

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/24/2012
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NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 LELAND DR HUNTINGBURG, IN 47542
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F0000	<p>This visit was for the Investigation of Complaint IN00102693.</p> <p>Complaint IN00102693 Substantiated, Federal/State deficiencies related to the allegations are cited at F279 and F309.</p> <p>Survey date: January 24, 2012</p> <p>Facility number: 000122 Provider number: 155217 AIM number: 100290560</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 14 Medicaid: 43 Other: 15 Total: 72</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 1/27/12</p>	F0000	<p>Preparation and or execution of This plan of correction in general Or this corrective action does not constitute an admission or agreement by this facility of the facts alledged or conclusion set forth in this statement of deficiencies. The plan of correction and specific corrective actions are set forth in compliance with state and federal laws. This facility is requesting a desk review of compliance for this plan of correction.</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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	Cathy Emswiller RN			
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F0279 SS=D	<p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to ensure a care plan regarding the use of Coumadin [blood thinner] was developed, for 1 of 3 residents reviewed for Coumadin usage, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>1. On 1/24/12 at 9:40 A.M., during interview with the Director of Nursing [DON], she indicated Resident A had been on Coumadin, had her blood drawn, and "bled out." The DON indicated her "whole arm" was bruised.</p> <p>On 1/24/12 at 10:00 A.M., the DON</p>	F0279	F279 It is the intent of this facility to provide a plan of care for residents using Coumadin Action Taken Resident A has a plan of care in place for the use of Coumadin Others Identified 100% audit completed and no other residents on Coumadin was identified Measures Taken Nursing staff was inserviced on placement of care plans. How Monitored 1. DON/Designee will complete a admission audit within 24 hours of admission. Care plans will be reviewed quarterly or with significant changes for residents on Coumadin. 2. The IDT will review the audit in the daily stand up meeting. 3. The CEO/Designee will review these	02/08/2012			

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	<p>provided an "Incident Report Form," sent to the Indiana State Department of Health. The form included: "...Brief Description of Incident: Lab draw was obtained on resident which caused a hematoma [raised bruise]. Resident is on Coumadin and discoloration has become large in nature...Informed on 1/6/12 re: large area of skin discoloration to Right forearm measuring to start on 1/12/12 when initially found 8 cm [centimeters] round to measurement today 23 x 10 below elbow and 10 x 7 above elbow...[Name] over [hospital] lab called me back re: incident and I talked to him about the importance of extra precautions on residents receiving Coumadin/blood thinners."</p> <p>The clinical record of Resident A was reviewed on 1/24/12 at 10:05 A.M. Diagnoses included, but were not limited to, Atrial Fibrillation.</p> <p>A hospital history and physical, dated 1/3/12, indicated, "...She is amendable to taking Coumadin again. She does have a higher fall risk. She does have anemia. We will have to watch her closely. Potentially we could try one month and get her off...."</p> <p>The resident was readmitted to the facility on 1/9/12 following hospitalization. A</p>		<p>audits as completed. All audits will be reviewed in the quarterly QA meeting with the Medical Director.</p>	

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	<p>hospital transfer sheet, dated 1/9/12, indicated, "...Coumadin 1 mg po [by mouth] on Sun [Sunday]-Mon [Monday] -Wed [Wednesday]-Friday, Coumadin 1.5 mg po on Tues [Tuesday]-Thurs [Thursday]-Sat [Saturday]...PT/INR [lab work] on Thursday 1/12...Current Patient Status; Narrative History: Patient came in with atrial tachycardia...Pt [patient] started on Coumadin [and] will treat afib [atrial fibrillation] medically instead of cardioversion...."</p> <p>Nurses Notes included the following notations:</p> <p>1/12/12 at 6:50 A.M.: "Blood drawn (R) [right] AC [antecubital] per lab for PT/INR...."</p> <p>1/12/12 at 3:40 P.M.: "Reported by Resident raised area to [right] FA [forearm]. When assessed area, noted large raised [sic] to (R) FA about 8 cm [centimeters] round. Area is hard. Half of raised area slightly pink et [and] warm. Resident states it is tender when touched. MD has been notified of area."</p> <p>1/12/12 at 7:45 P.M.: "...reassessed res. [resident] [right] FA noted area to [right] FA was bigger in size et area had [changed] color it was purple/blue. Raised area was warm to touch...Resident states</p>			
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	<p>it itches et hurts."</p> <p>1/12/12 at 8:10 P.M.: "...MD reviewed Coumadin dosages et ordered to hold Coumadin et to apply ice to [right] FA et treat pain [with] pain med as needed..."</p> <p>A Physician's progress note, dated 1/13/12 at 6:00 P.M., indicated, "Called to see pt for large swollen area [right] arm...New hematoma [raised bruise] [right] forearm...bruising from mid upper arm to mid forearm...."</p> <p>An interim care plan, undated, was observed in the clinical record. A care plan regarding the administration of Coumadin was lacking in the clinical record.</p> <p>On 1/24/12 at 11:00 A.M., Resident A was observed sitting in the therapy room. Resident A's arm was assessed; dark purple bruising was observed from the top of the arm down through the forearm. A large, knot-like area was observed in the inner elbow area. Resident A indicated the area was not sore anymore, but that it "itched."</p> <p>On 1/24/12 at 11:50 A.M., during interview with the DON, she indicated the interim care plan would have been developed on 1/9/12 when the resident</p>			
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	<p>was readmitted to the facility. The DON indicated the nurse performing the readmission should have written a care plan for the Coumadin use on the interim care plan.</p> <p>2. On 1/24/12 at 3:00 P.M., the Administrator provided the current facility policy on Care Plans, dated 7/1/11. The policy included: "It is the intent of the facility that each resident will have a plan of care to identify problems, needs and strengths that will identify how the interdisciplinary team will provide care...The Initial Care Plan will be completed as soon as possible after admission...."</p> <p>This federal tag relates to Complaint IN00102693.</p> <p>3.1-35(a)</p>				

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F0309 SS=D	<p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to assess a resident timely who was recently started on Coumadin [a blood thinner] for bruising following a lab draw, for 1 of 3 residents on Coumadin, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>On 1/24/12 at 9:40 A.M., during interview with the Director of Nursing [DON], she indicated Resident A had been on Coumadin, had her blood drawn, and "bled out." The DON indicated her "whole arm" was bruised.</p> <p>On 1/24/12 at 10:00 A.M., the DON provided an "Incident Report Form," sent to the Indiana State Department of Health. The form included: "...Brief Description of Incident: Lab draw was obtained on resident which caused a hematoma [raised bruise]. Resident is on Coumadin and discoloration has become large in nature...Informed on 1/6/12 re: large area of skin discoloration to Right forearm measuring to start on 1/12/12 when</p>	F0309	<p>It is the intent of this facility to assess all residents on Coumadin in a timely manner following a lab draw, for bruising and/or discoloration to lab draw site. Action Taken a. In regards to resident A, the MD was notified and orders were received and noted. Others Identified a. This could potentially affect all residents receiving Coumadin. Measures Taken a.All nursing staff in-serviced on lab draws for residents receiving Coumadin therapy in regards to assessing/monitoring the lab stick site following lab draws; notifying the MD in a timely manner; notifying the nurse of identified areas as found; and appropriate documentation of any discoloration on the skin monitoring sheet; day of lab draws resident will be added to the 24 hour report to monitor site every 2 hours w/rounds for any discoloration/bruising. How Monitored a. DON/Designee will monitor 24 hour report Daily x 2 weeks; then 3 times a week for 2 weeks; then weekly thereafter for compliance. b. CEO/Designee will review/audit 24 hour report daily in QA stand up meeting; results will be monitored monthly in QA</p>	02/08/2012			

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	<p>initially found 8 cm [centimeters] round to measurement today 23 x 10 below elbow and 10 x 7 above elbow...[Name] over [hospital] lab called me back re: incident and I talked to him about the importance of extra precautions on residents receiving Coumadin/blood thinners."</p> <p>The clinical record of Resident A was reviewed on 1/24/12 at 10:05 A.M. Diagnoses included, but were not limited to, Atrial Fibrillation.</p> <p>A hospital history and physical, dated 1/3/12, indicated, "...She is amendable to taking Coumadin again. She does have a higher fall risk. She does have anemia. We will have to watch her closely. Potentially we could try one month and get her off..."</p> <p>The resident was readmitted to the facility on 1/9/12 following hospitalization. A hospital transfer sheet, dated 1/9/12, indicated, "...Coumadin 1 mg po [by mouth] on Sun [Sunday]-Mon [Monday] -Wed [Wednesday]-Friday, Coumadin 1.5 mg po on Tues [Tuesday]-Thurs [Thursday]-Sat [Saturday]...PT/INR [lab work] on Thursday 1/12...Current Patient Status; Narrative History: Patient came in with atrial tachycardia...Pt [patient] started on Coumadin [and] will treat afib</p>		<p>meeting with IDT team. c. Results will be reviewed with Medical Director quarterly in QA meeting. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>	

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	<p>[atrial fibrillation] medically instead of cardioversion...."</p> <p>Nurses Notes included the following notations:</p> <p>1/12/12 at 6:50 A.M.: "Blood drawn (R) [right] AC [anticubital] per lab for PT/INR...."</p> <p>1/12/12 at 3:40 P.M.: "Reported by Resident raised area to [right] FA [forearm]. When assessed area, noted large raised [sic] to (R) FA about 8 cm [centimeters] round. Area is hard. Half of raised area slightly pink et [and] warm. Resident states it is tender when touched. MD has been notified of area."</p> <p>1/12/12 at 7:45 P.M.: "...reassessed res. [resident] [right] FA noted area to [right] FA was bigger in size et area had [changed] color it was purple/blue. Raised area was warm to touch...Resident states it itches et hurts."</p> <p>1/12/12 at 8:10 P.M.: "...MD reviewed Coumadin dosages et ordered to hold Coumadin et to apply ice to [right] FA et treat pain [with] pain med as needed...."</p> <p>A Physician's progress note, dated 1/13/12 at 6:00 P.M., indicated, "Called to see pt for large swollen area [right]</p>			
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	<p>arm...New hematoma [raised bruise] [right] forearm...bruising from mid upper arm to mid forearm...."</p> <p>A care plan regarding the administration of Coumadin was lacking in the clinical record.</p> <p>On 1/24/12 at 11:00 A.M., Resident A was observed sitting in the therapy room. Resident A's arm was assessed; dark purple bruising was observed from the top of the arm down through the forearm. A large, knot-like area was observed in the inner elbow area. Resident A indicated the area was not sore anymore, but that it "itched."</p> <p>On 1/24/12 at 2:00 P.M., during interview with the DON, she indicated the use of Coumadin was not on the CNA assignment sheets. She indicated that staff do not write if a resident is on Coumadin on a lab requisition, but that "lab techs should know if a resident is having a PT/INR drawn, the resident would be on Coumadin." The DON indicated she would remind her nurses to assess the area where blood was drawn on residents who receive Coumadin.</p> <p>This federal tag relates to Complaint IN00102693.</p>				

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