STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155245	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/01/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLETON HEALTH CARE CENTER	7630 E 86TH ST INDIANAPOLIS, IN 46256

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F000000	This visit was for the Investigation of Complaint IN00150247. Complaint IN00150247 substantiated. Deficiencies related to the allegations are cited at F309. Survey dates: June 30, July 1 2014 Facility number 000149 Provider number 155245 AIM number 100266840 Survey team: Chuck Stevenson RN Census bed type: SNF/NF: 53 Total: 53 Census payor type: Medicare: 5 Medicaid: 38 Other: 10 Total: 53 Sample: 3 These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.3-1. Quality review completed on July 1, 2014	F000000	Submission of this Plan of Correction shall not constituteor be construed as an admission by Castleton Health Care Center that theallegations contained in the survey report are accurate or reflect accuratelythe provisions of nursing care and services to the residents of CastletonHealth Care Center.	

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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	by Cheryl Fielden, RN.			
F000309 SS=G	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 record review and interview, the facility failed to ensure staff followed policy and procedure in the appropriate and safe use of a mechanical lift, resulting in a resident being dropped to the floor with subsequent injury (a fractured left humerus; upper arm bone) and subsequent disability and pain. 1 resident of 3 (Resident #B) reviewed for mechanical lift use. Findings include: The record of Resident #B was reviewed on 6/30/14 at 1:00 P.M. Diagnoses included, but were not limited to, a history of intra-cranial hemorrhage (stroke), dysphagia (difficulty swallowing), hypertension, and left sided hemiparesis (weakness.) Resident #B's	F000309	**Resident B isrecovering from her injury without complication. Her pain has been well controlled. She describes her pain as a "0" on thenumeric scale, which is at her goal level. She describes that her pain level has improved significantly.** **No other resident inthe facility was affected by the listed deficiency.** **All CNAs wereinserviced and demonstrated competency of a mechanical lift transfer after theincident occurred on 6/1/14. All newhires will be competency checked on mechanical lift transfers. Completed 6/4/14.**	07/31/2014

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	record indicated she was her own responsible person. A Quarterly Minimum Data Set (M.D.S.) assessment dated 5/02/14 indicated Resident #B was totally dependent on staff for assistance with bed mobility, transfers, and bathing, did not ambulate, and had impaired mobility on one side in both upper and lower extremities. A physical therapy "Plan of Treatment" dated 4/09/14 indicated "Transfers: Pt (patient) is (brand name of mechanical lift) transfer." A CNA assignment sheet received from the Director of Nursing (D.O.N.) on 6/30/14 at 2:45 p.m., and indicated to have been current on 6/01/14 indicated Resident #B was to be transferred using a mechanical lift. Progress notes for Resident #B indicated: 6/01/14 2:20 P.M., "CNA came to nurses station notified Resident (Resident #B) was on floor. Two CNA were trying transfer (sic) Resident from chair to bed (symbol for "with") (brand name of mechanical lift)...sling came off. Resident slid to floor. Resident landed on floor on her left side of body...Resident stated 'Denied hit the head to floor (sic) but		**An audit has beencompleted by the D.O.N. and A.D.O.N. to identify all residents who utilize amechanical lift for transfers. Completed6/4/14.** **Mechanical lift transfers will be observed onthree residents from the audit, twice weekly until there are four consecutiveweeks without negative findings. Additionally,there will a mechanical lift transfer observed each month for five moremonths. Completion 7/31/14. Any negative observations will be corrected immediatelywith staff education/disciplinary action 1:1. Negative observations will be reported to the QA Committee weekly by theD.O.N. for additional action. All newhires will be checked off on transfer competency during orientation. Completion 7/31/14 and ongoing.** **An audit of theresidents who receive routine and/or prn pain medication will be completed bythe D.O.N./A.D.O.N. with a pain goal included. Completed 7/31/14. Theseresidents will have their pain level recorded once daily on the MAR using theNumeric Scale. If any of these residentsare unable to verbalize their pain level, then**	

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	(symbol for "left") side face, arm, leg hurting.' Called 911 for transportation. Resident fell 11:30 call 911 11:35 pm. Called Dr...received order for send hospital (sic) for fall evolve (sic). 911 transportation arrived to building 11:40 transported to (acute care hospital)..." 6/01/14 4:30 P.M. "Returned from ER (Emergency Room) via ambulance... (symbol for "left") arm was in a sling (symbol for "secondary to") (symbol for "left") humerus fx (fracture)..." 6/01/14 4:45 P.M. "Given 10/325 (milligrams) (brand name, combination hydrocodone and acetaminophen; pain reliever), ibuprofen 600 mg (milligrams)...to relieve pain 10/10." (Pain rated as a "ten" on a scale of one to ten, with ten being the highest possible pain rating). 6/01/14 9:00 P.M. "Given (brand name; combination hydrocodone and acetaminophen; pain reliever), for pain 7/10..." 6/02/14 1:30 A.M. "Resident given (name brand, combination hydrocodone and acetaminophen; pain reliever), for pain to left arm...Resident stated pain at 6/10..."		**the FLACC Scale will be used toassess pain. Completed 7/31/14 andongoing.** **Residents with a painscore of 4 to 7 twice in a seven day period or one score of 8, 9, or 10 will bereported to the physician for possible treatment adjustment. The D.O.N./A.D.O.N. will review thedocumentation of pain scores five days a week for two weeks, then weekly untilthere are four consecutive weeks of no negative findings. The D.O.N. will report to the QA Committeeweekly any negative findings. TheAdministrator will determine if any additional action is needed. Completed 7/31/14 and ongoing.**	

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	6/03/14 10:30 A.M. "Res (resident) C/O (complains of) that pain regamin (sic) not working...new orders for (brand name, combination hydrocodone and acetaminophen; pain reliever), noted..." 6/06/14 4:35 P.M. "...Resident C/O (symbol for "left") shoulder pain and that it's severe..." 6/09/14 5:00 A.M. "Resident C/O left shoulder pain, states that her pain is severe..." 6/18/14 (no time noted) "Resident requested 2 (brand name, combination hydrocodone and acetaminophen; pain reliever)..." A hospital X-Ray report for Resident #B dated 6/01/14 indicated "Transverse fracture of the surgical neck of the proximal humerus." (A fracture across the bone of the upper arm, closest to the shoulder.) Resident #B was interviewed on 6/30/14 at 11:30 A.M. She was alert, oriented, and cooperative. She indicated that during a transfer from a chair to her bed, using a mechanical lift, "They dropped me. It wasn't hooked up right. I landed on my arm and it broke. It was very painful then and it still hurts now."			

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	During an interview with the Administrator on 6/30/14 at 11:20 A.M., he indicated that the facility had investigated Resident #B's accident and injuries of 6/01/14, and that the 2 CNAs involved in the incident did not follow facility policy and procedure to ensure safe use of the mechanical lift, resulting in Resident #B being dropped to the floor and suffering a fractured left upper arm. During an interview with the Administrator on 6/30/14 at 2:30 P.M., he indicated facility security video identified CNA #1 and CNA #2 entering Resident #B's room together just before the incident of 6/01/14. The Administrator indicated during the above interview that he had interviewed CNA #1 on 6/02/14, and she had refused to accept any responsibility for the incident involving Resident #B, and that she was no longer employed by the facility. A "Disciplinary Warning Notice" for CNA #1 dated 6/04/14 indicated: "Warning For: Failure to obey safety rules. Offenses: Final warning.			

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	Disposition: Report to supervisor's office for conference. Remarks: Failure to properly place (brand name of mechanical lift) pad straps-resulting in a fall with a fracture." The "Disciplinary Warning Notice" indicated that CNA #1 had declined to sign it. The Administrator indicated during the above interview that he had interviewed CNA #2 on 6/03/14, and she had accepted responsibility for the incident involving Resident #B, and that she stated "I didn't do my job. I should have checked the sling to make sure it was on right." The Administrator indicated CNA #2 had been counseled, received retraining in mechanical lift use, and continued to work in the facility. A "Disciplinary Warning Notice" for CNA #2 dated 6/06/14 indicated: "Warning For: Failure to obey safety rules. Offenses: Final warning. Disposition: Report to supervisor's office for conference.			

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	Remarks: Failure to properly place (brand name of mechanical lift) pad straps-resulting in a fall with a fracture." CNA #2 signed the "Disciplinary Warning Notice" without comment. An undated facility policy received from the Administrator on 6/30/14 at 10:00 A.M., and titled with the brand name of the mechanical lift in use in the facility indicated: "Purpose: A (brand name of mechanical lift) enables nursing personnel to lift and transfer a Resident to and from bed as safely and as easily as possible. Policy: A (name brand of mechanical lift) is to be used for Residents who are too heavy to move by yourself or who are seriously disabled. A (name brand of mechanical lift) is never to be used without two (2) staff members present." This federal tag relates to Complaint IN00150247. 3.1-37(a)			