

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155042	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/29/2015
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NAME OF PROVIDER OR SUPPLIER WILLOW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3801 OLD BRUCEVILLE RD BOX 136 VINCENNES, IN 47591
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00178160.</p> <p>Complaint IN00178160 - Substantiated, Federal/State deficiencies related to the allegations are cited at F314 and F9999.</p> <p>Survey dates: July 27 and 29, 2015</p> <p>Facility number: 000016 Provider number: 155042 AIM number: 100291500</p> <p>Census bed type: SNF/NF: 136 Total: 136</p> <p>Census payor type: Medicare: 13 Medicaid: 101 Other: 22 Total: 136</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our record of compliance effective 8/11/2015 to the annual survey conducted on 7/29/2015.</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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F 0314 SS=D Bldg. 00	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>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 observation, interview, and record review, the facility failed to continue treatment to a resident's pressure area as ordered by the physician, for 1 of 3 residents sampled with pressure areas, in a sample of 5. Resident C</p> <p>Findings include:</p> <p>On 7/27/15 at 9:30 A.M., during the initial tour, the Director of Nursing (DON) indicated Resident C had a pressure area on his right stump area. The DON indicated the resident's prosthesis had rubbed an area below the right knee.</p> <p>The clinical record of Resident C was reviewed on 7/27/15 at 2:35 P.M. Diagnoses included, but were not limited to, right BKA (below the knee amputation).</p>	F 0314	<p>F 314</p> <p>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice:</p> <p>For Resident C a new order of betadine was received.Orders were transcribed and placed on the Treatment sheet.</p> <p>How other residentshaving the potential to be affected by the same deficient practice will beidentified and what corrective action(s) will be taken:</p> <p>All residents being transferred to other acute carefacilities have the potential to be affected upon readmission.</p>	08/11/2015

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	<p>A care plan, dated 3/31/15, indicated: "Problem, Readmit [with] Stg [stage] 2 Impaired Skin Pressure Ulcer Location: [Below] (R) knee above amputation site. Interventions, Assess and document skin area every week per facility protocol. Treatment as ordered...[Change] Tx [treatment] as needed...."</p> <p>A Physician's order, dated 5/6/15, indicated, "D/C [discontinue] Santyl to [right] BKA area. Start Betadine to area on R [right] BKA Q [every] shift."</p> <p>A "Weekly Pressure Ulcer Record" indicated: "Site/Location: (R) leg [below] knee above amputation." Documentation included: "7/14/15, Stage II, Size 0.9 [cm] x 0.9, Depth scab, Response to Treatment/Comments: Con't tx. 7/21/15, Stage II, Size 0.5 x 0.7, Depth scab...7/27/15, Stage II, Size 0.5 x 0.5, scab...OTA [open to air]...."</p> <p>On 7/29/15 at 10:35 A.M., a wound assessment was requested. The resident was observed sitting in a recliner. Below the resident's right knee, was a pressure area, approximately nickel-sized. The area had a small amount of black scab-like tissue on it, with the remaining area crusting and pink. RN # 1 indicated she had not worked with the resident for approximately 1 month, but she thought</p>		<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>A "Medical Record Audit" will be completed within 72 hours of readmission to verify that orders were transcribed correctly and reconciled with orders prior to transfer to the outside facility. Nursing staff will be educated on medication/treatment reconciliation. Medical records will be educated on completing the "Medical Record Audit".</p> <p>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:</p> <p>The "Medical Record Audit" tool will be used to monitor the Medication and Treatment reconciliation. It will be completed within 72 hours of each readmission. Any inconsistencies will be reported to the DON immediately via a Medication Error report. The results of the "Medical Record Audit" will be submitted monthly to the Quality Assurance Team and will be ongoing.</p> <p>By what date the systemic changes</p>	

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	<p>the resident received Betadine to the pressure area. The resident indicated at that time that he did not receive any treatment to the area; that the staff "just wash it and watch it."</p> <p>Following the wound assessment, RN # 1 looked at the resident's clinical record, and indicated the Betadine treatment was not on the current treatment sheet. RN # 1 indicated that the 5/6/15 order for the betadine was apparently not transcribed to the June or July 2015 physician order sheets, nor the treatment sheets.</p> <p>On 7/29/15 at 12:00 P.M., during an interview with the DON, she indicated she was unable to find additional information regarding the Betadine treatment omission.</p> <p>STAGES OF PRESSURE ULCERS, AMDA - 2008, included: Stage I: Intact skin with nonblanchable redness of a localized area, usually over a bony prominence...Note: This area may be painful, firm, soft, warmer or cooler compared to adjacent skin. Stage II: Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink ulcer bed without slough. May also present as an intact or open/ruptured serum filled blister.</p>		will be completed: 8/11/2015	

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	This Federal tag relates to Complaint IN00178160. 3.1-40(a)(2)			

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F 9999 Bldg. 00	<p>3.1-50 Clinical Records (h) The transfer form shall include: (5) Nurses notes relating to the resident's: (D) treatment (7) Presence or absence of decubitus ulcer.</p> <p>This State finding was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to completely document a resident's skin impairments and treatment upon a resident's transfer to the hospital, for 1 of 4 residents reviewed who were transferred from the facility, in a sample of 5. Resident B</p> <p>Findings include:</p> <p>The closed clinical record of Resident B was reviewed on 7/27/15 at 11:15 A.M.</p>	F 9999	<p>F 9999 What Correctiveaction(s) will be accomplished for those residents found to have been affected by the deficient practice: Nursing administration educated the Nursing staff thatmade the omission on the Transfer form upon being informed by acute carefacility. How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken: All residents have the potential of being affected by thedeficient practice What measures willbe put into place or what systemic changes will be made to ensure that thedeficient practice does not recur: Nursing staff will be educated on how to properly fillout a transfer form prior to sending a resident to an acute care facility. How the correctiveaction(s) will be monitored to ensure the</p>	08/11/2015	

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	<p>A "Non-Pressure Skin Condition Report," dated 6/28/15, indicated: "Site/Location: middle/center under scrotum...excoriation, Size 2.6 x 0.5, Depth <0.1...." Further documentation of this impaired skin was not found.</p> <p>A "Non-Pressure Skin Condition Report" indicated: "Date First Observed: 6/16/15. Site/Locations: [Right] buttocks, Excoriation, Size scattered excoriation [with] redness...7/13/15 Size excoriation, Buttocks bilat. [bilaterally] remain red [with] some improvement noted...."</p> <p>Nurses Notes included the following notations:</p> <p>7/3/15 at 7:11 P.M.: "...Tx [treatment continues to heels et [and] cont [continue] to float heels while in bed. Tx conts to buttocks...."</p> <p>7/4/15 at 7:00 P.M.: "...Tx cont to heels et buttocks...."</p> <p>7/9/15 at 2:00 P.M.: "...New order received for Mary's Magic Butt Cream [after] every incontinence episode...."</p> <p>7/13/15 at 5:30 P.M.: "Alert. Confused...Skin integrity very poor...laboratory here to draw Chem 8...."</p>		<p>deficient practice will not recur,i.e., what quality assurance program will be put into place: Staff will be educated to call the Director of Nursingand the Administrator when discharges to acute care facilities occur. A copy ofthe transfer form will be given to the Director of Nursing for review of theproper completion of the Transfer Form. A Transfer Audit form will be completedmonthly and will be submitted to the Quality Assurance team and will beongoing. By what date thesystemic changes will be completed: 8/11/2015</p>	

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	<p>7/13/15 at 9:30 P.M.: "Reported to [name of physician] critical K+ [potassium] level...Orders received to transfer to [hospital] ER to evaluate."</p> <p>A facility transfer form, dated 7/13/15 and untimed, indicated, "Impairment of Skin & Mucous Membranes (Identify on Diagram), Skin/Wound Care Treatments, Pressure Areas." This area was left blank.</p> <p>Hospital documentation, dated 7/17/15, indicated, "Dependent resident admitted to hospital with multiple skin wounds not documented by facility in paperwork given to hospital...."</p> <p>On 7/29/15 at 11:20 A.M., during an interview with the Director of Nursing (DON), she indicated she had inserviced the nurse who had transferred the resident on 7/13/15, regarding the incomplete transfer form.</p> <p>On 7/29/15 at 12:00 P.M., the DON provided the current facility policy on "Discharge of Resident," undated. The policy included: "Objectives: Provides safe departure from the health care facility and adequate follow-up and continuum [sic] of arrangements for the resident...Procedure:...Complete transfer form...."</p>			

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	<p>This Federal tag relates to Complaint IN00178160.</p> <p>3.1-50(h)(5)(D) 3.1-50(h)(7)</p>			