

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155741	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2014
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NAME OF PROVIDER OR SUPPLIER FRIENDSHIP HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2630 S KEYSTONE AVE INDIANAPOLIS, IN 46203
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F000000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 1/31/14.</p> <p>Survey dates: March 14, 17, & 18, 2014</p> <p>Facility number: 004700 Provider number: 155741 AIM number: 100266630</p> <p>Survey team: Marcy Smith, RN-TC Dottie Plummer, RN Patti Allen, SW Karyn Homan, RN</p> <p>Census bed type: SNF/NF: 38 Total: 38</p> <p>Census payor type: Medicare: 4 Medicaid: 31 Other: 3 Total: 38</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March</p>	F000000	<p>This plan of correction is the center's credible allegation of compliance. Preparation and/or completion of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth in the statement of the deficiencies. The Plan of correction is prepared and/or executed solely because it is required by state and federal law.</p>	
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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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F000323 SS=G	<p>18, 2014; by Kimberly Perigo, RN.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a newly admitted resident was safely transferred from one surface to another, which required emergency hospital treatment of a 15 by 3 centimeter skin tear that required 31 staples to close, for 1 of 3 residents reviewed for accidents. (Resident #77)</p> <p>Findings include:</p> <p>The clinical record of Resident #77 was reviewed on 3/14/14 at 12:00 p.m. Diagnoses for the resident included, but were not limited to, major depression, pressure ulcer, coccyx fracture, and high blood pressure.</p> <p>Resident #77 was admitted to the facility on 3/10/14. A nursing admission assessment, completed</p>	F000323	<p>1. After Resident# 77 returned from the Emergency Room. She was placed in a bed that the frame of the bed had protection. C.N.As have been instructed to transfer with 2 staff and the Hoyer lift. Therapy screened resident and provided her with a different wheelchair, and the facility promptly implemented a plan to provide safe transfers for Resident #77 and prevent injury.</p> <p>2. Any new resident who is not independent for transfers has the potential to be affected. All new residents who are not independent for transfers will be transferred by 2 staff until therapy or a licensed nurse has assessed and provided instructions for safe transfers for the new residents. All the beds have been checked for any sharp objects on the frame.</p> <p>3. On 3/24/14, the nursing staff was educated on the new policy for transfers of new residents prior to being evaluated by therapy or a licensed nurse.</p>	03/24/2014

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	<p>by Licensed Practical Nurse (LPN) #1 indicated she was alert to person only, appeared angry and anxious, needed total assist to transfer, and was a fall risk due to being intermittently confused, non-ambulatory, and chairfast.</p> <p>A nurse's note, dated 3/10/14, written by LPN #1, indicated Resident #77 needed the assistance of 2 people to transfer.</p> <p>A nurses's note, dated 3/11/14 at 7:00 p.m., written by LPN #1, indicated Certified Nursing Assistant (CNA) #2 reported to her she noted blood coming from Resident #77's leg after transferring her [the resident] from her wheelchair to her bed. LPN #1 indicated she assessed the resident and observed a "large laceration [a jagged or torn wound of the skin]" on her left lower leg which measured 15 centimeters (cm) by 3 cm., with a moderate amount of blood coming from the wound. The nurse's note indicated the resident was transferred, via ambulance, to a local emergency room.</p> <p>A nurse's note, dated 3/12/14 at 12:00 a.m., indicated Resident #77 returned to the facility from the</p>		<p>4. A new policy was written on how to transfer new residents prior to being assessed by therapy or a licensed nurse. All new residents will be discussed in morning meeting regarding results of therapy assessment as part of the Quality Assurance. This will be an ongoing process. New admissions will be discussed at morning meeting on the next business day after their admission to ensure that the appropriate acute care plan was implemented and C.N.A. Assignment Sheet was updated.</p> <p>5. Completion Date March 24, 2014.</p>		

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	<p>hospital, "31 staples to LLE [left lower extremity], dsg. c/d/i [Dressing clean, dry, intact]."</p> <p>A physical therapy evaluation, dated 3/12/14, indicated Resident #77 was non-ambulatory, debilitated, had poor balance. The evaluation recommended using a hooyer lift for the resident for transfers. A hooyer lift is a mechanical apparatus with a sling and straps, which can transfer residents between surfaces, i.e. from their bed to a chair.</p> <p>During an interview with CNA #2 on 3/17/14 at 1:55 p.m., she indicated Resident #77 was "heavy" and "couldn't bear weight." She indicated she used a gait belt and transferred the resident by herself. She indicated she wouldn't try it again by herself because Resident #77 needed a hooyer lift. She indicated, "I shouldn't have done it by myself. Normally, they let us know how to transfer new residents after physical therapy does their evaluation." She indicated she wasn't sure how they were supposed to know how to transfer someone prior to their physical therapy evaluation.</p> <p>During an interview with the Nurse</p>						

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	<p>Consultant on 3/17/14 at 2:00 p.m., she indicated she was not sure what the facility policy was regarding transfers of new residents, prior to their physical therapy evaluation. She indicated, "If someone came to me and asked, I would read their admission information and tell them to take 2 people to transfer the resident."</p> <p>During an interview with the Maintenance Director on 3/17/14 at 2:10 p.m., he indicated he removed a "retrofit bedrail attachment" from Resident #77's bed after the resident received her leg laceration. He indicated he did not observe any sharp areas on the attachment.</p> <p>During an interview with LPN #1 on 3/17/14 at 2:15 p.m., she indicated she didn't know what the transfer policy was for new residents, but she usually makes them a 2 person transfer "if any doubt." She indicated she thought CNA #2, who was working with her that evening, knew Resident #77 was a 2 person transfer.</p> <p>On 3/17/14 at 2:20 p.m., an interview was attempted with Resident #77. She would not answer any questions.</p>				

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	<p>The facility filed an Incident Report with the Indiana State Department of Health on 3/12/14, regarding Resident #77's leg injury. A follow-up investigation, dated 3/14/14, indicated preventive measures taken were the resident received a different bed, a siderail bracket was removed from the old bed, CNA #2 received 1:1 instruction, and an inservice for nursing staff was scheduled on 3/14/14 to review transfer safety.</p> <p>Review of the resident's record and the facility Incident Report and Investigation did not determine the definite origin of Resident #77's injury.</p> <p>This deficiency was cited on 1/31/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-45(a)(2)</p>				

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