| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155160 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | (X3) DATE SURVEY COMPLETED 03/06/2014 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| STONEBROOKE REHABILITATION CENTRE & SUITES | 990 N 16TH ST<br>NEW CASTLE, IN 47362 |

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| F000000 | This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00144362 & IN00144577.<br><br>Complaint number IN00144362-Unsubstantiated due to lack of sufficient evidence.<br>Complaint number - IN00144577-Unsubstantiated due to lack of sufficient evidence.<br><br>Survey dates: February 26, 27, 28, March 3, 4, 5 & 6, 2014<br><br>Facility number: 000080<br>Provider number: 155160<br>AIM number: 100289330<br><br>Survey team:<br>Leslie Parrett, RN-TC<br>Angel Tomlinson, RN<br>Barbara Gray, RN<br><br>Census bed type:<br>SNF: 10<br>SNF/NF: 87<br>Total: 97<br><br>Census payor type:<br>Medicare: 15<br>Medicaid: 67 | F000000 | | |

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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| | Other: 15<br>Total: 97<br><br>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.<br><br>Quality Review completed on March 12, 2014, by Janelyn Kulik, RN. | | | |
| F000282<br>SS=D | 483.20(k)(3)(ii)<br>SERVICES BY QUALIFIED PERSONS/PER CARE PLAN<br>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.<br>Based on observation, interview, and record review, the facility failed to follow a resident's physician order to provide a bed alarm and failed to follow a resident's plan of care to provide a bed alarm and call light, for 1 of 15 residents reviewed for physician's orders and plan of care. (Resident #45)<br><br>Findings include:<br><br>Resident #45's record was reviewed on 3/4/14 at 8:58 A.M. The | F000282 | Please find enclosed a plan of correction from our annual survey conducted February 26,2014 thru March 6,2014. We respectfully request a desk review and paper compliance in this matter. Thank you for your consideration. 1) what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident #45 was not affected by this alleged deficient practice. Resident #45 has bed alarm in place per plan of care and physician order. The call light for resident #45 is in place. 2) how | 03/24/2014 |

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| | resident's diagnoses included, but were not limited to, rheumatoid arthritis and nonpsychotic psychosis.<br><br>Resident #45's Admission Minimum Data Set (MDS) Assessment dated 12/20/13, indicated he required extensive assist of 2 persons for transfer and toileting, he did not walk, and he had a history of falls.<br><br>Resident #45's physician recapitulation order for March 2014, initiated 12/16/13, indicated he was to have a bed alarm.<br><br>A Fall Risk Care Plan for Resident #45 initiated 12/20/13, indicated he was at risk for falls due to: diastolic heart failure, hypertension, chronic bilateral lower extremity lymphedema, peripheral vascular disease, anemia, chronic obstructive pulmonary disease, atrial fibrillation, and cerebral vascular accident. His Fall Care Plan interventions included, but were not limited to having an alarm on his bed and his call light kept in reach.<br><br>On 3/3/14 at 10:21 A.M., Resident #45 was observed lying in bed on his back, covered with a blanket. His bedside table was approximately 4 to 5 feet away from his bed out of | | other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected by the alleged deficient practice. The nursing staff will be re-educated by the CEC/DNS designee (3/24/14) on following physician orders and verification of physician orders. All resident physician orders have been reviewed per nursing management. Charge nurse will give verbal report to cna's on residents identified with bed alarms to ensure that alarms are in place per plan of care. All residents with alarms have been identified per IDT. DNS/designee has conducted an audit to ensure call lights are in place and bed alarms are in place per plan of care and physician orders. 3) what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; The nursing staff will be re-educated by CEC/DNS designee (3/24/14) on following physician orders and verification of physician orders. All resident physician orders have been reviewed per nursing management. Physician orders will be reviewed daily per IDT. All residents with alarms have been identified per IDT and physician orders and plan of care will be followed in the future by using our | |

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| | reach with his call light draped over it.<br><br>On 3/3/14 at 10:27 A.M., RN #1 indicated his call light was draped over his bedside table out of reach. At that time RN #1 clipped his call light to his blanket. RN #1 indicated Resident #45 did not ambulate independently and utilized a bed and wheelchair alarm. RN #1 indicated Resident #45 did not have an alarm on his bed.<br><br>On 3/3/14 at 10:42 A.M., Resident #45 was observed for transfer from his bed to his wheelchair with the assist of CNA #2 and CNA #3 and the use of a gait belt. CNA #2 indicated Resident #45 required extensive assistance of 2 for transfers. After Resident #45 was transferred to his wheelchair, CNA #2 removed a new pressure pad from the package and placed it on Resident #45's bed. CNA #2 indicated Resident #45 had not had any type of alarm on his bed.<br><br>3.1-35(g)(2) | | CQI system as an auditing tool. DNS/ designee will do daily rounds each shift to ensure that each resident alarm and call light is in place. 4) how the corrective action(s) will be monitored to ensure the deficient practice will not recur,i.e.,what quality assurance program will be put into place; To ensure compliance the DNS/designee is responsible for the completion of the Accommodation of Needs CQI tool (See Attachment A) each shift daily times 4 weeks, then monthly times 6 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the Executive Director . If threshold of 95% is not achieved an action plan will be developed to ensure compliance. 5) by what date the systemic changes will be completed; The corrective actions will be completed on or before 3/24/14. | |

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| F000323 SS=D | 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. Based on observation, interview, and record review, the facility failed to implement interventions to prevent falls as documented on the residents care plan and physician's order for 1 of 3 residents reviewed for falls of the 6 residents who met the criteria for accidents. (Resident #45)<br><br>Findings include:<br><br>Resident #45's record was reviewed on 3/4/14 at 8:58 A.M. The resident's diagnoses included, but were not limited to, rheumatoid arthritis and nonpsychotic psychosis.<br><br>Resident #45's Admission Minimum Data Set (MDS) Assessment dated 12/20/13, indicated he required extensive assist of 2 persons for transfer and toileting, he did not walk, he had a history of falls, and he had no falls since admission. | F000323 | Please find enclosed a plan of correction from our annual survey conducted February 26,2014 thru March 6,2014. We respectfully request a desk review and paper compliance in this matter. Thank you for your consideration. 1) what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident #45 was not affected by this alleged deficient practice. Resident #45 has bed alarm in place per plan of care and physician order. The call light for resident #45 is in place. 2) how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected by the alleged deficient practice. The nursing staff will be re-educated by the CEC/DNS designee (3/24/14) on following physician orders and verification of physician orders. All resident physician orders have been reviewed per nursing management. Charge nurse will | 03/24/2014 |

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| | A Fall Event for Resident #45 dated 2/23/14 at 8:04 A.M., indicated he had an unwitnessed fall from his wheelchair. His personal alarm clip slipped from his shirt and was replaced with a regular wheelchair alarm.<br><br>An Interdisciplinary team note for Resident #45 dated 2/24/14 at 12:01 P.M., indicted he had an unwitnessed fall from his wheelchair on 2/23/14. His alarm had not been clipped and he was found lying on the floor on his right side. An intervention at that time was to replace the clip alarm with a pressure alarm to his wheelchair.<br><br>Resident #45's physician recapitulation order for March 2014, initiated 12/16/13, indicated he was to have a bed alarm.<br><br>A Fall Risk Care Plan for Resident #45 initiated 12/20/13, indicated he was at risk for falls due to: diastolic heart failure, hypertension, chronic bilateral lower extremity lymphedema, peripheral vascular disease, anemia, chronic obstructive pulmonary disease, atrial fibrillation, and cerebral vascular accident. His Fall Care Plan interventions included, but were not limited to | | give verbal report to cna's on residents identified with bed alarms to ensure that alarms are in place per plan of care. All residents with alarms have been identified per IDT. DNS/designee has conducted an audit to ensure call lights are in place and bed alarms are in place per plan of care and physician orders. 3) what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; The nursing staff will be re-educated by CEC/DNS designee (3/24/14) on following physician orders and verification of physician orders. All resident physician orders have been reviewed per nursing management. Physician orders will be reviewed daily per IDT. All residents with alarms have been identified per IDT and physician orders and plan of care will be followed in the future by using our CQI system as an auditing tool. DNS/ designee will do daily rounds each shift to ensure that each resident alarm and call light is in place. 4) how the corrective action(s) will be monitored to ensure the deficient practice will not recur,i.e.,what quality assurance program will be put into place; To ensure compliance the DNS/designee is responsible for the completion of the Accommodation of Needs CQI tool (see Attachment A) each shift daily times 4 weeks, then monthly | |

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| | having an alarm on his bed and his call light kept in reach.<br><br>On 3/3/14 at 10:21 A.M., Resident #45 was observed lying in bed on his back, covered with a blanket. His bedside table was approximately 4 to 5 feet away from his bed out of reach with his call light draped over it.<br><br>On 3/3/14 at 10:27 A.M., RN #1 indicated his call light was draped over his bedside table out of reach. At that time RN #1 clipped his call light to his blanket. RN #1 indicated Resident #45 did not ambulate independently and utilized a bed and wheelchair alarm. RN #1 indicated Resident #45 did not have an alarm on his bed.<br><br>On 3/3/14 at 10:42 A.M., Resident #45 was observed for transfer from his bed to his wheelchair with the assist of CNA #2 and CNA #3 and the use of a gait belt. CNA #2 indicated Resident #45 required extensive assistance of 2 for transfers. After Resident #45 was transferred to his wheelchair, CNA #2 removed a new pressure pad from the package and placed it on Resident #45's bed. CNA #2 indicated Resident #45 had not had | | times 6 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the Executive Director . If threshold of 95% is not achieved an action plan will be developed to ensure compliance. 5) by what date the systemic changes will be completed; The corrective actions will be completed on or before 3/24/14. | |

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| | any type of alarm on his bed.<br><br>3.1-45(a)(2) | | | |