

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155572	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/25/2013
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NAME OF PROVIDER OR SUPPLIER  AUTUMN HILLS HEALTH AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10352 N 600 E COUNTY LINE RD DEMOTTE, IN 46310
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F000000	<p>This visit was for the Investigation of Complaints IN00129865, IN00130495, and IN00130586.</p> <p>Complaint IN00129865-Substantiated. Federal/state deficiencies related to the allegation are cited at F157 and F 281.</p> <p>Complaint IN00130495-Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F 281, F309, and F 511.</p> <p>Complaint IN00130586-Substantiated. Federal/state deficiencies related to the allegation are cited at F 166 and F309.</p> <p>Survey dates: June 24 &amp; 25, 2013</p> <p>Facility number: 000471 Provider number: 155572 AIM number: 100290390</p> <p>Survey team: Janet Adams, RN, TC</p> <p>Census bed type:</p>	F000000	<p><b>Due to the low scope and severity of the deficiencies, the facility requests paper compliance for this citation.</b></p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</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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	<p>SNF/NF: 57 Residential: 8 Total: 65</p> <p>Census payor type: Medicare: 8 Medicaid: 50 Other: 7 Total: 65</p> <p>Sample: 12 Residential Sample: 1</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 27, 2013, by Janelyn Kulik, RN.</p>				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) 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 observation, record review and interview, the facility failed to ensure a resident's family/responsible party was notified of new tube feeding orders for 1 of 3 residents reviewed</p>	F000157	<p><b>(1) Immediate actions taken for those residents identified:</b></p> <p>Resident #G was investigated and all orders are current and have a physicians order</p>	07/25/2013	

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	<p>with current tube feedings in the sample of 12. (Resident #G)</p> <p>Findings include:</p> <p>During orientation tour on 6/24/13 at 8:25 a.m., Resident #G was observed in bed. The resident had a tube feeding pump next to her bed with a bag of tube feeding formula and a bag of water hanging on the pole of the pump. No tube feeding formula was infusing at this time.</p> <p>On 6/25/13 at 7:55 a.m., the resident was observed in bed. The resident was receiving tube feeding through a gastrostomy tube (a tube placed into the stomach). The tube feeding was infusing at 70 ml's (milliliters) an hour through an infusion pump.</p> <p>The record for Resident #G was reviewed on 6/25/13 at 2:00 p.m. The resident's 6/2013 Physician orders were reviewed. There was an order written on 6/8/13 for the resident's tube feeding to be Glucerna 1.2 to run at 80 ml's (milliliters) an hour for 20 hours a day. The order also indicated the tube feeding was to be turned on at 4:00 a.m. and turned off at 12:00 a.m. daily. Another Physician's order was written</p>		<p>and Responsible party notified.</p> <p><b>(2) How the facility identified other residents:</b></p> <p>A full house audit was done on all new tube feeding orders for responsible party notification. Resident responsible parties were notified of all new orders and status changes.</p> <p><b>(3) Measures put into place / System Changes:</b></p> <p>Nursing staff were re-educated regarding immediate notification to responsible parties and documentation of all new tube feeding orders. The DON/designee will review all new orders as they arise and notifications will be made and documented promptly.</p> <p><b>(4) How the corrective actions will be monitored:</b></p> <p>Audits will be conducted by the DON/designee 3 days a week. Results of audits will be reviewed in the monthly Quality Assurance meeting monthly X 6 months.</p>		

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	<p>on 6/24/13. This order indicated the resident's Glucerna tube feeding was to be held until 1:00 p.m. and then resumed at 70 ml's per hour for 20 hours a day.</p> <p>The 6/2013 Nursing Progress Notes were reviewed. There was no documentation of the resident's family or responsible party being notified of the new tube feeding order written on 6/8/13.</p> <p>When interviewed on 6/25/13 at 3:30 p.m., the Director of Nursing indicated the resident's family or responsible party should have been notified of the new tube feeding order. The Director of Nursing indicated the Nurses were to notify the family/responsible party of Physician orders and document the notification in the resident's record.</p> <p>This federal tag relates to Complaints IN00129865 and IN00130495.</p> <p>3.1-5(a)(3)</p>				

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F000166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on observation, record review and interview, the facility failed to ensure a grievance voiced by a family member related to care of a non pressure related wound was thoroughly investigated for 1 of 3 residents reviewed with non pressure skin conditions in the sample of 12. (Resident #D)</p> <p>Findings include:</p> <p>On 6/25/13 at 9:00 a.m., Resident #D was observed in bed. The Wound Nurse was preparing to provide wound care to the resident. There were open areas noted to the resident's left buttock area and the left gluteal fold area. The area's measured approximately 1 x 1 cm (centimeters). There was no drainage noted from either of the areas.</p> <p>The record for Resident #D was reviewed on 6/24/13 at 11:30 a.m. The resident's diagnoses included, but were not limited to, abscess of the buttock, high blood pressure, and</p>	F000166	<p><b>(1) Immediate actions taken for those residents identified:</b></p> <p>Resident #D had wound care provided by the wound nurse and dressing is intact. A grievance report was initiated and staff interviews conducted. The nurse on duty at time of grievance is no longer employed by facility.</p> <p><b>(2) How the facility identified other residents:</b></p> <p>A full house audit will be completed of all grievances by the Administrator/designee to assure interviews and investigations are completed timely.</p> <p><b>(3) Measures put into place / System Changes:</b></p> <p>Facility staff were re-educated regarding Immediate Notification and follow up of Grievances and Concerns will be reported to the Administrative staff.</p> <p>All Grievances/Concerns will be investigated completely.</p>	07/25/2013
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	<p>chronic airway obstruction.</p> <p>The 6/2013 Physician orders were reviewed. Orders were written on 6/24/13 to pack the left gluteal area with 1 cm (centimeter) Iodoform (strips used to pack a wound) and cover the area with 2 x 2 dressing. The second order was to pack the left buttock wound with a 3 cm of Iodoform strip and cover the area with a 2 x 2 dressing. The orders indicated the treatments were to be completed every day on the day shift.</p> <p>When interviewed on 6/25/13 at 12:40 p.m., the Director of Nursing indicated the resident's family had voiced a concern to her earlier this month related to resident being transported to the Wound Care Center without a dressing covering his wounds. The Director of Nursing indicated she had observed the resident prior to being transferred to the Wound Clinic. The Director of Nursing indicated she observed the CNA's transfer the resident from the Dining Room to his room to be toileted prior to being transferred to the Wound Clinic on that day. The Director of Nursing indicated when the concern was voiced to her she interviewed the Wound Nurse and the Nurse assigned to the resident that</p>		<p><b>(4) How the corrective actions will be monitored:</b></p> <p>Audits will be conducted by the Administrator/designee 3 days a week. Results of audits will be reviewed in the monthly Quality Assurance meeting monthly X 6 months.</p>		

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	<p>day and they indicated they were not informed of the dressings not being in place this morning. The Director of Nursing indicated she did not interview any of the CNA's caring for the resident that morning before he was transferred out to the Wound Clinic.</p> <p>When interviewed on 6/25/13 at 1:09 p.m., the Director of Nursing indicated she did not write a written grievance or complete a Grievance form related to the above concern. The Director of Nursing indicated she should have interviewed the CNA's that would have provided care to the resident prior to the resident being transported to the Wound Clinic.</p> <p>The facility policy titled "Grievances and Concerns" was reviewed on 6/24/13 at 11:40 a.m. The facility Administrator indicated the policy was current. There was no date on the policy. The policy indicated "... all Resident and family grievances/concerns including but not limited to his/her treatment, medical care, behavior of other Residents, staff members or theft of property, etc." were to be thoroughly investigated.</p> <p>This federal tag relates to Complaint</p>				

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	IN00130586.  3.1-7(a)(2)			

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F000281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. Based on observation, record review, and interview the facility failed to ensure professional standards of quality were maintained related to Nursing staff writing an order to implement the Registered Dietitian's recommendations for tube feeding changes. Orders were written by a Nurse without the Physician specifically stating the changes that were to be implemented for 1 of 3 residents reviewed for tube feeding orders in the sample of 12. (Resident #E) (LPN #1)</p> <p>Findings include:</p> <p>During Orientation Tour on 6/24/13 at 9:20 a.m., Resident #E was observed in bed. The resident was awake. The resident was receiving tube feeding through a gastrostomy tube (a tube placed into the abdomen to provide feeding through).</p> <p>The record for Resident #E was reviewed on 6/24/13 at 10:20 a.m. The resident's diagnoses included, but were not limited to, aphasia</p>	F000281	<p><b>(1) Immediate actions taken for those residents identified:</b></p> <p>Resident #E had tube feeding orders initiated and completed per physicians signed orders. LPN #1 received written counseling on notification and documenting of physician notification.</p> <p><b>(2) How the facility identified other residents:</b></p> <p>A full house audit was completed on all Dietary Consultant orders initiated and are signed by a physician.</p> <p><b>(3) Measures put into place / System Changes:</b></p> <p>The nurses were re-educated regarding faxing/calling all Dietary Consultant recommendations to the physician.</p> <p>All recommendations made by a Dietary Consultant will be reviewed and physician signature obtained before initiating orders by the DON/designee.</p>	07/25/2013			

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	<p>(inability to speak) and cerebrovascular disease. Review of the 6/2013 Physician orders indicated there was an order written on 6/5/13 for the resident to receive Glytrol 500 ml (milliliters) bolus via (through) the PEG (Percutaneous Endoscopic Gastrostomy) tube four times a day.</p> <p>A Dietitian Recommendations/NAR (Nutrition at Risk) form was completed on 4/17/13. The form indicated recommendations were made by the registered Dietitian to change the current tube feeding of Glytrol to Glucerna 1.5 bolus of one can five times daily followed by a 100 cc (cubic centimeters) water flush after each bolus. The form was signed by the Registered Dietitian. The section for the "Physician Signature" was not signed. The section to check "Physician Notified of Dietary Recommendation" was also not signed.</p> <p>The 4/2013 NAR (Nutrition at Risk) progress notes were reviewed. The 4/17/13 NAR progress note indicated the Registered Dietitian noted the resident was receiving Glytrol formula 500 ml four times a day. The Registered Dietitian recommended switching the Glytrol tube feeding formula to one can bolus of Glucerna</p>		<p><b>(4) How the corrective actions will be monitored:</b></p> <p>Audits will be conducted by the DON/designee 3 days a week. Results of audits will be reviewed in the monthly Quality Assurance meeting monthly X 6 months.</p>				

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	<p>1.5 five times a day.</p> <p>Review of the 4/2013 Physician order documentation indicated there was an order dated 4/17/13 at 4:14 p.m. The order was for the resident to receive Glucerna 1.5 bolus of 1 can five times daily followed by 100 ml water flush each time. The order detail form indicated the "communication method" was to be marked. The choices of "communication method" included, "phone", "verbal", "prescriber written" and "prescriber entered." "Prescriber written was marked on the above 4/17/13 order. The order detail form was "created by" LPN #1.</p> <p>When interviewed on 6/25/13 at 2:04 p.m., the facility Nurse Consultant indicated "prescriber written" would indicate orders obtained from hospital discharge institutions, Physician signature on a Pharmacy or Dietary recommendations, orders from Hospice services, or hand written prescriptions.</p> <p>When interviewed on 6/24/13 at 10:45 a.m., the facility Regional Director of Operations indicated an investigation was completed related to a concern voiced about Physician orders. The Regional Director</p>				

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	<p>indicated the order to change a resident's tube feeding was written by the Nurse based on the Nurse indicating the Physician had informed her to take care of them. The Regional Director indicated the Nurse was disciplined related to writing the recommendations as an order based on the the Physician telling her to take of it when the Nurse informed the Physician there were dietary recommendations for the resident.</p> <p>Review of the facility investigation related to the above indicated LPN #1 received teaching from Administration instructing her to not take verbal standard orders from Physicians to cover recommendations made by the Registered Dietitian and to call the Physician for each recommendation.</p> <p>The Indiana State Board of Nursing Statues for LPN's indicated the following: 848 IAC2-3-3 Unprofessional Conduct Section 3. Nursing behaviors (acts, knowledge, and practices) failing to meet the minimal standards of acceptable and prevailing licensed practical nursing practices, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct.</p>			
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	<p>These behaviors shall include, but are not limited to, the following: (8)Accepting delegated nursing measures that he or she knows that he or she is not prepared, qualified, or licensed to perform.</p> <p>This federal tag relates to Complaint IN00129865 and IN00130495.</p> <p>3.1-35(g)(1)</p>			

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F000309 SS=D	<p><b>483.25</b>  <b>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b>  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 record review and interview, the facility failed to ensure the necessary treatment and services were provided related to obtaining treatment orders for skin condition in a timely manner for 1 of 3 residents reviewed for non pressure skin conditions in the sample of 12. (Resident #M)</p> <p>Findings include:</p> <p>The record for Resident #M was reviewed on 6/24/13 at 3:30 p.m. The resident's diagnoses included, but were not limited to, convulsions, muscle weakness, high blood pressure, dementia with behavioral disturbances, and depressive disorder.</p> <p>Review of the 6/2013 Physician orders indicated a treatment order was written on 6/21/13 at 10:11 a.m. The order was to cleanse the right pubic/groin area, apply Bactroban (an antibiotic ointment) and cover the</p>	F000309	<p><b>(1) Immediate actions taken for those residents identified:</b></p> <p>Resident #M had assessment performed by the wound nurse and treatment to area of _____ concern and will be monitored weekly until resolved.</p> <p><b>(2) How the facility identified other residents:</b></p> <p>A full house skin sweep was completed to identify any other skin areas and treatments obtained as needed.</p> <p><b>(3) Measures put into place / System Changes:</b></p> <p>The nurses were re-educated regarding faxing/calling the physician on all identified skin issues immediately and documented.</p> <p>All requests and notifications to the physician requesting treatment orders will be obtained in a timely</p>	07/25/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155572	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/25/2013
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	<p>area with a dressing daily and as needed for soilage.</p> <p>The 6/2013 Nursing Progress Notes were reviewed. An entry made on 6/20/13 at 10:37 a.m. indicated a pus filled abscess was noted to the resident's left groin area measuring 2.0 cm (centimeters) x 2.0 cm x 0.3 cm. The entry also indicated the area drained when touched and was cleansed and a dry dressing was applied to the area. The entry also indicated a message was left for the MD (Medical Doctor). There were no further entries related to Physician notification of the above abscess area on 6/20/13.</p> <p>A Non-pressure Ulcer Skin Condition Progress Report was initiated on 6/20/13 at 10:34 a.m. The report indicated "other" was checked as the type of skin condition noted. The report indicated the area of the skin condition was listed as "groin" and the description of the area was listed as a 2.0 cm x 2.9 cm x 0.3 cm abscess. The report also indicated staff were awaiting a call from the Physician.</p> <p>The 6/2013 Treatment Administration Record was reviewed. The treatment to apply Bactroban to the right groin/pubic area topically every day</p>		<p>manner and will be reviewed by the DON/designee.</p> <p><b>(4) How the corrective actions will be monitored:</b></p> <p>Audits will be conducted by the DON/designee 3 days a week. Results of audits will be reviewed in the monthly Quality Assurance meeting monthly X 6 months.</p>		

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	<p>was signed out as first initiated on 6/22/13 at 2:47 p.m.</p> <p>When interviewed on 6/25/13 at 1:30 p.m. the Nurse Consultant indicated a fax was sent to the Physician's office on 6/20/13 related to the area on the resident's groin. The Nurse Consultant indicated there was no further documentation available related to Physician notification of the area as the Physician's requested protocol was to fax him the information and the facility had no specific policy related to the above. The Nurse Consultant indicated the Physician was sent a fax on 6/20/13 per his request.</p> <p>This federal tag relates to Complaints IN00130495 and IN00130586.</p> <p>3.1-37(a)</p>						

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F000511 SS=D	<p>483.75(k)(2)(ii) RADIOLOGY FINDINGS-PROMPTLY NOTIFY PHYSICIAN The facility must promptly notify the attending physician of the findings. Based on record review and interview, the facility failed to ensure the Physician was notified of abnormal X-ray results in a timely manner for 1 of 3 residents reviewed for X-ray results in the sample of 12. (Resident #C)</p> <p>Findings include:</p> <p>The closed record for Resident #C was reviewed on 6/24/13 at 12:00 p.m. The resident's diagnoses included, but were not limited to, emphysema, chronic airway obstruction, and acute respiratory failure.</p> <p>Review of the 4/2013 Physician orders indicated there was an order for the resident to have a chest X-ray completed. The order was written on 4/9/13.</p> <p>The results of the 4/9/13 chest X-ray indicated the presence of a suspicious infiltrate in the resident's right lung base. The report also indicated clinical correlation was required. The results indicated the X-ray report was faxed to the facility</p>	F000511	<p><b>(1) Immediate actions taken for those residents identified:</b></p> <p>Resident #C no longer resides in this facility.</p> <p><b>(2) How the facility identified other residents:</b></p> <p>A full house audit was completed on all new orders for diagnostic testing and timely notification of results reported to the physician.</p> <p><b>(3) Measures put into place / System Changes:</b></p> <p>The nurses were re-educated regarding faxing/calling the physician with test results in a timely manner and documenting.</p> <p>All diagnostic tests and results will be monitored and reviewed for physician notification in a timely manner and will be reviewed by the DON/designee.</p> <p><b>(4) How the corrective actions will be monitored:</b></p> <p>Audits will be conducted by the DON/designee 3 days a week. Results of audits will be reviewed in the monthly</p>	07/25/2013			

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	<p>on 4/9/13 at 5:46 p.m. There was written documentation on the bottom section of the results page which indicated the Physician was called with the X-ray results on 4/10/13 at 10:00 a.m. There was also writing indicating the resident was to be started on Levaquin (an antibiotic) 500 milligrams daily for 10 days. The signature next to the above writing indicated an LPN completed the notification and writing.</p> <p>When interviewed on 6/25/13 at 2:30 p.m., the Director of Nursing indicated X-ray results are faxed to the facility. The Director of Nursing indicated the resident's record indicated the Physician was notified of the results on 4/10/13.</p> <p>The facility policy titled "Physician Notification for Change in Condition" was reviewed on 6/24/13 at 11:40 a.m. The policy had a revised date of 1/2012. The facility Administrator provided the current policy. The policy indicated all medical care problems were to communicated to the attending Physician in a "timely, efficient, and effective manner." The policy indicated Physician notification was to include any abnormal laboratory and diagnostic findings and any changes in the resident's</p>		Quality Assurance meeting monthly X 6 months.				

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	<p>condition that may warrant a change in the current treatment.</p> <p>This federal tag relates to Complaint IN00130495.</p> <p>3.1-49(j)(2)</p>				