

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155246	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/31/2013
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NAME OF PROVIDER OR SUPPLIER  WATERS OF DUNELAND THE	STREET ADDRESS, CITY, STATE, ZIP CODE 110 BEVERLY DR CHESTERTON, IN 46304
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F000000	<p>This visit was for the Investigation of Complaint IN00141345.</p> <p>Complaint IN00141345-Substantiated with Federal deficiency cited at F309.</p> <p>Survey dates: December 30 and 31, 2013</p> <p>Facility number: 000150 Provider number: 155246 Aim number: 100267000</p> <p>Survey team: Yolanda Love, RN-TC Cynthia Stramel, RN Caitlyn Doyle, RN (12/31/13)</p> <p>Census bed type: SNF/NF: 93 Total: 93</p> <p>Census payor type: Medicare: 16 Medicaid: 63 Other: 14 Total: 93</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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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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F000309 SS=G	<p>Quality review completed on December 4, 2013, by Janelyn Kulik, RN.</p> <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 observation, interview and record review, the facility failed to monitor and manage pain for a dependant resident with known risk factors for pain, for 1 out of 1 residents reviewed for pain related to not assessing and medicating a resident prior to a shower resulting in the resident grimacing and complaining of pain. (Resident #B)</p> <p>Findings include:</p> <p>On 12/31/13 between 8:10 and 9:00 a.m., care of Resident #B was observed with CNA's #1 and #2. The CNA's transferred the resident from the bed into a bath chair with a Hoyer lift (mechanical lifting device). CNA #2 indicated to CNA #1 to be</p>	F000309	<p>The facility does provide necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing in accordance with the comprehensive assessment and plan of care. I. Regarding RB the physician was contacted on 12/31/13 and an order was received for Tylenol. The nurses completed a new pain assessment and care plan was reviewed. II. The facility actions taken to identify other residents are as follows: 100% interview and observation was completed on all residents for pain and new pain assessments were completed. No further residents were identified. 100% audit of all residents Care Plans for pain were reviewed. No further residents identified. III. The</p>	01/13/2014

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	<p>careful of the resident 's feet as they were sensitive. When the resident was lowered into the bath chair she began to grimace and complain her buttocks hurt. CNA #2 adjusted the chair and attempted to seat her again, the resident continued to complain of her buttocks hurting. The CNA's repositioned her in the chair by adjusting the back. The resident continued to complain she was in pain. CNA #2 put a pillow under the resident's buttock, and then the resident indicated that felt better. The resident then complained her feet were hurting her. The CNA uncrossed her feet. Approximately one minute later, the resident started to grimace and complain her feet were hurting again. Her feet were again repositioned. She was then taken to the shower room. When she returned to the room, the CNA's transferred the resident back into bed with the Hoyer lift. The resident was grimacing and complained her legs hurt during the transfer.</p> <p>The resident's record was reviewed on 12/31/13 at 9:00 a.m. The resident was re-admitted to the facility on 7/12/13. Diagnoses included, but were not limited to, dementia and arthritis.</p>		<p>measures put into place are as follows:The D.O.N. and/or designee will audit the 24 hour report daily for any new pain medications or changes in pain medications.The D.O.N.and/or designee will review pain assessments on all residents on admission, re-admission, quarterly and as needed.The D.O.N. and/or designee will randomly interview nursing staff r/t what staff does if resident is observed/voices pain 3 x wk x 1 month, 2 x wk x 1 month, and 1 x wk x 4 months.The nursing staff was re-inserviced on pain assessment, pain management, Care Plans, and notification of pain to licensed staff member.IV. The facility will monitor actions as follows:The D.O.N. and/or designee will audit the 24 hour report daily for any new pain medications or changes in pain medications.The D.O.N. and/or designee will review pain assessments on all residents on admission, re-admission, quarterly and as needed. The D.O.N. and/or designee will randomly interview nursing staff r/t what staff does if resident is observed/voices pain 3 x wk x 1 month, 2 x wk x 1 month, and the 1 x wk x 4 months.The nursing staff was re-inserviced on pain assessment, pain management, Care Plans, and notification of pain to licensed staff member. Results of audits will be reviewed in QA committee until</p>		

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	<p>A Minimum Data Set annual assessment dated 11/5/13 indicated the resident had a BIMS (Brief Interview for Mental Status) score of 06, which indicated cognitive impairment. Her functional status indicated she was totally dependent for transferring and bathing assistance.</p> <p>The December 2013 Physician Order Statement (POS) indicated she received Neurontin (medication used for nerve pain) 100 milligrams two times a day. There was no other pain medication on the POS.</p> <p>A Care Plan dated 11/6/2013 indicated the problem of potential for pain related to arthritis and neuropathy. The goal was the resident should have pain relieved within one hour of pain medication. The interventions included to assess pain medication effectiveness; and to monitor for verbal and non-verbal signs of pain.</p> <p>Interview with CNA #2 on 12/31/13 at 9:25 a.m., she indicated the resident complained of pain during care, "all the time." She indicated she would notify the nurse when that occurred. She further indicated she</p>		100% compliance is met and QA committee is in agreement to stop audits.V. Completion date 1/13/14We are requesting an IDR so the tag can be deleted or the scope and severity could be decreased.		

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	<p>had notified the nurse today that the resident was having pain during care.</p> <p>Interview with CNA #1 on 12/31/13 at 10:15 a.m., indicated the resident frequently complained of pain during care.</p> <p>Interview with LPN #1 on December 31, 2013 at 9:27 a.m., indicated the CNA had notified her the resident was having pain and that she had given the resident a Tylenol. Further interview with the LPN indicated the resident did not have a PRN (as needed) order for pain medication, and she had not given the resident Tylenol, she indicated she would call the Physician for an order.</p> <p>Further record review at 12:00 p.m. on 12/31/13., indicated an order had been received from the Physician for Tylenol 650 milligrams every six hours as needed for pain or fever.</p> <p>3.1-37(a)</p>			