

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155530	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2013
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NAME OF PROVIDER OR SUPPLIER SOUTH SHORE HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 353 TYLER ST GARY, IN 46402
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F000000	<p>This visit was for the Investigation of Complaints IN00126257, IN00127978 and IN00125271.</p> <p>Complaint IN00126257 - Substantiated. Federal/State deficiencies related to the allegations are cited at F502.</p> <p>Complaint IN00127978 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00125271 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: May 2, 2013</p> <p>Facility number: 000369 Provider number: 155530 AIM number: 100275190</p> <p>Survey Team: Shannon Pietraszewski, RN, TC Janet Adams, RN</p> <p>Census Bed Type: SNF/NF: 66 Total: 66</p> <p>Census by Payor Type: Medicare: 4</p>	F000000	Please accept this plan of correction as the facility's credible allegation. This plan of correction does not constitute an admission on the part of South Shore Health & Rehabilitation to the accuracy of the surveyor's findings, nor the conclusions there from. The facility's submission of this plan of correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or any of the deficiencies cited are correctly applied.	

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>Medicaid: 62 Total: 66</p> <p>Sample: 8</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 5, 2013, by Janelyn Kulik, RN.</p>						

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F000502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure laboratory services were provided in a timely manner related to obtaining a skin scraping specimen to test for Scabies(a skin infection) for 1 of 2 residents reviewed with Physician orders for skin scraping testing in the sample of 8. (Resident #C)</p> <p>Findings include:</p> <p>The record for Resident #C was reviewed on 5/2/13 at 11:00 a.m. The resident's diagnoses included, but were not limited to, high blood pressure, depressive disorder, esophageal reflux, and convulsions(seizures).</p> <p>Review of the 3/2013 Physician orders indicated there was an order written on 3/16/13 to obtain a skin culture to send to the laboratory. There were also Physician orders to initiate Contact Isolation and to apply Kwell shampoo all over the resident's body overnight.</p>	F000502	<p>F502 1. The following actions have been taken for the resident affected by the alleged deficient practice: a. The laboratory result was followed up on and resident was not in an infectious state. Resident was treated appropriately.b. This resident was not infected with potential infectious process. There was no after effect of this administrative issue. 2. All the residents in the facility have the potential to be affected by the alleged deficient practice. However, the following was implemented: a. The nurses were inserviced on the needed urgency of sending and receiving specimens to the laboratory, ensuring that specimens were collected, picked up and followed through with result in a timely manner. (Attachment B)b. The specimens sent to the laboratory will be audited by nursing manager/designee daily. 3. The following systemic measures have been implemented to ensure the alleged deficient practice does not recur: a. The laboratory specimens will be audited daily per Nursing Manager/designee with attached audit sheet.(Attachment A). This audit will include the date the order is written, the specimen</p>	05/10/2013			

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	<p>A Physician Progress Note dated 3/19/13 indicated the resident had a rash on his trunk and the diagnosis listed "Scabies ?"</p> <p>The 3/2013 Nursing Progress Notes were reviewed. An entry made on 3/18/13 at 9:00 a.m. indicated the facility received a call from the laboratory indicating they were unable to complete the skin swab culture as the incorrect container was used. The laboratory also indicated the facility needed to order the container from the laboratory. An entry made on 3/18/13 at 9:10 a.m. indicated the Nurse informed the laboratory of the need for a Scabies specimen container and the laboratory indicated they would send one to the facility. An entry made on 3/18/13 at 11:00 p.m. indicated the Nurse spoke with staff form the laboratory who indicated they would deliver the container in the morning .</p> <p>The 3/19/13 Nursing Progress Notes were reviewed. An entry made on 3/19/13 at 8:00 a.m. indicated staff were still awaiting the culture kit. Further entries were made at 1:30 p.m. and 3:00 p.m. There was no documentation of attempts to contact the laboratory related to the specimen containers in these entries. An entry</p>		<p>collected and the date and time the carrier retrieved the specimen and when the facility received the result. 4. To ensure continual compliance of the alleged deficient practice the following Quality Assurance measures have been implemented: a. The director of nursing will review audit sheets every month at QA and report on this issue during the infection control portion of Quality Assurance. The DON will present a summary of findings to the IDT for review.b. The DON/designee will provide education on this issue as required as identified through the review of the audit sheets.Addendum: A house wide audit was done to ensure there were no outstanding specimens requiring follow up by physician or lab. (Attachment C)</p>				

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	<p>made on 3/19/13 at 8:00 p.m. indicated the resident continued to have red marks on his back and lower extremities. There was no documentation of staff attempts to contact the laboratory related to the continued need for the specimen container.</p> <p>The 3/20/13 Nursing Progress Notes were reviewed. The first entry was made at 11:00 a.m. This entry indicated staff were waiting for the skin culture results. An entry made on 3/20/13 at 7:30 p.m. indicated the red areas continued to diminish and staff were currently awaiting culture results. There were no further entries made on 3/20/13.</p> <p>The 3/21/13 Nursing Progress Notes were reviewed. The only entry was made at 8:00 p.m. This entry indicated staff were currently awaiting the culture results.</p> <p>The 3/22/13 Nursing Progress Notes were reviewed. Entries were made at 4:15 a.m. and 2:00 p.m. The 2:00 p.m. entry indicated staff were still awaiting the culture results.</p> <p>The 3/23/13 Nursing Progress Notes were reviewed. An entry made at 3:15 p.m. indicated the Nurse called the</p>				

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	<p>laboratory to obtain the culture results and the laboratory indicated they did not have the specimen. The entry also indicated the Nurse went to check the refrigerator and found the specimen was still in the refrigerator.</p> <p>The 3/2013 laboratory tests results were reviewed. A microbiology report indicated skin scraping to test for Scabies were received at the laboratory on 3/23/13 at 7:51 p.m. The final test tests were recorded at 8:25 p.m. The test results were negative for Scabies and parasites.</p> <p>When interviewed on 5/2/13 at 3:00 p.m., the Rehabilitation Nurse indicated the test ordered on 3/16/13 had no been completed until 3/23/13. The Nurse indicated there was no documentation in the Nursing Progress Notes to indicate when the specimen was obtained. The Nurse also indicated staff should have attempted to call the laboratory between 3/19/13 and 3/23/13 to ensure the specimen had been picked up and the ordered test was being completed in a timely manner.</p> <p>This federal tag relates to Complaint IN00126257.</p> <p>3.1-49(a)</p>				

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