

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155126	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/11/2015
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NAME OF PROVIDER OR SUPPLIER SPRINGS VALLEY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 457 S SR 145 FRENCH LICK, IN 47432
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00176354 and IN00177393.</p> <p>Complaint IN00176354 Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00177393 Substantiated. Federal deficiencies cited at F323.</p> <p>Survey dates August: 11, 2015</p> <p>Facility number: 000054 Provider number: 155126 AIM number: 100287850</p> <p>Census bed type: SNF/NF: 69 Total: 69</p> <p>Census payor type: Medicare: 12 Medicaid: 43 Other: 14 Total: 69</p> <p>Sample: 3</p> <p>These deficiency reflect state findings cited in accordance with 410 IAC 16.2.-3.1.</p>	F 0000	<p>"This plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report." Please find attached additional information to support the submitted plan of correction, including the re-education completed in preparation and implementation of the plan of correction. We are requesting a desk review. Please feel free to contact Stacy Burton HFA, should you need any additional information to support the desk review at 812-936-9991 Thank you for your consideration</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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F 0323 SS=D Bldg. 00	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure services were provided to prevent accidents for a cognitively impaired, dependent resident resulting in a fall during a transfer with a mechanical lift, for 1 of 3 residents who met the criteria for review of accidents. (Resident D)</p> <p>Findings include:</p> <p>On 8/11/15 at 10:00 A.M., during initial tour Resident D was observed lying in bed with eyes closed and in no apparent distress. At that time the ADON (Assistant Director of Nursing) provided the CNA assignment sheet it included, but was not limited to, " Mobility Transfers... ..AIDS" for Resident D was listed as "A2ML" [assist 2 mechanical</p>	F 0323	<p>The IDT completed a re-assessment of Resident D's CarePlans to reflect the Residents current status and matched Resident D's Certified Nursing Assistant Assignment Sheets to also reflect the current status of Resident D. A one time review of the current Resident population has been completed to ensure that the Resident Care Plans are reflective of the Residents as well as the Certified Nursing Assistant Assignment Sheets. Licensed Nursing Personnel have been re-educated on the Lift Skills Validation and the Supervisory Nurses will be responsible to observe 2 Certified Nursing Assistants per shift, 1 on each unit, for transfer techniques with usage of the mechanical lift. Observations will continue until each Certified Nursing Assistant has been observed and</p>	09/10/2015

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	<p>lift] highlighted in gray on the sheet. During an interview the ADON indicated Resident D required use of a mechanical lift with assistance of two staff members for transfers. The ADON further indicated he/she did not know why the transfer status for Resident D was highlighted and no others were highlighted.</p> <p>The clinical record for Resident D was reviewed on 8/11/15 at 11:05 A.M., diagnoses included, but were not limited to Alzheimer's and cerebral vascular accident, hemiplegia, and hypertension.</p> <p>A Minimum Data Set assessment (MDS) dated 7/27/15 indicated Resident D had a Brief Interview for Mental status (BIMS) score of 6, indicating he is severely cognitively impaired. The MDS further indicated Resident D required extensive assistance of two persons for bed mobility, transfers, dressing and toilet use, unable to maintain balance during surface to surface transfers and experienced limited range of motion (ROM) on one side of his/her body.</p> <p>The nursing notes included, but was not limited to, 7/3/15 at 7:30 P.M., Resident D had experienced a fall " ...during hoyer transfer... ..This nurse entered room to see Rsd [Resident] laying on floor ...</p>		<p>is successful per the Skills Validation. Observations will continue daily across shifts for 4weeks, 3 times across shifts weekly for 4 weeks and then weekly across shiftsfor 10 weeks, monthly for 3 months and then quarterly for 2quarters. Any noted non compliance willresult in 1:1 re-education, disciplinary action as deemed necessary up to andincluding termination.</p> <p>The HealthFacility Administrator / Designee will be responsible to review the results ofthe auditing as per the schedule identified above. Results of the reviews will be forwarded tothe Quality Performance Improvement Committee monthly for 6 months and thenquarterly for 2 quarters. Any furtheraction will be determined by the QAPI Committee. If 100% compliance is notachieved an action plan will be developed.</p>	

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	<p>...Rsd noted to be laying between two beds in room. Rsd is still laying [sic] on hoyer pad [with] lift attached to pad. L [lift] was laying on its left side [with] one end of hoyer laying on Rsd bed. et [and] the other end still attached to hoyer pad ... "</p> <p>The note further indicated, " ... CNA's [Certified Nursing Assistants] informed this nurse that they were attempting to transfer RSD when fall had occurred. CNA ' s stated "Rsd so that he would be in the Right [sic] position the hoyer lift shifted et started falling to the left sideRsd then started to c/o [complain of] L [left] hip/leg pain N/O [new order] to send Rsd to ER [Emergency Room] for eval [evaluation] et tx [treatment] ... "</p> <p>A physician telephone order dated 7/7/15 included, but was not limited to, " ...Res [resident] to transfer via mechanical lift [with] 3 staff - nurse included ... "</p> <p>The care plans include but were not limited to a care plan titled " FALL/INJURY ASSESSMENT: PREVENTION AND MANAGEMENT PLAN OF CARE " initiated 6/25/15. Interventions included, but were not limited to, " ...TRANSFER: 2 A [2 assist] Device: mech [mechanical] liftSUPERVISION: nurse to be in room when Rsd transfers via mechanical</p>			
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	<p>lift 7/3/15 ... "</p> <p>The care plan was not updated to reflect the physician order on 7/7/15 using three employees to transfer with a mechanical lift.</p> <p>During an interview on 8/11/15 at 1:50 P.M., the Director of Nursing (DON) indicated CNA #3 (no longer employed at the facility) and CNA #6 were transferring Resident D from a geri chair back to bed on 7/3/15 at approximately 7:30 P.M., when the lift became unsteady and tipped over. The DON indicated Resident D was sent to the hospital due to complaints of hip pain and found to have no fractures. The DON further indicated the lift was taken out of commission until it was inspected and found to be in working order, staff members were in serviced on proper transfer techniques and Resident D was made a 3 assist for transfers for safety.</p> <p>During an interview on 8/11/15 at 2:10 P.M., CNA #6 indicated on 7/3/15 at while assisting CNA #3 to transfer Resident D back to bed using a hooyer lift. CNA #6 indicated Resident D was lifted up from the chair and his/her feet were noted to be on the wrong side of the lift bar, CNA #6 indicated CNA #3 pulled back on the lift sling in an attempt to get Resident D ' s feet to the opposite side of</p>			
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	<p>the lift bar and the lift lost balance and tipped over and Resident D fell to the floor. CNA #6 indicated to know the transfer needs of a resident he/she would review the CNA assignment sheets. CNA #6 indicated Resident D was still a 2 assist with a mechanical lift for transfers.</p> <p>During an interview on 8/12/15 at 3:00 P.M., the DON indicated the CNA assignment sheet did not reflect the current orders for 3 assist for Resident D. The DON further indicated the assignment sheet would need to be updated.</p> <p>The facility provided the manufacturers instructions for the lift on 8/11/15 at 3:20 P.M., by the DON, it included but was not limited to, " ...When the sling is elevated a few inches off the surface of the bed and before moving the patient, check again to make sure that the sling is properly connected to the hooks of the swivel bar. If any attachments are NOT properly in place, lower the patient back onto the stationary surface and correct this problem -otherwise, injury or damages may occurAdjustments for safety and comfort should be made before moving the patientThe legs of the lift must be in the maximum open position and the shifter handle locked in place for optimum stability and safety ...</p>			

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	<p>" The instructions continued to include "</p> <p>5. When moving the patient lift ...</p> <p>...turns the patient so that he/she faces assistant operating the patient lift6.</p> <p>Press the DOWN [sign for down arrow] button (electric) lowering patient so that his feet rest on the base of the lift, straddling the mast ... "</p> <p>During an interview on 8/11/15 at 4:35 P.M., the DON indicated the facility realized it was operator error that had caused the fall and staff had been in serviced and they were currently working on a plan of correction for lift use.</p> <p>This Federal tag relates to Complaint IN00177393.</p> <p>3.1-45(a)(2)</p>			