

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155673	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2015
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NAME OF PROVIDER OR SUPPLIER MARKLE HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 170 N TRACY ST MARKLE, IN 46770
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00183657 and IN00185596.</p> <p>Complaint IN00183657- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00185596- Substantiated. Deficiencies related to the allegations are cited at F282, and F314.</p> <p>Survey dates: October 28, and 29, 2015</p> <p>Facility number: 000544 Provider number: 155673 AIM number: 100267340</p> <p>Census bed type: SNF/NF: 76 Total: 76</p> <p>Census payor type: Medicare: 6 Medicaid: 61 Other: 9 Total: 76</p> <p>Sample: 8</p> <p>These deficiencies reflect state findings</p>	F 0000	F0000 Credible Allegation of Compliance & Request for Paper Compliance. The creation & submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance & REQUESTS A DESK REVIEW FOR CERTIFICATION OF COMPLIANCE.	
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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 0282 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on November 2, 2015 by 17934.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure physician's orders were followed for 1 of 4 residents reviewed for following physician orders in a sample of 8. (Resident A)</p> <p>Findings include:</p> <p>Resident A's record was reviewed on 10-29-2015 at 3:22 PM. Resident A's diagnoses included, but were not limited to, senile dementia with delusions, fracture left foot, and seizure disorder.</p> <p>A review of event notes dated 10-15-2015 at 1:12 PM indicated Resident A had an open area 3 centimeters (cm) x 3.5 cm x < (less than)</p>	F 0282	<p>F0282 I. Corrective Action Taken: It is the practice of this facility to ensure the services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care. Resident A no longer resides at this facility. II. Identification of Other Residents: DNS reviewed the physician orders on all residents who currently have skin impairments. All these same residents were assessed by the DNS to ensure appropriate treatments were in place per physician order. DNS performed an audit of physician orders, care plans, and resident profiles of those residents with pressure wounds to ensure accuracy. No other residents were found to be affected. III. Measures Put In Place: All residents with pressure</p>	11/20/2015	

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	<p>0.1 cm on the coccyx. The documentation further indicated the area was dark, dull red. Additionally, the documentation indicated the physician was notified, but there was no documentation of a new order being obtained.</p> <p>In an interview of on 10-26-2015 at 4:20 PM, the Director of Nursing (DON) indicated an order for Optifoam (a coccyx dressing) had been received, and the dressing had been applied. The DON further indicated the dressing should have been changed on 10-18-15.</p> <p>A review of Resident A's (TAR) Treatment Administration Record dated 10-2015 did not indicate a dressing had been applied to Resident A's coccyx.</p> <p>In an interview on 10-29-2015 at 4:31 PM LPN #1 indicated the order for Optifoam had been received from the physician, but had not been written on the order sheet or TAR.</p> <p>In an interview on 10-29-2015 at 4:22 PM, RN #2 indicated on 10-19-2015, the wound was reviewed. There was an Optifoam dressing on the wound dated 10-15-2015. RN #2 indicated the dressing should have been changed on 10-18-2015.</p>		<p>wounds will be assessed by the IDT wound team each week to ensure all treatments are in place in accordance with physician orders. All nurses will be re-educated by CEC/Designee on following MD orders, administering medications & providing treatments per plan of care, documenting completion of the treatment in the medical record, immediately notifying the MD and DNS/Designee when a wound develops, and obtaining & implementing MD orders. Re-education will be completed by 11-20-15. IV. Monitoring of Correction Action: CEC/Designee will complete a Skills Validation entitled "Dressing Change" on all licensed nurses monthly x 6 months with immediate re-education upon identification of a problem. DNS/Designee will be responsible for completing a CQI tool entitled "Skin Management Program". Tool will be completed weekly x 4 weeks then monthly x 6 months. Results will be reviewed by the CQI committee overseen by the Executive Director. If threshold of 95% has not been achieved, an action plan will be developed to ensure compliance.</p>				

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F 0314 SS=D Bldg. 00	<p>A progress note dated 10-19-2015 at 3:57 PM indicated the physician was contacted regarding the condition of the wound, and new orders were received.</p> <p>This Federal tag is related to Complaint IN00185596.</p> <p>3.1-35(g)(2)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on interview and record review, the facility failed to follow treatment orders for a pressure area for 1 of 4 residents reviewed with pressure areas in a sample of 8. (Resident A)</p> <p>Findings include:</p>	F 0314	<p>F0314 I. Corrective Action Taken: It is the practice of this facility to ensure the facility follows orders for pressures areas. Resident A no longer resides at this facility. II. Identification of Other Residents: All residents have the potential to be affected by this deficient practice. A facility wide skin sweep will be performed by licensed personnel to identify any</p>	11/20/2015			

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	<p>Resident A's record was reviewed on 10-29-2015 at 3:22 PM. Resident A's diagnoses included, but were not limited to, senile dementia with delusions, fracture left foot, and seizure disorder.</p> <p>A review of event notes dated 10-15-2015 at 1:12 PM indicated Resident A had developed an open area 3 centimeters (cm) x 3.5 cm x < (less than) 0.1 cm on the coccyx. The documentation further indicated the area was dark and dull red in color. Additionally, the documentation indicated the physician was notified, but there was no documentation of a new order being obtained. The document further indicated a pressure reducing mattress had been utilized on the bed.</p> <p>In an interview of on 10-26-2015 at 4:20 PM, the Director of Nursing (DON) indicated an order for Optifoam (a coccyx dressing) had been received, and the dressing had been applied. The DON further indicated the dressing should have been changed on 10-18-15.</p> <p>A review of Resident A's (TAR) Treatment Administration Record dated 10-2015 did not indicate a dressing had been applied to Resident A's coccyx wound.</p>		<p>other residents with pressure areas. Skin sweep will be completed by 11-20-15. III. Measures Put In Place: C.N.A.'s were re-educated by the CEC/designee on immediately notifying charge nurse of any areas of impaired skin integrity. If identified during the resident's shower, caregiver will document findings on resident shower sheet. Shower sheets will be reviewed by DNS/designee during the IDT clinical meetings each weekday & documented on the clinical meeting agenda to ensure any identified areas are being addressed. Re-education was completed by 11-20-15. The Treatment Records for all residents identified as having pressure wounds will be audited by licensed personnel to ensure treatment orders are documented according to physician's orders. Audit was completed by 11-20-15. IV. Monitoring of Corrective Action: DNS/designee will be responsible for completing a CQI audit tool entitled "Skin Management Program". Tool will be completed weekly x 4 weeks, then monthly x 6 months. Results will be reviewed by the CQI committee overseen by the Executive Director. If threshold of 95% has not been achieved, an action plan will be developed to ensure compliance.</p>		

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	<p>In an interview on 10-29-2015 at 4:31 PM LPN #1 indicated the order for Optifoam had been received from the physician, but it had not been written on the order sheet or TAR.</p> <p>In an interview on 10-29-2015 at 4:22 PM, RN #2 indicated on 10-19-2015, the wound was reviewed. There was an Optifoam dressing on the wound dated 10-15-2015. RN #2 indicated the dressing should have been changed on 10-18-2015.</p> <p>A progress note dated 10-19-2015 at 3:57 PM indicated the physician was contacted regarding the condition of the wound, and new orders were received.</p> <p>A review of an event record dated 10-19-2015 at 3:57 PM indicated the area on the coccyx was 3 cm x 3.5 cm without depth. The description of the area indicated the wound was 90% covered with black eschar that was stable, with a moderate amount of thin drainage. The document further indicated the edges of the wound were pink, and attached.</p> <p>Skin tracking sheets indicated the following : On 10-2, Resident A received a partial bed bath with no new skin areas</p>			

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	<p>observed.</p> <p>On 10-6-2015, a partial bed bath was given with the private duty nurse refusing a full shower. No new skin areas were observed.</p> <p>On 10-9-2015, a Complete bed bath was given. No new skin areas were observed.</p> <p>On 10-13-2015, a shower was given with no new skin areas observed.</p> <p>A review of the 5 day MDS (Minimum Data Set) dated 10-6-2015 indicated Resident A was able to reposition himself in bed.</p> <p>A review of Nurse's notes dated 10-1 through 10-20-2015 did not indicate Resident A had complained of pain in the coccyx area.</p> <p>A review of an Emergency room report dated 10-20-2015 indicated Resident A presented in the Emergency room with increased confusion and a temperature of 100.3 F. The document indicated Resident A did not have 2 or more symptoms of sepsis. Additionally, the exam revealed a decubitus ulcer on the buttocks. The area was not described or otherwise referred to.</p> <p>This Federal tag is related to Complaint IN00185596.</p>			

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	3.1-40 (a)(2)				