STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155510	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY VILLA HEALTH CARE	705 N MERIDIAN ST GREENTOWN, IN 46936

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for a Recertification and State Licensure Survey. Survey dates: November 18, 19, 20, 21, & 22, 2013 Facility number: 000549 Provider number: 155510 AIM number: 100267470 Survey team: Michelle Carter, RN -TC Rita Mullen, RN Maria Pantaleo, RN Bobette Messman, RN (11/18, 11/19, 11/20, 2013) Sandra Nolder, RN (11/20, 11/21, 11/22, 2013) Holly Duckworth, RN Census bed type: SNF: 10 SNF/NF: 57 Total: 67 Census Payor type: Medicare: 10 Medicaid: 24 Other: 33 Total: 67 These deficiencies reflect state findings cited in accordance with 410	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	IAC 16.2. Quality Review was completed by Tammy Alley RN on November 26, 2013.			

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F000157 SS=D	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). 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. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. Based on interview and record review the facility failed to notify the physician of change in skin conditions in a timely manner for 2 of 2 residents reviewed for physician notification.	F000157	1. Res #53 - Order for Canterbury Cream (standing order) was not written when found on 09/27/13. It was written on 09/29/13 for excoriation for 14 days. As a standing order, nurse	12/22/2013

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	(Resident #53 and #92) Findings include: 1. The record for Resident #53 was reviewed on 11/21/13 at 11:06 a.m. Current diagnoses included, but were not limited to, muscle weakness, debility, and generalized pain. A nursing note, dated 9/25/13, indicated on admission the resident did not have open areas or skin breakdown to her buttocks or coccyx. A nursing note, dated 9/27/13, indicated the resident's coccyx was red, but there were no open areas. The resident had complained of right sided buttock pain. The nurse indicated she would write an order for a treatment order for Canterbury Cream for the resident's reddened coccyx. A physicians order, dated for 9/29/13, was written for Canterbury Cream. The physicians order indicated the resident's buttock was to be washed and cleaned, then the Canterbury Cream was to be applied to the excoriated area for two weeks. The order was to start on 9/30/13 and was to be discontinued on 10/13/13.		did treatment; however, delay in writing order. Area is healed. BNZ is also a standing order and nurse failed to nofity doctor and family in a timely manner. Area is healed. Res #92 - Nurse failed to notify doctor of skin issue and to write order for continued treatment. This resident has been discharged from rehab to her apartment as independent. 2. All residents will be reviewed and assessed for skin issues. Charts will be reviewed for appropriate notification, orders and documentation. 3. Nursing will be inserviced on procedure for assessing, notification, orders, and documentation of skin issues. 4. Wound nurse will review the documentation weekly (as inserviced) under skin condition and skin assessments to ensure the appropriate notifications, orders, and documentation were done. Findings will be documented by the wound care nurse on the attached form. The goal will be to have 100% each week. If not, further inservicing will be conducted by the ADON or DON as needed. This will be ongoing. Findings will be reviewed in QQA. Should findings indicate there is no longer a problem, this plan of action will discontinue after six months.	

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	A nursing note, dated 10/11/13, indicated the resident had a small open area on her left buttock, triangular in size, approximately 0.75 centimeters (cm). The note indicated the wound nurse was emailed. No notification of the physician was found in the resident's record for the open area to the resident's left buttock. No physician orders were found in the resident's record for treatment of the open area to the left buttock. A weekly wound note, documented by the wound nurse, dated 10/15/13, indicated the resident had excoriation to her buttocks with peeling skin, after admission. The note indicated the measurement was 0.5 x 0.3 cm and it was a new area of epithelial white peeling skin and the area was moist. The surrounding tissue was excoriated. A new treatment for BNZ ointment (Bacitracin, Nyastatin, Zinc Oxide) was ordered. On the following dates, physician orders regarding the resident's open area and excoriation to her buttocks and coccyx area, indicated:			

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	On 9/29/13 wash and clean the resident's buttock and apply Canterbury Cream to excoriated area times two weeks first date: 9/30/13 last date: 10/13/13 in the night, a.m., and p.m. On 10/15/13 cleanse the residents buttocks with soap and water then apply BNZ ointment every shift. Night, a.m., and p.m., for 14 days (excoriated areas) During an interview on 11/22/13 at 9:35 a.m., the ADoN indicated the resident's physician was not notified of the reddened coccyx until 9/29/13 when the Canterbury Cream was ordered. 2. The record for Resident #92 was reviewed on 11/20/13 at 2:27 p.m. Current diagnoses included, but were not limited to muscle weakness, edema, generalized pain, and status cardiac pacemaker. A nursing note, dated 7/14/13, at 7:06 a.m., indicated the nurse observed a reddened area with loss of the top layer of skin on the cervical spine. The notes indicated the measurements were 2.0 x 1.0			

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	centimeters (cm). The nurse applied bacitracin (an antibiotic ointment) and a bandaid and indicated she was going to write a treatment order to change the dressing daily. The nurse indicated the charge nurse would be notified and the charge nurse would notify the doctor. A nursing note, dated 7/24/13, at 10/37 a.m., indicated the resident had an area to her upper mid spine that would scab then reopen, but would not heal completely. A nursing noted, dated 8/8/13, at 10:45 a.m., indicated the resident had a open area to the base of her neck, the size of a dime. The nursing note indicated the open area had not seemed to heal. The nurse applied a bandaid to the area. No weekly wound charting documentation by the wound nurse was found for any of the three wounds that were documented in the nurses notes. No physician orders were found in the resident's record for treatments for the three open areas to the resident's back, cervical spine, and base of her neck.			

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	No notification of the physician was found in the resident's record for any of the open areas to the resident's back, cervical spine, and base of her neck. During an interview on 11/22/13 at 9:35 a.m., the ADoN indicated the wound nurse, physician nor the family was notified of the resident's wounds on her back, cervical spine or base of her neck. She indicated there was no assessments including measurements found in the weekly wound charting documentation. During an interview on 11/22/13 at 3:20 p.m., the ADoN indicated she had no further additional information to provide regarding the assessment of the resident's wounds, the physician or the family being notified of the wounds. 3.1-5(3)			

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F000282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.			
	Based on observation, interview, and record review, the facility failed to ensure the plan of care was followed for 1 of 2 residents reviewed for nutritional care plans in a sample of 2. (Resident #92) Findings include: The record for Resident #92 was reviewed on 11/20/13 at 2:27 p.m. Current diagnoses included, but were not limited to, muscle weakness, dysphagia, hypertension, edema, and generalized pain. The resident's physician orders included, but were not limited to: 6/13/13-clonidine (blood pressure med) 0.1 milligrams one tablet by mouth twice daily for hypertension 6/13/13-metoprolol tartrate (blood pressure medication) 50 milligrams one tablet by mouth twice a day 6/13/13-mechanical soft diet with honey thickened liquids 6/26/13-lasix (diuretic) 40 milligrams	F000282	Res #92 - This resident returned back to her independent living arrangements within range of her normal weight prior to admission. Her food intake averaged 80% throughout her stay. On admission, her diagnosis included, but not limited to, dysphagia, muscle weakness, edema and generalized pain. Her admission weight on arrival from hospital, 06/14/13, was 147. +3 edema documented on 06/25/13. Doctor was notified and Lasix 40 mg. ordered which caused physician planned weight loss for resident. Based on survey citing, our Medical Director has acknowledged that a 12% weight loss was to be expected and not significant to her overall well being. This was anticipated. This coincides with her weight of 130-136 prior to admission. Based on historical weights, resident lost 6% over 90 days to include the diuretic therapy. 2. RD and Director of Nutrition monitor weights and intakes as necessary on each resident at least every two weeks and more frequently as determined by current health status. ADON will monitor the 10 and 3 nourishments intake and	12/22/2013

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	one tablet by mouth daily every morning for edema 6/27/13-meal supplement-nourishment at 10 a.m. and 3 p.m., with thickener as needed 7/9/13-mechanical soft diet with nectar thickened liquids 7/18/13-meal supplement-nourishment 10 a.m. and 3 p.m. 7/24/13-regular diet with thin liquids The resident's care plan, dated 6/14/13 indicated she had a problem for potential for weight loss related to intakes. The nurses interventions were to monitor the resident's weights and monitor her food intakes. The nurses aides interventions were to record the resident's food intake, offer the resident encouragement when eating, encourage the resident to try a variety of different foods and to offer her snacks. The dietary interventions, dated for 7/15/13, indicated dietary would provide the ordered diet, offer replacement food, determine the resident's food likes and provide nourishments at 10 a.m., and 3 p.m. The goal, dated 7/15/13, indicated the resident would not have any weight loss, would drink 25-50% of fluids offered, and eat 25-50% or		documentation. 3. Monitor residents with nourishments at 10/3. Names of those with 10/3 orders will be posted on a special diets list for aides easy review and ease of documentation. ADON will monitor and inservice aides on importance of documenting nourishment intakes as ordered to prevent weight loss and indicating the importance of documentation of these nourishments. RD reviews weights every two weeks and will continue on a regular basis. 4. ADON will require aides to provide handwritten documentation of intakes on a daily basis as well as completion of computerized documentation of nourishments. Findings will be documented on the attached form. Of the charts reviewed, the goal will be to have 100% on a daily basis. Should the goal not be reached, the ADON will provide further inservicing and/or one-on-one training as needed. This will be ongoing. Findings will be reviewed in QQA. Should findings indicate there is no longer a problem, this plan of action will discontinue after six months.	

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	more of foods offered. The goal time dated 7/15/13 indicated it would be three months. The nourishment was ordered at 10 a.m. and 3 p.m. The July and August 2013 CNA Access Records indicated the following: 7/18/13 at 3 p.m. 7/20/13 at 10 a.m. 7/21/13 at 10 a.m. and 3 p.m. 7/22/13 at 3 p.m. 7/23/13 at 10 a.m. and 3 p.m. 7/24/13 at 3 p.m. 7/25/13 at 3 p.m. 7/26/13 at 10 a.m. and 3 p.m. 7/27/13 at 3 p.m. 7/28/13 at 3 p.m. 7/30/13 at 3 p.m. 7/31/13 at 3 p.m. 8/1/13 at 3 p.m. 8/2/13 at 3 p.m. 8/3/13 at 3 p.m. 8/4/13 at 3 P.M. 8/5/13 at 10 a.m. and 3 p.m. 8/6/13 at 10 a.m. and 3 p.m. 8/7/13 at 10 a.m. and 3 p.m. 8/8/13 at 3 p.m. 8/9/13 at 10 a.m. and 3 p.m. The resident's weights were recorded as follows: 6/14/13 (Admission weight)-147 pounds			

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	7/1/13-133 pounds 7/8/13-129 pounds 7/22/13-132 pounds 8/6/13 (Discharge weight)-130 pounds The resident had lost 12% of her weight in 23 days. A policy titled "Weight Policy and Procedure" with a revision date of 10/31/13 was provided on 11/22/13 at 10 a.m., by the Assistant Director of Nursing (ADoN). The policy stated,"POLICY: To insure that a resident maintains acceptable parameters of nutritional status to include, but not be limited to, body weight... In addition, residents identified with weight loss will be provided with appropriate nutritional interventions as needed. PROCEDURE: 1. Upon admission, each resident will be weighted daily for three days...3. Those residents identified as nutritionally at risk will be weighted on a weekly basis unless otherwise indicated by the resident's attending physician. Residents are considered to be at nutritional risk if they are on enteral feedings, have pressure ulcers, have documented evidence of poor intake/appetite, or weight changes as follows: 5% in one month			

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	7% in three months 10% in six months... e. The resident will be placed on the appropriate nutritional program...All supplements will be provided by the dietary department. f. The nursing department will be responsible for documenting the refusal or acceptance of supplements, power products, fluids, meals or protein supplements in the resident's medical and/or meal record...." During an interview on 11/20/13 at 3:30 p.m., the ADoN indicated the dietary department would send the 10 a.m. and 3 p.m., nourishments for the residents, then the aides would pass them out. She indicated the aides were the staff members who documented the amount of nourishment that was consumed by the residents. She also indicated the resident's a.m. and p.m., nourishments were not all documented as ordered. During an interview on 11/21/13 at 3:00 p.m., the ADoN indicated the nourishment that was sent by the dietary department was a supplement such as, Two Cal, Ensure or Med Pass.			

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	During an interview on 11/22/13 at 10:16 a.m., CNA #1 indicated she would pass the nourishments out to the residents on a cart, along with snacks at 10 a.m. She indicated she knew who received nourishments because they were kept in the cafe refrigerator with the resident's name, date they were brought to the refrigerator, and 10 a.m. and 3 p.m., marked on them. She indicated she would stay with the residents while they drank their nourishments to ensure they took all of it and then she would document the amount into the computer. 3.1-35(g)(2)			

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F000309 SS=D	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. Based on observation, interview, and record review the facility failed to ensure physicians orders were followed timely and as ordered for 1 of 1 residents reviewed for non pressure skin conditions. (Resident #53) Findings include: The record for Resident #53 was reviewed on 11/21/13 at 11:06 a.m. Current diagnoses included, but were not limited to, muscle weakness, debility, and generalized pain. The resident's care plan dated 10/8/13 indicated she had a problem regarding potential for tissue integrity impairment. The nurses interventions indicated skin status assessments were to be completed, nutrition status assessments were to be completed, her physician was to be kept informed of changes, analgesics were to be administered as ordered, the dietician was to be consulted and the medical	F000309	1. Res #53 - Order for Canterbury Cream (standing order) was not written when found on 09/27/13. It was written on 09/29/13 for excoriation for 14 days. As a standing order, nurse did treatment; however, delay in writing order. Area is healed. BNZ is also a standing order and nurse failed to nofity doctor and family in a timely manner. Area is healed. 2. All residents will be reviewed and assessed for skin issues. Charts will be reviewed for appropriate notification, orders and documentation. 3. Nursing will be inserviced on procedure for assessing, notification, orders, and documentation of skin issues. 4. Wound nurse will review the documentation weekly (as inserviced) under skin condition and skin assessments to ensure the appropriate notifications, orders, and documentation were done. Findings will be documented by the wound care nurse on the attached form. The goal will be to have 100% each week. If not, further inservicing will be conducted by the ADON or DON	12/22/2013

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	plan for treatment was to be followed. The nurses aide interventions indicated the resident's skin was to be kept clean and dry, the aides were to encourage and assist the resident to change positions and report any skin changes. The goal dated 10/15/13 indicated the resident would be free of irritation and there would not be any areas of skin breakdown. The goal time dated 10/15/13 indicated three months. A nursing note, dated 9/25/13, indicated on admission the resident did not have any open areas or skin breakdown to her buttocks or coccyx. A physicians order, dated for 9/25/13, was written Taro Vitamin A & D Ointment. The physicians order indicated the ointment was to be applied topically every shift as needed to prevent reddened areas. A nursing note dated 9/27/13 indicated the resident's coccyx was red, but there were no open areas. The resident had complained of right sided buttock pain. The nurse indicated she would write an order for a treatment order for canterbury cream for the resident's reddened coccyx.		as needed. This will be ongoing. Findings will be reviewed in QQA. Should findings indicate there is no longer a problem, this plan of action will discontinue after six months.	

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	A physicians order, dated for 9/29/13, was written for Canterbury Cream. The physicians order indicated the resident's buttock was to be washed and cleaned, then the cream was to be applied to the excoriated area for two weeks. The order was to start on 9/30/13 and was to be discontinued on 10/13/13. A nursing note, dated 10/4/13, indicated the resident's coccyx and buttock was excoriated. A nursing note, dated 10/10/13, indicated the resident's bilateral buttocks were excoriated. A nursing note, dated 10/11/13, indicated the resident had a small open area on her left buttock, triangular in size, approximately 0.75 centimeters (cm). The note indicated the wound nurse was emailed. No notification of the physician was found in the resident's record for the open area to the resident's left buttock. No physician orders were found in the resident's record for treatment of the open area to the left buttock.			

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	A weekly wound note, documented by the wound nurse, dated 10/15/13, indicated the resident had excoriation to her buttocks with peeling skin after admission. The note indicated the measurement was 0.5 x 0.3 cm and it was a new area of epithelial white peeling skin and the area was moist. The surrounding tissue was excoriated. A new treatment for BNZ (Bacitracin, Nystatin, Zinc Oxide) was ordered. A nursing note, dated 10/16/13, indicated the resident's coccyx area was excoriated and canterbury cream was applied. A nursing note dated,, 10/20/13, indicated the resident's coccyx area was excoriated and canterbury cream was applied. A weekly wound note documented by the wound nurse, dated 10/21/13, indicated the resident had excoriation to her buttocks with peeling skin after admission. The note indicated the measurement was 0.3 x 0.3 cm and it was an area of epithelial white peeling skin and the area was moist. The surrounding tissue was excoriated. The treatment order remained the same.			

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	A nursing note, dated 10/27/13, indicated the resident's buttocks were excoriated and Canterbury Cream was applied. A weekly wound note documented by the wound nurse, documented on 10/28/13, indicated the excoriation with the peeling skin to the buttocks was healed. Skin was pink in color. A nursing note, dated 10/31/13, indicated the resident's coccyx was reddened and a treatment was ordered. The resident's Skin Breakdown Assessment completed on 9/25/13 indicated she had occasional moisture and would require an extra linen change daily. There was no documentation the Vitamin A & D ointment was applied as ordered as needed for prevention of reddened areas from 9/25/13-9/27/13. The following dates, physician orders regarding the resident's open area and excoriation to her buttocks and coccyx areas indicated: On 9/25/13 (Taro Vitamin A & D) Vitamin A &D 13.56%-34% ointment			

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	topical every shift as needed. May keep at bedside for prevention of reddened areas On 9/29/13 wash and clean the resident's buttock and apply canterbury cream to excoriated area times two weeks first date: 9/30/13 last date: 10/13/13 in the night, a.m. and p.m. On 10/15/13 cleanse the residents buttocks with soap and water then apply BNZ ointment every shift. night, a.m., and p.m., for 14 days (excoriated areas) On 10/31/13 apply Canterbury Cream after cleansing and patting dry the coccyx area two times daily for seven days first date: 10/31/13 last date: 11/14/13 for redness. On 11/20/13 at 2:00 p.m., the Director of Nursing (DoN) provided an explanation of the ingredients in the canterbury cream, which stated, "Aquabase ointment, 40% desitin diaper rash, 5% lidocain (sic), Vit A & D." On 11/22/13 at 10:06 a.m., the resident's buttocks and coccyx area was observed. The coccyx area was observed to be reddened with a white			

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	scarred area to the left upper inner buttock. The left upper inner buttock area was dry and flaky. During an interview on 11/20/13 at 2:00 p.m., the DoN indicated the Canterbury Cream was a cream the facility used as a barrier cream. During an interview on 11/22/13 at 9:35 a.m., the ADoN indicated the resident's physician was not notified of the reddened coccyx until 9/29/13 when the Canterbury Cream was ordered. During an interview on 11/22/13 at 10:06 a.m., LPN #2 indicated the resident's coccyx and buttocks was healed, but the CNA's were applying Vitamin A & D ointment as a preventative measure due to her coccyx and buttocks were dry and flakey. During an interview on 11/22/13 at 2:00 p.m., the ADoN indicated the canterbury cream was documented as applied on 10/16/13, 10/20/13 and 10/27/13, but BNZ was applied. She indicated this was a documentation mistake. 3.1-37(a)			

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F000314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.			
	Based on interview and record review the facility failed to ensure pressure ulcers were prevented, assessed appropriately, and a physicians order was obtained to prevent a delay in treatment for 1 of 1 residents reviewed for pressure ulcers. (Resident #92) Findings include: The record for Resident #92 was reviewed on 11/20/13 at 2:27 p.m. Current diagnoses included, but were not limited to muscle weakness, edema, generalized pain, and status cardiac pacemaker. A physicians order was written, on 6/14/13, that indicated a skin assessment was to be done every Tuesday evening.	F000314	1. Res #92 - Nurse failed to notify doctor of skin issue and to write order for continued treatment. This resident has been discharged from rehab to her apartment as independent. 2. All residents will be reviewed and assessed for skin issues. Charts will be reviewed for appropriate notification, orders and documentation. 3. Nursing will be inserviced on procedure for assessing, notification, orders, and documentation of skin issues. 4. Wound nurse will review the documentation weekly (as inserviced) under skin condition and skin assessments to ensure the appropriate notifications, orders, and documentation were done. Findings will be documented by the wound care nurse on the attached form. The goal will be to have 100% each week. If not, further inservicing will be conducted by the ADON or DON as needed. This will be ongoing.	12/22/2013

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	The resident's care plan, dated 6/26/13, indicated a problem for potential for tissue integrity impairment. Interventions for the nurses indicated resident's skin was to be assessed, her nutritional status was to be assessed, her medical doctor was to be kept informed of changes, analgesics was to be administered as ordered, the medical treatment plan was to be followed as ordered, and the dietician was to be consulted. Interventions for the nurses aides indicated the resident's skin was to be kept clean and dry, the aides were to encourage her to change positions, and they were to report any skin changes. The care plan, dated 7/15/13, indicated the goal was the resident would be free from irritation with no areas of skin breakdown. The goal time wound be three months. A nursing note, dated 7/14/13, at 7:06 a.m., indicated the nurse observed a reddened area with loss of the top layer of skin on the cervical spine. The notes indicated the measurements were 2.0 x 1.0 centimeters (cm). The nurse applied bacitracin (an antibiotic ointment) and a bandaid and indicated she was going to write a treatment order to		Findings will be reviewed in QQA. Should findings indicate there is no longer a problem, this plan of action will discontinue after six months.	

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	change the dressing daily. The nurse indicated the charge nurse would be notified and the charge nurse would notify the doctor. A nursing note, dated 7/24/13, at 10:37 a.m., indicated the resident had an area to her upper mid spine that would scab then reopen, but would not heal completely. A nursing note, dated 8/8/13, at 10:45 a.m., indicated the resident had a open area to the base of her neck, the size of a dime. The nursing note indicated the open area had not seemed to heal. The nurse applied a bandaid to the area. No weekly wound charting documentation by the wound nurse was found for the three wounds that were documented in the nurses notes. No physican orders were found in the resident's record for treatments for the three wounds to the resident's back, cervical spine, and base of her neck. No notification of the physician or the family was found in the resident's record for the three wounds to the resident's back, cervical spine, and			

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	base of her neck. On 11/21/13 at 3:40 p.m., additional information was requested from the ADoN regarding the assessment of the three wounds by the wound nurse with measurements. On 11/22/13 at 9:35 a.m., additional information was requested from the ADoN regarding the wound measurement policy. On 11/22/13 at 11:00 a.m., a policy titled "Pressure Area Protocal" dated with a revision date 10/07 was provided by the ADoN. The policy stated, "Purpose: To establish guidelines for preventing, monitoring, and documenting the presenceof skin problems and pressure areas... a. Physician notification is required to obtain orders prior to initiating treatments using medications... 5. A weekly skin condition report will be initiated at the time an open area or skin problem is assessed and observed by a licensed nurse. The weekly skin condition report will become a part of the resident's permanent record... 8. Stage I and higher pressure ulcers will promptly be reported to the attending physician. In addition to being reported to the physician, stage II and			

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	higher pressure ulcers will be reported to the family member... 9. Pressure ulcers and other skin lesions will be measured weekly be a licensed nurse and documented results placed on the Wound and Skin Assessment Tool (see form). 10. The skin condition sheet shall be completed and include: a. size (length, width, depth, and stage) b. odor c. drainage d. description e. date and signature of the individual performing the assessment...." During an interview on 11/20/13 at 11:15 a.m., the ADoN indicated the open areas on the resident's cervical spine and the base of her neck would have been staged at a stage two pressure ulcer. She indicated the wounds should have been documented after being measured in the weekly wound charting documentation. During an interview on 11/22/13 at 9:35 a.m., the ADoN indicated the wound nurse, physician nor the family was notified of the resident's wounds on her back, cervical spine or base of her neck. She indicated there was no assessments including measurements found in the weekly wound charting documentation.			

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	During an interview on 11/22/13 at 3:20 p.m., the ADoN indicated she had no further additional information to provide regarding the assessment of the resident's wounds, the physician or the family being notified of the wounds. 3.1-40(a)(1) 3.1-40(a)(2) 3.1-40(a)(3)			

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F000325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. Based on interview and record review the facility failed to maintain weight resulting in a 12 % weight loss in 23 days for 1 of 2 residents being reviewed for weight loss in a sample of 2 residents. (Resident #92) Findings include: The record for Resident #92 was reviewed on 11/20/13 at 2:27 p.m. Current diagnoses included, but were not limited to, muscle weakness, dysphagia, hypertension, edema, and generalized pain. The resident's physician orders included, but were not limited to: 6/13/13-mechanical soft diet with honey thickened liquids 6/26/13-lasix (diuretic) 40 milligrams one tablet by mouth daily every morning for edema	F000325	Res #92 - This resident returned back to her independent living arrangements within range of her normal weight prior to admission. Her food intake averaged 80% throughout her stay. On admission, her diagnosis included, but not limited to, dysphagia, muscle weakness, edema and generalized pain. Her admission weight on arrival from hospital, 06/14/13, was 147. +3 edema documented on 06/25/13. Doctor was notified and Lasix 40 mg. ordered which caused physician planned weight loss for resident. Based on survey citing, our Medical Director has acknowledged that a 12% weight loss was to be expected and not significant to her overall well being. This was anticipated. This coincides with her weight of 130-136 prior to admission. Based on historical weights, resident lost 6% over 90 days to include the diuretic therapy. 2. RD and Director of Nutrition monitor weights and intakes as necessary	12/22/2013

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	6/27/13-meal supplement-nourishment at 10 a.m. and 3 p.m., with thickener as needed 7/9/13-mechanical soft diet with nectar thickened liquids 7/18/13-meal supplement-nourishment 10 a.m. and 3 p.m. 7/24/13-regular diet with thin liquids The resident's care plan, dated 6/14/13 indicated she had a problem for potential for weight loss related to intakes. The nurses interventions were to monitor the resident's weights and monitor her food intakes. The nurses aides interventions were to record the resident's food intake, offer the resident encouragement when eating, encourage the resident to try a variety of different foods and to offer her snacks. The dietary interventions, dated for 7/15/13, indicated dietary would provide the ordered diet, offer replacement food, determine the resident's food likes and provide nourishments at 10 a.m., and 3 p.m. The goal, dated 7/15/13, indicated the resident would not have any weight loss, would drink 25-50% of fluids offered, and eat 25-50% or more of foods offered. The goal time dated 7/15/13 indicated it would be three months.		on each resident at least every two weeks and more frequently as determined by current health status. ADON will monitor the 10 and 3 nourishments intake and documentation. 3. Monitor residents with nourishments at 10/3. Names of those with 10/3 orders will be posted on a special diets list for aides easy review and ease of documentation. ADON will monitor and inservice aides on importance of documenting nourishment intakes as ordered to prevent weight loss and indicating the importance of documentation of these nourishments. RD reviews weights every two weeks and will continue on a regular basis. 4. ADON will require aides to provide handwritten documentation of intakes on a daily basis as well as completion of computerized documentation of nourishments. Findings will be documented on the attached form. Of the charts reviewed, the goal will be to have 100% on a daily basis. Should the goal not be reached, the ADON will provide further inservicing and/or one-on-one training as needed. This will be ongoing. Findings will be reviewed in QQA. Should findings indicate there is no longer a problem, this plan of action will discontinue after six months.	

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NAME OF PROVIDER OR SUPPLIER CENTURY VILLA HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 705 N MERIDIAN ST GREENTOWN, IN 46936	

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	The resident's care plan, dated 6/14/13 indicated she had a problem for potential for dehydration related to variable intakes and thickened liquids. The nurses interventions were to encourage fluid intake and weight assessments. The nurses aides interventions were to encourage fluid intake and assist her with taking honey consistency fluids. Dietary interventions were to assess the resident's fluid likes and provide those fluids. They were to encourage fluid intake. The goal dated 7/15/13 indicated the resident would consume 50-75% of her fluids. The goal time dated 7/15/13 indicated it would be 3 months. There was no documentation the supplement was given as ordered as needed from 6/27/13 to 7/18/13. The nourishment was ordered at 10 a.m. and 3 p.m. The July and August 2013 Access Records indicated the supplement was given on the following dates and times: 7/18/13 at 3 p.m. 7/20/13 at 10 a.m. 7/21/13 at 10 a.m. and 3 p.m. 7/22/13 at 3 p.m. 7/23/13 at 10 a.m. and 3 p.m.			

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	7/24/13 at 3 p.m. 7/25/13 at 3 p.m. 7/26/13 at 10 a.m. and 3 p.m. 7/27/13 at 3 p.m. 7/28/13 at 3 p.m. 7/30/13 at 3 p.m. 7/31/13 at 3 p.m. 8/1/13 at 3 p.m. 8/2/13 at 3 p.m. 8/3/13 at 3 p.m. 8/4/13 at 3 P.M. 8/5/13 at 10 a.m. and 3 p.m. 8/6/13 at 10 a.m. and 3 p.m. 8/7/13 at 10 a.m. and 3 p.m. 8/8/13 at 3 p.m. 8/9/13 at 10 a.m. and 3 p.m. The resident's weights were recorded as follows: 6/14/13 (Admission weight)-147 pounds 7/1/13-133 pounds 7/8/13-129 pounds 7/22/13-132 pounds 8/6/13 (Discharge weight)-130 pounds The resident had lost 12% of her weight in 23 days. The dietary notes, on 6/14/13, indicated the resident was offered 1320 milliliters (ml) of fluids from the dietary department.			

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	The dietary notes, on 6/21/13, indicated the resident would need 1675 to 2010 calories per day and 2010 ml of fluid per day. The notes also indicated the resident had consumed greater than 50% at most meals. The dietary notes, on 6/26/13, indicated the daily average of meal intake for the resident was 80% and the daily average of fluid intake was 330 ml.. The dietary notes, on 7/15/13, indicated the daily average of meal intake for the resident was 70% and the daily average of fluid intake was 920 ml. A policy titled "Weight Policy and Procedure" with a revision date of 10/31/13 was provided on 11/22/13 at 10 a.m., by the Assistant Director of Nursing (ADoN). The policy stated,"POLICY: To insure that a resident maintains acceptable parameters of nutritional status to include, but not be limited to, body weight... In addition, residents identified with weight loss will be provided with appropriate nutritional interventions as needed. PROCEDURE: 1. Upon admission, each resident will be weighted daily			

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	for three days...3. Those residents identified as nutritionally at risk will be weighted on a weekly basis unless otherwise indicated by the resident's attending physician. Residents are considered to be at nutritional risk if they are on enteral feedings, have pressure ulcers, have documented evidence of poor intake/appetite, or weight changes as follows: 5% in one month 7% in three months 10% in six months... e. The resident will be placed on the appropriate nutritional program...All supplements will be provided by the dietary department. f. The nursing department will be responsible for documenting the refusal or acceptance of supplements, power products, fluids, meals or protein supplements in the resident's medical and/or meal record...." During an interview on 11/20/13 at 3:30 p.m., the ADoN indicated the dietary department would send the 10 a.m. and 3 p.m., nourishments for the residents, then the aides would pass them out. She indicated the aides were the staff members who documented the amount of nourishment that was consumed by the residents. She also indicated the			

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	resident's a.m. and p.m., nourishments were not all documented as ordered. During an interview on 11/21/13 at 3:00 p.m., the ADoN indicated the nourishment that was sent by the dietary department was a supplement such as, Two Cal, Ensure or Med Pass. During an interview on 11/22/13 at 10:16 a.m., CNA #1 indicated she would pass the nourishments out to the residents on a cart, along with snacks at 10 a.m. She indicated she knew who received nourishments because they were kept in the cafe refrigerator with the resident's name, date they were brought to the refrigerator, and 10 a.m. and 3 p.m., marked on them. She indicated she would stay with the residents while they drank their nourishments to ensure they took all of it and then she would document the amount into the computer. 3.1-46(1)			

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F000334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;			

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	(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.			
	Based on interview and record review, the facility failed to obtain consent for influenza immunizations, prior to administering, for 2 of 5 residents reviewed for influenza immunizations. Findings include: 1. The clinical record for Resident #63 was reviewed on 11/22/13 at 3:17 p.m. The 2013 Immunization documentation record, for Resident #63, indicated she received the flu	F000334	1. Res #63 and #80 - On admission, residents POA signed for no flu vaccine. During flu season, POA was called and received a verbal. Form was not changed. Residents received flu vaccine. 2. All residents were reviewed for appropriate direction regarding immunization, based on current records. 3. A check and balance will be done on each admission with a notebook being kept for reference on resident's desire to receive or not receive immunizations. This will then be compared to orders during flu season. If verbal is given or changed, POA will need to sign a new immunication form. 4. On	12/22/2013

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	vaccine on 10/10/13, to her right deltoid. A form, titled "Consent to Administer Influenza Vaccine" indicated, by an "x" in a box, "No, I do not wish to receive the influenza vaccination." The form was signed by Resident #63's power of attorney (POA), on 8/13/13. A form, titled "Consent to Administer Influenza Vaccine" indicated a verbal consent, to receive the flu vaccine, was provided by Resident #63's power of attorney (POA), on 11/22/13. 2. The clinical record for Resident #80 was reviewed on 11/22/13 at 3:19 p.m. The 2013 Immunization documentation record, for Resident #80, indicated he received the flu vaccine on 10/10/13, to his right deltoid. A form, titled "Consent to Administer Influenza Vaccine" indicated, by an "x" in a box, "No, I do not wish to receive the influenza vaccination." The form was signed by Resident #80's POA, on 8/02/13.		admission, charts are QA'd. Each new admission has standing orders for immunizations unless otherwise notified. If a resident refuses immunizations, the order will be removed. 5. The Charge Nurse and ADON will monitor through QA of charts/orders. During flu season, the notebook will be referenced with the orders for accuracy.	

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	A form, titled "Consent to Administer Influenza Vaccine" indicated a verbal consent, to receive the flu vaccine, was provided by Resident #80's POA, on 11/22/13. The facility's Flu/Pneumonia Vaccines Policy, dated 5/10/10, and provided by the Assistant Director of Nursing (ADoN) on 11/19/13, indicated the following: "All residents will be strongly encouraged to receive the flu vaccine each year. Refusals will be honored as the resident's right and documented as refused." 3.1-13(a)			