

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155165	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/07/2014
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NAME OF PROVIDER OR SUPPLIER  RIVERVIEW VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 586 EASTERN BLVD CLARKSVILLE, IN 47129
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F000000	<p>This visit was for the Investigation of Complaints IN00153490.</p> <p>Complaint IN00153490 Substantiated. Deficiency related to the allegations is cited at F309</p> <p>Survey dates: August 6 and 7, 2014</p> <p>Facility number : 000082 Provider number: 155165 AIM number: 100289640</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF/NF: 110 Total: 110</p> <p>Census payor type: Medicare: 17 Medicaid: 71 Other: 22 Total: 110</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	I respectfully request paper compliance related to the deficiency cited in this complaint survey. Thank you.Shellie Profumo, HFExecutive Director	
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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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F000309 SS=D	<p>Quality review completed on August 11, 2014 by Randy Fry RN.</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 interview and record review, the facility failed to assess the condition of the skin per facility policy for 3 of 4 residents reviewed with skin conditions in a sample of 5. (Resident #R, Resident #T, and Resident #U)</p> <p>Findings include:</p> <p>1. Resident #R's record was reviewed 8-6-2014 at 2:05 PM. Resident #R's diagnoses included, but were not limited to, dementia, psychosis and high blood</p>	F000309	<p>1. Resident R no longer resides at the facility. Resident T no longer resides at the facility. Resident U weekly skin summaries are current.2. All residents have the potential to be affected by the alleged deficient practice. An audit of all residents charts per the DNS/designee will be completed to ensure weekly skin assessment summaries and new admission skin assessments are completed per policy.3. An audit for weekly skin summaries will be completed each week to ensure completed and accurate by the DNS/designee - nurses</p>	09/06/2014

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	<p>pressure.</p> <p>A nurse's note dated 5-6-2014 at 11:35 PM indicated Resident #R had returned from the wound clinic with treatments ordered for both feet.</p> <p>A review of the wound clinic notes dated 5-6-2014 indicated the eschar on the left foot had been debrided in an area of 5 cm (centimeters) x 12 cm x 0.3 cm. The treatments ordered indicated to change the dressing everyday.</p> <p>A review of skin integrity event form dated 5-8-2014 indicated the area on the left lateral foot was 5 cm x 4 cm with no depth indicated. Additionally, the wound was documented to be due to trauma despite the debridement two days prior.</p> <p>A review of Nurse's Notes indicated there were no notes addressing the status of the wound area, or surrounding tissue on 5-7-2014.</p> <p>2. Resident #T's record was reviewed 8-7-2014 at 9:20 AM. Resident #T's diagnoses included, but were not limited to, diabetes, high blood pressure, and heart failure.</p> <p>Resident #T's admission assessment dated 8-1-2014 indicated Resident #T</p>		<p>that did not complete summaries will be notified to complete. Resident progress notes/open events will be reviewed daily for any new skin alterations identified by the DNS/designee, wound assessed, appropriate event completed, progress note completed and plan of care/profiles updated. Residents returning from the wound clinic will have wound assessed by the DNS/designee documenting the status of the wound and updating the plan of care as needed. Licensed nurses will be re-educated on or before September 6, 2014 on the skin management program by the DNS/designee to include skin events and weekly summaries. Nurse managers were re-educated 8/19/14 by the DNSS on the skin management program to include audit weekly for weekly summaries to ensure complete and accurate, completing skin events/note next business day after new skin event identified, assessing wounds when resident returns from wound clinic, completing IDT wound notes/events, and updating the plan of care. 4. To ensure compliance, the DNS/designee is responsible for the completion of the skin management CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 months and then quarterly to encompass all shifts until continued</p>		

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	<p>had pressures sores on his buttocks.</p> <p>The admission assessment form indicated "If areas of skin alteration are noted on admission, measure each area and complete a skin evaluation event for each area."</p> <p>A review of Resident #T's skin integrity event forms did not indicate an event form was completed until 8-4-2014, three days later.</p> <p>A review of Nurse's notes did not include the assessment of Resident #T's pressure sores.</p> <p>In an interview on 8-7-2014 at 10:10 AM, LPN #1 indicated the nurses were supposed to complete each piece of the admission assessment including wound measurements if the resident was admitted on their shift. Additionally, the facility had now designated a nurse each shift to complete admissions.</p> <p>A current policy titled Skin Management Program provided by the Assistant Director of Nursing on 8-7-2014 at 10:45 AM, indicated " All alterations in skin integrity will be documented in the EMR- New Skin alteration event."</p> <p>3. Resident #U's record was reviewed</p>		<p>compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.5. 9/6/14</p>				

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	<p>8-7-2014 at 10:34 AM. Resident #U's diagnoses included, but were not limited to high blood pressure, heart failure, and depression.</p> <p>A review of Resident #U's weekly skin assessments indicated a weekly assessment had been completed for 7-25-2014, but none had been completed for 8-1-2014.</p> <p>A review of Nurse's notes indicated there was no assessment documented for 8-1-2014.</p> <p>A current policy dated 9-2013 titled Skin Management Program provided by the Assistant Director of Nursing on 8-7-2014 at 10:45 AM indicated "Weekly skin assessments will be completed on all residents with or without alterations in skin integrity."</p> <p>This federal tag is related to Complaint IN00153490.</p> <p>3.1-37(a)</p>						