

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155038	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/01/2013
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NAME OF PROVIDER OR SUPPLIER  PARKVIEW NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 WHITERIVER BLVD MUNCIE, IN 47303
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F000000	<p>This visit was for the Investigation of Complaint #IN00127987 and #IN00126800.</p> <p>Complaint #IN00127987-Substantiated. Federal deficiencies related to the allegations are cited at F312.</p> <p>Complaint #IN00126800-Substantiated - no findings.</p> <p>Survey dates: 4/30/13 - 5/1/13</p> <p>Facility number: 000013 Provider number: 155038 AIM number: 100266100</p> <p>Survey team: Shelley Reed, RN</p> <p>Census bed type: SNF: 4 SNF/NF: 69 Total: 73</p> <p>Census payor type: Medicare: 9 Medicaid: 58 Other: 6 Total: 73</p>	F000000	<p>Please find the attached plan of correction for a visit from office on April 1 to May 30th. Survey event ID 91VN11, in accordance with state law. We respectfully request that your office will accept this plan as our facility's compliance that you will consider a desk review in view there were no tags that were deemed to be actual harm or immediate jeopardy. If you have any additional questions, please contact me at (765)289-3341. Thank you in advance for your immediate attention in this matter.</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>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p>			
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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review, the facility failed to provide proper hygiene related to general appearance and nail care for 5 residents observed who were dependent for care (Resident #A, C, D, E, and G).</p> <p>Findings include:</p> <p>1. On 4/30/13 at 11:20 a.m., Resident (A) was observed to be sitting in his wheelchair in his room. His finger nails were very long and dirty. Resident (A) had a dressing to his left foot, partially covered by slippers.</p> <p>During an interview on 4/30/13 at 11:20 a.m., Resident (A) indicated he had been in the facility for about 1 month. He indicated he came to the facility from the hospital and prior to that, he had been living at home and taking care of himself. When asked about his grooming, he indicated he needed to get some nail trimmers so he could trim his finger nails.</p>	F000312	Resident A was seen by the nurse practionener on 5/ 2 and referred the resident to Podiatary. Podiatary saw him on 5/10/13. Resident C,D,E,G where reviewed by nursing with appropriate actions taken as needed.A one time audit of current resident population to ensure nail care has been offered and/or completed. Staff were re-educated on 5/7/13 on the importance of resident nail care/grooming. Nursing Staff were re-educated on 5/14/13 on Nail care/grooming during showers. C.N.A.s will be provided with additional re-education on Nail care/grooming during showers on 5/21/13.It is the practice of this facility to provide proper hygiene related to general appearance inlcuding nail care. Department heads and/or other designees have been assigned rounds to residents to ensure that proper hygiene related to general appearance, including nail care, are completed. If any resident is identified having an problem with propery hygiene, including hail care, staff will refer the concern to nursing so it can be taken care	05/30/2013			

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	<p>During record review on 4/30/13 at 11:30 a.m., the Minimum Data Set (MDS) assessment, dated 4/2/13, indicated Resident (A) scored a 15 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact. Resident (A) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person physical help from staff, ambulation- did not occur, dressing-extensive assistance with one person physical assist, hygiene and bathing-extensive assistance with one person physical assist, toilet use-continent of bowel and occasionally incontinent of urine. Resident (A)'s diagnoses included, but were not limited to, chronic airway obstruction, diabetes mellitus, ischemic heart disease, hypertension and congestive heart failure.</p> <p>The admission skin assessment, dated 4/2/13, indicated Resident (A) had red, inflamed swelling on his bilateral lower feet. The assessment also indicated Resident (A) had brittle, long, yellow, cracked toenails. Skin inspection report sheets, dated 4/24/13 and 4/27/13, indicated no abnormal skin areas were observed. Review of the daily bath report from</p>		<p>off. Rounds will be conducted each business day for 8 weeks, 1x for 8 weeks, and 1x monthly for 6 months. Any identified concern will be addressed immediately. Any non-compliance noted will result in 1:1 re-education, and disciplinary action as per policy. Results of the reviews will be brought forward to the Quality Performance Committee monthly for 6 months, and then for 1 quarter.. Any further action will be as determined by the QPI committee.</p>	

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	<p>4/18/13-4/30/13, indicated Resident (A) had a bed bath on 4/20 and 4/27, but refused on 4/24/13.</p> <p>During an observation on 4/30/13 at 3:42 p.m., LPN #2 removed the dressing on Resident (A)'s left foot. Resident (A)'s toenails were very long, dirty and crooked because of the length.</p> <p>During an interview on 4/30/13 at 3:48 p.m., the DoN indicated Resident (A) had experienced weeping edema to his lower extremities. She indicated the Podiatrist was in the facility on 3/27/13 and Resident (A) was not admitted until 4/2/13. She indicated, for residents who had diabetes, nurses are responsible for nail care. She indicated there was no place for documentation on specific nail care from either the nurses or CNA's, but indicated it was just part of ADL care.</p> <p>2. During lunch observation on 4/30/13 at 12:10 p.m., Resident (E) was noted to have very long, dirty finger nails. Resident (E) was also noted to have dirty clothing with food and stains on his clothing.</p> <p>During record review on 4/30/13 at 3:00 p.m., the Minimum Data Set</p>						

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	<p>(MDS) assessment, dated 3/8/13, indicated Resident (E) scored a 15 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact. Resident (E) received the following Activities of Daily Living (ADL) assistance: transfer-extensive assistance with two person physical help from staff, ambulation- did not occur, dressing-extensive assistance with two person physical assist, hygiene and bathing-extensive assistance with two person physical assist, toilet use-incontinent of bowel and occasionally incontinent of urine. Resident (E)'s diagnoses included, but were not limited to, chronic airway obstruction, diabetes mellitus, ischemic heart disease, hypertension and congestive heart failure.</p> <p>3. During an observation on 4/30/13 at 3:10 p.m., Resident (G) was in the hall way, sitting in his wheelchair. Resident (G) requested something from LPN #1, who indicated to Resident (G) that he needed to ask someone to wash his hands because they were filthy. Resident (G) was then observed to have long and dirty finger nails.</p> <p>During record review on 4/30/13 at 3:45 p.m., the Minimum Data Set</p>			

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	<p>(MDS) assessment, dated 1/17/13, indicated Resident (G) was unable to complete the Brief Interview Mental Status (BIMS). Resident (G) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person physical help from staff, ambulation- did not occur, dressing-extensive assistance with one person physical assist, hygiene and bathing-extensive assistance with one person physical assist, toilet use-incontinent of bowel and frequently incontinent of urine. Resident (G)'s diagnoses included, but were not limited to, anoxic brain injury, aphasia, depressive disorder and mood disorder.</p> <p>4. During an interview on 4/30/13 at 3:20 p.m., Resident (C) was seated in her wheelchair. She was observed to have very long and dirty finger nails. Resident (C) indicated she had been in the facility for awhile and enjoys it, but did not like the food.</p> <p>During record review on 4/30/13 at 4:00 p.m., the Minimum Data Set (MDS) assessment, dated 3/8/13, indicated Resident (C) scored a 15 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 15 indicated the resident was cognitively intact. Resident (C) received the</p>			

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	<p>following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person physical help from staff, ambulation- did not occur, dressing-extensive assistance with two person physical assist, hygiene and bathing-extensive assistance with one person physical assist, toilet use-incontinent of bowel and bladder. Resident (C)'s diagnoses included, but were not limited to, schizophrenia, diabetes mellitus, chronic airway obstruction, congestive heart failure and hypertension.</p> <p>5. During lunch observation on 4/30/13 at 12:10 p.m., Resident (D) was noted to have very long, dirty finger nails. Resident (D) was also noted to have dirty clothing and long hair in both ears.</p> <p>During an interview on 4/30/13 at 3:30 p.m., Resident (D) indicated he had been in the facility about 3 or 4 months. He indicated he had no concerns with neglect or abuse. Resident (D) indicated he may or may not return to his home.</p> <p>Resident (D)'s diagnoses included, but were not limited to, debility, depressive disorder, chronic obstructive pulmonary disease and</p>			

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	<p>renal failure.</p> <p>6. During an interview on 5/1/13 at 3:30 p.m., the DoN indicated since the observation of nail care, she had now included in the Assisted Daily Living (ADL) charting, a place to document both fingernail and toenail care for residents.</p> <p>This Federal tag related to complaint number IN00127987.</p> <p>3.1-38(a)(2)(A)</p>				