

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/14/2016
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NAME OF PROVIDER OR SUPPLIER RITTENHOUSE SENIOR LIVING OF INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 W 96TH ST INDIANAPOLIS, IN 46260
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00188711.</p> <p>Complaint IN00188711: Substantiated. State deficiencies related to allegations are cited at R0036 and R0091.</p> <p>Survey date: January 13 & 14, 2016</p> <p>Facility Number: 003282 Provider Number: 003282 AIM Number: NA</p> <p>Residential Census: 81</p> <p>This State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on January 14, 2016.</p>	R 0000	<p>DISCLAIMER: Preparation and implementation of this plan of correction does not constitute admission or agreement by Rittenhouse Senior Living of Indianapolis of the truth of the facts, findings, or other statements as alleged by the preparer of the survey/inspection dated June 5, 2014. Rittenhouse Senior Living of Indianapolis specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action not related directly to the licensing and/or certification of this facility or provider.</p>	
R 0036 Bldg. 00	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or</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>(2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review, observation and interview, the facility failed to ensure the physician was notified of the development of a new open skin area on the left gluteal for prompt treatment for 1 of 3 residents reviewed for notification. (Resident C)</p> <p>Findings include:</p> <p>During the initial tour with the Resident Care Director on 1/13/16 at 9 a.m., she indicated Resident C was recently placed on Hospice care and had been on Home Health Services for care of her heels.</p> <p>During an interview with CNA #1, on 1/13/16 at 10:10 a.m., she indicated Resident C required total to extensive assist with care.</p> <p>During an interview with CNA # 2, on 1/13/16 at 10:12 a.m., he indicated Resident C was unable to do any care for herself.</p> <p>The record for Resident C was reviewed on 1/13/16 at 10:40 a.m. Current diagnoses included, but were not limited to, Dementia with Behavioral</p>	R 0036	<p>R036 16.2-5-1.2(k)(1-2) Residents' Rights 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Physician and family of affected resident were notified immediately upon Resident Care Direct being notified of open area. 2) How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected. All resident on unit were assess for impaired skin integrity. No other new areas were identified. 3) What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur: QMA #3 received education/counseling regarding appropriate reporting of changes identified with residents to charge nurse. Nursing Staff were inserviced on 1/28/2016 regarding appropriate notification to physician and family per facility policy. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: The resident care</p>	02/14/2016

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	<p>Disturbances and left heel sore.</p> <p>A physician order, dated 6/17/15, indicated an order for Calmoseptine Ointment, apply to buttocks 2 times daily and as needed.</p> <p>A physician order, dated 1/7/16, indicated an order for Algisite to sacral wound 2 times per week with 4 by 4 dressing and tape.</p> <p>The January 2016 Treatment Administration Record indicated the sacral wound dressing was completed on 1/7/16 and 1/11/16.</p> <p>During an interview with the Dementia Unit Director on 1/13/16 at 10:55 a.m., she indicated the Resident had a wound to her bottom that was being treated by a Home Health Agency twice a week. She indicated if the dressing came off between visits, the staff at the facility were able to re-apply the dressing.</p> <p>During an observation on 1/13/16 at 10:55 a.m., with CNA # 1 and CNA # 2, the resident was placed into bed and incontinent care provided. The resident had a pink open area on her left inner gluteal area measuring 2 centimeters (cm) in length and 1 cm in width and a pink open area on her sacral area measuring 2</p>		<p>director will meet with the unit director at least three times a week to review resident's conditions and monitor any open areas. Unit Director will do rounds on the unit daily and ask direct caregivers about any changes in resident's condition. Direct Caregivers will be provided with a form where items can be reported to unit manager, RCD and ED. Executive Director will meet with RCD at least three times a week to monitor compliance.</p> <p>5) By what date the systemic changes will be completed: Date of completion: 2/14//16</p>	

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	<p>cm by 1 cm. There was no dressing on either area. At this time, CNA # 2 indicated there was no dressing on the resident's bottom area when he had gotten her up this morning. He indicated the QMA # 3 had applied a cream to the Resident's bottom earlier in the shift. CNA # 1 then left the room and returned with QMA # 3. QMA # 3 then applied a thick coat Calmoseptine ointment to the resident's gluteals, including covering the two open areas.</p> <p>During an interview with (Name of Home Health Registered Nurse #4) on 1/13/16 at 11:30 a.m., she indicated she had visited the resident on 1/11/16 and had applied the dressing to the resident's sacral area. She indicated, on this date, she only had one open area on her sacral area that was dime size. She indicated if the dressing came off between her visits, the staff were to call her and she could come out and reapply the treatment. She indicated she had not been notified of the need to reapply the current treatment or that there was a new open area on the resident's gluteal.</p> <p>On 1/13/16 at 12 p.m., the Resident Care Director was informed the dressing was not in place on the resident's sacral wound and of the new open area on the left inner gluteal.</p>			

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R 0091 Bldg. 00	<p>During an interview with the Dementia Unit Director on 1/14/16 at 12 p.m., she indicated CNA #1, CNA # 2 or QMA # 3 had not informed her of the new open area on the resident's gluteal or that the dressing was not in place on the sacral wound. She indicated the physician was not notified until 1/13/16 in the afternoon.</p> <p>A Policy titled "6.11 Stage I or Stage II Wound Care" was provided by the Resident Director on 1/14/16 at 11:30 a.m., and deemed as current. The policy indicated, "...Staff record observation in logbook and report to the Resident Care Director or designee...Resident Care Director or designee examines resident and discusses findings...with resident, family, and primary physician...."</p> <p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations.</p>						

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	<p>The policies shall be made available to residents upon request.</p> <p>Based on record review, observation and interview, the facility failed to ensure a Qualified Medication Aide (QMA) provided care within his scope of practice for 1 of 1 resident care observation. (Resident C)</p> <p>Findings include:</p> <p>During the initial tour with the Resident Care Director on 1/13/16 at 9 a.m., she indicated Resident C was recently placed on Hospice care and had been on Home Health Services for care of her heels.</p> <p>During an interview with CNA #1, on 1/13/16 at 10:10 a.m., she indicated Resident C required total to extensive assist for care.</p> <p>During an interview with CNA # 2, on 1/13/16 at 10:12 a.m., he indicated Resident C was unable to do any care for herself.</p> <p>The record for Resident C was reviewed on 1/13/16 at 10:40 a.m. Current diagnoses included, but were not limited to, Dementia with Behavioral Disturbances and left heel sore.</p> <p>A physician order, dated 6/17/15,</p>	R 0091	<p>R 091 410 IAC 16.2-5-1. 3(h)(1-4) Administration and Management</p> <p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident was attended to by an LPN and received appropriate treatment. Physician and wound nurse called. 2) All residents have the potential to be affected. QMA #3 was provided with education/counseling regarding scope of practice for his position as QMA. 3) All nurses and QMA's were trained regarding the scope of practice guidelines for QMA's. 4) Nurses were trained on the appropriate scope of duties of a QMA. They are the first line supervisor and are required to monitor the work of the QMA. Resident Care Director will do rounds and monitor. 5) By what date the systemic changes will be completed: Date of completion: 2/14/2016</p>	02/14/2016

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	<p>indicated an order for Calmoseptine Ointment, apply to buttocks 2 times daily and as needed.</p> <p>A physician order, dated 1/7/16, indicated an order for Algisite to sacral wound 2 times per week with 4 by 4 dressing and tape.</p> <p>The January, 2016 Treatment Administration Record indicated the dressing was completed on 1/7/16 and 1/11/16.</p> <p>During an interview with the Dementia Unit Director on 1/13/16 at 10:55 a.m., she indicated the Resident had a wound to her bottom that was being treated by a Home Health Agency twice a week. She indicated if the dressing came off between visits, the staff at the facility were able to re-apply the dressing.</p> <p>During an observation on 1/13/16 at 10:55 a.m., with CNA # 1 and CNA # 2, the resident was placed into bed and incontinent care provided. The resident had a pink open area on her left inner gluteal measuring 2 centimeters (cm) in length and 1 cm in width and a pink open area on her sacral area measuring 2 cm by 1 cm. There was no dressing on either area. At this time, CNA # 2 indicated there was no dressing on the resident's</p>			

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	<p>bottom area when he had gotten her up this morning. He indicated the QMA # 3 had applied a cream to the Resident's bottom earlier in the shift. CNA # 1 then left the room and returned with QMA # 3. QMA # 3 then applied a thick coat of Calmoseptine ointment to the resident's gluteals, including covering the two open areas.</p> <p>During an interview with (Name of Home Health Registered Nurse #4) on 1/13/16 at 11:30 a.m., she indicated she had visited the resident on 1/11/16 and had applied the dressing to the resident's sacral area. She indicated, on this date, she only had one open area on her sacral area that was dime size. She indicated if the dressing came off between her visits, the staff were to call her and she could come out and reapply the treatment. She indicated she had not been notified of the need to reapply the current treatment or that there was a new open area on the resident's gluteal.</p> <p>On 1/13/16 at 12 p.m., the Resident Care Director was informed the QMA had applied calmoseptine to the resident's sacral open area and to a new open area on the resident's left gluteal.</p> <p>During an interview with the Resident Care Director on 1/14/16 at 11 a.m., she</p>			

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	<p>indicated the sacral wound on Resident C was a Stage II ulcer and the QMA should not have applied Calmoseptine to the wound. She indicated the left gluteal wound was possibly shearing.</p> <p>QMA # 3's signed Job Description was reviewed on 1/14/16 at 11:30 a.m. The form indicated "...Responsibilities/Accountability...10. Report observations to licensed nurse. 11. Immediately report any change in resident's condition to the supervisor...13. Comply with the policies and procedures of Rittenhouse Senior Living as outlined in the policy and procedure manual...."</p> <p>During an interview with the Dementia Unit Director on 1/14/16 at 12 p.m., she indicated QMA # 3 had not informed her of the new open area on the resident's gluteal or that the dressing was not in place on the sacral wound.</p> <p>During an interview with the Administrator on 1/14/16 at 1:30 p.m., she indicated the facility did not have a policy for QMA duties and the facility used the QMA Scope of Practice Guidelines in the Indiana Rules.</p> <p>The Qualified Medication Aide Scope of Practice section 412 IAC 2-1-9 indicated "...The following tasks are within the</p>			

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	scope of practice for the QMA...(12) Apply topical medication to minor skin conditions such dermatitis,...or stage one decubitus ulcer...."				