

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/23/2014
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NAME OF PROVIDER OR SUPPLIER ARBORS AT MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360
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F000000	<p>This visit was for the Investigation of Complaint IN00157890.</p> <p>Complaint IN00157890- Substantiated. Federal/State deficiencies related to the allegations are cited at F-157 and F-309.</p> <p>Survey date: October 23, 2014</p> <p>Facility number: 000076 Provider number: 155156 AIM number: 100271060</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: SNF: 23 SNF/NF: 114 Total: 137</p> <p>Census payor type: Medicare: 23 Medicaid: 98 Other: 16 Total: 137</p> <p>Sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC</p>	F000000		
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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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F000157 SS=D	<p>16.2-3.1</p> <p>Quality review completed on October 24, 2014, by Janelyn Kulik, RN.</p> <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</p>			

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	<p>the resident's legal representative or interested family member.</p> <p>Based on observation, record review, and interview the facility failed to ensure the Physician was notified of a change in the status of a blister for 1 of 3 residents reviewed for injuries in the sample of 7. (Resident #F)</p> <p>Findings include:</p> <p>On 10/23/14 at 1:55 p.m., Resident #F was observed sitting in a Broad chair in the lounge area across from the Nurses' Station. The resident's right hand was assessed by LPN #1. There was a dark scabbed area approximately 0.2 cm (centimeters) in diameter to the resident's right index finger tip. The skin around the scab was dry and flaking.</p> <p>The record for Resident #F was reviewed on 10/23/14 at 9:30 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure, cellulitis, diabetes mellitus, edema, chronic kidney disease, and paralysis agitans (Parkinson's Disease).</p> <p>The 9/2014 Physician orders were reviewed. An order was written on 9/21/14 to monitor the blister to the right index finger and notify the Physician if there was pain or the blister opened. An</p>	F000157	<p>F 157 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: Physician was notified of occurrence. Family was already aware of occurrence. 2) How the facility identified other residents: An audit was completed of residents with current skin conditions to ensure physician was notified, and treatment orders were obtained for new or worsening skin condition as appropriate. 3) Measures put into place/ System changes: Licensed nurses will be re-educated regarding policy for notification of family and physician with change in condition, including new and/or worsening skin conditions. (Copies attached) 4) How the corrective actions will be monitored: Facility will audit at least 5 resident records per week</p>	11/22/2014			

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	<p>order was written on 9/27/14 to cleanse the right index finger open blister with normal saline, apply Bactroban (an antibiotic ointment) topically, and cover with a dry dressing daily.</p> <p>The 9/2014 Nursing Progress Notes were reviewed. An entry made on 9/21/14 at 8:03 p.m. indicated the Nurse was checking the resident's blood sugar level and observed a blister on his index finger. The resident voiced he spilled coffee on his finger at meal time. The resident voiced it did not hurt at all anymore.</p> <p>A "Skin/Feet" assessment form was completed on 9/21/14 at 7:57 p.m. The assessment indicated the area was a "burn" and a blister was present to the right index finger.</p> <p>A Follow-up Skin Impairment Circumstance form was completed on 9/23/14 at 6:00 p.m. The form indicated the blister had opened. The form also indicated the area was covered with a band-aid. There was no documentation of Physician notification of the blister opening.</p> <p>The 9/2014 Treatment Administration Record was reviewed. The treatment to monitor the right index finger blister and notify the Physician if the area opened</p>		<p>with change of condition, including new and/or worsening to ensure physician was notified and orders carried out as indicated. (Skin condition audit tool attached) The Director of Nursing will be responsible for oversight of these audits. The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: 11-22-14</p>		

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	<p>was signed out as completed at 9:00 a.m. daily from 9/22/14 through 9/27/14. The treatment to cleanse the right index finger blister with normal saline, apply Bactroban ointment, and cover with a dressing daily was signed out daily from 9/28/14 through 9/30/14.</p> <p>When interviewed on 10/23/14 at 2:00 p.m., the Director of Nursing indicated the blister to the right index finger opened on 9/23/14 and no new treatments were put in place. The staff continued to follow the order to monitor the blister after the area opened. The Director of Nursing indicated the Physician should have been notified when the blister opened to determine if a new treatment was needed.</p> <p>The facility policy titled "Physician Notification Guidelines" was reviewed on 10/23/14 at 3:30 p.m. The policy was dated 12/6/2007. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated the Physician was to be made aware of changes in the resident's condition. The policy also indicated attempts to notify the Physician and their response were to be documented in the residents record.</p> <p>This Federal tag relates to Complaint</p>			

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F000309 SS=D	<p>IN00157890.</p> <p>3.1-5(a)(3)</p> <p>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.</p> <p>Based on observation, record review, and interview, the facility failed to provide the necessary treatment and services for a change in a blister sustained from a burn for 1 of 3 residents reviewed for injuries in the sample of 7. (Resident #F)</p> <p>Findings include:</p> <p>On 10/23/14 at 1:55 p.m., Resident #F was observed sitting in a Broad chair in the lounge area across from the Nurses' Station. The resident's right hand was assessed by LPN #1. There was a dark scabbed area approximately 0.2 cm (centimeters) in diameter to the resident's right index finger tip. The skin around the scab was dry and flaking.</p> <p>The record for Resident #F was reviewed</p>	F000309	<p>F 309 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: Resident in question had a complete head to toe skin assessment performed. This resident is being followed by wound specialist for existing areas to bilateral lower extremities. No referrals or orders</p>	11/22/2014			

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	<p>on 10/23/14 at 9:30 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure, cellulitis, diabetes mellitus, edema, chronic kidney disease, and paralysis agitans (Parkinson's Disease).</p> <p>Review of the 10/1/14 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (13). A score of (13) indicated the resident's cognitive patterns were intact. The assessment also indicated the resident required supervision for eating.</p> <p>The 9/2014 Physician orders were reviewed. An order was written on 9/21/4 to monitor the blister to the right index finger and notify the Physician if there was pain or if the blister opened. An order was written on 9/27/14 to cleanse the right index finger open blister with normal saline, apply Bactroban (an antibiotic ointment) topically, and cover with a dry dressing daily.</p> <p>The 9/2014 Nursing Progress Notes were reviewed. An entry made on 9/21/14 at 8:03 p.m. indicated the Nurse was checking the resident's blood sugar level and observed a blister on his index finger. The resident voiced he spilled coffee on his finger at meal time. The resident</p>		<p>needed at present. 2) How the facility identified other residents: An audit was completed of residents with current skin conditions to ensure physician was notified, and treatment orders were obtained for new or worsening skin condition as appropriate.</p> <p>3) Measures put into place/System changes: Licensed nurses will be re-educated regarding wound treatment and physician notification of new and or worsening wound status and change in condition. (Copies attached) 4) How the corrective actions will be monitored: Facility will review documentation of at least 5 residents per week with new and/or worsening wounds or skin condition to ensure physician was notified of any condition requiring treatment change. (Skin condition audit tool attached) The Director of Nursing will be responsible for oversight of these audits. The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 months, then quarterly x1 for a total of 6 months. 5) Date of compliance: 11/22/14</p>				

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	<p>voiced it did not hurt at all anymore.</p> <p>A "Skin/Feet" assessment form was completed on 9/21/14 at 7:57 p.m. The assessment indicated the area was a "burn" and a blister was present to the right index finger.</p> <p>A Follow-up Skin Impairment Circumstance form was completed on 9/23/14 at 6:00 p.m. The form indicated the blister had opened. The form also indicated the area was covered with a band-aid. There was no documentation of the Physician notification of the blister opening.</p> <p>Review of a 9/27/14 Skin Impairment Circumstance form indicated the resident bit the skin off of the right index finger blister area at 4:00 p.m. The Physician was notified and new treatment orders were received.</p> <p>The 9/2014 Treatment Administration Record was reviewed. The treatment to monitor the right index finger blister and notify the Physician if the area opened was signed out as completed at 9:00 a.m. daily from 9/22/14 through 9/27/14. The treatment to cleanse the right index finger blister with normal saline, apply Bactroban ointment, and cover with a dressing daily was signed out day from</p>			

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	<p>9/28/14 through 9/30/14.</p> <p>When interviewed on 10/23/14 at 2:00 p.m., the Director of Nursing indicated the blister to the right index finger opened on 9/23/14 and no new treatments were put in place. The staff continued to follow the order to monitor the blister after the area opened. The Director of Nursing indicated the Physician should have been notified when the blister opened to determine if a new treatment was needed.</p> <p>This Federal tag relates to Complaint IN00157890.</p> <p>3.1-37(a)</p>				