STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155625		08/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR GROVE VILLAGE	1021 E CENTRAL AVE GREENSBURG, IN 47240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was the Investigation of Complaints IN00204520 and IN00206599. This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaints IN00202834 and IN00201694 completed on June 21, 2016. Complaint IN00204520 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00206599 - Substantiated. Federal/State deficiencies related to the allegations are cited at 278, 280 & 309. Survey dates: August 11, 15 & 16, 2016 Facility number: 000305 Provider number: 155625 AIM number: 100287200 Census bed type: SNF/NF: 79 Total: 79 Census payor type: Medicare: 14 Medicaid: 60	F 0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.	

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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	Other: 5 Total: 79 Sample: 3 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 30576 on August 19, 2016			
F 0278 SS=D Bldg. 00	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. 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			

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	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. Clinical disagreement does not constitute a material and false statement.			
	Based on record review and interview, the facility failed to ensure Minimum Data Set (MDS) Assessments were completed to accurately reflect the resident's status and the care and services the resident received in the area of pressure ulcer and rejection of care for 1 of 3 residents reviewed. (Residents #B) Findings include: Closed record review, on 8/15/16 at 11:00 a.m., indicated Resident #B had a 30 day scheduled MDS Assessment, dated 7/10/16. The assessment indicated the resident had no unhealed pressure ulcer in the seven day look back period and no behaviors of rejection of care. Review of the discharge MDS assessment, dated 7/27/16, indicated Resident #B had no unhealed pressure ulcers in the seven day look back period and no behaviors of rejection of care. The Resident Progress Note dated 07/09/16 at 3:59 a.m., indicated Resident	F 0278	**F 278 – Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice?** Resident no longer resides atthe facility. **How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken?** Allresidents with pressure sores have the potential to be affected by the allegeddeficient practice. All residents with pressure sores have been reviewed foraccuracy and coding by the MDS Coordinator. **What measures willbe put into place or what systemic changes will be made to ensure that thedeficient practice does not recur?** The MDS Coordinator and nursemanagement team have been educated by the DNS specialist on importance of codingpressure areas accurately by 8/29/16. **How the correctiveaction will**	08/29/2016

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	#B had a "new order rec'd [received] for tx [treatment] to pressure area on right buttock". The Resident Progress Note dated 7/21/16 at 8:23 p.m., indicated Resident #B's "wound... buttock not showing improvement... wound is 7.5 cm [centimeters] in width, 9 cm in height, and 2 cm in depth... current treatment of santyl dressing completed as ordered..." The Resident Progress Note dated 7/22/16 at 1:29 p.m., indicated, "Area to right buttock worsening at this time resident is noncompliant with attempts to offload area continues to request to stay in chair will demand back brace creating friction to area. Therapy states brace doe not rub when used as ordered for walking only, when in chair it does create friction". Review of the Treatment Administration History with a start date of 7/9/16 through 7/22/16 indicated Santyl ointment once daily to pressure area to right buttock. Interview with the MDS Nurse on 8/15/16 at 2:05 p.m., indicated Resident #B's wound was originally caused by an injury/pinch and she was not considering the wound a pressure ulcer.		**be monitored to ensure the deficient practice does not recur i.e.what quality assurance program will be put into place?** The assessmentCQI audit tool (See attachment 1) will be completed monthly for 3 months by theMDS Coordinator/designee and quarterly thereafter until compliance is achieved.The results of the CQI audit will be reviewed at the monthly Quality Assurancemeeting which is overseen by the Executive Director. If a threshold of 95% orbetter is not obtained an action plan will be developed to ensure compliance.	

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	Interview with the DON (Director of Nursing) on 8/16/16 at 2:39 p.m., indicated the 7/10/16 and 7/27/16 MDS assessments should have been coded to include the pressure ulcer for Resident #B. The DON further indicated Resident #B would refuse to leave the back brace off while sitting. Interview with the Director of Nursing Services (DNS) specialist on 8/16/16 at 2:50 p.m., indicated she had reviewed the information and the resident did have an unhealed pressure ulcer prior to both MDS assessments and the MDS was coded incorrectly. The DNS specialist further indicated the resident was known to refuse the removal of the back brace while sitting. This Federal tag relates to complaint IN00206599. 3.1-31(d)(3)			
F 0280 SS=D Bldg. 00	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be			

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	incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.			
	Based on interview and record review, the facility failed to update the written plan of care related to a resident's noncompliance with the removal of a back brace while sitting for 1 of 3 residents reviewed for care plans. (Resident #B) Findings include: During an interview on 8/16/16 at 2:10 p.m., Physical Therapist Assistant (PTA) #1, indicated Resident #B was noncompliant with the removal of the back brace while sitting. PTA #1 further indicated the back brace fit the resident correctly while standing and/or walking, but the brace caused friction when sitting. During an interview on 8/16/16 at 2:39	F 0280	**F 280– Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice?** Resident no longer resides atthe facility. **How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken. All residentsnot compliant with care have the potential to be affected by the allegeddeficient practice?** An audit has been completed to identify allresidents who have a non complaint plan of care. All residents who have beencare planned for non compliance with care have been reviewed by DNS/designeefor accuracy. **What measures willbe put into**	08/29/2016

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	p.m., the DON (Director of Nursing) indicated Resident #B's wound to his buttock was caused by the resident sitting with a back brace on and the skin became pinched. The pinch caused a blood blister which resulted into a pressure ulcer. The DON further indicated Resident #B's care plan for noncompliance was not updated when the resident refused to remove the back brace while sitting. During an interview on 8/16/16 at 2:50 p.m., the Director of Nursing Services (DNS) specialist on 8/16/16 at 2:50 p.m., indicated Resident #B's buttock wound was reviewed by the IDT (Intra Disciplinary Team) and the wound was classified as a pressure ulcer. The root cause of the pressure ulcer was determined by the resident's refusal to remove the back brace while sitting and a friction was created by the back brace. The admission Minimum Data Set (MDS) assessment, dated 6/21/16, indicated Resident #B had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident was mildly cognitively impaired. The resident required extensive assistance of two physical staff members for transfer between surfaces.		**place or what systemic changes will be made to ensure that thedeficient practice does not recur?** Nursing staff will be in-serviced bythe Clinical Education Coordinator/designee on reporting/documenting anyresidents not compliant with care by 8-29-16. DNS/designee will reviewdocumentation daily to identify residents with non compliance. MDS coordinatorwill revise plan of care based on necessary changes as indicated. **How the correctiveaction will be monitored to ensure the deficient practice does not recur i.e.what quality assurance program will be put into place?** The DNS/designeewill be responsible to complete the care plan CQI tool (see attachment 1) monthlyfor 3 months and quarterly thereafter until compliance is achieved. The resultsof the CQI audit will be reviewed at the monthly Quality Assurance meetingwhich is overseen by the Executive Director. If a threshold of 95% or better isnot obtained an action plan will be developed to ensure compliance.	

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	The 30 day MDS assessment, dated 07/10/16, indicated Resident #B's BIMS score was 13, which indicated the resident was alert and oriented. The resident required extensive assistance of two physical staff members for transfer between surfaces. The closed clinical record for Resident #B was reviewed on 08/15/2016 at 1:48 P.M., the diagnoses included, but were not limited to, dementia, anxiety, depression, arthritis, and congestive heart failure. The Resident Progress Note dated 7/21/16 at 8:23 p.m., indicated Resident #B's "wound... buttock not showing improvement... wound is 7.5 cm [centimeters] in width, 9 cm in height, and 2 cm in depth... current treatment of santyl dressing completed as ordered..." The Resident Progress Note dated 7/22/16 at 1:29 p.m., indicated, "Area to right buttock worsening at this time resident is noncompliant with attempts to offload area continues to request to stay in chair will demand back brace creating friction to area. Therapy states brace doe not rub when used as ordered for walking only, when in chair it does create friction".			

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	Resident #B's Noncompliant Care Plan, which was initiated on 7/22/16, indicated Resident #B was noncompliant with turning and repositioning every 2 hours. The resident prefers to sit in recliner instead of laying down in bed and will not allow staff to reposition him. The approach indicated to educate resident on need to reposition body every two hours to relieve pressure and encourage resident to allow staff to reposition every two hours. The current facility policy, titled "Skin Management Program" and dated 7/2016, was provided by the DON on 08/16/2016 at 3:49 p.m. and was reviewed at that time. The policy indicated, "...A care plan will be developed specific to the resident's needs including prevention interventions..." This Federal tag relates to complaint IN00206599. 3.1-35(b)(1)			

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F 0309 SS=D Bldg. 00	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. Based on record review and interview, the facility failed to prevent the friction of a back brace resulting in a pressure wound related to implementation of interventions with a noncompliant resident for 1 of 3 resident reviewed. (Resident #B). Findings include: The admission Minimum Data Set (MDS) assessment, dated 6/21/16, indicated Resident #B had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident was mildly cognitively impaired. The resident required extensive assistance of two physical staff members for transfer between surfaces. Diagnoses included, but were not limited to, dementia, anxiety, depression, arthritis, and congestive heart failure.	F 0309	**F 309-Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice?** Resident no longer resides atthe facility **How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken?** Allresidents with supportive devices/back braces and that are non compliant havethe potential to be affected by the alleged deficient practice. An audit wascompleted to identify residents for supportive devices/back braces that are noncompliant with care. From that the IDT team will evaluate for appropriatepressure relieving interventions, assess skin weekly, and careplan noncompliance. **What measures willbe put into place or what systemic changes will be made to**	08/29/2016

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	The Nursing...Weekly Summary dated 6/26/16 at 1:16 p.m., indicated Resident #B had no areas of skin integrity alteration. The Resident Progress Note dated 7/21/16 at 8:23 p.m., indicated Resident #B's "wound... buttock not showing improvement... wound is 7.5 cm [centimeters] in width, 9 cm in height, and 2 cm in depth... current treatment of santyl dressing completed as ordered..." The Resident Progress Note dated /22/16 at 1:29 p.m., indicated, "Area to right buttock worsening at this time resident is noncompliant with attempts to offload area continues to request to stay in chair will demand back brace creating friction to area. Therapy states brace doe not rub when used as ordered for walking only, when in chair it does create friction". During an interview on 8/16/16 at 11:30 a.m., the Physician's Assistant #2 indicated Resident #B's wound to the buttocks was a result of friction. The Physician's Assistant #2 further indicated the brace was to be used while ambulating and/or standing and removed when lying or sitting. During an interview on 8/16/16 at 2:10 p.m., Physical Therapist Assistant (PTA)		**ensure that thedeficient practice does not recur?** On anyidentified resident the IDT team will evaluate for appropriate pressurerelieving interventions, assess skin weekly, and careplan non compliance. **How the correctiveaction will be monitored to ensure the deficient practice does not recur i.e.what quality assurance program will be put into place?** The DNS/designeewill be responsible to complete the support device CQI tool (see attachment 2)monthly for 3 months and quarterly thereafter until compliance is achieved. Theresults of the CQI audit will be reviewed at the monthly Quality Assurancemeeting which is overseen by the Executive Director. If a threshold of 95% orbetter is not obtained an action plan will be developed to ensure compliance.	

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	#1, indicated Resident #B was noncompliant with the removal of the back brace while sitting. PTA #1 further indicated the back brace fit the resident correctly while standing and/or walking, but the brace caused friction when sitting. During an interview on 8/16/16 at 2:39 p.m., the DON (Director of Nursing) indicated Resident #B's wound to his buttock was caused by the resident sitting with a back brace on and the skin became pinched. The pinch caused a blood blister which resulted into a pressure ulcer. The DON further indicated Resident #B's care planned for noncompliance was not updated when the resident refused to remove the back brace while sitting. During an interview on 8/16/16 at 2:50 p.m., the Director of Nursing Services (DNS) specialist on 8/16/16 at 2:50 p.m., indicated Resident #B's buttock wound was reviewed by the IDT (Intra Disciplinary Team) and the wound was classified as a pressure ulcer. The root cause of the pressure ulcer was determined by the resident's refusal to remove the back brace while sitting and a friction was created by the back brace. The current facility policy, titled "Skin Management Program" and dated 7/2016,			

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	was provided by the DON on 08/16/2016 at 3:49 p.m. and was reviewed at that time. The policy indicated, "...A care plan will be developed specific to the resident's needs including prevention interventions..." This Federal tag relates to complaint IN00206599. 3.1-37(a)			