

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155409	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/19/2015
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NAME OF PROVIDER OR SUPPLIER  WATERS OF INDIANAPOLIS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227
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F 000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00164403 and IN00165239.</p> <p>Complaint IN00164403 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-323. State deficiencies related to the allegations are cited at F-9999.</p> <p>Complaint IN00165239 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-323. State deficiencies related to the allegations are cited at F-9999.</p> <p>Survey dates: February 18 &amp; 19, 2015</p> <p>Facility number: 000537 Provider number: 155409 AIM number: 100267270</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: SNF/NF: 55 Total: 55</p> <p>Census payor type:</p>	F 000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.	

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 323 SS=G Bldg. 00	<p>Medicare: 9 Medicaid: 44 Other: 2 Total: 55</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 24, 2015; 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. Based on record review and interview, the facility failed to ensure staff had proper training for the use of a mechanical lift that resulted in a fall from the lift with hospitalization and right and left leg fractures for 1 of 3 residents reviewed for falls and hospitalizations in a sample of 3 (Resident #B and CNA #1).</p> <p>Findings include:</p>	F 323	<p>1. Resident # B was transferred to the hospital for care for her injuries. 2. All residents were evaluated to determine transfer needs. Two residents were identified that currently require transfer with a sling lift. Both residents were assessed to ensure that proper slings are available for their use. Care plans for these two residents were reviewed and modified as necessary. 3. The employee files</p>	03/10/2015

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	<p>The clinical record for Resident #B was reviewed on 2/18/15 at 11:10 a.m. Diagnosis for Resident #B included, but were not limited to paralysis.</p> <p>The resident's most current Minimum Data Set (MDS) assessment dated 1/22/15, indicated the BIMS (brief interview of mental status) score was 12 (moderate cognitive impairment). The resident was totally dependent with transfers and required the assistance of 2 staff members using the mechanical lift (device used to transfer residents from the bed to the chair or from the chair to the bed).</p> <p>An Incident Report dated 1/29/15 at 20:45 (8:45 p.m.), indicated a nurse was called to Resident #B's room because of a fall. The report indicated the resident stated, "I fell from the lift" and complained of hip and abdominal pain rated at 10/10 (pain scale 10 being the worst pain). The report also indicated the resident was transported to the hospital emergency room by ambulance at that time.</p> <p>A statement written by CNA #1 dated 1/29/15, indicated ... she was not aware the sling had six straps and was supposed to be crossed between the resident's legs</p>		<p>of all certified nursing assistants currently employed were audited to determine the timely completion of the orientation checklist that includes transfer techniques. All checklists were present and completed timely. An educational offering was provided beginning on January 31st, 2015 and concluding on February 4th, 2015 that included a review of the manual lift policy and a return demonstration. All nursing staff members were required to complete the educational offering. Additionally, a review of this policy and return demonstration have been added to the initial orientation education for all newly hired certified nursing assistants. New resident admitted to the facility that require the use of the manual sling lift for transfer will be assessed and provided the appropriate sling. 4. The Director of Nursing and/or her designee will observe a transfer with a manual sling lift twice weekly randomly across all three shifts for four weeks and then once monthly for six months across all three shifts to ensure the appropriate transfer techniques are used. Findings will be reported to the Quality Assurance Committee. The orientation checklists of all newly hired certified nursing assistants will be audited to ensure proper training on the use of the sling lift. Findings will be reported to the Quality Assurance</p>		

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	<p>during a transfer.</p> <p>A undated statement written by RN #2 indicated, ... the employee did not request assistance with transferring the resident according to the facility policy and the resident fell out of the sling onto the floor. RN #2 also indicated Resident #B stated, "she dropped me ..."</p> <p>A hospital discharge note dated 1/30/15, indicated Resident #B was diagnosed with a right proximal femoral (upper leg) fracture and left tibia and fibula (lower leg) fracture.</p> <p>During an interview with the Director of Nursing (DON) on 2/18/15 at 1:55 p.m., she indicated CNA was the only staff member in the room and there should have been 2. She also indicated CNA #1 was a new employee hired on 12/5/14.</p> <p>During an interview with the DON on 2/18/15 at 2:45 p.m., she indicated the facility was unable to locate CNA #1 skills checklist (document that indicated the employee could demonstrate proper use of the mechanical lift).</p> <p>The record lacked documentation of CNA #1 skills checklist was completed.</p> <p>On 2/19/15 at 9:30 a.m., the DON</p>		Committee. 5. March 10, 2015		

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F 999  Bldg. 00	<p>provided the Manual Lift guideline documentation dated 7/1/11, and indicated the guideline was the one currently being used by the facility.</p> <p>"Guideline: It is the intent of the facility that (manufacture name) lifts are used to enable staff to lift and move a resident safely ...</p> <p>... 13. ... One staff member guides from behind chair and one in front as resident is being lowered into chair ..."</p> <p>This Federal tag relates to Complaints IN00164403 and IN00165239.</p> <p>3.1-45(a)(1)</p> <p>3.1-13 ADMINISTRATION AND MANAGEMENT</p> <p>(g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual</p>	F 999	F9999 1. Resident # B no longer resides at this facility. 2. All residents residing at the facility have the potential to be affected. All incidents that directly threaten the welfare, safety, or health of a resident or residents will be reported as per facility guidelines. 3. The Health Facility Administrator and Director of Nursing have reviewed the Indiana State Department of Health Guidelines for the Reporting of Unusual Occurrences dated 1/5/13 along with the facility's abuse reporting guidelines. All incidents involving	03/10/2015

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	<p>occurrences that directly threaten the welfare, safety, or health of the resident or residents, including but not limited to, any:</p> <p>(D) major accidents.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report a fall with injury according to the facility policy for 1 of 3 resident's reviewed for falls with injuries in a sample of 3 (Resident #B).</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 2/18/15 at 11:10 a.m. Diagnosis for Resident #B included, but was not limited to paralysis.</p> <p>An Incident Report dated 1/29/15 at 20:45 (8:45 p.m.), indicated a nurse was called to Resident #B's room because of a fall. The report indicated the resident stated, "I fell from the lift" and complained of hip and abdominal pain rated at 10/10 (pain scale 10 being the worst pain). The report also indicated the resident was transported to the hospital emergency room by ambulance at that time.</p>		<p>injury are reported to the Administrator or Director of Nursing immediately and a it is determined if the injury meets the criteria. The Administrator and/or Director of Nursing will report all incidents that meet the criteria. 4. The Administrator and/or Director of Nursing will review all reported incidents daily and findings will be reported to the Quality Assurance Committee monthly. 5. March 10, 2015</p>	

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	<p>A hospital discharge note dated 1/30/15, indicated Resident #B was diagnosed with a right proximal femoral (upper leg) fracture and left tibia and fibula (lower leg) fracture.</p> <p>On 2/19/15 at 8:40 a.m., the Administrator provided the Reportable Incidents Policy revised date 1/15/13, and indicated the policy was the one currently being used by the facility.</p> <p>"Procedure: Reportable Incidents: ... (6) Significant Injuries A) Examples, but not inclusive of all: ... 5) serious unusual and/or life threatening injury; ..."</p> <p>During an interview with the Administrator and Director of Nursing on 2/18/15 at 1:55 p.m., they indicated the fall with injury was not reported according to facility policy.</p> <p>This Federal tag relates to Complaints IN00164403 and IN00165239.</p>				