

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/12/2016
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NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00197067 and IN00199676.</p> <p>Complaint IN00197067 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00199676 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: May 11 & 12, 2016</p> <p>Facility number: 000291 Provider number: 155404 AIM number: 100286710</p> <p>Census bed type: SNF/NF: 27 Total: 27</p> <p>Census payor type: Medicare: 2 Medicaid: 25 Total: 27</p> <p>Sample: 3</p>	F 0000		

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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F 0157 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 5/17/2017 by 29479.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in</p>			

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	<p>§483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify a Health Care Representative prior to removal of a resident's toenail for 1 of 3 residents reviewed for notification of change in health status (Resident C).</p> <p>Findings include:</p> <p>The record for Resident C was reviewed on 5/11/16 at 11:10 a.m. Diagnoses included, but were not limited to, diabetes mellitus and peripheral vascular disease (circulation disorder that narrows blood vessels).</p> <p>On 5/2/16 on evening shift between 6:00 p.m. and 10:00 p.m., nurse's notes indicated the physician visited, examined the toe, changed antibiotic orders, ordered an x-ray of the toe, and requested the resident to be seen by a podiatrist as soon as possible.</p> <p>An entry on 5/2/16 at 5:00 p.m. indicated the resident showed no pain when his toenail was removed.</p>	F 0157	<p>F157 A All residents in this facility have to potential to be affected by this alleged deficient practice. B On April 26, 2016 nurse notified the residents Health Care Representative of an antibiotic being proscribed by the physician for the resident's toe. On May 2, 2016 the physician visited the facility and resident. The Physician noted that the nail was "hanging and easily removed." As noted in the chart the nail was removed and a new antibiotic was started at 17:00, Residents Health Care Representative brought a hamburger and shake at 18:00, at that time the Health Care Representative was notified of the new antibiotic and the hanging nail being removed by the physician. C All nurses will be in-serviced regarding policy of family notification including documentation of all occurrences. D The DON will monitor daily for documentation of any residents change of condition and all incident reports for completeness including notification of responsible party. Lack of family notification will be corrected promptly. Administrator</p>	06/11/2016

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F 0465 SS=D Bldg. 00	<p>The physician's progress note, 5/2/16, indicated the resident had peripheral vascular disease with neuropathy (weakness, numbness, and pain from nerve damage) and osteomyelitis (infection of the bone) of the left great toe.</p> <p>During an interview on 5/11/16 at 10:20 a.m., Resident C's Health Care Representative (HRC) indicated she took Resident C to a podiatrist's appointment on 5/3/16 and the resident was sent to the hospital from the appointment. The HRC indicated she had not been informed in advance of the removal of the toenail and would not have agreed to the procedure if notified.</p> <p>This federal tag relates to Complaint IN00199676.</p> <p>3.1-5(a)(3)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure a safe, functional, and homelike environment for 1 of 1</p>	F 0465	<p>will review incidents reports weekly for compliance. Both of these items will be ongoing. All incident reports should be reviewed quarterly in QA for trends. Date of Compliance: June 11, 2016.</p> <p>F-465 D</p> <p>A All residents who are</p>	06/11/2016	

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	<p>outdoor patio utilized by residents.</p> <p>Findings include:</p> <p>During observation of the patio, which is to the left of the main entrance to the facility, on 5/12/16 at 9:20 a.m., the following were observed:</p> <p>a. Two patio tables with chairs</p> <p>b. A coiled hose on a hook on the side of the facility building</p> <p>c. Two large wooden storage sheds, one locked and 1 unlocked</p> <p>d. The unlocked shed appeared to be an office with a desk and chair. Also in the unlocked shed were 4 small fire extinguishers, 1 small propane torch, a lawnmower, and 9 large bags of ice melt pellets. More tools and supplies were farther toward the back of the shed.</p> <p>e. A grass or chemical spreader on wheels and a coiled hose on a hook attached to a shed</p> <p>f. Three rusty appearing table pedestals. Two held another coiled hose, and the other held a wooden mailbox and newspaper delivery tube</p> <p>g. An electrical outlet with the cover open, a cord plugged into it which went into the unlocked shed through a hole by the outlet</p> <p>h. Two covered gas grills, one with propane tank attached</p> <p>i. A propane gas tank sitting on the patio</p>		<p>smokers have the potential to be affected by this finding.</p> <p>B Areas of concern for the patio were corrected immediately.</p> <p>O The storage shed will be locked when it is not occupied.</p> <p>O The spreader has been stored out of resident access.</p> <p>O The table pedestals have been removed from the patio area.</p> <p>O The mailbox has been reapplied to the side of the facility.</p> <p>O The electrical outlet has been secured by a clear weather cover.</p> <p>O The empty propane tank has been removed.</p> <p>O The folding table has been stored.</p> <p>O The planter has been planted with tomato plants by a resident.</p> <p>O The extension cord on the building has been removed.</p> <p>C Designated smoking area has been relocated to insure resident safety.</p> <p>D A routine inspection of the</p>		

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	<p>between the grills</p> <p>j. A folded banquet sized table leaning against one grill</p> <p>k. A 2 foot long 1 foot wide planter on wheels full of dirt</p> <p>l. On the right side of the entrance door, 2 extension cords were attached to an outlet at roof level, and hung down the side of the building and coiled into the mulch in the flower bed.</p> <p>A resident (Resident B) had been observed using the patio with the therapist for therapy on 5/11/16 at 1:30 p.m.</p> <p>Six residents were observed smoking on the patio during smoke times at 3:30 p.m. on 5/11/16 and 10:00 a.m. on 5/12/16.</p> <p>During an interview with the Administrator on 5/11/16 at 4:40 p.m., he indicated there was a resident who would sign himself out and go out by himself and sit on the patio in the sun. The Administrator also indicated at that time that the smoking area had been moved to the patio. He indicated it was a nicer area than they had before. He indicated 3 large umbrellas were ordered and were expected any day which would provide shade and shelter to the residents. He also indicated with the residents and staff using the patio he was able to keep an eye</p>		<p>patio by the Maintenance man to maintain environmental safety. Inspections will be done 5x week x 2, then 1 x week x 4 if in 100% compliance then monthly per policy and reviewed by Monthly QA Meetings.</p> <p>E Date: June 11, 2016.</p>				

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	<p>on who went in and out.</p> <p>During an interview with Resident B on 5/12/16 at 9:45 a.m., he indicated he likes to sit in the sun on nice days and he really enjoyed being able to go out there.</p> <p>During an interview with Resident D on 5/12/16 at 1:15 p.m., she indicated she loved the patio, looked forward to spending time outside in nice weather just sitting there, reading and enjoying the garden and flowers and birds.</p> <p>During an interview with Maintenance Director #2 on 5/12/16 at 9:30 a.m., he indicated he was unaware of the patio environment and would take care of it.</p> <p>3.1-19(f)(5)</p>			