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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155699 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | (X3) DATE SURVEY COMPLETED 05/24/2011 |
| NAME OF PROVIDER OR SUPPLIER BRIDGEWATER REHABILITATION CENTRE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 715 N MILL ST HARTFORD CITY, IN47348 | |
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| F0000 | <p>This visit was for the Investigation of Complaint IN00090577.</p> <p>Complaint IN00090577 - Substantiated. Federal/state deficiency related to the allegations cited at F157.</p> <p>Survey dates: May 23, 24, 2011</p> <p>Facility number: 000290 Provider number: 155699 AIM number: 100379970</p> <p>Surveyor: Jeri Curtis, RN</p> <p>Census bed type: SNF: 7 SNF/NF: 30 Total: 37</p> <p>Census payor type: Medicare: 7 Medicaid: 15 Other: 15 Total: 37</p> <p>Sample: 5</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review 5/26/11 by Suzanne</p> | F0000 | <p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of requirement under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</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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| F0157 SS=D | <p>Williams, RN</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to assure notification of increased shoulder pain and physician ordered x-rays, which showed a fracture of the shoulder, to the family of 1 (Resident A) of 5 residents among the sample of 5, reviewed for notification.</p> | F0157 | <p>1. Resident A's family was notified of the change in condition. The resident has received treatment/intervention as ordered by the physician and the family was notified of the prescribed intervention.2. All other residents have the potential to be affected. See below for</p> | 06/03/2011 | | | |

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| | <p>Findings include:</p> <p>The facility's Physician and Family Notification Policy, dated 1/06, was provided by the Director of Nursing on 5/23/11. The policy indicated the responsible party was to be notified of any change in condition which might warrant a change in the treatment plan. The family member was to be notified of non-critical changes between the hours of 8:00 A.M., to 10:00 P.M. If a significant change warranted emergency medical intervention, notification was to be made immediately.</p> <p>The record of Resident (A) was reviewed at 11:50 A.M., 5/23/11, and indicated a 1/26/11, admission.</p> <p>Diagnoses included, but were not limited to, osteoarthritis, and a history of a right hip replacement.</p> <p>The 4/30/11, quarterly Minimum Data Set (MDS) assessment indicated frequent pain with scheduled medications and no accidents.</p> <p>Family member #1, the power of attorney and health care representative, was listed as the person to notify of changes.</p> <p>The 4/14/11, physician progress notes indicated an increase in pain to the left shoulder with dependent edema of the extremities. The physician ordered an</p> | | <p>corrective measures.3. The policy related to physician and family notification of acute changes in condition was reviewed (see attachment A) and no changes were indicated. The DON or her designee will review Nurse's Notes, 24-Hour Condition Report sheets, new physician orders and lab/radiology reports daily on scheduled work days indefinitely to ensure resident family's are notified of changes in condition and changes in the treatment plan (see attachment B).4. Findings of these audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly.5. The above corrective measures will be completed on or before , June 3,2011.</p> | | |

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| | <p>x-ray of the left shoulder.</p> <p>Neither the 4/14/11, nursing notes nor the 4/14/11, physician order sheet indicated family member #1 was notified of the x-ray or the results.</p> <p>A 4/15/11, physician's order indicated an MRI (diagnostic magnetic resonance image) was to be done.</p> <p>A 5/4/11, physician's progress note indicated the recent x-ray of the left shoulder had shown vascular necrosis and an MRI was scheduled for follow-up diagnosis.</p> <p>The 5/2/11, MRI report indicated bone marrow edema and irregularity of the proximal left humerus (shoulder/upper arm) suggesting a fracture. Additional findings of bone fragments and a shoulder joint effusion with debris indicated possible post traumatic change with fragmentation. Infection could not be ruled out. Correlation with possible aspiration of the joint was recommended.</p> <p>A 5/5/11, nursing note (time not documented) indicated (family member #2) here to visit and was notified of the complaints of pain and the fracture of the arm (3 days after the MRI was done).</p> <p>Family member #2 was interviewed at the bedside 5/23/11, at 3:15 P.M. Family member #2 indicated he visited daily and had to ask the results of the x-rays after Resident (A) mentioned the pain and</p> | | | | |

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| | <p>tests.</p> <p>Family member #1 was interviewed by telephone 5/24/11, at 9:25 A.M. Family member #1 indicated the facility never called her or (family member #2) about anything. Family member #1 indicated she was the power of attorney. Family member #1 indicated after (family member #2) told her of the fracture, she had to call the nurses and ask for information.</p> <p>This federal tag relates to Complaint IN00090577.</p> <p>3.1-5(a)(2)</p> | | | | |