

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155338	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/04/2013
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NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES - PRESTWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 445 S CR 525 E AVON, IN 46123
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F0000	<p>This visit was for the Investigation of Complaint IN00121418.</p> <p>Complaint IN00121418 substantiated, Federal/State deficiencies related to the allegations are cited F282, F309, F514</p> <p>Survey dates: January 3, 4, 2013</p> <p>Facility number: 000231 Provider number: 155338 AIM number: 100267900</p> <p>Survey team: Connie Landman RN TC</p> <p>Census bed type: SNF: 34 SNF/NF: 74 Total: 108</p> <p>Census payor type: Medicare: 19 Medicaid: 57 Other: 32 Total: 104</p> <p>Sample: 3</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.</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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	Quality Review completed 01/11/2013 by Brenda Nunan, RN.			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>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 record review and interview, the facility failed to ensure physician's orders were followed for dressing changes to a surgical wound for 1 of 3 residents reviewed for surgical dressing changes in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 1/3/13 at 1:50 P.M.</p> <p>Diagnoses included, but were not limited to, patella fracture with ORIF (open reduction internal fixation), tendon repair, gastroesophageal reflux disease, dementia, hypertension, and coronary artery disease.</p> <p>The record indicated the resident had been admitted to the facility, 11/20/12, for therapy after his patella fracture and ORIF. He had been hospitalized for dehiscence of this incision and tendon repair on 12/5/12. He was readmitted to the facility on 12/6/12. Physician's discharge orders</p>	F0282	<p>It is the practice of this center to comply with F282 Services By Qualified Persons/Per Care Plan <b><u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B discharged from facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</u></b></p> <p>Residents' with dressing change orders and new admissions since December 1, 2012 were audited to ensure dressing changes completed per physician orders and new admissions physician orders followed. <b><u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</u></b></p> <p>_Nursing Staff has been re-educated regarding orders management; physician treatment orders, transcribing and noting. <b><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put</u></b></p>	01/04/2013

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	<p>from the hospital, dated 12/6/12, indicated the resident was to have every other day dressing changes with betadine application and placement of a dry dressing with ace wrap.</p> <p>Resident B's record indicated the dressing change order had not been transcribed to the Physician's Order sheet, or to the TAR (Treatment Administration Record). The record lacked evidence of a dressing change being done from 12/6/12 until 12/9/12.</p> <p>A physician's order, dated 12/9/12, indicated the dressing to Resident B's knee was to be changed "cleanse with normal saline, pat dry, apply betadine, dry dressing and ace wrap." The TAR indicated this treatment to be done every other day.</p> <p>The TAR indicated the dressing was not changed (initials with circle around initials) on 12/11/12 when it was next due.</p> <p>During an interview on 1/4/13 at 12:40 P.M., the Unit Manager indicated the order had been overlooked and was not transcribed and implemented until 12/09/12 during a record review. The</p>		<p><u>into place:</u> Physician orders for dressing changes will be monitored to ensure noted and transcribed per policy by Director of Nursing or Designee daily x 3 months and then weekly x 3 months. New Admission orders will be reviewed for accuracy and ensure following within next calendar day post admission daily x 3 months and then weekly x 3 months.</p> <p>The results of the audit will be submitted to the QA&amp;A Committee for further review and recommendations.</p>		

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	<p>treatment was done at that time. The Unit Manager indicated it was discovered during another record review, on 12/12/12, the dressing change had been overlooked on 12/11/12. The Unit Manager indicated the dressing was changed on 12/12/12.</p> <p>3.1-35(g)(2)</p>			

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a resident with a surgical wound received the dressing changes ordered by the physician for 1 of 3 residents reviewed for surgical wound treatments in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 1/3/13 at 1:50 P.M.</p> <p>Diagnoses included, but were not limited to, patella fracture with ORIF (open reduction internal fixation), tendon repair, gastroesophageal reflux disease, dementia, hypertension, and coronary artery disease.</p> <p>A Health Care Plan, dated 11/21/12, indicated the resident had an incision on the left knee related to knee surgery. Interventions included, but were not limited to, "administer</p>	F0309	<p>It is the practice of this center to comply with F309 Provide Care/Services For Highest Well Being <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u> Resident B discharged from facility. <u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</u> Residents' with dressing change orders and new admissions since December 1, 2012 were audited to ensure dressing changes completed per physician orders and new admissions physician orders followed. <u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</u> Nursing Staff has been re-educated regarding dressing change procedures and new admission orders received in order to ensure all physician orders are followed. <u>How the</u></p>	01/04/2013	

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	<p>treatment per physician orders."</p> <p>The record indicated the resident had been admitted to the facility, 11/20/12, for therapy after his patella fracture and ORIF. He had been hospitalized for dehiscence of this incision and tendon repair on 12/5/12. He was readmitted to the facility on 12/6/12. Physician's discharge orders from the hospital, 12/6/12, indicated the resident was to have every other day dressing changes with betadine application and placement of a dry dressing with ace wrap.</p> <p>Resident B's record lacked evidence of a dressing change being done from 12/6/12 until 12/9/12. The record also lacked evidence of the dressing change, due 12/11/12, being done.</p> <p>During an interview on 1/4/13 at 12:40 P.M., the Unit Manager indicated the order had been overlooked and was not transcribed and implemented until 12/09/12 during a record review. The treatment was done at that time. The Unit Manager indicated it was discovered during another record review, on 12/12/12, the dressing change had been overlooked on 12/11/12. The Unit Manager indicated the dressing was changed</p>		<p><u>corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u></p> <p>Dressing Changes will be monitored to ensure completed per physician's orders by Director of Nursing or Designee daily x 3 months and then weekly x 3 months. New Admission orders will be reviewed for accuracy and ensure following within next calendar day post admission daily x 3 months and then weekly x 3 months.</p> <p>The results of the audit will be submitted to the QA&amp;A Committee for further review and recommendations.</p>		

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	on 12/12/12.  3.1-37(a)				

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F0514 SS=D	<p>483.75(I)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure daily documentation was done on a resident newly readmitted to the facility with a surgical incision for 1 of 3 residents reviewed with surgical incisions (Resident B) in a sample of 3.</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 1/3/13 at 1:50 P.M.</p> <p>Diagnoses included, but were not limited to, patella fracture with ORIF (open reduction internal fixation), tendon repair, gastroesophageal reflux disease, dementia, hypertension, and coronary artery disease.</p>	F0514	<p>It is the practice of this center to comply with F514 Resident Records Complete/Accurate/Accessible <u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident B discharged from facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</u> Residents' with daily documentation required (Medicare/Managed Care) were audited to ensure daily documentation being completed. <u>What measures will be put into place or what systemic changes will be made to ensure that the deficient</u></p>	01/04/2013	

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	<p>The record for Resident B lacked any daily documentation in the Skilled Nursing Notes from 12/8/12 at 3:20 (A.M.) until 12/12/12 at 23:28 (11:28 P.M.). A handwritten Nurses Note, dated 12/15/12 and noted as a late entry for 12/9/12 at 8:30 P.M. was found in the record, but no other notes indicating the resident's condition, wound, appetite, behavior, or activity were located in the record.</p> <p>During an interview on 1/4/13 at 12:40 P.M., the Unit Manager and Director of Nursing Services indicated daily documentation was required, but the documentation had not been done for Resident B on 12/9/12, 12/10/12, and 12/11/12.</p> <p>3.1-50(a)(1)</p>		<p><b><u>practice does not recur:</u></b> _Nursing Staff has been re-educated regarding daily documentation requirements for Medicare/Managed Care residents. <b><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u></b> Daily Documentation Requirements of Medicare/Managed Care Residents will be monitored to ensure completed by Director of Nursing or Designee daily x 3 months and then weekly x 3 months. The results of the audit will be submitted to the QA&amp;A Committee for further review and recommendations.</p>				