

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155684	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2015
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NAME OF PROVIDER OR SUPPLIER SOUTHFIELD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6450 MIAMI CIR SOUTH BEND, IN 46614
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00176400.</p> <p>Complaint IN00176400 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: July 14, 15 and 16, 2015.</p> <p>Facility number: 002662 Provider number: 155684 AIM number: 200315930</p> <p>Census bed type: SNF: 15 SNF/NF: 42 Residential: 49 Total: 106</p> <p>Census by payor type: Medicare: 9 Medicaid: 26 Private: 22 Total: 57</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

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 0157 SS=D Bldg. 00	<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 record review and interview, the facility failed to consult a resident's physician prior to the initiation of a medication for constipation for 1 of 3</p>	F 0157	With regard to Resident B, the staff involved has been counseled on the need to notify the attending physician prior to commencing a new form of treatment.	08/15/2015	

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	<p>sampled residents. (Resident B)</p> <p>Finding includes:</p> <p>On 7/15/15 at 10:30 A.M., the medical record for Resident B was reviewed. The diagnoses included, but were not limited to, Alzheimer's disease, dementia with behavioral disturbances, congestive heart failure, chronic obstructive pulmonary disease, cellulitis and abscess, peripheral vascular disease, hypertension, hyperlipidemia, anxiety and depression.</p> <p>A nurse's note, dated 05/06/15 at 08:18 A.M., indicated "... Resident is complaining of constipation at the start of shift-did complain of pain in the anal area along c [with] stomach discomfort-bending over in w/c [wheelchair] et [and] holding stomach-refused to allow this nurse to do anything d/t [due to] being upset regarding current situation-unable to redirect-yelling at staff et [and] difficult to comfort-while this nurse was checking AOD [computer program utilized by facility] for solutions, resident did call POA [power of attorney] et [and] [Name of local Police Department]- at that time attending supervisor was contacted for solutions et [and] was informed to write an order for Biscodyl 10 mg [milligrams] rectal Suppository-after talking c [with]</p>		<p>For all other residents, the nursing staff will bein-serviced on the need to notify the attending physician following anaccident; a significant change in condition and/or, prior to the need to altertreatment.</p> <p>To prevent this from reoccurring, the "24 Hour Report" willbe monitored daily by nursing leadership for accidents, changes in conditionand/or, the need to alter a treatment for a resident. If any of these are found, nursing leadershipwill assure that the physician and family were notified appropriately.</p> <p>The Resident Wellness Committee, a subgroup of the QualityAssurance and Process Improvement Committee (QAPI) will monitor this for 30days or until 100% compliance is achieved.</p>	

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	<p>resident this nurse was able to persuade resident to allow Prn [as needed] suppository s [without] difficulty-resident did pass med [medium] soft BM [bowel movement]. Resident was comfortable enough to lay in bed...resident remained in bed the rest of shift...."</p> <p>A physician's order indicated, "...Bisacodyl 10 mg rectal suppository [generic]-insert one suppository daily prn for constipation...Start date 05/06/15...End date: N/A...."</p> <p>A medication administration record indicated a bisacodyl suppository had been given on 05/06/15 at 01:00 A.M.</p> <p>During an interview conducted with the Unit Manager on 07/16/15 at 11:36 A.M., the Unit Manager indicated the bisacodyl suppository had been given before the physician had been notified to obtain the order on 05/06/15. She further indicated she did not tell the nurse to write an order for the bisacodyl suppository, she was not notified until she arrived at the facility on the morning of 05/06/15.</p> <p>During an interview with LPN # 2 on 07/16/15 at 1:20 P.M., LPN # 2 indicated she had notified the Unit Manager of Resident B's symptoms of constipation when she arrived for her shift on the</p>			

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	<p>morning of 05/06/15.</p> <p>A [Name of Clinic and physician] telephone communication form, dated 05/06/15 at 09:20:15 A.M., indicated, "...patient had constipation during the night...had to give a ducolax suppository and he had a small BM [bowel movement] last night and a large this morning...would like to know if they can get an order for colace [stool softener]?...."</p> <p>On 7/16/15 at 4:30 P.M., the current policy and procedure, provided by the Assistant Director of Nursing, titled Physicians Order, with the revision date of 11/02, was reviewed. The policy indicated "Policy: It is the policy of this facility that all resident medications be ordered by a licensed physician or a Nurse Practitioner who has authority. Or a Nurse Practitioner and co-signed by a physician...Medications, diets, therapy, or any other treatments may not be administered to the resident without the written approval from the attending physician...."</p> <p>3.1-5(a)(3)</p>			

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

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