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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 04/17/2013 |
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| NAME OF PROVIDER OR SUPPLIER RIVERBEND HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 7519 WINCHESTER RD FORT WAYNE, IN 46819 |
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| F000000 | <p>This visit was for the Investigation of Complaints IN00126247, IN00126272, and IN00126661.</p> <p>Complaint IN00126247 Unsubstantiated.</p> <p>Complaint IN00126272 Unsubstantiated.</p> <p>Complaint IN00126661 Substantiated. Federal/ State deficiencies related to the allegations are cited at F 221.</p> <p>Survey dates: April 14, 15, 16, and 17, 2013</p> <p>Facility number: 000250 Provider number: 155359 AIM number: 100289980</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF/NF: 58 Total: 58</p> | F000000 | <p>This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by The State and Federal law. Date of Compliance 4/30/13.</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>Census payor type:</p> <p>Medicare: 6</p> <p>Medicaid: 42</p> <p>Other: 10</p> <p>Total: 58</p> <p>Sample: 6</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on April 18, 2013 by Randy Fry RN.</p> | | | | |

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| F000221 SS=D | <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on interview and record review, the facility failed to assess and track ability to release a self release belt for 1 of 3 residents reviewed for restraints in a sample of 6. (Resident #R)</p> <p>Findings include:</p> <p>Resident #R's record was reviewed on 4-15-2013 at 11:06 AM. Resident #R's diagnoses included but were not limited to: depression, diabetes, and end stage renal disease.</p> <p>Nurse's notes dated 3-31-2013 at 7:30 PM indicated Resident #R had fallen after getting up from his wheelchair and walking down the hall without assistance.</p> <p>A Fall investigation indicated Resident #R's wheel chair alarm had sounded, then Resident #R was placed in a self release set belt in the wheel chair to prevent unattended ambulation.</p> | F000221 | F 221 Right to be free from physical restraints1. Evaluation of resident #R has been reviewed and assessment completed by staff.2. All residents have the potential to be affected by this alleged deficiency. 3. All new admissions to facility will be assessed upon admission and reviewed weekly times 4 weeks and then monthly times 6 months for compliance by Director of Clinical Service (DCS) or designee.4. The results of restraint assessment audits will be forwarded Risk Management Quality Improvement (RMQI) for further review and recommendation monthly until 100% compliance is acheived. | 04/30/2013 | | | |

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| | <p>Resident #R's care plan dated 3-6-2013 titled fall risk had been updated 3-31-2013 to include application of a self release seat belt while up in wheelchair.</p> <p>A review of Resident #R's record revealed no evaluation of self release belt for safety or ability to release the belt.</p> <p>In an interview on 4-15-2013 at 1:28 PM, the Director of Nursing indicated the fall committee had recommended the self release belt, but there was no evaluation and no tracking Resident #R could release the belt. The Director of Nursing further indicated there should have been some tracking.</p> <p>A current policy dated 3-2012 titled Restraint assessment Implementation Policy provided by the Director of Nursing on 4-15-2013 at 2:35 PM indicated "2. A restraint assessment will be performed by nursing to assess physical, mental, and contributing factors which indicate the need for restraint or enabler."</p> <p>This Federal tag relates to Complaint IN00126661.</p> <p>3.1-26(o)</p> | | | | |

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