| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155691 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | (X3) DATE SURVEY COMPLETED 09/11/2012 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MORRISTOWN MANOR | 868 S WASHINGTON ST<br>MORRISTOWN, IN 46161 |

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| F0000 | This visit was for the investigation of Complaint #IN00114258.<br><br>Complaint #IN00114258 substantiated. Federal/state deficiencies related to the allegations are cited at F279 and F323.<br><br>Unrelated deficiencies cited.<br><br>Survey date: September 11, 2012<br><br>Facility number: 000422<br>Provider number: 155691<br>AIM number: 100291030<br><br>Survey team:<br>Karina Gates BHS TC<br>Courtney Mujic RN<br>Beth Walsh RN<br><br>Census bed type:<br>SNF: 19<br>SNF/NF: 84<br>Total: 103<br><br>Census payor type:<br>Medicare: 19<br>Medicaid: 68<br>Other: 16<br>Total: 103<br><br>Sample: 6 | F0000 | Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance effective 9/29/2012. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact us. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | These deficiencies also reflects state findings cited in accordance with 410 IAC 16.2.<br><br>Quality review completed 9/18/12<br>Cathy Emswiller RN | | | |

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| F0241 SS=D | 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. | | | |
| | Based on record review, observation, and interview the facility failed to ensure a resident's privacy and dignity were maintained for 1 of 4 residents reviewed for transfer observations. Resident #D.<br><br>Findings include:<br><br>1. Resident #D's clinical record was reviewed on 9/11/2012 at 10 a.m. Diagnoses included but were not limited to; Meniere's disease (chronic ringing in ears,) chronic dizziness, hypertension, chronic gait (walking) imbalance abnormality, generalized weakness, history of right knee surgery.<br><br>An assessment dated 8/30/2012 with no time specified indicated, "Transfer assessment tool: 2= Two person transfer with assist of devices as indicated."<br><br>Interview and observation with Resident #D on 9/11/2012 at 11:50 a.m. indicated she can't walk at all, she always needs two people to assist her with transfers. The resident pushed her call light button | F0241 | F241 Requires the facility to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.1. Resident D was not harmed and suffered no effects from the finding. 2. All residents have the potential to be affected. The grievance log was reviewed and there have been no concerns from any other resident's or families that dignity has not been maintained. See below for corrective action.3. The Information on Resident Rights that is provided to all employees was reviewed. An in-service was done for all staff on 9/18/12 and 9/20/12 regarding resident's rights, including dignity and privacy. (Attachment A)4. An audit will be completed by the DON or designee daily for 4 weeks. (Attachment B) There will be five different interactions with residents' monitored each day (M-F) to make sure resident rights are being followed (knocking or doors, maintaining privacy, etc.). The frequency will be decreased to 10 interactions per month for 5 additional | 09/21/2012 |

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| | because she needed to use the restroom.<br><br>Observation on 9/11/2012 at 12:04 p.m. indicated CNA #5 and CNA #6 walked into Resident #D's room without knocking on the door. The CNA's #5 and #6 both immediately started working with the resident without first explaining what they were about to do or asking why she put on her call light. The CNA's #5 and #6 physically transferred the resident from her wheelchair to her recliner without locking the brakes on the wheelchair. After the CNA's #5 and #6 left the room, the resident commented to LPN #7, "Well, I'll still have to go to the bathroom pretty soon."<br><br>3.1-3(t) | | months. The DON or designee will also interview 3 interviewable residents per month for two quarters to determine if there are any privacy or dignity concerns. (Attachment C) During the audit process, any violations will be dealt with immediately. The findings will be reviewed in the facility quality assurance meeting for a minimum of six months with a goal of less than 5% non-compliance.5. The above corrective measures will be completed on or before Sept 21, 2012. | |

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| F0279 SS=D | 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS<br>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.<br><br>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.<br><br>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, 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). | | | |
| | Based on record review, observation, and interview the facility failed to comprehensively assess and care plan resident's transferring needs for 2 of 6 residents reviewed for transfers. Resident #D. Resident #F.<br><br>Findings include:<br><br>1. Resident #D's clinical record was reviewed on 9/11/2012 at 10 a.m. Diagnoses included but were not limited to; Meniere's disease (chronic ringing in ears,) chronic dizziness, hypertension, chronic gait (walking) imbalance | F0279 | F 279 Requires the facility to use the results of the assessment to develop, review and revise the resident's comprehensive care plan. It is also required that a care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required.<br>1. Neither Resident D nor Resident F were harmed.<br>2. All residents have the potential to be affected. An audit was completed to ensure all resident's care plans include the assistive devices needed for | 09/26/2012 |

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| | abnormality, generalized weakness, history of right knee surgery.<br><br>Interview and observation with Resident #D on 9/11/2012 at 11:50 a.m. indicated she can't walk at all, she always needs two people to assist her with transfers.<br><br>Observation on 9/11/2012 at 12:04 p.m. indicated CNA #5 and CNA #6 physically transferred the resident from her wheelchair to her recliner.<br><br>An assessment dated 8/30/2012 with no time specified indicated, "Transfer assessment tool: 2= Two person transfer with assist of devices as indicated."<br><br>A 'Risk for falls' care plan dated 7/12/2012 indicated, Resident #D needed one person for transfer assistance.<br><br>Interview with the Director of Nursing on 9/11/2012 at 2 p.m. indicated, 'transfer status,' is not typically care planned, only if it is being used as a fall intervention and in that case it would be found on the fall care plan.<br><br>2. Resident #F's clinical record was reviewed on 9/11/2012 at 12:35 p.m. Diagnoses included but were not limited to; anxiety, Alzheimer's, poor balance, osteoarthritis, degenerative disc disorder, | | transfers. Every resident's fall care plan and ADL needs care plan was reviewed and updated. A written physician order was obtained to reflect the patient's transfer status and the order will be changed each time the transfer status is changed. Following the change, the care plan will be updated to correctly reflect the transfer status. The DON met with the MDS coordinators and the nurses responsible for care planning on 9/16/12 and gave instruction for updating the care plan with changes in transfer status. (Attachment D)<br>See below for corrective measures.<br>3. The facility lift/transfer assessment policy was reviewed and updated. The staff was inserviced on the above procedure on 9/18/12 and 9/20/12. See (attachment E).<br>The facility care plan development and review policy was reviewed and updated. A meeting with the IDT and nurses responsible for care planning was held on 9/26/12 to review the policy on care plan development and review/revision. (attachment F)<br>4. The DON or designee will audit 15 charts per month for six months to monitor that the ADL needs, transfer needs are accurate and reflective on the comprehensive care plan. (attachment G) The findings will be brought to the facility quality assurance meeting quarterly for review. If problems occur, a plan of action will be developed by the QA committee. | |

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| | weakness, osteopenia, osteoporosis, tremors.<br><br>A tour interview with unit manager #4 on 9/11/2012 at 9:55 a.m. indicated Resident #F is a total assist and a Hoyer lift (mechanical lift device) is used for transfers.<br><br>An observation on 9/11/2012 at 2:15 p.m. of Resident #F being transferred from his bed to a chair by CNA #8 and CNA #9.<br><br>A 'Risk for falls' care plan dated 2/24/2012 indicated no mention of the resident's transferring needs.<br><br>A policy titled, 'Care plan development and review procedure,' provided by the Director of Nursing on 9/11/2012 at 4:08 p.m. indicated, "Purpose: To assure that a comprehensive care plan for each resident includes measurable objectives and timetables to meet the resident's medical and psychosocial needs. Policy: 1. An interdisciplinary team, in coordination with the resident and his/her family will develop a comprehensive care plan for each resident. 2. The comprehensive care plan has been designed to: Incorporate identified problem areas. Incorporate risk factors associated with identified problems. Build on the resident's strengths. Reflect treatment goals and | | 5. The above corrective measures will be completed on or before Sept_26__, 2012. | |

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| | objectives in measurable outcomes. Identify the professional services that are responsible for each element of care. Prevent the declines in the resident's functional status and/or functional levels. Enhance the optimal functioning of the resident by focusing on a rehab program. 4. Care plans are revised as changes in the resident's condition dictate. Changes in the resident must be addressed on the care plan i.e...ADL changes."<br><br>This federal tag relates to complaint IN00114258.<br><br>3.1-35(a) | | | |

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| F0323 SS=E | 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 ensure residents were safely transferred as outlined in the facility policy for 4 of 6 residents reviewed for proper transfer techniques. (Resident E, D, F, and B)<br><br>Findings include:<br><br>1. The clinical record for Resident E was reviewed on 9/11/12 at 12:00 p.m.<br><br>The diagnoses for Resident E included, but were not limited to: Parkinson's disease, dementia, diverticulitis, anxiety, left foot contracture, and restless leg syndrome.<br><br>An observation of a hoyer lift transfer, performed by CNA #3, from Resident E's wheelchair into her bed was made on 9/11/12 at 12:27 p.m. Resident E was reclined in her wheelchair with her legs stretched out in front of her resting on the front of her wheelchair. CNA #3 removed the front portion of the wheelchair at which Resident E's legs | F0323 | F323 Requires that a resident's environment remains as free of accident hazards as possible, and each resident receives adequate supervision and assistance devices to prevent accidents.1. Resident E, D, F, and B were not harmed. 2. All residents have the potential to be affected. See below for corrective measures.3. The Manufacturer's recommendations for the facility sling lift were reviewed. The C.N.A was correct in saying that it was the discretion of the caregiver whether or not to use two persons for assistance with the sling lift. At the time of the survey, the facility policy nor the manufacturer's recommendations specified that more than one person was needed for a sling lift transfer. The "Principles of Transfers" in-service that was provided to the staff was an in-service provided to the DON by the therapy contractor and that part of the in-service was not a reflection of the facility policy. However, with review of the manufacturer's recommendations, the facility sling lift transfer policy, and after interview with staff, the facility as | 09/29/2012 |

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| | were resting. After removal, Resident E's legs were observed suspended in the air, sticking out in front of her, not touching the ground. Her legs rocked back and forth in midair. CNA #3 attached the sling to the hoyer lift that lifted Resident E into the air. The CNA pushed the lift to the bed and began to lower Resident E onto the bed. She used her right hand to maneuver the lift and her left hand to guide Resident E onto the bed. Her ability to guide Resident E with her left hand alone appeared compromised in that she could not fully control Resident E's body. Her right hand was busy maneuvering the lift. Resident E had an anxious look on her face throughout the entire transfer.<br><br>During an interview with CNA #3 on 9/11/12 at 1:25 p.m., she indicated she it depended on the resident as to whether or not 2 people were required for a hoyer lift transfer. She stated, "I can transfer (name of Resident E) by myself."<br><br>Review of the Operating Manual for the hoyer lift used in the above observation was provided by the Administrator on 9/11/12 at 1:40 p.m. The manual indicated, "Transfer from a Chair or Wheelchair...The required number of staff members must be present." | | of 9/25/12 revised the Sling Lift Policy to include the use of two staff for sling lift transfers. An in-service was provided to all nursing staff on 9/25/12 and 9/27/12 regarding the change in policy on the sling lifts. The manufacturer's recommendations were also part of the in-service on 9/25/12 and 9/27/12 which included information on when to lock the brakes of the sling lift. (See attachment H) The transfer/lift policy was also reviewed and revised on 9/14/12 and was in-serviced to all nursing staff on 9/18/12 and 9/20/12. The in-service on 9/18/12 and 9/20/12 also included the procedure for a transfer of a patient, which included the procedure for locking the wheelchair with transfers. (See attachment E) The use of the lift and sling was demonstrated during the inservices. Each attendee completed a post test on lift/sling use.4. Five transfer competencies per week will be completed for four weeks by the DON or designee, then 10 per month for 2 more months and five per month for the next three months or until determined by the QA committee that substantial compliance has been achieved. (see attachement I) The competencies will include transfers with a sling lift and also one or two person transfers. Each CNA will be observed using the comptency tool during the first | |

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| | Review of the Principles of transfers curriculum provided by the DON (Director of Nursing) on 9/11/12 at 2:20 p.m. indicated, "Hoyer lift transfers are **Always** 2 person transfers". Contained in the curriculum was a form to be signed and dated by staff that indicated, "I have read the principles of transfers information packet and the tip sheet for safe transfers." A copy of this form signed by CNA #3 on 5/7/12 was provided by the DON on 9/11/12 at 3:05 p.m.<br><br>2. Resident #D's clinical record was reviewed on 9/11/2012 at 10 a.m. Diagnoses included but were not limited to; Meniere's disease (chronic ringing in ears,) chronic dizziness, hypertension, chronic gait (walking) imbalance abnormality, generalized weakness, history of right knee surgery.<br><br>An assessment dated 8/30/2012 with no time specified indicated, "Transfer assessment tool: 2= Two person transfer with assist of devices as indicated."<br><br>Interview and observation with Resident #D on 9/11/2012 at 11:50 a.m. indicated | | three weeks following the inservices. If there are any errors during the competency checks, immediate guidance will be provided by the observer. The competencies will be reviewed during the facility's quarterly quality assurance meetings with a goal of 5% or less error rate. If the error rate over a six month period is in excess of the 5% threshold the QA committee will take further corrective action. The lift/transfer policy and the policies on transfers and sling lift transfers will be provided during new employee orientation to nursing employees and it will be part of the orientation. 5. The above corrective measures will be completed on or before September 29, 2012. | |

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| | she can't walk at all, she always needs two people to assist her with transfers. The resident pushed her call light button because she needed to use the restroom.<br><br>Observation on 9/11/2012 at 12:04 p.m. indicated CNA's #5 and #6 physically transferred the resident from her wheelchair to her recliner without locking the brakes on the wheelchair.<br><br>3. Resident #F's clinical record was reviewed on 9/11/2012 at 12:35 p.m. Diagnoses included but were not limited to; anxiety, Alzheimer's, poor balance, osteoarthritis, degenerative disc disorder, weakness, osteopenia, osteoporosis, tremors.<br><br>A tour interview with unit manager #4 on 9/11/2012 at 9:55 a.m. indicated Resident #F is a total assist and a Hoyer lift (mechanical lift device) is used for transfers.<br><br>An observation on 9/11/2012 at 2:15 p.m. of Resident #F being transferred from his bed to a chair by CNA #8 and CNA #9. The mechanical lift device wheels were locked while the resident was being raised from the bed and lowered into the chair.<br><br>Interview with CNA #8 on 9/11/2012 at 2:20 p.m. indicated the wheels should be | | | |

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| | locked when lowering the resident during the transfer.<br><br>Review of the Operating Manual for the hoyer lift used in the above observation was provided by the Administrator on 9/11/12 at 1:40 p.m. The manual indicated, "Transfer from a Bed or Stretcher...The only time the brakes should be locked is if the patient is being lifted from a ramp or some other sloping surface."<br><br>4. The clinical record for Resident B was reviewed on 9/11/12 at 11:30 a.m. The diagnoses for Resident B included, but were not limited to: seizures, Alzheimer's, and degenerative joint disease.<br><br>During an bed to wheelchair transfer observation, on 9/11/12 at 12:05 p.m., CNA #1 and CNA #2 lifted up Resident B from the bed and walked him, approximately 5 feet, over to the wheelchair near the privacy curtain. CNA #1 and CNA #2 sat Resident B on the edge of the wheelchair and the wheelchair wheels started to roll. CNA #1 put her foot behind one of the wheelchair wheels to stop the wheels from rolling. CNA #1 and CNA #2 then lifted up Resident B and sat him further back in the wheelchair. Then they moved the wheelchair to face the doorway. The | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155691 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | (X3) DATE SURVEY COMPLETED 09/11/2012 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER MORRISTOWN MANOR | | STREET ADDRESS, CITY, STATE, ZIP CODE 868 S WASHINGTON ST MORRISTOWN, IN 46161 | |

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|---|---|---|---|---|
| | wheelchair wheels were not observed to be locked during the entire transfer.<br><br>In a policy titled, Transfer to Wheelchair and Transport, received from DoN (Director of Nursing), on 9/11/12 at 1:08 p.m., the policy indicated, "...2. Place wheelchair on resident's unaffected side. Brace firmly against side of bed with wheels locked...".<br><br>At 3:50 p.m., on 9/11/12, the DoN indicated, during an interview, staff should follow the above policy when transferring a resident to and from a wheelchair and this included locking the wheelchair brakes prior to transferring the resident.<br><br>This federal tag relates to complaint IN00114258.<br><br>3.1-45(a)(2) | | | |