

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155523	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/30/2012
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NAME OF PROVIDER OR SUPPLIER RICHLAND BEAN BLOSSOM HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5911 W SR 46 ELLETTSVILLE, IN 47429
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F0000	<p>This visit was for the Investigation of Complaint IN00108387.</p> <p>Complaint IN00108387- Substantiated. Federal/State deficiency related to the allegation is cited at F-157.</p> <p>Survey dates: 05/29/12 and 05/30/12</p> <p>Facility number: 000558 Provider number: 155523 AIM number: 100267550</p> <p>Survey team: Sharon Whiteman, RN TC Susan Worsham, RN</p> <p>Census bed type: SNF/NF: 75 Total: 75</p> <p>Census payor type: Medicare: 11 Medicaid: 37 Other: 27 Total: 75</p> <p>Sample: 03</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>	F0000		

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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	Quality review completed on June 4, 2012 by Bev Faulkner, RN				

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F0157 SS=D	<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 §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 interview and record review, the facility failed to insure a resident's physician was notified of purulent drainage and strong wound odors for 1 of 3 residents reviewed for infection control</p>	F0157	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by Richland Bean Blossom Health	06/12/2012

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	<p>in a sample of 3. (Resident A)</p> <p>Findings Include:</p> <p>Review of Resident A's clinical record on 05/29/12 at 1:30 p.m., indicated the following:</p> <p>Resident A had diagnoses which included but were not limited to history of gastric bypass surgery, chronic venous insufficiency, morbid obesity, and chronic kidney disease.</p> <p>An admission MDS [Minimum Data Set] assessment, dated 01/16/12, indicated Resident A had no cognitive impairment, could understand others, and others could understand her. The MDS indicated the resident required extensive assistance of staff with transfers and bathing, was incontinent of bowel, and had no open areas.</p> <p>A wound progress note, dated 02/21/12, indicated Resident A had a 3.5 cm x (by) 6.5 cm x 0 cm (centimeters) trauma area to her left thigh. The progress noted indicated the thigh wound was currently being treated with Santyl foam (wound treatment). The progress note indicated the wound doctor changed the thigh treatment to Santyl/hydrogel gauze (wound treatment.) This progress note</p>		<p>Care Center of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p> <p>Please accept this plan of correction as our credible allegation of compliance with all regulatory requirements.</p> <p>F 157 Notifications of Changes</p> <p><u>Corrective action for affected resident;</u> It is the intent of this facility to inform the resident, consult with resident's physician, and if known notify the resident's legal representative or an interested family member of events and/or concerns that may arise. On 3/12/12, Resident A, experienced a condition change to a wound, patient aware of condition change to wound, continued to refuse treatment. Physician orders received on 3/20/12 and wound showed improvement on 3/27/ 12, all physician, resident and/or interested family members were notified timely thereafter.</p> <p><u>Identification of other residents at risk;</u> All residents had the potential to be affected; after review by the Director of Nursing and her</p>				

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	<p>indicated it was the "initial" wound progress note.</p> <p>Interview of the Director of Nursing (DON) on 05/29/12 at 5:20 p.m., indicated Resident A was admitted from the hospital on 01/03/12. The DON indicated the resident had a urinary catheter which the nurses at the hospital had secured with a piece of silk tape. The DON indicated Resident A's family member approached her (the DON) on the day the resident was admitted to the facility and told the DON that the tape was hurting her mother's leg. The DON indicated she gently removed the tape from the resident's thigh. The DON indicated there was a reddened area present from the tape and in about a week the area turned to a bruise and worsened until it opened up. The DON indicated the wound doctor had told her (the DON) that the resident would have problems with wounds and healing due to a kidney disease.</p> <p>A nurses narrative note, dated 03/12/12 at 2:40 a.m., indicated, "Tx's [Treatments] provided. (L) [left] [symbol for upper thigh wound has purulent drainage (drainage containing pus) of light yellow color et strong odor. (R) abd [abdominal] fold also has strong odor c purulent drainage et dark yellow color....Will cont</p>		<p>designee no other residents were affected.</p> <p>The Director of Nursing and her designee completed a review on 5 /30 /12 of the Wound Log, Nurses Notes for those residents identified with wounds to assure that notification of change requirement had been fulfilled and any new orders were received and implemented.</p> <p><u>Measures to ensure this deficient practice does not recur:</u> On 5/30/12 continuing on through 6/4/12 licensed nursing staff were re-educated to the necessity of following the facility protocol on Physician Notification.</p> <p>The Director of Nursing or her designee will complete a review of residents identified as having a condition change on the 24 hour report to assure that notification of change requirement had been fulfilled and any new orders received were implemented, care planned and added to the nurse aide assignment sheets if applicable, and reported during the facility morning clinical review meeting. The Director of Nursing or her designee will do visual wound review 3 times weekly during scheduled treatments.</p> <p><u>Monitoring of corrective action:</u> The Director of Nursing and/or her designee will review the 24</p>				

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	<p>[continue] to monitor."</p> <p>No further documentation was entered in the nurses narrative notes regarding Resident A's wounds until 03/17/12. There was no indication the physician had been notified of the drainage and odor.</p> <p>A wound progress note, dated 03/20/12, indicated the area to resident A's left thigh was now 4.5 cm x .3 cm x 0.5 cm and the wound treatment had been changed to Dakins solution (wound treatment). This progress note also indicated the resident had a new area in her right abdominal fold which measured 4 cm x 5 cm x 0.1 cm. The progress note indicated the treatment for the abdominal wound was Silver Alginate (wound treatment).</p> <p>Interview of the DON on 05/31/12 at 12:00 p.m., indicated the wound doctor came to the facility weekly, but there was a period of time when the wound doctor was sick. The DON indicated the wound doctor worked for a company and there would always be someone available to call if needed. The DON indicated nursing should always notify the doctor of wound odors or purulent drainage.</p> <p>The facility failed to provide evidence a physician (attending or wound) was notified of the resident having purulent</p>		<p>hour condition report and audit the medical record of each resident identified as having a condition change for proper notification of physician, resident awareness and/or family notification of the change and proper documentation. Audits will be completed 5 times weekly for 3 weeks, and then 3 times weekly for 2 weeks or until 100% compliance is met.</p> <p>The Director of Nursing will report any compliance issues to the QA Committee weekly during Morning Leadership meetings and until QA Committee deems compliance has been met.</p> <p><u>Date of Compliance:</u> 6/12/12</p>		

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	<p>and strong smelling drainage from wound.</p> <p>This Federal/State tag relates to Complaint IN00108387.</p> <p>3.1-5(a)(2)</p>			