

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155772	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/13/2012
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NAME OF PROVIDER OR SUPPLIER COBBLESTONE CROSSINGS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1850 E HOWARD WAYNE DR TERRE HAUTE, IN 47802
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00102995, IN00103286, and IN00103697. This visit resulted in an extended survey-immediate jeopardy.</p> <p>Complaint IN00102995- substantiated, no deficiencies related to the allegations are cited.</p> <p>Complaint IN00103286- substantiated, Federal/State deficiencies related to the allegations are cited at F-323.</p> <p>Complaint IN00103697- unsubstantiated, due to lack of evidence.</p> <p>Survey dates February 28, 29 and March 1, 2, and 5, 6 and 7, 2012 Extended survey March 8, 9, 10, 11, 12 & 13, 2012</p> <p>Facility number: 011906 Provider number: 155772 AIM number: 200912380</p> <p>Survey team: Debra Skinner RN (TC) (February 28 & 29, March 1, 5-9, and</p>	F0000	<p>The submission of this plan of correction does not indicate an admission by the Cobblestone Crossings Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care and services provided to the residents of Cobblestone Crossings Health Campus. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18 program). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</p>	

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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	<p>March 12 & 13, 2012) Mary Weyls RN (February 28 & 29, March 1, 2, 5-9, and March 12 & 13, 2012) Teresa Buske RN (February 28 & 29, and March 1, 2, 5-13, 2012) Laura Brashear RN (February 28 & 29, and March 1, 2, 5-13, 2012)</p> <p>Census bed type: SNF: 46 Residential: 35 Total: 81</p> <p>Census payor type: Medicare: 28 Other: 53 Total: 81</p> <p>Stage II Census Sample: 29 Residential sample: 06</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 16, 2012 by Bev Faulkner, RN</p>			

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F0156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>			

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to notify residents/families in writing regarding non-coverage by Medicare for skilled nursing services. The facility also failed to notify residents/families in writing regarding the daily cost of skilled nursing services and the reason for non-coverage. This deficient practice affected 3 of 3 residents in the stage 2 census sample of 29 (Residents #15, 92, and 151).</p> <p>Findings include:</p> <p>Review on 03/07/12 at 10:50 a.m., of the "Notice of Medicare Provider Non-Coverage" documents indicated:</p>	F0156	<p>F 156 Resident #15,92, and 151 suffered no ill effects from the alleged deficiency and no longer reside at the campus. Completion Date 4-10-12</p> <p>All residents have the potential to be affected by the deficient practice and through alterations in processes and in servicing the campus will ensure residents/families receive in writing non-coverage by Medicare for skilled nursing services. Completion Date 4-10-12</p> <p>Business office staff and Social Services have been in serviced on a new form (SNF ABN). Systemic change is the resident/family will receive the</p>	04/10/2012

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	<p>1. Resident #15: This document indicated skilled nursing services would end on 11/30/11.</p> <p>2. Resident #92: This document indicated skilled nursing services would end on 03/07/12.</p> <p>3. Resident #151: This document indicated skilled nursing services would end on 03/03/12.</p> <p>None of the three documents were signed by resident/family, nor was there any reason listed which indicated the reason for end of Medicare services, nor was there any documentation regarding the daily rate after the end of Medicare payment for skilled services.</p> <p>During interview on 03/07/12 at 10:45 a.m., the Business Office Manager indicated she had called two resident's families and had spoken in person with the third resident in person to notify her of the date for the end of Medicare services, the reason for skilled services ending, and for daily rate quote after the cut off date for Medicare services. The Business Office Manager indicated she had not documented information regarding the verbal notifications to any residents at any time past or present,</p>		<p>SNF ABN within 48 hours prior to discontinuation of skilled services. This form includes estimated cost per day, reason for Medicare non coverage, and option for a demand bill.</p> <p>Completion Date 4-10-12</p> <p>ED/designee will audit one resident a day to review the completion of SNF/ABN as required 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments.</p> <p>Completion Date 4-10-12</p>				

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	<p>nor had she obtained written acknowledgements from residents or their families. The Business Office Manager indicated she had no knowledge that written documentation of this practice had been warranted.</p> <p>3.1-4(a) 3.1-4(b)(3)</p>			

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F0241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>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.</p> <p>Based on observation, record review and interview, the facility failed to promote the residents dignity for 2 of 2 residents reviewed requiring contact precautions in a Stage 2 sample of 29, in that the residents were required to wear a gown and gloves to the dining room during meals (Resident #'s 146 and 137).</p> <p>Findings include:</p> <p>1. On 3/2/12 at 12:14 p.m., 3/5/12 at 12:10 p.m., and 3/6/12 at 12:22 p.m., Resident #146 was observed eating in the assistive dining room while wearing a disposable gown and gloves.</p> <p>Resident #146's clinical record was reviewed on 3/5/12 at 1:23 p.m.</p> <p>An Admission MDS (Minimum Data Set) was noted, dated 1/19/12. The assessment indicated the resident without cognitive impairment and requiring extensive assistance of two persons with bed mobility and</p>	F0241	<p>F 241 Resident #137,146 suffered no ill effects from the alleged deficiency. Completion Date 4-10-12</p> <p>All residents have the potential to be affected by the deficient practice and through alterations in processes and in servicing will ensure the campus promotes care for the 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. Completion Date 4-10-12</p> <p>All employees have been in serviced on the revised contact isolation policy. Systemic change is policy that states "Residents in Contact Precaution may come out of their room as long as the contaminant requiring isolation is contained." Campus will identify on the C.N.A. assignment sheets who is in contact isolation and the containment is contained.</p>	04/10/2012

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	<p>personal hygiene.</p> <p>A "Skilled Nursing Assessment and Data Collection," dated 3/11/12, indicated the resident's cognition as "same."</p> <p>A "Resident Care Plan" identified a "Problem" of "C-diff infection" [clostridium difficile], dated 1/14/12. Approaches were noted, but not limited to, follow contact precautions and ensure residents are washing their hands or help assist with hand washing if they are unable to do so themselves after each time they toilet and before leaving room.</p> <p>During interview of CNA #15 on 3/12/12 at 9:55 a.m., the CNA indicated she had routinely cared for Resident #146. The CNA indicated the resident allowed the staff to clean her up, and the resident wore a brief when in the dining room.</p> <p>2. On 3/02/12 at 12:14 p.m., 3/05/12 at 12:10 p.m., and 3/06/12 at 12:20 p.m., Resident #137 was observed eating in the main dining room wearing a disposable gown and gloves.</p> <p>Resident #137's clinical record was reviewed on 3/2/12 at 11:13 a.m.</p>		<p>Completion Date 4-10-12</p> <p>DHS/designee will observe care on 2 random residents in contact isolation to assure contact precautions policy followed to ensure dignity and safety of resident 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date 4-10-12</p>		

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	<p>A "Nursing Admission Assessment and Data Collection," dated 11/28/12 at 5:30 p.m., documented the resident as alert and oriented, required assist of one for transfers, and required assist of 1 for ADL's (activities of daily living).</p> <p>A "Resident Care Plan" identified a "Problem" of "C- diff [Clostridium difficile], dated 1/11/12. Approaches were noted of, but limited to,"Follow contact precaution and ensure residents are washing their hands or help assist with hand washing if they are unable to do so themselves after each time they toilet and before leaving their room".</p> <p>During interview of LPN # 14 on 3/12/12 at 9:55 a.m., the LPN indicated Resident #137 allowed staff to assist in washing hands and was assisted to dress. A brief was used by the resident when leaving the resident room.</p> <p>The facility policy titled "Guidelines for Contact Precautions" was received from the Administrator on 3/7/12 at 10:10 am. Documentation indicated the following but was not limited to; "...10 a. Residents in Contact Precautions may come out of their</p>			

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	<p>room as long as the contaminant requiring isolation is contained. (i.e. dressing, catheters, brief etc..) b. Any resident that has a non-contained infection that requires contact isolation will remain in their room. If the resident has to come out of the room for any reason, the resident will wear a gown, gloves and mask (as appropriate for organism and site) while out of their room..."</p> <p>During interview of the Administrator and Director of Health Services (DHS) on 3/13/12 at 2:30 p.m., the staff could not identify the reason for the residents wearing gowns and gloves other than the facility had implemented this procedure several months ago.</p> <p>3.1-3(t)</p>				

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F0278 SS=A	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on record review and interview, the facility failed to ensure each resident's Minimum Data Set (MDS) assessment accurately reflected the resident's status for 1 of 29 resident MDS assessments reviewed in a Stage 2 sample of 29. (Resident B).</p>	F0278	<p>F 278 Resident B suffered no ill effects from the alleged deficiency Completion Date 4-10-2012</p> <p>All residents have the potential to be affected by the deficient practice and through alterations in</p>	04/10/2012	

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	<p>Findings include:</p> <p>Review of the clinical record of Resident B on 3/2/12 at 2:15 p.m., indicated the initial Minimum Data Set (MDS) assessment was completed 10/4/11. The assessment identified the resident with two unstageable pressure ulcers that were present on admission.</p> <p>The nursing admission assessment, dated 9/27/11, indicated the resident was admitted to the facility without pressure ulcers.</p> <p>The Pressure/Stasis/Arterial/Diabetic Ulcer Assessments, dated 10/3/11, indicated the pressure ulcers were identified on 10/3/11 and were not present on admission.</p> <p>Interview of LPN #13 on 3/2/12 at 3:30 p.m., indicated the initial MDS assessment was inaccurate as Resident B was admitted without pressure ulcers.</p> <p>3.1-31(d)</p>		<p>processes and in servicing will ensure the campus ensures each resident's Minimum data Set (MDS) assessment accurately reflects the residents status.</p> <p>Completion Date 4-10-2012</p> <p>MDS nurses have been in serviced on section M. Systemic change is the MDS nurse will attach a copy of the skin grid to each MDS to assure accuracy.</p> <p>Completion Date 4-10-2012</p> <p>DHS/designee will review 2 random residents MDS to assure accuracy 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/comments</p> <p>Completion Date 4-10-12</p>		

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F0309 SS=D	<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 observation, interview, and record review, the facility failed to provide services to prevent discomfort during transfers, toileting, or sleeping for 1 of 2 residents in the stage 2 sample of 29 who met the criteria for having a raised toilet seat, for having proper technique utilized to maintain comfort during transfers and toileting, and who experienced back pain on the air flow mattress utilized for the resident. The resident was also observed to not be encouraged to maintain non-weight bearing status to the left leg as ordered by the physician (Resident #158).</p> <p>Finding includes: On 2/29/12 at 3:46 p.m., Resident #158 and wife were interviewed. Both indicated the toilet was too low for the resident to use. The resident indicated a bed side commode is placed next to the bed and he is pivoted to the commode. The</p>	F0309	<p>F 309</p> <p>Resident #158 has had therapy review his plan of care, a pain circumstance was completed, and the plan of care was updated as applicable. The resident continues to utilize the adjustable air mattress.</p> <p>Completion date 4-10-2012</p> <p>All residents have the potential to be affected by the deficient practice and through alterations in processes and in servicing the campus will 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>Completion Date 4-10-2012</p> <p>Nursing staff have been in serviced concerning post op care of a resident with ORIF of a hip fracture. Systemic change is a</p>	04/10/2012			

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	<p>resident indicated the pivoting during the transfer hurts his hip.</p> <p>On 3/2/12 at 10:20 a.m., CNAs #3 and #4 were observed to transfer the resident to the commode. The resident was taken to the bathroom in a wheelchair. The CNAs assisted the resident to stand, the resident was observed facing the wall, grabbed on to hand rail on wall in front of the resident, the CNAs then pulled a bedside commode behind the resident and the resident was able to lower self onto the commode. The resident was bearing weight on both legs. Staff were observed not to encourage the resident to not bear weight on left leg. A toilet riser was not observed on the toilet in the resident's bathroom.</p> <p>CNAs #3 and #4 were interviewed after completion of the transfer. The staff indicated they found it was better to take the resident into the bathroom so he could help stand by grabbing onto the bar. The staff indicated they found that transferring the resident from bed to the bed side commode caused twisting of the resident who had a hip fracture and caused discomfort to the resident. The staff indicated they had started transferring the resident to the commode in the</p>		<p>checklist has been developed to review with each admission of a resident with dx of ORIF of a hip fracture to assure all appropriate interventions in place.</p> <p>Completion Date 4-10-2012</p> <p>DHS/designee will perform random audits of new admission with ORIF to assure resident comfortable and plan of care being followed on two random residents 5x week x one month 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments.</p> <p>Completion Date 4-10-2012</p>				

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	<p>bathroom three or four days ago .</p> <p>The Therapy Program Director #19 was interviewed on 3/6/12 at 3:20 p.m. The therapist indicated the resident was supposed to have a toilet riser. The therapist also indicated it was not always good for a hip fracture to utilize a bed side commode. The therapist indicated the resident was non-weight bearing on the left leg, is not always compliant, but should be encouraged to not bear weight on the left leg.</p> <p>The CNA assignment sheet provided by the MDS Coordinator, LPN #13, included, but was not limited to, no weight on left leg.</p> <p>Resident #158's clinical record was reviewed on 3/2/12 at 2:16 a.m. The resident's admission date was noted of 2/4/12, from the hospital following open reduction and internal fixation of left hip fracture. Documentation was noted of the resident being discharged back to the hospital on 2/13/12, and returning on 2/18/12. Both admission orders were noted of non-weight bearing status on left leg.</p> <p>The resident's height documented on the nursing admission assessment, dated 2/4/12, was documented as 6</p>						

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	<p>feet 10 inches.</p> <p>The MDS [Minimum Data Set] assessment, dated 2/11/12, coded the resident with no cognitive impairment, required extensive assistance of two for bed mobility, transfers, ambulation, toilet use, balance unsteady without human assistance.</p> <p>On 3/6/12 at 3:00 p.m., the resident complained of back pain during the night. The resident indicated the air flow mattress utilized on his bed was too hard, made him have back pain at night and then he would take Vicodin which made him 'goofy' and constipated. The air pump on the mattress was observed. The controls for the pump were for "off" and "on." There was no control to adjust firmness for comfort.</p> <p>On 3/6/12 at 4:20 p.m., the DON was interviewed. The DON indicated staff had been made aware on Sunday, March 4, of the resident's complaint about the mattress. The DON indicated there was another type of air mattress in the facility that had adjustable controls. The DON also indicated the resident had a toilet riser before changing rooms.</p>				

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	<p>Documentation on a form titled "PRN (as needed) Medication Tracking," provided by LPN #1 on 3/7/12 at 12:35 p.m., included, but was not limited to, the resident receiving Vicodin 5/500 for back pain on 3/1/12 at 4:00 a.m.; 3/2/12 3:00 a.m.; 3/5/12 12:35 a.m.; 3/5/12 4:35 a.m.; 3/5/12 9:00 p.m. and Tylenol 500 mg ii on 3/7/12 at 1:40 a.m.</p> <p>On 3/11/12 at 2:10 p.m., the resident and wife were interviewed. Both indicated the resident's back had not bothered the resident as much since mattress had been changed to one that could be adjusted.</p> <p>3.1-37(a)</p>			

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F0314 SS=J	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>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> <p>Based on observation, interview and record review, the facility failed to ensure adequate monitoring and implementing of approaches to prevent development of new pressure sores and provide care for current pressure ulcers in that wound care was not done in accordance with physician's orders (timeliness and/or accuracy); approaches for prevention or reduction of pressure were observed/documentated not to be implemented; and facility policy for skin care guidelines were not followed related to time, initial, date all dressings at time of application resulting in development of unstageable pressure ulcers with osteomyelitis and/or development/worsening pressure ulcers for 3 of 5 residents reviewed for pressure ulcers from a stage 2 sample of 29 [Resident #'s 69, B, and #158] .</p>	F0314	<p>F 314</p> <p>Resident # 69 no longer resides at the campus. Resident #158 had a skin assessment completed on 3-7-2012 to assess all skin impairments and appropriate treatments put in place with prevention measures. Resident B had a skin assessment completed on 3-7-2012 to assess all skin impairment and to make sure appropriate measure in place to aid in wound healing and prevention.</p> <p>Completion Date 4-10-2012</p> <p>All residents have the potential to be affected by the alleged deficient practice and through altercations in processes and in servicing the campus will ensure measures to prevent the development of new pressure sores and provide care for current pressure ulcers in accordance</p>	04/10/2012			

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	<p>The immediate jeopardy began on 2/28/12 when Resident #69 was observed without planned pressure relieving devices. The Executive Director (ED) and the Director of Health Services (DHS) were notified of the immediate jeopardy on 3/7/12 at 1 p.m. The immediate jeopardy was removed on 3/9/12, but noncompliance remained at the lowered scope and severity of isolated, no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>1. Resident B was observed on 3/2/12 at 10:35 a.m., to be in room in wheelchair. Both legs were observed in braces at the knees and pressure reduction boots on both feet. An abductor pillow was noted between the resident's knees.</p> <p>On 3/6/12 at 8 p.m., Resident B's bilateral heel treatments were observed to be completed. The right heel wound bed was observed to have pink granulation tissue with yellow slough present. The left heel wound bed was observed to have pink granulation tissue with yellow slough present.</p>		<p>with physician's orders Completion Date 4-10-2012</p> <p>All nursing staff have been in serviced concerning</p> <ol style="list-style-type: none"> utilization of the assignment sheets appropriate completion of the Skin Examination reporting Tool Proper positioning and prevention techniques <p>All licensed staff have been in serviced on</p> <ol style="list-style-type: none"> completion of admission assessments concerning the skin portion related to identification of risk factors, appropriate care plan interventions/approaches updating the C.N.A. assignment sheet A thorough full body skin assessment and documentation of assessment On completion of Skilled Nursing Assessments and Data Collection and the Monthly Nursing Assessment On dressing changes and wound/assessment documentation All nursing staff will be required to complete a return demonstration of proper positioning techniques and off loading. <p>Completion Date 4-10-2012</p> <p>Systemic changes as follows</p>				

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	<p>Review of clinical record of Resident B on 3/2/12 at 2:15 p.m., indicated the resident was admitted on 9/27/11, from a VA hospital with discharge diagnoses which included but were not limited to left hip fracture, sepsis (afebrile 48 hours prior to discharge), Alzheimer's disease, chronic atrial fibrillation, history of pulmonary embolisms, and hyperlipidemia. The discharge summary instructions included Extended Care Facility instructions of OT/PT consult (evaluate and treat), fall precautions, decubitus ulcer prevention, and full assist with meals.</p> <p>The Nursing Admission Assessment, dated 9/27/11, indicated the resident was admitted "without foot problems present: infection of the foot, diabetic foot ulcer, or open lesions of the foot; does not have history of skin impairment; did not have diabetes, PVD [peripheral vascular disease], COPD [chronic obstructive pulmonary disease], heart disease, para/quadruplegia, or liver disease; did not have the ability to change positions; compliant with turning/positioning and/or treatment interventions; no stage 1 wound or greater, scar over a bony prominence, non-removable device/dressing; no</p>		<p>1.the admission nurse to update the C.N.A. assignment sheet to alert staff of pressure prevention interventions, nursing management reviews all admission within 72 hours to assure prevention devices in place.</p> <p>2. C.N.A. will complete the Skin Examination Reporting Tool when a new skin area is identified.</p> <p>3. Licensed nurses to complete a return demonstration of a full body skin assessment and documentation of assessment now and annually thereafter.</p> <p>4. Licensed nurses to complete a return demonstration of proper dressing application and documentation of wound assessment now and annually thereafter</p> <p>Completion Date 4-10-2012</p> <p>DHS or designee will perform audits on 3 random residents to assure complete and accurate documentation of new wounds/existing wounds, treatment orders completed timely and accurate, risk factors identified and accurate assessments on skilled sheets and monthly assessments, CNA assignment sheets accurate for pressure prevention interventions, resident care completed as per plan of care, skin reporting tools completed as required, and</p>				

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	<p>pressure area known to be present..."</p> <p>The skin plan of care identified the approaches which included, but were not limited to, turn and reposition for comfort and with care, prevent skin from touching skin, elevate heels off surface, use lift sheet to reposition in bed, provide pressure relieving device in bed/chair, and assist with positioning in bed and chair. Documentation of the use of TED hose was lacking.</p> <p>Review of the Treatment Administration Record (TAR), nursing notes and physician orders for 9/11 and 10/11 did not indicate the use of TED hose for the resident. The 9/2011 TAR did not indicate elevating of heels. The TAR, dated 10/2011, indicated the order of "Keep Heels off of the bed at all times when in bed" with implementation on day shift 10/3/11 (after identification of the pressure ulcers on the bilateral heels).</p> <p>Interview of the Director of Health Services (DHS) on 3/5/12 at 11:33 a.m., indicated the "skin plan of care" on the Nursing Admission Assessment was utilized as the initial plan of care.</p> <p>Review of "Skilled Nursing</p>		<p>weekly skin assessments completed as assigned and accurate 5x a week x one month 3x a week x one month then weekly with results forwarded to the QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments.</p> <p>Completion Date 4-10-2012</p>				

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	<p>Assessment and Data Collection," dated 9/29/11, 9/30/11, and 10/211, indicated surgical skin impairment only. The "Skilled Nursing Assessment and Data Collection," dated 10/3/11, indicated skin impairment of bilateral heels- black.</p> <p>A physician's progress note, dated 10/2/11, did not indicate concerns with skin impairment to heels.</p> <p>Review of Skin Impairment Circumstance Investigation, dated 10/3/11, on 3/5/12 at 1:30 p.m., indicated Stage 1, Suspected deep tissue injury, not arterial/diabetic/venous, positioning devices in place, pressure reducing devices in place, resident compliant with care plan interventions, Calazyme applied, resident compliant, resident can respond, resident cannot maintain position, physician and responsible party notified of skin impairment.</p> <p>A physician's order was noted, dated 10/3/11, indicated order for skin prep to heels and to keep the resident's heels elevated off of bed at all times when in bed.</p> <p>Review of Pressure/Stasis/Arterial/Diabetic</p>			

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	<p>Ulcer Assessment sheets on 3/5/12 at 10 a.m., the following was noted:</p> <p>Left heel:</p> <p>10/4/11 pressure identified on 10/3/11 (not present on admission), stage 2 , color black, measuring 7 centimeters x 6 centimeters depth UTD [unable to determine], pain to touch, black blister, treatment of Calazyme skin prep, specialty heel lift boot.</p> <p>10/11/11 stage 2, 8 centimeters x 6.5 centimeters depth UTD, pain to touch, color black blister, treatment skin prep and speciality heel lift boot.</p> <p>10/18/11 stage 2, 5 centimeters x 6 centimeters depth UTD, black scab, treatment wound cleanse, Santyl, foam dressing, Kerlix and specialty lift boot.</p> <p>10/28/11 unstageable, 5.4 centimeters x 4.6 centimeters depth UTD, pain during cleaning, color black eschar, treatment of wound cleanse, Santyl, foam dressing, Kerlix and heel lift boots.</p> <p>11/1/11 stage 2, 5.5 centimeters x 4.5 centimeters depth UTD, pain to touch, color black scab with 10% gran [granulation]/ 90 % eschar, treatment</p>			
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	<p>of wound cleanse, Santyl, "abd" dressing, Kerlix, heel lift boots, and pressure reducing mattress.</p> <p>11/8/11 stage 2, 6 centimeters x 4.5 centimeters depth UTD, pain to touch, color black scab, treatment of wound cleanse, Santyl, "abd" dressing, Kerlix, heel lift boots , and pressure reducing mattress.</p> <p>11/15/11 unstageable, 4 centimeters x 5.5 centimeters depth UTD, pain to touch, color black, treatment of wound cleanser, skin prep, gauze roll, and heel lift boots.</p> <p>11/22/11 unstageable, pain to touch, color black, and family refused treatment.</p> <p>11/29/11 unstageable, 4 centimeters x 5.5 centimeters depth UTD, exudate yellow scant amount thin, pain to touch, color black, treatment of wound cleanser, Betadine swabbed, Kerlix roll, and heel lift boot.</p> <p>12/6/11 unstageable, 4 centimeters x 4.5 centimeters depth UTD, pain to touch, color black scab, treatment of wound cleanser, Betadine swab, and heel lift boot.</p> <p>12/13/11 unstageable, 4 centimeters</p>						

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	<p>x 5 centimeters depth UTD, pain to touch, color black scab, treatment of wound cleanser, Betadine swab, and heel lift boots.</p> <p>12/20/11 unstageable, 4 centimeters x 4.5 centimeters depth UTD, exudate color yellow, odor foul, amount small with consistency of sticky, treatment of wound cleanser, Betadine swab, Kerlix, and heel lift boots.</p> <p>12/27/11 unstageable, 4 centimeters x 5 centimeters depth UTD, exudate color yellow, odor foul, scant amount consistency thin, pain to touch, color unstable black eschar, treatment of wound cleanse, Santyl, Hydrogel, gauze telfa, Kerlix roll and heel lift boots.</p> <p>1/3/12 unstageable, 4 centimeters x 5 centimeters, exudate- yellow, foul odor, scant amount consistency thin, pain to touch, color unstable black eschar, treatment wound cleanser, Santyl, Hydrogel, gauze, telfa, Kerlix and heel lift boots.</p> <p>Right heel:</p> <p>10/4/11 unstageable, initial identification 10/3/11 (not present on admission) pressure to right heel 7 centimeters x 4 centimeters depth</p>			

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	<p>UTD [unable to determine], treatment of Calazyme and skin prep, pain to touch, color black blister, special heel lift boot.</p> <p>10/11/11 unstageable, 8 centimeters x 6 centimeters depth, pain to touch, color black blister, treatment of skin prep and specialty heel lift boot.</p> <p>10/18/11 unstageable, 5 centimeters x 5 centimeters depth UTD, color black, treatment of wound cleanser, skin prep, foam dressing, Kerlix roll, and specialty heel lift boots.</p> <p>10/28/11 unstageable, 7.4 centimeters x 5.6 centimeters depth UTD, scant amount of thin exudate, pain during cleansing, color black eschar.</p> <p>11/1/11 unstageable, 4 centimeters x 4.7 centimeters depth UTD, pain to touch, color black scab, treatment of wound cleanser, skin prep, Kerlix roll, and heel lift boot.</p> <p>11/8/11 unstageable, 4 centimeters x 5 centimeters depth UTD, pain to touch, color black scab, treatment of wound cleanser, "abd" dressing, Kerlix, skin prep first, and heel lift boot.</p>			

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	<p>11/15/11 unstageable, 3.8 centimeters x 5 centimeters depth UTD, pain to touch, color black, treatment of wound cleanser, skin prep, Kerlix roll, and heel lift boot.</p> <p>11/22/11 documented family refused treatment.</p> <p>11/29/11 unstageable, 3.5 centimeters x 4.5 centimeters depth UTD, exudate color yellow, scant amount thin consistency, pain to touch, color black, treatment of wound cleanser, Betadine swab, Kerlix roll, and heel lift boots.</p> <p>12/6/11 unstageable, 3.8 centimeters x 4 centimeters depth UTD, pain to touch, color black scab, treatment of wound cleanser, Betadine swab, Kerlix roll, and heel lift boot.</p> <p>12/13/11 unstageable, 3.5 centimeters x 4 centimeters depth UTD, pain to touch, color black scab, treatment of wound cleanser, Betadine swab, heel lift boot.</p> <p>12/20/11 unstageable, 3.5 centimeters x 3.5 centimeters depth UTD, exudate color yellow, foul odor, small amount sticky consistency, treatment of wound cleanser, Betadine swab, Kerlix roll, and heel</p>			

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	<p>lift boot.</p> <p>12/27/11 unstageable, 3.5 centimeters x 4.5 centimeters depth UTD, exudate color yellow, foul odor, scant amount thin consistency, pain to touch, color unstable eschar black, treatment of wound cleanser, Santyl, Hydrogel, gauze, telfa, Kerlix roll and heel lift boot.</p> <p>1/3/12 unstageable, 3.5 centimeters x 4.5 centimeters depth UTD, exudate color yellow, foul odor, scant amount thin consistency, pain to touch, color unstable eschar, treatment of wound cleanser, Santyl, Hydrogel, gauze, Kerlix roll and heel lift boot.</p> <p>Radiology Report, dated 10/11/11, indicated x-rays of bilateral heels with results of normal left and right heels with no osteomyelitis.</p> <p>Radiology Report, dated 1/4/12, indicated x-rays of bilateral heels with results of "calcaneus erosion along its cortex consistent with osteomyelitis. There is associated soft tissue swelling. No fracture is seen. Conclusion: Right heel osteomyelitis as described...Left heel osteomyelitis as described."</p> <p>Culture Report for the right heel</p>						

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	<p>wound, dated 1/5/12, identified the bacteria of Proteus mirabilis, Pseudomonas aeruginosa, Corynebacterium and Enterococcus species. Culture report for the left heel wound, dated 1/3/12, identified the bacteria of Proteus mirabilis, Mixed gram positive skin flora, and Methacillin Resistant Staphylococcus aureus (MRSA).</p> <p>Physician orders were noted, dated 1/5/12, for antibiotics, Zyvox 600 milligrams by mouth twice daily for two weeks and Cipro 500 milligrams by mouth twice daily for two weeks.</p> <p>History and Physical from hospital, dated 1/9/12, indicated chief complaint of "worsening of pressure ulcers, both heels...History of present illness:...white male known to have dementia with medical history of myocardial infarction, atrial fibrillation, right hip surgery at the VA who was transferred from a skilled nursing facility because of worsening pressure ulcers involving both heels. Apparently, these sores began almost two and a half months ago...Less than a week ago, the patient had an x-ray of both heels which showed evidence of osteomyelitis. Wound culture likewise was requested that later on came back growing MRSA</p>			

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	<p>and Proteus mirabilis..."</p> <p>The Discharge Summary from hospital, dated 1/12/12, indicated the final diagnoses which included but were not limited to "pressure ulcers with osteomyelitis, both heels, peripheral vascular disease, dementia, and deconditioned state...the wound care to be done during evening shift per daughter's request..."</p> <p>Operative Report, dated 1/12/12, indicated "...Procedure performed: Subcutaneous excisional debridement that included muscle of both heels...Each ulcer measured approximately 3.5 cm [centimeters] in diameter. The bed of each ulcer was covered with necrotic material and a portion of the muscle was also involved in the necrosis..."</p> <p>The admission Minimum Data Set (MDS) assessment, dated 10/4/11, identified the resident required : extensive assist of two for bed mobility, transfer, toilet use, and personal hygiene; total dependence for bathing; at risk for developing pressure ulcers; two unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar that were present on admission;</p>				

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	<p>pressure reducing device for chair; pressure reducing device for bed; surgical wound care; application of non-surgical dressings; and applications of ointments/medications.</p> <p>Review of Treatment Administration Record (TAR) for resident dated October 2011 lacked documentation for completion of weekly skin assessment for 10/21/11 and 10/28/11. The November 2011 TAR lacked documentation for completion of weekly skin assessment for 11/4/11, 11/18/11, and 11/25/11. The December 2011 TAR lacked documentation for completion of weekly skin assessment for 12/13/11, 12/20/11, and 12/27/11.</p> <p>Interview of LPN #13 on 3/2/12 at 3:30 p.m., indicated the admission MDS assessment was inaccurate as the resident was admitted without pressure ulcers.</p> <p>Interview of the Director of Health Services (DHS) on 3/2/12 at 10:35 a.m., indicated the resident had pressure sores on both heels that were acquired in the facility. The DHS also indicated the treatment was completed daily by staff on the evening shift per family request so</p>			

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	<p>that the treatment could be observed.</p> <p>Interview of the resident's family (daughter and spouse) on 3/2/12 at 3:45 p.m., indicated the resident was admitted with only excoriation to the groin area and that the pressure ulcers to the heels developed a week after admission. The daughter indicated she was a registered nurse. The daughter stated the treatment was now being completed on the evening shift when she was present due to identifying the treatment was previously not being completed in November and December. The daughter indicated she had marked the dressings to see if the dressings were changed and she indicated they were not being changed as ordered. The daughter also indicated the only other area present since admission was small area between the knees from the brace that healed quickly. The daughter indicated the resident was on regular mattress initially but was then changed to scoop mattress.</p> <p>Interview of the daughter on 3/6/12 at 7:40 p.m., indicated the resident's heels were not floated from the mattress during the first week of admission. The daughter also indicated the resident lied flat in bed with the blinds closed and room dark.</p>			

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	<p>The daughter stated that when the TED hose were removed on 10/3/12 , both of the resident's heels were black in color.</p> <p>Interview of RN #9 on 3/6/12 at 8:30 p.m., indicated the resident's heels were black with yellow puss around the edges, and smelled awful. The RN indicated she contacted the attending physician at that time. The RN indicated she thought that was in December 2011.</p> <p>Review of Pressure/Stasis/Arterial/Diabetic Ulcer Assessment, dated 11/11/11, indicated onset of stage II pressure ulcer on right inner knee measuring 1 centimeter x 1 centimeter not present on admission. Weekly measurements were completed. The area was documented as healed on 1/3/12.</p> <p>Review of the clinical record of Resident B on 3/2/12 at 2:15 p.m., indicated the resident was admitted to the facility on 9/27/11. Physician progress notes for visits were noted, dated 10/2/11, 10/16/11, 1/8/12, 1/15/12 and 2/12/12. Physician progress notes for November 2011 and December 2011 indicating visits every 30 days for the first 90 days were lacking.</p>			

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	<p>Interview of LPN #20 (Medical Records) on 3/12/12 at 2:20 p.m., indicated the physician had not seen Resident B in November 2011 and December 2011 for the every 30 days for the first 90 days.</p> <p>A physician's order was noted, dated 11/29/11, of scoop mattress as preventive.</p> <p>Interview of DHS and Administrator on 3/6/12 at 10:25 a.m., indicated Resident B was on the "house mattress" upon admission and currently was on scoop mattress. The Administrator indicated the "house mattress" was Panacea Support and the scoop mattress was the Panacea Support Plus.</p> <p>Review of the manufacturer's information for the Panacea Support and Panacea Support Plus on 3/6/12 at 10:25 am. indicated "...May be appropriate through Stage II wounds. Mattress wound Stage ratings are general usage guidelines. Resident -specific assessment could alter your particular usage of these mattresses...."</p> <p>The resident's current plan of care identified the problem of alteration in</p>						

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	<p>skin integrity as exhibited by pressure ulcers to bilateral heels unstageable and right knee related to insufficient circulation and immobility dated 10/27/11, and revised 1/12/12. The approaches included but were not limited to pressure/wound assessment per schedule; examine skin daily for signs of redness, discoloration; assess areas prone to breakdown especially over bony prominences; provide peri-care after each incontinent episode; pressure reducing mattress on bed; turn and reposition every two hours and as needed-avoid sheering; utilize pillows/pads to prevent skin to skin contact and enhance positioning; (10/3/11) keep heels elevated off of bed at all times;.."</p> <p>Review of Physician orders/Patient instructions from the wound center, dated 1/18/12, (first visit after debridement in hospital) on 3/5/12 at 1:30 p.m., indicated pressure ulcers of heels stage IV with treatment of Santyl nickel -thick to both wound beds and Bactroban to sterile gauze and apply to wounds. The orders also included continue heel Medix boots to both feet at all times except for transfers. Right heel measured 2.8 centimeters x 4.2 centimeters x 0.5 centimeters /post visit same</p>						

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	<p>measurements. Left heel measured 3.9 centimeters x 4 centimeters x 0.5 centimeters/post visit same measurements.</p> <p>Review of Physician orders/Patient instructions from the wound center, dated 2/29/12 on 3/5/12 at 1:30 p.m., indicated pressure ulcers bilateral heels stage IV with osteomyelitis with treatment of Santyl nickel thick to wound beds, apply Bactroban to sterile gauze and apply to wounds, and continue with heel Medix boots to bilateral lower extremities except for during transfers. Measurements included: Right heel : 2 centimeters x 3.1 centimeters x 0.2 centimeters and post measurements 2.1 centimeters x 3.5 centimeters x 0.2 centimeters. Left heel: 3 centimeters x 3.5 centimeters x 0.2 centimeters and post measurements the same.</p> <p>2. On, 2/28/12 at 2:20 p.m. LPN #7 was interviewed. The nurse indicated Resident #69 had an unstageable area on the right heel.</p> <p>On 2/28/12 at 3:15 p.m., Resident #69 was observed in a low bed on a blue pressure reduction mattress positioned on the right side. A Kerlix wrap was observed to the right foot. A Z-flow cushion was observed on top</p>			

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	<p>of the mattress; not close to the resident's feet. The resident was not wearing any pressure relieving boots.</p> <p>Manufacturer's information, provided by the DON on 3/6/12 at 10:25 a.m., indicated the mattress may be appropriate through Stage II wounds. Mattress wound Stage ratings are general usage guidelines. Resident-specific assessment could alter your particular usage of these mattresses.</p> <p>On, 2/29/12 at 10:00 a.m., LPN #1 was observed to do a treatment to the resident's right foot. A quarter sized area was observed on the right heel, a quarter sized area was noted on the right metatarsal base with drainage noted. The nurse was observed to cleanse the areas with skin cleanser. The nurse then applied Bactroban to the areas utilizing sterile q-tips, then applied Santyl utilizing sterile q-tips. The nurse indicated a nickel thick application of the Santyl was to be applied and it was difficult to judge applying on top of the Bactroban. The nurse then applied sterile dressings to the areas and wrapped the foot with kerlix. [Rolled gauze bandage.] The nurse then dated the dressing.</p> <p>On, 3/6/12 at 11:30 a.m., CNAs #3</p>			

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	<p>and #5 were observed to transfer the resident from bed to wheelchair. The resident was observed with the gauze dressing on the right foot. Drainage was observed on the dressing. The dressing was not dated.</p> <p>Documentation on the Medication Administration Record included, but was not limited to the treatment order, dated 1/23/12, for Santyl Ointment 30 gm, apply nickel thick to wound bed on right great toe, right 2nd toe, right 1st metatarsal and right heel then apply Bacroban to 4 by 4 gauze, apply to wound and cover with Kerlix daily. Documentation of the treatment being done was noted on 3/5/12, however dating of the dressing was not done in accordance with facility policy.</p> <p>Resident #69's clinical record was reviewed on 3/2/12 at 10:00 a.m. An admission date was noted of 1/19/12. Diagnoses included, but were not limited to syncope, coronary artery disease, gout, osteo-arthritis, and diabetes.</p> <p>A document titled "Pressure/Stasis/Arterial/Diabetic Ulcer Assessment," provided by LPN #7 on 2/28/12 at 3:15 p.m., dated 1/19/12 documented the resident was</p>			

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	<p>admitted with "pressure Halifax right side inner foot Length 7 [centimeters] cm width 7 cm depth UTD [unable to determine.] The Color was documented of black, pain to touch. Surrounding tissue: pink. The Stage/Thickness was documented as E. The Key information included on the form of Stage E was noted of Un-stageable-non-removable dressing, slough/eschar; suspected deep tissue injury in evolution.</p> <p>Documentation of the area, dated 1/24/12 was noted of Stage E, 3 cm by 2.5 cm unable to determine depth, pain to touch, wound bed black scab. Current treatment: Bactroban, Santyl, drsg, Kerlex roll. Current preventative interventions: Pressure reducing mattress.</p> <p>Documentation on the form, dated 1/31/12, was noted of the area stage E 3 cm by 2.6 cm pain, black eschar same treatments, preventative interventions: pressure boots, permanent reduction mattress.</p> <p>Documentation on the form, dated 2/6/12, was noted of stage E, 2.5 cm by 2.4 by 0.1 cm with pain, black/yellow. Continue same treatment and preventative interventions.</p>			

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	<p>Documentation was noted on 2/13/12 of Stage E 2.5 cm by 3 cm by 0.1 cm scant exudate pain wound bed yellow area was debrided at wound clinic on 2/12/12.</p> <p>Documentation on the form was noted, dated 2/21/12, of Stage E 2.5 cm by 3.8 cm yellow drainage, slight odor, thick, copious, Pain at time 25% black tissue, 75% yellow tissue. No change in treatments or preventative interventions.</p> <p>Documentation on the form, dated 2/28/12, was noted of the area Stage E 2.5 cm by 3.5 cm no depth. Thick, copious, yellow slight odor exudate. Yellow wound bed, pain at times. same treatment.</p> <p>Documentation on the form, dated 3/6/12, described the area as a Stage II, 2.5 cm by 3.5 cm by 0.2 cm. Scant exudate, wound bed pink, continue Santyl and Bactroban.</p> <p>Documentation on the form titled "Pressure/Stasis/Arterial/Diabetic Ulcer Assessment was noted, dated 1/19/12 [admission date], of pressure area to right heel Stage E 8 cm by 8 cm depth unable to determine. Color Black, pain to touch treatment: open</p>			

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	<p>to air.</p> <p>Documentation of the area was noted, dated 1/24/12, of unstageable area 2 by 2 unable to determine depth. Black wound bed, pain to touch. Under the comment section current treatment was noted of Bacroban, Santyl to center area, Kerlex role. Current preventative interventions Pressure reducing mattress.</p> <p>Documentation on the form, dated 1/31/12, was noted of the area stage E 3 cm by 2.6 cm pain, black eschar same treatments, preventative interventions: pressure boots, permanent reduction mattress.</p> <p>Documentation on the form, dated 2/6/12, was noted of stage E, 2.5 cm by 2.4 by 0.1 cm with pain, black/yellow. Continue same treatment and preventative interventions.</p> <p>Documentation was noted on 2/13/12 of Stage E 2.5 cm by 3 cm by 0.1 cm scant exudate pain wound bed yellow area was debrided at wound clinic on 2/12/12.</p> <p>Documentation on the form was noted, dated 2/21/12, of Stage E 2.5</p>				

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	<p>cm by 3.8 cm yellow drainage, slight odor, thick, copious, Pain at time 25% black tissue, 75% yellow tissue. No change in treatments or preventative interventions.</p> <p>Documentation on the form, dated 2/28/12, was noted of the area Stage E 2.5 cm by 3.5 cm no depth. Thick, copious, yellow slight odor exudate. Yellow wound bed, pain at times. same treatment.</p> <p>Documentation on the form, dated 3/6/12, described the area as a Stage II, 2.5 cm by 3.5 cm by 0.2 cm. Scant exudate, wound bed pink, continue Santyl and Bactroban.</p> <p>Documentation on the form titled "Pressure/Stasis/Arterial/Diabetic Ulcer Assessment was noted, dated 1/19/12 [admission date], of pressure area to right heel Stage E 8 cm by 8 cm depth unable to determine. Color Black, pain to touch treatment: open to air.</p> <p>Documentation of the area was noted, dated 1/24/12, of unstageable area 2 by 2 unable to determine depth. Black wound bed, pain to touch. Under the comment section current treatment was noted of Bacroban, Santyl to center area,</p>						

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	<p>Kerlex role. Current preventative interventions Pressure reducing mattress.</p> <p>Documentation of the area was noted on 1/31/12 of unstageable 2 cm by 2.3 cm black/eschar wound bed. Bactroban, Santyl with dressing, pressure boots pressure reduction mattress.</p> <p>Documentation of the area on 2/6/12 was noted of unstageable 2.2 cm by 2 cm depth 0.1 cm. Wound bed yellow and red. Same treatment and preventative interventions.</p> <p>Documentation for 2/13/12 was noted of unstageable area 2.2 cm by 2 cm by 0.1 cm, yellow and pink wound bed. Same treatment and preventative interventions.</p> <p>Measurements for 2/21/12 were noted of unstageable 1.8 cm by 2.4 cm by 0.1 cm, black wound bed surrounding tissue red no change in treatment or preventative interventions.</p> <p>Documentation of area on 2/28/12 was noted of area 2 cm by 2 cm by 0.1 cm. Wound bed pale. Continue same treatment.</p>				

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	<p>Documentation of the area on 3/6/12 was noted of Stage II, 2 cm by 2 cm by 0.1 cm no description of wound bed, periwound surrounding tissue Pink. Current treatment Bactroban Santyl with Kerlix.</p> <p>Documentation on the form titled "Pressure/Stasis/Arterial/Diabetic Ulcer" Assessment: dated 1/19/12, indicated the resident had a Stage II pressure ulcer to the right coccyx measuring 3 cm by 2 cm by less than 0.2 cm. The treatment was noted of Mediplex change as needed. Weekly measurements were noted with the last one noted, dated 3/6/12, of 0.5 cm by 0.5 cm x 0 cm Stage I. Current treatment: Aquaphor. Current preventative interventions: Meplix.</p> <p>The resident's discharge instructions from the hospital included an appointment card for the resident to return to the wound center on 1/20/12. The resident had been seen by the wound center during hospitalization.</p> <p>Physician orders/patient instructions from the wound center, dated 1/20/12, included, but was not limited to, Apply to wound: Santyl/nickel thick to all foot wound beds apply</p>			

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	<p>Bactroban to sterile 4X 4 then apply to wound bed wrap with Kerlix daily. Pressure relieving boots on at all times no walking or standing in boots.</p> <p>Physician orders/patient instructions from the wound center, dated 2/17/12, included, but were not limited to right foot increased redness swelling Dx: pressure ulcer of heel, Stage III ulcer of other part of foot. Apply to all foot wound(s) "Santyl nickel thick to all wound beds. Bactroban to sterile gauze and apply to wounds daily. Leg elevation: elevate legs to level of heart or above as much as possible. Continue with heel Medix boots to bilateral feet remove only for transfers. Antibiotics: Zyrox 600 mg i tb po [by mouth] bid [two times a day] times 7 days-osteomyelitis."</p> <p>Documentation on the form, dated 2/28/12, was noted of Stage E 2.5 cm by 3.5 cm no depth. Thick copious exudate with slight odor. Pain at time, tissue color yellow. Same treatment.</p> <p>Documentation of measurements, dated 3/06/12, was noted the area being a Stage II pressure area, no pain or exudate, periwound pink treatment Bactroban Santyl with</p>				

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	<p>Kerlix.</p> <p>A plan of care, dated 2/02/12, which addressed alteration in skin integrity as evidence by pressure ulcer, diabetic ulcer, immobility, and diabetes included but was not limited to interventions of : Pressure reducing mattress on bed and chair. An approach, dated 1/23/12, was noted of Heel lift boots to both feet at all times to relieve pressure. Not when walking or standing in boots.</p> <p>...2/03/12: Promod 30 cc bid wound healing. Santyl and Bactroban with drsg, pressure reducing boots treat per wound center Right side inner foot, right heel.</p> <p>The admission Minimum Data Set [MDS] assessment, dated 1/26/12, coded the resident as requiring limited assistance of one for bed mobility, extensive assistance of one for transfers. Stage I or greater, a scar over bony prominence, or a non-removable dressing/device unhealed pressure ulcer. Three Stage II pressure ulcers present on admission, two unstageable pressure ulcers present upon admission/reentry due to coverage of wound bed by slough and/or eschar. Most Severe Tissue Type for any Pressure Ulcer. 4. Necrotic tissue</p>						

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	<p>(Eschar) black, brown, or tan tissue that adheres firmly to wound bed or ulcer edges, may be softer or harder than surrounding skin.</p> <p>The CAA [Care Area Assessment] dated 1/26/12, indicated the resident was admitted with pressure ulcer to right coccyx, Stage II, 3 by 3 by less than 0.2. Right side inner foot, unstageable 7 cm by 7 cm, unable to determine depth. Resident goes to wound center. ...Resident to wear boots to protect heels and refuses to do so at times.</p> <p>A plan of care, dated 2/02/12, addressed the problem of Pressure Ulcer, diabetic ulcer related to immobility and diabetes included an approach, dated 1/23/12, for heel lift boots to both feet at all times to relieve pressure not when walking or standing in boots. The plan of care did not address the resident's refusal at times to wear the boots.</p> <p>The resident was observed in bed with heels elevated on z-flow on 2/29/12 at 10:00 a.m.; on 3/06/12 at 10:00 a.m. in bed, feet elevated, boots on; 3/02/12 12:10 p.m. in wheelchair, bilateral boots on; 3/02/12 at 2:14 p.m. in bed with bilateral boots on; 3/05/12 10:00 a.m.</p>			

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	<p>in bed, heels elevated; 3/05/12 10:46 a.m. in wheelchair boots on, and 3/06/12 11:00 a.m. in bed, heels elevated, boots on.</p> <p>3. LPN #7 was interviewed on 2/28/12 at 2:20 p.m. The nurse indicated Resident #158 had a Stage I pressure ulcer.</p> <p>On 3/06/12 at 3:00 p.m., with LPN #1, Resident #158's area were observed. A dressing was observed to the resident's coccyx, dated 3/01/12. The area was open with a small amount of drainage noted.</p> <p>A gauze dressing was observed to right foot with a small amount of drainage noted coming through the dressing. The dressing was not dated when changed.</p> <p>Resident #158's clinical record was reviewed on 3/02/12 at 2:16 p.m. An admission date was noted of 2/04/12 from the hospital after surgery for an open reduction, of left hip fracture.</p> <p>The initial Minimum Data Set [MDS] assessment, dated 2/11/12, coded the resident as has one or more unhealed pressure ulcer at Stage I or higher. Three Stage 1 pressure ulcers. One unstageable pressure</p>			

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	<p>ulcer present upon admission/reentry.</p> <p>Documentation on a form titled "Pressure /Stasis/Arterial/Diabetic Ulcer Assessment," provided b by LPN #7 on 2/28/12 at 3:15 p.m., included, but was not limited to Pressure ulcer to coccyx, dated 2/4/12, Stage I 2 by 2 cm.</p> <p>Documentation on the pressure ulcer assessment, dated 2/18/12, completed on resident's return from hospital stay was noted of a pressure ulcer to coccyx Stage I 2 cm by 1 cm no depth.</p> <p>Documentation of the area, dated 3/01/2, was noted of Stage I 2 cm by 1 cm no depth. Measurements obtained on 3/06/12 were noted of the area being a Stage II 0.5 by 0 by less than 0.1 cm area.</p> <p>LPN #1 was interviewed on 3/06/12 at 3: 45 p.m. The LPN indicated the physician's order from the treatment to the coccyx was obtained on 2/29/12 for foam dressing to coccyx change every third day and as needed. The LPN indicated the order had not been transcribed onto the March treatment record.</p> <p>A change of condition care plan was</p>				

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	<p>noted, dated 2/29/12, of Resident complained of coccyx pain. Upon assessment coccyx red no open areas noted. New order obtained to apply optifoam change every third day and as needed. Check placement every shift. New order to change gel cushion for pressure reduction while in wheelchair,.</p> <p>4. Review of Pressure Ulcer Program [no date] on 3/06/12 at 3:21 p.m., indicated the following: Wound Program Components Step One: Skin inspection by nursing assistants during shower/bath and with daily care. Nursing assistant report any areas of impairment to licensed nurse for notification of responsible party and physician for treatment order. Step Two: Weekly skin inspection by licensed nurse. Day of skin inspection should be blocked off on TAR (treatment administration record). Document of TAR 0=no skin impairment; 1= new skin area of skin impairment See skin sheet; 2= existing area of skin impairment. See skin sheet. Sign initials. Step Three: Correct identification of wounds- Complete a Good skin assessment upon admission to identify any areas of skin impairment that was developed prior... Ensure wound is properly categorized. Look at resident</p>			

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	<p>diagnosis; what shape and location is the wound? MOST (not all) pressure areas are round and located over a bony prominence...Step Four: If pressure, correct staging (only pressure is staged). Stage 1- skin is not broken but is red and is non-blanchable. Area is usually over a bony prominence and may be painful, warmer or cooler than the rest of the skin. Stage II- skin is broken through the first layer. Area is red or pink with no slough. Blisters are considered a Stage II pressure area. Do not confuse a Stage II ulcer with macerated or denuded skin, skin tears, or tape burns. Stage III- subcutaneous fat may be present but not muscle, tendon or bone. Slough may be present but does not obscure the depth of the wound. Tunneling or undermining may be present. Stage IV- Exposed bone, tendon, or muscle. Slough is usually present. Unstageable- slough or eschar covers the wound making it unable to determine the depth. Suspected Deep Tissue Injury Wounds. Step Five: Correct Treatment - If possible use treatments that don't require daily or BID changing...Write orders for product categories NOT brand names...Step Six: Complete skin sheet for EACH area of pressure, stasis, diabetic, arterial wound.</p>			

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	<p>Complete skin sheet for EACH area of skin impairment identified that is not pressure, stasis, arterial or diabetic related. Other skin assessment. Step Seven: Careplanning - implement a plan of care addressing treatment and/or healing and preventative measures. Step Eight: Communication- Ensure all staff is aware of and follows through with skin healing and preventative interventions...Basic Wound Interventions: 1. Identify and control underlying medical and nutritional disorders; 2. Assess for signs and symptoms of infection and treat as applicable; 3. Evaluate for pressure reduction and/or relief devices for bed and chair; 4. Develop and implement turning and/or positioning plan to relieve pressure from affected area(s); ...8. Evaluate wound daily (if dressing is present, do not remove-observe for integrity of dressing and any noticeable changes). If compression dressing is present, clarify frequency of removal of compression dressing with physician. 9. Assess and document progress toward healing at least every 7 days or with significant change in appearance of wound. Documentation includes, but is not limited to size, color, drainage and odor...General Wound and Skin Care</p>			

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	<p>Guidelines: ...18. Date, time, and initial all dressings at time of application...Selection of Therapeutic Support Surfaces Guidelines:[no date] ...4. The category of product should be considered: a. Does the resident require pressure reduction? Pressure reduction is reduction of interface pressure, not necessarily below capillary closure pressure. 1. Prevention and Stage I or II wounds, 2. Consider mobility , continence, sensory and nutritional status of the resident 3. Types of pressure reduction products -a. Overlays: 1. air-powered or nonpowered 2. Foam 3. Gel 4. Water b. Mattress replacements- Or do they need pressure relief ? Pressure relief is reduction of interface pressure below capillary closure pressure: 1. Therapeutic, Multiple Stage IIs, Stage III, IV ; 2. Low air loss; 3. Alternating Pressure; 4. Air fluidized...6. Because heels and elbows have relatively little surface area, it is difficult to redistribute pressure on these surfaces. It is important to pay particular attention to reducing the pressure on these areas: a. Use pillows or other means to suspend the heels off the bed surface,...7. A resident with severe flexion contractures also may require special attention to effectively reduce</p>			

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	<p>pressure on bony prominences or prevent breakdown form skin to skin contact: a. Use pillows to prevent skin touching skin,...</p> <p>The Immediate Jeopardy that began on 2/28/12 was removed on 3/9/12 when the facility provided inservice training for nursing staff related to pressure ulcers including correct assessment and staging, proper interventions to reduce/relieve pressure, and return demonstration of treatments, but noncompliance remained at a lowered scope and severity level of isolated, with no actual harm with potential for more than minimal harm that is not immediate jeopardy because of ongoing monitoring of residents with pressure ulcers to ensure continued compliance with pressure relieving devices, dressings in place and dated in accordance with physician's orders, continued inservice training for nursing staff for admission assessments, updating the CNA assignment sheets, identification of risk for skin breakdown and implementation of appropriate care plan interventions.</p> <p>3.1-40(a)(1) 3.1-40(a)(2)</p>			

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F0323 SS=G	<p>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.</p> <p>A. Based on record review, and interview, the facility failed to monitor a resident receiving hot pack during therapy for adverse effects, with the resident having developed a second degree burn. Facility staff also failed to notify nursing staff of the resident having possibly received a burn from the hot pack treatment. This deficient practice affected 1 of 3 residents receiving hot pack treatments in a stage 2 sample of 29 (Resident # A).</p> <p>B. Based on observation, record review, and interview the facility, failed to remove protective footwear before transferring a resident to the wheelchair as directed by physician's orders for 1 of 2 residents reviewed for protective footwear in a stage 2 sample of 29 (Resident #B)</p> <p>Findings include:</p> <p>A.1. Record review for Resident # A on 03/05/12 at 11 a.m., indicated: Resident #A was admitted to the</p>	F0323	<p>F 323</p> <p>Resident A's burn is healed. Resident #74 suffered no ill effects from the alleged deficiency. Completion Date 4-10-2012</p> <p>All other residents are at risk to be affected by the alleged deficiency and through alterations in processes and in servicing the campus will 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. Completion Date 4-10-2012</p> <p>Therapy staff have been in serviced on the use of hot packs and completing the Skin examination reporting tool. Nursing staff have been in serviced concerning the use of HeelMedix heel protectors. Systemic change is therapy staff to utilize a timer and log anytime a hot pack is used in therapy. Therapy staff will also utilize the</p>	04/10/2012	

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	<p>facility with the diagnoses which included, but were not limited to, CAD (coronary artery disease), COPD (chronic obstructive pulmonary disease), congestive heart failure, diabetes mellitus with neuropathy, and chronic pain syndrome due to rheumatoid arthritis. The resident had received a burn to the left shoulder from a hot pack treatment during a therapy session on 01/10/12. Silvadene cream was ordered daily until healed and the resident's family was notified.</p> <p>A document entitled "Skin Impairment Circumstance, Assessment and Intervention," dated 01/10/12 at 9:30 p.m., indicated the resident had been observed to have two clear fluid-filled blisters each measuring 1 cm (centimeter) by 1 cm to the left shoulder.</p> <p>Nurse's notes, dated 01/10/12 at 9:35 p.m., indicated the resident had been medicated with Tylenol 650 milligrams as needed for pain/discomfort.</p> <p>An admission MDS (Minimum Data Set) assessment, dated 01/18/12, indicated the resident had no cognitive impairment, required assist of 1 for transfers and ambulation with a walker/wheelchair, and required the</p>		<p>Skin examination reporting tool when a therapist notes a new area of skin impairment. Completion Date 4-10-2012</p> <p>Therapy Director/designee will monitor 2 residents receiving hot pack therapy to assure procedure followed 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments</p> <p>DHS /designee will monitor 2 random residents to assure transferring per plan of care to assure safety 5x a week for a month then 3x a week for a month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments Completion Date 4-10-2012</p>		

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	<p>use of non-medical interventions for pain control.</p> <p>A telephone order, dated 01/6/12, indicated "Occupational Therapy for 30 days (5 times a week). May include ultrasound/hot packs as needed."</p> <p>A care plan problem, dated 01/18/12, for "Skin condition, other: Burn to shoulder related to hot pack.." Interventions included, but were not limited to "Monitor for s/s (signs/symptoms) of ...redness, warmth, drainage, etc...Caregiver: Nursing..." This care plan problem failed to include therapy interventions, nor was there a care plan regarding the use of hot pack treatment by OT (Occupational Therapy) prior to the resident having received the burn on 01/10/12.</p> <p>During interview on 03/05/12 at 2:30 p.m., the resident indicated he had not felt any discomfort on 01/10/12, at any time during the hot pack therapy, even after the hot pack had been removed, but indicated the area had started hurting "a little bit that evening so had reported it to the nurse."</p> <p>During interview on 03/06/12 at 3 p.m., Certified Occupational Therapy</p>			

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	Assistant (COTA) #12 indicated Resident #A had been receiving a hot pack treatment to the left shoulder on 01/10/12, concurrently with therapeutic exercise, with the area under the hot pack having been checked "2 or 3 times during the 20-25 minute treatment." COTA #12 indicated at the conclusion of the treatment the hot pack had been removed with slight reddish coloration having been observed to the top of the resident's shoulder, with the resident having had no complaint of pain/discomfort at any time. COTA #12 indicated redness of skin during the application of a hot pack was not normal. COTA #12 indicated he had first applied a non-medicated moisturizing lotion (could not remember the name of lotion but could be used as hand/body lotion) to the resident's left shoulder area, and then approximately 10 minutes later had applied BioFreeze as per the treatment regimen. COTA #12 had then indicated the resident had complained of discomfort later in the day on 01/10/12, with 2 blisters having been observed by the charge nurse "in the evening hours" (time uncertain). COTA #12 indicated he had seen two blisters on the resident's left shoulder the next day (01/11/12). COTA #12 indicated he						

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	<p>had been counseled and all therapy staff had been inserviced regarding a new policy in which staff were to log start time and every 5 minute check times for residents receiving hot pack treatments. COTA #12 indicated on 01/10/12, the resident had on bib overalls and a T-shirt (as was the resident's usual dress), with the hot pack having been wrapped in heavy pad as well as a folded over towel as was the policy. When asked if he'd notified nursing staff of the redness, COTA #12 had indicated "no." Regarding how many layers of padding had been used, COTA #12 indicated he had used 2 layers of towel, 2 layers of pad, one layer of denim, and 1 layer of the resident's T-shirt.</p> <p>Review of the hot pack policy (revised January 2011) on 03/05/12 at 12:02 p.m., indicated: "Remove hot pack from the hydrocollator unit, place pack in cloth cover or wrap in 6-8 towels...Duration of the hot pack treatment is generally 15-25 minutes or to patient's tolerance...Skin must be checked every 5-10 minutes during the treatment. If the skin is bright red and/or feels hot to touch, add another layer of toweling...." This document did not address notification of the nursing department</p>			

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	<p>regarding any condition changes which might have taken place during hot pack therapy sessions.</p> <p>B. 1. On 3/2/12 at 11:20 a.m., Resident B was observed to be transferred from the toilet to the wheelchair per CNAs #22 and #23. The resident was observed to have Medix boots on bilateral feet and the resident bore weight on both feet during the transfer. The resident was observed to be transferred from the wheelchair to the toilet on 3/2/12 at 3:30 p.m., per CNAs #21 and #22. The resident's Medix boots were removed prior to the transfer.</p> <p>During interview of CNA #21 on 3/2/12 at 3:30 p.m., regarding removal of the Medix boots during transfer, the CNA indicated she realized the boots were slick on the bottom during the transfer at 11:20 a.m.</p> <p>Review of the clinical record of Resident B on 3/2/12 at 2:15 p.m., indicated the physician order, dated 1/18/12, of continue with heel Medix boots to both feet at all times except during transfers. The resident's current plan of care dated 10/27/11 and revision 1/25/12 addressed the problem of Alteration in skin integrity as exhibited by pressure ulcers to</p>						

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	<p>bilateral heels unstageable with approaches which included but was not limited to heel lift Medix boots to bilateral feet at all times except for transfers dated 2/10/12.</p> <p>Review of CNA assignment sheet on 3/6/12 at 4 p.m., for Resident #74 indicated Medix boots to both feet except for transfers.</p> <p>Review of manufacturer's guidelines for "HeelMedix Application Instructions" on 3/7/12 at 12:50 p.m. indicated "...HeelMedix heel protector is single patient use only. Product is used on patients while in bed to help prevent pressure ulcers. Patient must not walk or stand while wearing the HeelMedix heel protector...."</p> <p>This Federal tag relates to Complaint IN00103286.</p> <p>3.1-45(a)(2)</p>				

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F0387 SS=D	<p>483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT</p> <p>The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.</p> <p>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</p> <p>Based on record review and interview, the facility failed to ensure newly admitted residents were seen by the attending every 30 days for the first 90 days after admission for 1 of 29 residents reviewed for physician visits in a Stage 2 sample of 29 (Resident #B).</p> <p>Findings include:</p> <p>Review of the clinical record of Resident B on 3/2/12 at 2:15 p.m., indicated the resident was admitted to the facility on 9/27/11. Physician progress notes for visits were noted dated 10/2/11, 10/16/11, 1/8/12, 1/15/12 and 2/12/12. Physician progress notes for November 2011 and December 2011 indicating visits every 30 days for the first 90 days were lacking.</p> <p>Interview of LPN #20 (Medical Records) on 3/12/12 at 2:20 p.m., indicated the physician had not seen</p>	F0387	<p>F 387</p> <p>Resident B has been seen by the primary physician. Completion Date 4-10-2012</p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in processes will ensure residents are visited by a physician once every 30 days for the first 90 days and at least once every 60 days thereafter.</p> <p>Completion Date 4-10-2012</p> <p>Systemic change medical records nurse to maintain a tickler system monitoring last physician visit to assure residents seen every 30 days for first 90 days and at least once every 60 days thereafter.</p> <p>Completion Date 4-10-2012</p> <p>DHS or designee will audit tickler</p>	04/10/2012

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	<p>Resident B in November 2011 and December 2011 for the every 30 days for the first 90 days.</p> <p>Review of the facility's current policy and procedure for Physician visits [no date] on 3/12/12 at 3:10 p.m., indicated the resident must be seen by a physician at least once every 30 days for the first 90 days after admission and at least once every 60 days thereafter.</p> <p>3.1-22(d)(1)</p>		<p>system once a week to assure compliance with visits with results being forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments.</p> <p>Completion Date 4-10-2012</p>		

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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation and record review, the facility failed to implement</p>	F0441	F 441	04/10/2012	

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	<p>proper hand hygiene during incontinence care and failed to disinfect a glucometer to prevent cross contamination of surfaces for 1 of 1 observation of incontinence care and 1 of 3 observations of blood glucose testing (Residents #167 and B).</p> <p>Findings include:</p> <p>1. On 2/28/12 at 12:00 p.m., LPN #2 was observed to perform a blood glucose test to Resident #167. While wearing gloves the nurse held the meter, swabbed the resident's finger, performed the finger stick and placed a drop of blood on to the test strip inserted in the meter. After completion of the test, the nurse removed the gloves, went into the resident's bathroom, laid the meter on the hand sink, washed hands, picked up the meter exited the room and laid the meter on the top of the medication cart located in the hallway. The nurse left the cart to attend to another resident for a ten minute period of time. The nurse then began looking for the disinfectant wipes utilized by the facility to disinfect the glucometers, left the unit and returned with a container of the wipes. The nurse then disinfected the meter and placed it in the same place on the</p>		<p>Res B and #167 suffered no ill effects from the alleged deficiencies. Completion Date 4-10-2012</p> <p>All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing will ensure correct actions to prevent spread infection are followed. Completion Date 4-10-2012</p> <p>Nursing staff will be in serviced on proper hand washing procedures. Licensed nurses will be in serviced on glucometer cleaning. Systemic change will be that nursing staff will have return demonstration of skills to prevent infection including hand washing. Licensed staff will have a return demonstration of glucometer cleaning. Skills will be re-evaluated on an annual basis for competency. Completion Date 4-10-2012</p> <p>DHS/Designee will monitor 3 random residents for resident care that includes hand washing and blood glucose testing to ensure preventive infection control practices followed daily x 5 days for 2 weeks, 3xweek for 2</p>				

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	<p>medication cart without sanitizing the surface of the cart.</p> <p>A facility policy titled "Glucometer Cleaning guidelines," [no date] provided by LPN #20 included documentation, but was not limited to, "The CDC [Center for Disease Control] states that HBV [Hepatitis B Virus] can survive for at least one week in dried blood on environmental surfaces or on contaminated instruments. The following recommendations provide the guidance for cleaning and decontamination of glucometers that may be contaminated with blood and body fluids. ...Recommendations: 1. If glucometers are used from one resident to another they should be cleaned and disinfected after each use. 2. Clean glucometer surface when visible blood or bloody fluids are present by wiping with a cloth dampened with soap and water to remove any visible organic material. 3. If no visible organic material is present, disinfect after each use the exterior surfaces following the manufacturer's directions using a cloth/wipe with either an EPA-registered detergent/germicide with a tuberculocidal or HBV/HIV [Human Immune deficiency Virus] label claim, or a dilute bleach solution</p>		<p>weeks, then weekly with results of compliance being forwarded to QA committee monthly x6 months and quarterly thereafter for review and further suggestions/comments.</p> <p>Completion Date 4-10-2012</p>	

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	<p>of 1:10 (one part bleach to 9 parts water) to 1:100 concentration. (NOTE: recommended the Sani-cloth bleach wipe by PDI ordered through our clinical medical supplier.) ...4. Single use glucometers should be cleaned when soiled and disinfected periodically. ...b. In the med cart in the individual case to separate from the other items in the cart..."</p> <p>2. On 3/2/12 at 2:30 p.m., Resident B was observed to be taken to bathroom and transferred to the toilet by CNAs #22 and #21. CNA #21 was observed to remove a disposable brief wet with urine. CNA #21 with gloves on was observed to cleanse the resident's buttocks and peri area. Without changing the contaminated gloves, the CNA was observed to apply new disposable brief, pull up the resident's pants and transfer the resident from the toilet to the wheelchair. The CNA was then observed to remove the contaminated gloves and wash her hands.</p> <p>Review of the facility titled policy and procedure titled "Guidelines for Handwashing," dated 10/2004, on 3/12/12 at 11 a.m. indicated "...3. Health Care Workers shall wash hands at times such as:...d. After</p>				

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	<p>removing gloves, worn per Standard Precautions for direct contact with excretions or secretions, mucous membranes, specimens, resident equipment, grossly soiled linen, etc..."</p> <p>Review of "Standard Precautions" on 3/12/12 at 2:45 p.m., indicated "...c. Gloves and handwashing... 2. Gloves should be changed after having contact with infective material that may contain high concentration of microorganisms..."</p> <p>3.1-18(l)</p>			