

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155714	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2013
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NAME OF PROVIDER OR SUPPLIER OAK VILLAGE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 200 W FOURTH ST OAKTOWN, IN 47561
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F0000	<p>This visit was for the Investigation of Complaint IN00122481.</p> <p>Complaint IN00122481-Substantiated. Federal/State deficiencies related to the allegation are cited at F 314.</p> <p>Survey date: January 29, 2013</p> <p>Facility number: 000517 Provider number: 155714 AIM number: 100266770</p> <p>Survey team: Anne Marie Crays, RN</p> <p>Census bed type: SNF/NF: 32 Total: 32</p> <p>Census payor type: Medicare: 3 Medicaid: 21 Other: 8 Total: 32</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<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 request the plan of correction be considered our allegation of compliance effective February 12, 2013 to the state findings of the complaint survey conducted on January 29, 2013</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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	Quality review completed on January 31, 2013, by Janelyn Kulik, RN.				

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F0314 SS=G	<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 ensure a resident dependent for care did not develop an unstageable pressure area on his right heel and failed to implement interventions to promote healing of the pressure area, for 1 of 3 residents reviewed with pressure areas, in a sample of 4. (Resident #A)</p> <p>Findings include:</p> <p>1. On 1/29/13 at 9:50 A.M., during the initial tour, the Director of Nursing [DON] indicated Resident #A was admitted to the facility with open areas on his legs and his heels.</p>	F0314	<p>Quality Assurance Tool F - 314 DIRECTIONS: Through observation and review of the clinical record answer the questions below. Place a "Y" for Yes or an "N" for No. Place an "N/A" for not applicable. Review the outcomes to determine the need for additional interventions or action plan.</p> <p>INDICATOR</p> <p>PATIENTS</p> <p>COMMENTS</p> <p>1 2 3 4 5 6 7 8</p> <p>1. The resident with skin alterations, splint has a plan in place to monitor skin condition each shift in an attempt to prevent the development of a pressure wound.</p>	02/12/2013

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	<p>On 1/29/13 at 11:05 A.M., a skin assessment was requested. LPN # 1 indicated she was the Wound Care nurse who measured the areas weekly. Resident #A was observed lying in bed. LPN # 1 removed Resident #A's socks. A pressure area, approximately quarter-sized and 100 % black-gray in color, was observed on the resident's right outer heel. A dressing was not covering the area. The resident was not wearing any pressure-relieving boots. The resident's heels had not been floated off of the bed. LPN # 1 indicated the treatment to the pressure area was skin prep three times daily. LPN # 1 indicated the resident was admitted to the facility with the pressure area.</p> <p>On 1/29/13 at 11:50 A.M., LPN # 1 provided a "Weekly Pressure Ulcer Progress Report" for Resident #A. She indicated she was mistaken, that the pressure area was not present on admission, but was found on 1/7/13. LPN # 1 indicated she "probably should have obtained a change in treatment," but that there had been no change in the appearance of the area.</p> <p>The "Weekly Pressure Ulcer Progress Report" included the following: "...Rt</p>		<p>2. There is documentation to support that weekly skin assessments are being conducted and that any changes in skin integrity has been reported to the physician for treatment instructions.</p> <p>3. There is a care plan in place to address the appropriate interventions to prevent skin breakdown and/or if a skin condition does exist a care plan is in place with appropriate interventions for the care of the skin condition.</p> <p>F – 314 The corrective action taken for those residents found to be affected by the deficient practice is that the resident identified as resident A's wounds were measured on 1/30/13 by DON. The physician was notified the of updated assessment of wounds. New Orders were received. The Weekly Pressure Ulcer Progress report and Care plan was updated to include current treatment, intervention and nutritional status. <i>The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that any resident that has any skin alterations has the potential to be affected by the same deficient practice. A house wide reassessment will be completed by DON to ensure that all skin alterations are measured accurately and appropriate</i></p>	

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	<p>[right] heel, 1/7/13, Unstageable, Size in cm [centimeters] (Length x Width) 1.2 x 1.5, Depth 0...Color black, Response to Treatment/Comments, Skin prep TID [three times daily]...Preventive Measures/Progress: Turned q [every] 2 hours..." Documentation regarding "Nutrition/Hydration Status" was left blank. The report indicated the same measurements, description, and treatment on 1/14/13, 1/21/13, and 1/28/13. A notation, dated 1/28/13, indicated, "Float heels."</p> <p>The clinical record of Resident #A was reviewed on 1/29/13 at 1:45 P.M. The resident's diagnoses included, but were not limited to, history of cerebrovascular accident.</p> <p>A care plan, dated 12/27/12, indicated a problem of "Potential for Skin Breakdown, Related to: Immobility, Braden Scale Assessment [left blank]. 1/13 CP [care plan reviewed]. 1/7/13 Has unstageable black area Rt heel..." Interventions included: "Provide measures to decrease pressure/irritation to skin: Pressure reducing mattress...Position with pads and cushions to prevent pressure...Maintain adequate nutrition and hydration. Assess skin per facility policy. Tx [treatment] to heels as</p>		<p>interventions are in place. Physicians and families will be notified of any changes found. All care plans and Weekly Pressure Ulcer Reports will be updated accordingly. The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that the MDS Nurse/Wound Nurse will assess and record measurements on all skin conditions weekly. The Results will be reviewed with the DON and Charge Nurse to assure that healing is progressing and all appropriate intervention are in place. If after two weeks the skin condition is not improving the charge Nurse or DON will notify the physician for possible change in treatment and or intervention to enhance healing. Care plan will be updated accordingly. DON will update the pressure Wound Log with current measurements each week and submit the report to the IDT teams weekly Interdisciplinary meeting. An in-service was conducted on Jan 31 and Feb 11 th for all nursing staff addressing residents with skin alteration as well as how to develop a plan of care for skin alterations. <i>The corrective action taken to monitor to assure performance to assure compliance through quality assurance is that a Quality Assurance tool has been developed and implemented to monitor the care of the resident</i></p>				

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	<p>ordered."</p> <p>A re-Admission Nursing Assessment, dated 12/28/12, indicated the resident had no pressure areas on his heels.</p> <p>A Minimum Data Set [MDS] assessment, dated 1/4/13, indicated the resident scored a 2 out of 15 for cognitive status, with 15 indicating no memory impairment. The MDS assessment indicated the resident required total dependence of two+ staff for bed mobility and transfer, and had no pressure ulcers.</p> <p>Nurse's Notes included the following notations:</p> <p>1/7/13 at 10:00 A.M.: "Has multiple abrasions et [and] scabs on bil. [bilateral] [upper] extremities et bil. knees. Has scabs on bil. heels. [Physician] notified. New orders received...."</p> <p>A Physician's order, dated 1/7/13, indicated, "Skin prep to scab areas on Rt et Lt [left] heels TID."</p> <p>Further documentation of the resident's pressure areas on his heels was not located in the nursing notes.</p> <p>A Monthly Summary, dated 1/26/13,</p>		<p>with skin alterations and inventions to prevent development of skin alterations. This tool will be completed by the DON/designee daily for three weeks, then monthly for three months and then quarterly for three quarters. The outcome of the quality assurance tools will be reviewed at the quarterly Quality Assurance meeting to determine if additional action is warranted. Completion date: February 12,2013</p>		

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	<p>included: "...Cognitive Patterns... Short-Term Memory: Memory problems, Long-Term Memory: Memory problems, Daily Decision Making Skills Moderately impaired - decisions poor; cues/supervision required...Skin Conditions, Ulcers None...Skin Treatments [left blank]...."</p> <p>On 1/29/13 at 2:45 P.M., during interview with the DON, she indicated the facility should have called the physician and obtained a change in treatment after a couple of weeks of no improvement in the pressure area. The DON indicated she was unsure how the measurements of the area could be exactly the same each week. The DON indicated she thought the facility had tried "blue booties" for pressure relief, but that the resident had kicked them off.</p> <p>2. "STAGES OF PRESSURE ULCERS," AMDA - 2008, includes: "Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown or black) in the ulcer bed..."</p> <p>The "Quick Reference Guide for Clinicians," Number 3, "Pressure Ulcers in Adults: Prediction and Prevention," published by the US</p>			

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	<p>Department of Health and Human Services and dated May 1992, indicated: "A pressure ulcer is defined as any lesion caused by unrelieved pressure that results in damage to underlying tissue...those with impaired ability to reposition should be assessed for additional factors that increase risk for developing pressure ulcers. These factors include immobility, incontinence, nutritional factors such as inadequate dietary intake and impaired nutritional status and altered level of consciousness... Skin care and early treatment- all individuals at risk should have a systematic skin inspection at least daily, paying particular attention to bony prominences...skin injury due to friction and skin shearing should be minimized through proper positioning, transferring, and turning techniques. In addition, friction injuries may be reduced by the use of lubricants such as corn starch and creams, protective films and protective dressing and protective padding..."</p> <p>The "Quick Reference Guide for Clinicians," Number 15, "Pressure Ulcer Treatment," published by the US Department of Health and Human Services and dated December 1994, indicated: "Pressure ulcers require</p>			

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	<p>dressings to maintain their physiologic integrity..."</p> <p>3. On 1/29/13 at 2:25 P.M., the Administrator provided the current facility policy on the "Skin Management Program," revised 6/06. The policy included: ".....If a new skin condition is identified the Charge Nurse is responsible for assessing the area, obtaining measurements and documenting in the nurses' notes concerning the skin condition... The Charge Nurse will also develop a care plan for the treatment of the skin condition...Each week the Wound nurse will assess and record measurements on all skin conditions. The results will be reviewed to assure that healing is progressing. If after two weeks the skin condition is not improving the Wound nurse will notify the physician for possible change in treatment...."</p> <p>This federal tag relates to Complaint IN00122481.</p> <p>3.1-40(a)(1) 3.1-40(a)(2)</p>						

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