following campus guidelines: Physician Notification Guidelines How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: review 5 residents per hallway with skin impairment to ensure</p> | 11/29/2014 |

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| | <p>problem? Yes. Did you notify the nurse of skin problem? Yes."</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 6/29/14 at 3:41 A.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes."</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 7/27/14 at 8:01 P.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes."</p> <p>During an interview on 10/30/14 at 11:30 A.M., with the Executive Director and the Director of Health Services present, the Corporate Nurse Consultant indicated there was no documentation the physician was notified of concerns related to the above "CNA Skin Assessment Detail Reports" entries.</p> <p>A "Wound Tracking" form dated 7/15/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Red butt."</p> <p>A "Wound Tracking" form dated 7/23/14</p> | | <p>MD has been notified. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p> | |

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| | <p>for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Remains red."</p> <p>A "Wound Tracking" form dated 7/29/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Blanchés."</p> <p>A "Wound Tracking" form dated 8/08/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Blanchés."</p> <p>During an interview on 10/30/14 at 11:30 A.M., with the Executive Director and the Director of Health Services present, the Corporate Nurse Consultant indicated there was no documentation of physician notification related to the above "Wound Tracking" form entries.</p> | | | |

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| F000279 SS=D | <p>A nurse's note dated 9/09/14 at 12:00 A.M., indicated "(symbol for "increased") excoriation at coccyx. Calazime placed around wound. Wound doctor to be notified in A.M."</p> <p>During an interview on 10/30/14 at 1:30 P.M., with the Director of Health Services present, the Corporate Nurse Consultant indicated there was no documentation of physician notification of the above incident.</p> <p>This Federal tag relates to complaint IN00157889.</p> <p>3.5-1(a)(1) 3.5-1(a)(2)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS 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,</p> | | | |

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| | <p>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 record review and interview, the facility failed to ensure a resident who had an implanted cardiac pacemaker had a care plan related to the device. (Resident C). 1 resident of 5 reviewed for care plans in a sample of 5.</p> <p>Findings include:</p> <p>The record of Resident C was reviewed on 10/28/14 at 9:20 A.M. Diagnoses included, but were not limited to, dementia, hypertension, diabetes mellitus, atrial fibrillation, a history of urinary tract infections, and gastro esophageal reflux disease.</p> <p>A "Nursing Admission Assessment and Data Collection" form for Resident C dated 8/27/14 indicated "Cardiac...Pacemaker." A skin assessment diagram indicated on the left upper chest area "Pace maker scar 4 cm" (centimeters).</p> <p>A hospital "Transfer Summary Report" date 8/27/14 indicated "Other medical issues...PPM (Permanent pace maker)</p> | F000279 | <p>F 279 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #C - care plan was developed related to implanted cardiac pacemaker device. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will review all residents with implanted cardiac pacemaker devices to ensure a care plan is in place. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Interdisciplinary Team on the following campus guidelines: Care Plans, Pacemaker. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: review of all residents with implanted cardiac pacemaker</p> | 11/29/2014 |

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| | <p>placement on 8/21/14..."</p> <p>On 10/28/14 at 11:30 A.M., the Clinical Nurse Consultant indicated that Resident C did have an implanted cardiac pacemaker, and that her record contained no diagnosis, physician's order, or care plan related to the pace maker and that a care plan for the pace maker should have been developed.</p> <p>A physician's order dated 10/28/14 at 4:00 P.M., indicated "Resident has pacemaker for her A Fib (atrial fibrillation). Check pulse daily. If pulse is above 110 or less than 70, call (name and phone number of Resident C's cardiac care practice). Next pacemaker check scheduled 01/09/15 per (cardiac care group).</p> <p>During an interview on 10/30/14 at 1:30 P.M., the Clinical Nurse Consultant indicated the above physician's had been obtained after it was noted Resident C's record contained no physician's order or care plan related to her pace maker.</p> <p>A facility policy titled "Interdisciplinary Team Care Plan Guideline" dated 1/08 obtained from the Clinical Nurse Consultant on 10/28/14 at 1:10 P.M., indicated: Purpose: To ensure appropriateness of</p> | | <p>device to ensure a comprehensive plan of care has been developed. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p> | | | | |

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| F000309 SS=D | <p>services and communication that will meet the resident's needs... Procedure...The 'Change in Condition' form may be utilized to reflect changes, additions, or discontinuation...or to reveal a new problem area."</p> <p>This Federal tag relates to complaint IN00157889.</p> <p>3.1-35(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 the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure the record of a resident who had an implanted cardiac pacemaker had appropriate documentation related to the device to ensure necessary care and services were provided. (Resident C). 1 resident of 3 reviewed for necessary care and services in a sample of 5.</p> <p>Findings include: The record of Resident C was reviewed</p> | F000309 | <p>F 309</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #C medical record reviewed to ensure the appropriate documentation is in place related to implanted cardiac pacemaker to ensure necessary care and services are provided.</p> | 11/29/2014 |

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| | <p>on 10/28/14 at 9:20 A.M. Diagnoses included, but were not limited to, dementia, hypertension, diabetes mellitus, atrial fibrillation, a history of urinary tract infections, and gastro esophageal reflux disease.</p> <p>A "Nursing Admission Assessment and Data Collection" form for Resident C dated 8/27/14 indicated "Cardiac...Pacemaker." A skin assessment diagram indicated on the left upper chest area "Pace maker scar 4 cm" (centimeters).</p> <p>A hospital "Transfer Summary Report" date 8/27/14 indicated "Other medical issues...PPM (Permanent pace maker) placement on 8/21/14..."</p> <p>On 10/28/14 at 11:30 A.M., the Clinical Nurse Consultant indicated that Resident C did have an implanted cardiac pacemaker, and that her record contained no diagnosis, physician's order, or care plan, or other documentation related to the pace maker and that a care plan for the pace maker should have been developed to ensure appropriate services related to the pace maker were provided.</p> <p>A physician's order dated 10/28/14 at 4:00 P.M., indicated "Resident has pacemaker for her A Fib (atrial</p> | | <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will review all residents medical record reviewed to ensure the appropriate documentation is in place related to implanted cardiac pacemaker to ensure necessary care and services are provided.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Licensed Nurses on the following guideline: Pacemaker</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents per hallway will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: documentation is in place related to implanted cardiac pacemaker to ensure necessary care and services are provided.</p> | |

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| | <p>fibrillation). Check pulse daily. If pulse is above 110 or less than 70, call (name and phone number of Resident C's cardiac care practice). Next pacemaker check scheduled 01/09/15 per (cardiac care group).</p> <p>During an interview on 10/30/14 at 1:30 P.M., the Clinical Nurse Consultant indicated the above physician's had been obtained after it was noted Resident C's record contained no physician's order or care plan related to her pace maker.</p> <p>An undated facility policy titled "Guidelines for Pacemaker" obtained from the Clinical Nurse Consultant on 10/28/14 at 1:10 P.M., indicated: "Purpose: To ensure pacemaker is functioning properly through nursing assessments, resident education, and physician notification of abnormalities. Procedure: The physician shall provide the facility with the specific maximum heart rate above the pacemaker rate that is acceptable....Pulse shall be taken per the physician's orders...Medication shall be administered per physician's orders...New pacemaker placements should be allowed about eight weeks to settle firmly in place. During this time, sudden, jerky or violent actions that will cause the arm to pull away from the body should be avoided...Avoid pressure over</p> | | <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p> | |

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| F000314 SS=G | <p>the area of the chest where the pacemaker was placed...When making consulting appointments the physicians, dentists and other health professionals should be notified that the resident has a pacemaker prior to any work being done...Residents should have an identification card when out in the community that provides notification of the pacemaker placement...To work properly, the pacemaker should be checked periodically per physician recommendations...Results of testing should be recorded in the resident medical record."</p> <p>This Federal tag relates to complaint IN00157889.</p> <p>3.1-37(a)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> | | | |

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| NAME OF PROVIDER OR SUPPLIER CLEARVISTA LAKE HEALTH CAMPUS | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256 | | | |
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| | <p>Based on observation, record review and interview, the facility failed to ensure a resident who did not have a pressure sore did not develop a Stage III pressure sore requiring continuing treatment. (Resident C). 1 resident of 3 reviewed for pressure sores in a sample of 5.</p> <p>Findings include:</p> <p>The record of Resident C was reviewed on 10/28/14 at 9:20 A.M. Diagnoses included, but were not limited to, dementia, hypertension, diabetes mellitus, atrial fibrillation, a history of urinary tract infections, and gastro esophageal reflux disease.</p> <p>A "Resident First Conference Notes" form dated 4/29/14 at 4:00 P.M., indicated "Pressure Area: No."</p> <p>"CNA Skin Assessment Detail Reports" documenting skin assessments done on an every shift basis for the dates 3/17/14 through 5/23/14, inclusive; 5/25/14 through 6/09/14, inclusive; 6/10/14 through 6/29/14, inclusive; 6/30/14 through 7/27/14, inclusive; and 7/28/14 through 8/12/14, inclusive, all indicated "Did you see a new skin problem? No."</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 5/24/14 at 9:09</p> | F000314 | <p>F 314 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #C review of the following to ensure complete:</p> <p>1). CNA observation of skin documentation to include type of skin concern observed, location, nurse notification 2). If new skin impairment observed, nurse documentation of action taken 3). Treatment to skin impairment documented as ordered. 4). Complete wound documentation to include assessment, treatment, communication with MD and MD orders. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: Review of all residents skin condition to ensure the following is complete: 1). CNA observation of skin documentation to include type of skin concern observed, location, nurse notification 2). If new skin impairment observed, nurse documentation of action taken 3). Treatment to skin impairment documented as ordered. 4). Complete wound documentation to include assessment, treatment, communication with MD and MD orders. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: 1). DHS or designee will re-educate the Licensed Nurses on the</p> | 11/29/2014 | | | |

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| | <p>P.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes. Where is the skin problem located? On her entire buttocks."</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 6/09/14 at 11:35 A.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes."</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 6/29/14 at 3:41 A.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes."</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 7/27/14 at 8:01 P.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes."</p> <p>During an interview on 10/30/14 at 11:30 A.M., with the Executive Director and the Director of Health Services present, the Corporate Nurse Consultant indicated there was no additional documentation related to the above "CNA Skin Assessment Detail Reports" entries, and that she could not identify what type of skin concerns had been observed, and could not say if there was any action taken in response to the concerns.</p> | | <p>following campus guidelines: Pressure/Stasis Wound Condition Report, Skin Impairment Circumstance Form (Investigation and Assessment), Physician Notification and Care tracker skin training, Medication Administration General Guidelines. All to include review of action taken in response to skin concern, treatment complete as ordered, completion of wound documentation regarding assessment, treatment, communication with MD and MD orders. 2). DHS or designee will re-educate the Certified Nursing Assistants on the following campus guideline: Care tracker skin training to include documentation on type of skin concern observed, location, nurse notification. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents per hallway will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: 1). Assessment of skin 2). Review of CNA observation of skin documentation to ensure it includes type of skin concern observed, location, nurse notification 3). If skin impairment observed, there is nurse documentation of action taken 4). Treatment to skin impairment</p> | | | | |

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| | <p>A physician's order dated 6/04/14 indicated "Calazime protective paste apply topically to buttocks every shift and as needed as preventive for incont. (incontinence.)"</p> <p>Documentation does not indicate Calazime protective paste was applied as ordered on:</p> <p>6/05/14, 11 to 7 6/06/14, 11 to 7 6/08/14, 7 to 3 6/09/14, 11 to 7 6/11/14, 11 to 7 6/13/14, 11 to 7 6/17/14, 7 to 3 6/22/14, 3 to 11 6/26/14, 3 to 11 6/27/14, 11 to 7 and 3 to 11 7/07/14, 3 to 11 7/29/14, 11 to 7 7/30/14, 3 to 11 and 11 to 7 8/01/14, 11 to 7 8/04/14, 3 to 11 8/06/14, 3 to 11</p> <p>A "Wound Tracking" form dated 7/15/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1)</p> | | is documented as ordered 5). Wound documentation is complete The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation. | |

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| | <p>Treatment: Calazime. Comments: Red butt."</p> <p>A "Wound Tracking" form dated 7/23/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Remains red."</p> <p>A "Wound Tracking" form dated 7/29/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Blanches."</p> <p>A "Wound Tracking" form dated 8/08/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Blanches."</p> <p>During an interview on 10/30/14 at 11:30 A.M., with the Executive Director and the Director of Health Services present, the Corporate Nurse Consultant indicated</p> | | | |

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| | <p>there was no additional documentation related to the above "Wound Tracking" form entries, including but not limited to additional assessments, treatments, communication with the physician, or physician's orders.</p> <p>A nurse's note dated 8/12/14 at 6:00 P.M., indicated "...ordered by (name of treating physician)...to start Flagyl (an antibiotic) PO (by mouth) 500mg (milligrams) for res. (resident) open area on coccyx."</p> <p>A physician's order dated 8/12/14 indicated "Flagyl 500 PO BID (twice per day) (symbol for "times") 10 days. Indication: Wound healing."</p> <p>A physician's order dated 8/13/14 at 10:00 A.M., indicated "Send to (name of acute care hospital) for eval (evaluation) and treat."</p> <p>A hospital "Transfer Summary Report" for Resident C related to her admission of 8/13/14 indicated "Plan...5. Sacral wound, likely stage II: Wound consult."</p> <p>A facility "Nursing Admission and Data Collection" form dated 8/27/14, the day of her return from the hospital, had a drawing identifying a wound to Resident C's coccyx, and indicated wound</p> | | | |

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| | <p>measurements of 7 by 41/2cm (centimeters) and 0.5cm dept (sic) (depth).</p> <p>A "Wound Tracking" form dated 8/29/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/III (pressure, stage 3) Length: 6.1 Width: 4.9 Depth: 0.2 Treatment: Collagen (symbol for "plus") telfa island." Comments: ...no lying flat on back..."</p> <p>A "Wound Tracking" form dated 10/24/14 (the most recent available) for Resident C indicated:</p> <p>"Wound Location: Coccyx In-House Acquired: Yes. Stage/Type: II (pressure, stage 2) Length: 4.1 Width: 0.9 Depth: 0.7 Treatment: CaAlginate (calcium alginate) (symbol for "with") Allevan foam top..." Comments: None noted.</p> <p>Resident C was seen by the facility's contracted Wound Care physician on 8/29/14, 9/05/14, 9/26/1410/03/14,</p> | | | |

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| | <p>10/10/14, 10/17/14, and 10/24/14. Wound measurements were taken, the wound was described, and treatment was ordered. Documentation indicates Resident C will continue to be seen by the Wound Care physician.</p> <p>Resident C's sacral wound was observed on 10/30/14 at 2:30 P.M. The wound was consistent in size and description of the "Wound Tracking" form of 10/24/14. The resident was unable to be interviewed due to confusion.</p> <p>During an interview on 10/30/14 at 1:30 P.M., the Clinical Nurse Consultant indicated the facility had no additional information or documentation to provide related to Resident C's pressure sore.</p> <p>This Federal tag relates to complaint IN00157889.</p> <p>3.1-40(a)(1) 3.1-40 (a)(2)</p> | | | |

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| F000514 SS=D | <p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure a resident's record was complete, accurate, and systematically organized. (Resident C). 1 resident of 3 reviewed for complete, accurate, and systematic records in a sample of 5.</p> <p>Findings include:</p> <p>The record of Resident C was reviewed on 10/28/14 at 9:20 A.M. Diagnoses included, but were not limited to, dementia, hypertension, diabetes mellitus, atrial fibrillation, a history of urinary tract infections, and gastro esophageal reflux disease.</p> | F000514 | <p>F 514 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #C review of the following to ensure complete: 1). CNA observation of skin documentation to include type of skin concern observed, location, nurse notification 2). If new skin impairment observed, nurse documentation of action taken 3). Treatment to skin impairment documented as ordered. 4). Complete wound documentation to include assessment, treatment, communication with MD and MD orders. 5). No documentation of treatment completed if resident is out of the campus 6). Physician notification of change in skin condition Identification of</p> | 11/29/2014 | |

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| | <p>A "CNA Skin Assessment Detail Reports" entry dated 5/24/14 at 9:09 P.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes. Where is the skin problem located? On her entire buttocks."</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 6/09/14 at 11:35 A.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes."</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 6/29/14 at 3:41 A.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes."</p> <p>A "CNA Skin Assessment Detail Reports" entry dated 7/27/14 at 8:01 P.M., indicated "Did you see a new skin problem? Yes. Did you notify the nurse of skin problem? Yes."</p> <p>During an interview on 10/30/14 at 11:30 A.M., with the Executive Director and the Director of Health Services present, the Corporate Nurse Consultant indicated there was no additional documentation related to the above "CNA Skin Assessment Detail Reports" entries, and that she could not identify what type of skin concerns had been observed, and</p> | | <p>other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: Review of all residents skin condition to ensure the following is complete: 1). CNA observation of skin documentation to include type of skin concern observed, location, nurse notification 2). If new skin impairment observed, nurse documentation of action taken 3). Treatment to skin impairment documented as ordered. 4). Complete wound documentation to include assessment, treatment, communication with MD and MD orders. 5). No documentation of treatment completed if resident is out of the campus 6). Physician notification of change in skin condition Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: 1). DHS or designee will re-educate the Licensed Nurses on the following campus guidelines: Pressure/Stasis Wound Condition Report, Skin Impairment Circumstance Form (Investigation and Assessment), Physician Notification and Care tracker skin training, Medication Administration General Guidelines. All to include review of action taken in response to skin concern, treatment complete as ordered, completion of wound documentation regarding assessment, treatment,</p> | | | | |

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| | <p>could not say if there was any action taken in response to the concerns.</p> <p>A "Wound Tracking" form dated 7/15/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Red butt."</p> <p>A "Wound Tracking" form dated 7/23/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Remains red."</p> <p>A "Wound Tracking" form dated 7/29/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks). In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Blanchés."</p> <p>A "Wound Tracking" form dated 8/08/14 for Resident C indicated:</p> <p>"Wound Location: Butt (Buttocks).</p> | | <p>communication with MD and MD orders. 2). DHS or designee will re-educate the Certified Nursing Assistants on the following campus guideline: Care tracker skin training to include documentation on type of skin concern observed, location, nurse notification. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents per hallway will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: 1). Review of CNA observation of skin documentation to ensure it includes type of skin concern observed, location, nurse notification 2). If skin impairment observed, there is nurse documentation of action taken 3). Treatment to skin impairment is documented as ordered 4). Wound documentation is complete 5). There is no documentation of skin treatment if resident is out of the campus 6). MD is notified of change in skin condition The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p> | |

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| | <p>In-House Acquired: Yes. Stage/Type: P/1 (pressure, stage 1) Treatment: Calazime. Comments: Blanches."</p> <p>During an interview on 10/30/14 at 11:30 A.M., with the Executive Director and the Director of Health Services present, the Corporate Nurse Consultant indicated there was no additional documentation related to the above "Wound Tracking" form entries, including but not limited to additional assessments, treatments, communication with the physician, or physician's orders.</p> <p>A physician's order dated 6/04/14 indicated "Calazime protective paste apply topically to buttocks every shift and as needed as preventive for incont. (incontinence.)"</p> <p>Documentation does not indicate Calazime protective paste was applied as ordered on:</p> <p>6/05/14, 11 to 7 6/06/14, 11 to 7 6/08/14, 7 to 3 6/09/14, 11 to 7 6/11/14, 11 to 7 6/13/14, 11 to 7 6/17/14, 7 to 3 6/22/14, 3 to 11</p> | | | |

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| | <p>6/26/14, 3 to 11 6/27/14, 11 to 7 and 3 to 11 7/07/14, 3 to 11 7/29/14, 11 to 7 7/30/14, 3 to 11 and 11 to 7 8/01/14, 11 to 7 8/04/14, 3 to 11 8/06/14, 3 to 11</p> <p>A physician's order dated 8/13/14 at 10:00 A.M., indicated "Send to (name of acute care hospital) for eval (evaluation) and treat." A facility "Nursing Admission and Data Collection" form indicated Resident C returned from the hospital on 8/27/14. Calazime was documented as applied during the period Resident C was in the hospital on:</p> <p>8/13/14, 11 to 7 8/14/14, 7 to 3 and 11 to 7 8/15/14, 7 to 3, 3 to 11, and 11 to 7 8/16/14, 7 to 3 and 3 to 11 8/17/14, 7 to 3 and 3 to 11.</p> <p>During an interview on 10/30/14 at 1:30 P.M., with the Director of Health Services present, the Corporate Nurse Consultant indicated there was no additional documentation of Calazime protective paste application as ordered, and she could not explain why documentation indicated the medication was applied while the resident was out of</p> | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155815 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 10/30/2014 |
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| NAME OF PROVIDER OR SUPPLIER CLEARVISTA LAKE HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP CODE 8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
| | <p>the facility at the hospital.</p> <p>A nurse's note dated 9/09/14 at 12:00 A.M., indicated "(symbol for "increased") excoriation at coccyx. Calazime placed around wound. Wound doctor to be notified in A.M."</p> <p>During an interview on 10/30/14 at 1:30 P.M., with the Director of Health Services present, the Corporate Nurse Consultant indicated there was no documentation of physician notification of the above incident.</p> <p>A physician's order dated 8/13/14 at 10:00 A.M., indicated "Send to (name of acute care hospital) for eval (evaluation) and treat." A facility "Nursing Admission and Data Collection" form indicated Resident C returned from the hospital on 8/27/14.</p> <p>This Federal tag relates to complaint IN00157889.</p> <p>3.5-1(a)(1) 3.5-1(a)(2)</p> | | | |