

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155682	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/18/2015
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NAME OF PROVIDER OR SUPPLIER WOODMONT HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1325 ROCKPORT RD BOONVILLE, IN 47601
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00185754.</p> <p>Complaint IN00185754 - Substantiated. State findings related to the allegations are cited at R2.</p> <p>Survey dates: December 17 and 18, 2015</p> <p>Facility number: 002724 Provider number: 155682 AIM number: 200309330</p> <p>Residential: 34</p> <p>Sample: 6</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by #02748 on December 28, 2015.</p>	R 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged, or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and executed solely because it is required by Federal and State Law. This plan of correction is submitted in order to respond to the allegations of non compliance cited during a complaint survey concluding on December 18, 2015 Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before 1-10-2016 We respectfully request paper compliance</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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R 0002 Bldg. 00	<p>410 IAC 16.2-5-0.5(b) Scope of Residential Care - Offense (b) A residential care facility may not provide comprehensive nursing care except to the extent allowed under this rule.</p> <p>Based on observation, interview, and record review, the facility provided comprehensive nursing care in transferring, mobility, and fall prevention, for 3 of 6 residents reviewed on the locked dementia unit for appropriate care needs, in a sample of 6. Residents D, E, and F</p> <p>Findings include:</p> <p>1. On 12/17/15 at 9:30 A.M., during the initial tour of the locked dementia unit,</p>	R 0002	<p>Resident D has moved to health center skilled Resident E and F have had an updated level of care completed and a meeting scheduled with the family to begin the transition to health center. Completion Date 1-10-2016 All residents have the potential to be affected by the deficient practice and through alterations in processes and in servicing the campus will ensure residents on the locked dementia unit are appropriately placed. All residents on the locked dementia unit have had an updated level of care to assure proper placement. Completion Date 1-10-2016 An in-service was provided to the Assisted Living manager and Legacy Manager concerning guidelines to ensure residents are</p>	01/10/2016

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	<p>the dementia unit manager indicated the unit had 10 residents. He indicated he was a QMA and had 1 CNA working with him on day shift. CNA # 1 was observed sitting at a table with residents in the activity area. An alarm was heard in a resident's room, and the dementia unit manager was observed entering the resident's room.</p> <p>On 12/17/15 at 9:50 A.M., the Executive Director (ED) provided a list of residents, indicating those residents considered interviewable. Residents D, E, and F were not indicated as interviewable.</p> <p>On 12/17/15 at 10:50 A.M., during observation of the dementia unit, 2 women were observed serving muffins to residents sitting at a table. Both women indicated they were not staff nor volunteers. One woman indicated she was a resident's guardian, and the other woman indicated she was a resident's private caregiver. One of the women indicated Residents, D, E, and F, who were sitting at the table. Neither the unit manager nor CNA # 1 were observed with the residents.</p> <p>On 12/17/15 at 11:00 A.M., CNA # 1 was alerted by Resident D's private caregiver that Resident D needed to go to the bathroom. CNA # 1 indicated at that</p>		<p>in appropriate care settings to provide for their needs. Systemic change is all Level of care will be reviewed monthly by DHS. Completion Date 1-10-2016 DHS/Designee will review one residents LOC to assure proper placement 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments Completion Date 1-10-2016</p>				

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	<p>time that Residents D, E, and F required the assistance of two staff to be toileted. CNA # 1 indicated she would call a nearby unit for assistance when needed.</p> <p>2. The clinical record of Resident D was reviewed on 12/17/15 at 11:50 A.M. Diagnoses included, but were not limited to, advanced dementia.</p> <p>A "Brief Interview for Mental Status," dated 7/27/15, indicated, "Unable to answer."</p> <p>The most recent service plan, dated 11/20/15, indicated: "Mobility: Requires physical assistance. Transfers: Two person assistance. Eating/Nutrition: Requires set up, cues, and/or encouragement. Hygiene/Dressing: Totally dependent on staff to dress/groom. Bathing: Totally dependent on staff for bathing... Toileting and Continence care: Incontinent, with assist of two. Mood and Behaviors [left blank]. Sensory, [left blank]...."</p> <p>Physician orders, initially dated 11/5/14 and on the current December 2015 orders, indicated, "Pressure alarm to bed," and "Personal alarm to w/c [wheelchair]."</p>			

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	<p>A conference note, dated 12/1/15, indicated: "Resident remains appropriate for AL [assisted living]? [Left blank]. Level of Care Change? [Left Blank]. Medical Condition, Chronic condition...Incont [incontinent] of B+B [bowels and bladder]. Mobility, Requires 2 assist for transfers - dependant [sic] on staff for w/c [wheelchair] mobility."</p> <p>Nurses Notes, dated 12/11/15 at 7:00 P.M., indicated, "Resident resistant to care. Multiple attempts required to administer medications...Resident requires several redirection techniques. This SN [skilled nurse] assisted 1 QMA & 1 CRCA [CNA] with toileting the resident with stand aid [mechanical lift]. Resident very much dislikes transfers, toileting, showering and use of stand aid...she does scratch and attempt to pinch. Resident has a history of slapping, biting and punching...."</p> <p>On 12/18/15 at 10:50 A.M., a skin assessment on Resident D was requested. The dementia unit manager propelled the resident to the bathroom. He indicated she was unable to propel herself. The dementia unit manager indicated it took 2 staff to transfer the resident from the wheelchair to the toilet. He indicated if there was only 1 staff person, they can</p>			

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	<p>use the sit-to-stand lift. CNA # 1 and the dementia unit manager placed a gait belt around Resident D and stood her up, then pivoted her to the commode. CNA # 1 indicated at that time that the resident was unable to alert staff when she had to use the bathroom. Resident D did not verbalize when spoken to.</p> <p>3. The clinical record of Resident E was reviewed on 12/17/15 at 10:10 A.M. She was admitted on 9/3/15. Diagnoses included, but were not limited to, Alzheimer's Dementia.</p> <p>A "Level of Care Summary," dated 9/7/15, indicated, "Mobility, Transfers, Dressing, Bathing, and Toileting: Requires physical assistance... Mood and Behaviors: Extensive staff guidance for mood and behaviors...2 person transfer 60% of time."</p> <p>A "Brief Interview for Mental Status," dated 9/17/15, indicated her total score was 6, with 15 indicating no memory impairment.</p> <p>A Nutrition Assessment, dated 12/8/15, indicated, "Inability to manage self-care R/T [related to] multiple medical dx [diagnoses]. Need for 24 [hour] care, meds, meals...."</p>			

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	<p>The most recent service plan, dated 12/17/15, indicated: "Mobility: Total dependence of staff to move about. Transfers: Physical assistance. Eating/Nutrition: Requires set up, cues, and/or encouragement. Hygiene/Dressing: Totally dependent on staff to dress/groom. Bathing: Requires physical help with bathing activity... Toileting and Continence care: Incontinent, with assist of two. Mood and Behaviors: Feeling or appearing down, depressed or hopeless. Anxious and or agitated more than daily. Other comments: PP [personal pad] alarm at all x's [times] - clip on alarm as well in w/c...."</p> <p>On 12/18/15 at 11:05 A.M., a skin assessment on Resident E was requested. The dementia unit manager propelled the resident to the bathroom. He indicated she was unable to propel herself. He indicated the staff have to use the mechanical lift occasionally, but the majority of the time, the resident can "stand and pivot." CNA # 1 and the dementia unit manager placed a gait belt, and the dementia unit manager lifted the resident and placed her on the commode. The resident did not appear to bear any</p>			

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	<p>weight, and urinated as she was being transferred. CNA # 1 indicated the resident was unable to verbalize when she needed to be toileted, but that sometimes "she gets wiggly, or screams out, and you can sometimes tell." The resident did not verbalize when spoken to.</p> <p>4. The clinical record of Resident F was reviewed on 12/17/15 at 11:35 A.M. Diagnoses included, but were not limited to, Alzheimer's disease.</p> <p>A "Brief Interview for Mental Status," dated 7/17/15, indicated the total score was 3, with 15 indicating no memory impairment.</p> <p>The most recent service plan, dated 12/17/15, indicated: "Mobility: Total dependence on staff to move about. Transfers: Two person assistance. Eating/Nutrition: Requires set up, cues, and/or encouragement. Hygiene/Dressing: Requires physical assistance. Bathing: [left blank]... Toileting and Continence care: Incontinent, with assist of two. Mood and Behaviors: Little interest or pleasure in doing things. PP @ all times...."</p>			

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	<p>Physician orders, initially dated 11/5/14 and on the current December 2015 orders, indicated, "Pressure alarm to bed," and "Personal alarm to w/c [wheelchair]."</p> <p>A conference note, dated 12/1/15, indicated: "Resident remains appropriate for AL [assisted living]? [Left blank]. Level of Care Change? [Left Blank]. Medical Condition, stable chronic condition...Safety/falls 7/10/15 - PP @ all times...Incont of B+B. Mobility, Dependant [sic] on staff for mobility - requires 2 for transfers."</p> <p>A Physician's order, initially dated 11/19/14 and on the current December 2015 orders, indicated, "Pressure alarm to bed and w/c...."</p> <p>On 12/18/15 at 11:00 A.M., a skin assessment on Resident F was requested. The resident was seated in a geri chair in his room. The dementia unit manager propelled the resident to the bathroom, and using a gait belt, he and CNA # 1 stood the resident up and pivoted him to the toilet. The resident's brief was soiled, and his skin had indentations from the brief. The dementia unit manager indicated the resident could not propel himself, nor inform the staff of his needs.</p>			

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	<p>On 12/18/15 at 11:10 A.M., during an interview with the dementia unit manager, he indicated he "agreed we have too many alarms." He indicated the dementia unit had an increased acuity level, with "several residents having declines lately."</p> <p>5. During a confidential interview with a family member, the family member indicated he/she visited the dementia unit every day. He/She indicated they felt like they "had to." The family member indicated the staff was good to the resident, but that he/she felt as if someone needed to sit with the resident, because the resident was unable to verbalize his/her needs, and he/she was unsure if there were enough staff to take care of everyone.</p> <p>During a confidential interview with a family member, he/she indicated that there appeared to be "a lot of issues" on the dementia unit. He/She indicated that several residents had declined in the preceding months, and required more care. He/She indicated she did not know if there were not enough staff, or that staff just did not know what to do. The family member indicated he/she had found the resident without an ordered alarm at times, and had found the resident</p>			

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	<p>soiled. The family member indicated she frequently observed the dementia unit to not have staff available while the residents were sitting in the activity or dining area.</p> <p>During a confidential interview with a staff member, he/she indicated, "It is really hard to get all of the work done." The staff member indicated, "Almost everyone has an alarm, and we have several residents who are really heavy care." The staff member named Residents D, E, and F who required heavy care.</p> <p>On 12/18/15 at 11:10 A.M., the Executive Director provided the current facility "Assisted Living Guidelines," revised 10/2012. The guidelines included: "Purpose: To ensure residents are in an appropriate care setting to provide for their needs. Procedure: 1. Documented evidence will exist that supports the increasing care needs of the resident. These increasing care needs may be the result of physical deterioration, decline in mental ability or behavior difficulties. 2. The resident shall seek alternate placement if...b. Requires 24 hour per day comprehensive nursing care or oversight...Is unable to communicate their needs... 6. Is unable to exit the campus with limited assistance in case of</p>			

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	<p>emergency.</p> <p>7. Meets two of the following criteria unless the resident is medically stable and the campus can meet the resident's needs:</p> <p>i. Total assist with eating. ii. Total assist with toileting. iii. Total assist with transfers...."</p> <p>This State finding relates to Complaint IN00185754.</p>			