

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155373	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2012
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NAME OF PROVIDER OR SUPPLIER BLUFFTON REGIONAL MEDICAL CENTER CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 303 S MAIN ST BLUFFTON, IN 46714
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 10 & 11, 2012</p> <p>Facility number: 000264 Provider number: 155373 AIM number: N/A</p> <p>Survey team: Virginia Terveer, RN-TC Julie Call, RN Shelley Reed, RN</p> <p>Census bed type: SNF: 7 Total: 7</p> <p>Census payor type: Medicare: 7 Total: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on September 19, 2012 by Bev Faulkner, RN</p>	F0000	F000 Please accept this plan of correction as the facility's credible allegation. This plan of correction is submitted as required under federal and state law.	
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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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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS 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 develop a care plan for 2 of 3 residents in a sample of 3 who met the criteria for impaired skin integrity. (Resident #69 and #73).</p> <p>Findings include:</p> <p>1. During the record review on 9/11/12 at 10:30 a.m., Resident #69 diagnoses included but was not limited to: post-op mitral valve replacement and coronary artery bypass graft for 2 arteries, atrial</p>	F0279	The co-director determined that no other residents had lack of skin assessments in place at the time of the survey. Measures to prevent reoccurrence. The co-director of Continuing Care conducted an in-service on the appropriate skin assessment, care plans, and interventions for residents per policy. The co-director s will conduct weekly observations for appropriate skin assessments, care plan documentation on residents for at least six months or until 100% compliance is met and maintained for at least 3 months. Findings will be	10/11/2012

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	<p>fibrillation, coronary artery disease, hypertension, hyperglycemia, postoperative bradycardia and severe pedal edema.</p> <p>During observation of Resident # 69 on 9/10/12 at 9:06 a.m., there were multiple bruises on her bilateral arms from blood draws and at old IV(intravenous) sites. During an interview with Resident #69 during the observation of her skin, the resident indicated the bruises were fading since her surgery.</p> <p>On 9/11/12 at 10:00 a.m., an observation of Resident # 69's bruises found a large purple bruise on the inner aspect of the right forearm, measuring 19 cm (centimeter, measurement of length) X 9 cm wide. Interview with resident during the observation of the new bruise indicated the bruise appeared sometime last evening. The resident indicated she had many blood draws for lab tests, there is difficulty obtaining blood from her veins and she had taken a blood thinner. The resident indicated the large bruise was not painful.</p> <p>During the record review for Resident # 69 on 9/12/12 at 5:29 p.m., there was no documentation for</p>		presented to CCC Quarterly meeting and Quality Council with reports forwarded to Medical Executive committee and Board of Trustees.				

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	<p>assessment of bruising of resident's arms since her admission to facility on 9/5/12 nor was there a care plan developed.</p> <p>An interview with DON(Director of Nursing) #1 on 9/12/12 at 5:40 p.m., indicated there was no documentation in resident's electronic records of bruising on arms and no care plan to assess bruising. DON #1 was not aware of the new large bruise on Resident's # 69 right inner arm.</p> <p>2. During an observation on 9/11/12 at 1:35 p.m., Resident #73 was sitting up in the recliner in a hospital gown and his lower legs were not covered. An observation of the right lower leg indicated an area with bruising and healing scabs.</p> <p>During an interview on 9/11/12 at 2:50 p.m., Nurse #1 indicated the resident was admitted to the facility with the rash to the lower right leg and it has improved since admission. She indicated she documented the skin assessment related to the right leg in the computer. She indicated an initial assessment was done on each resident who is admitted during the shift they were admitted.</p> <p>During an interview on 9/11/12 at</p>			

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	<p>3:12 p.m., Nurse #2 indicated Nurse #1 could not find any documentation related to the right lower leg on the initial skin assessment or anywhere else in the documentation.</p> <p>During an interview on 9/11/12 at 5:10 p.m., Resident #73 indicated he was unaware of how he got the rash and indicated the rash did not hurt or itch.</p> <p>During the record review on 9/11/12 at 1:42 p.m., a history and physical report, dated 9/4/12, indicated Resident #73 had profound ecchymosis over the entire dorsal side of body. The resident's diagnoses included, but were not limited to: left hip hemiarthroplasty, profound disability, metabolic encephalopathy, coronary artery disease, leukocytosis, hypertension and macular degeneration. Resident #73 scored a 11 of 15 for the Brief Interview Mental Status (BIMS) on the minimum data set (MDS), dated 9/9/12, indicating the resident had moderate impairment.</p> <p>During the record review on 9/11/12 at 1:50 p.m., the skin assessment reports indicated the resident was admitted to the facility on 9/4/12. An initial assessment was completed and</p>				

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	<p>indicated the skin was pink, warm, dry and intact on 9/4/12 at 8 p.m. On 9/10/12 at 1:47 p.m., the assessment indicated Resident #73's skin was pink, warm and dry. No breakdown in skin noted. Care plans were reviewed and did not include any concerns or problems associated with skin breakdown or prevention of skin integrity.</p> <p>Review of a current facility policy dated 10/10 titled "Skin Assessment" which was provided by Nurse #2 on 9/11/12 at 3:40 p.m., indicated the following:</p> <p>PROCEDURE:</p> <p>2. Preventative interventions, according to risk level, will be implemented in the patient's plan of care.</p> <p>3.1-37(a)</p>				

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F0309 SS=D	<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, interview and record review, the facility failed to identify impaired skin integrity on an initial skin assessment and failed to monitor skin integrity for 2 of 3 residents in a sample of 3 who met the criteria for non-pressure related skin issues. (Resident #69 and #73).</p> <p>Findings include:</p> <p>1. During record review on 9/11/12 at 10:30 a.m., Resident #69 diagnoses included but not limited to: post-op mitral valve replacement and coronary artery bypass graft for 2 arteries, atrial fibrillation, coronary artery disease, hypertension, hyperglycemia, postoperative bradycardia and severe pedal edema.</p> <p>During observation of Resident #69 on 9/10/12 at 9:06 a.m., there were multiple bruises on bilateral arms from blood draws and at old</p>	F0309	<p>The co-director determined that no other residents had lack of skin assessments in place at the time of the survey. Measures to prevent reoccurrence. The co-director of Continuing Care conducted an in-service on the appropriate skin assessment, care plans, monitoring of skin integrity, and interventions for residents per policy. The co-director s will conduct weekly observations for appropriate skin assessments and monitoring of skin integrity of residents for at least six months or until 100% compliance is met and maintained for 3 months.</p> <p>Findings will be presented to CCC Quarterly meeting and Quality Council with reports forwarded to Medical Executive committee and Board of Trustees.</p>	10/11/2012			

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	<p>IV(intravenous) sites. Interview with Resident # 69 during the observation of her skin, indicated the bruises were fading since her surgery.</p> <p>On 9/11/12 at 10:00 a.m., observation of Resident # 69's bruises found a large purple bruise on her inner aspect of right forearm, measuring 19 cm (centimeter, measurement of length) X 9 cm wide. An interview with resident during the observation of the new bruise, indicated the bruise appeared sometime last evening. The resident indicated there were many blood draws for lab tests, and difficulty obtaining blood from her veins. The resident indicated a blood thinner has been taken due mitral valve replacement. The resident indicated the large bruise was not painful.</p> <p>During the record review for Resident # 69 on 9/12/12 at 5:29 p.m., the documentation lacked the assessment of the bruising of the resident's arms since her admission to facility on 9/5/12.</p> <p>An interview with DON (Director of Nursing) #1 on 9/12/12 at 5:40 p.m., indicated there was no documentation in electronic records for the assessment of bruising on the arms</p>						

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	<p>and no care plan developed to assess bruising. DON #1 was not aware of new large bruise that appeared on 9/11/12 on Resident's # 69 right inner arm.</p> <p>2. During observation on 9/11/12 at 1:35 p.m., Resident #73 was sitting up in his recliner in a hospital gown, with his lower legs exposed. Observed on the right lower leg was an area with noted bruising and healing scabs.</p> <p>During record review on 9/11/12 at 1:42 p.m., a history and physical report, dated 9/4/12, indicated Resident #73 had profound ecchymosis over the entire dorsal side of body. The resident's diagnoses included, but were not limited to: left hip hemiarthroplasty, profound disability, metabolic encephalopathy, coronary artery disease, leukocytosis, hypertension and macular degeneration.</p> <p>During an interview on 9/11/12 at 2:50 p.m., Nurse #1 indicated the resident was admitted to the facility with the rash to the lower right leg and it had improved since admission. She indicated she documented the skin assessment related to right leg in the computer. She indicated an initial</p>			

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	<p>assessment was done on each resident who is admitted during the shift they are admitted.</p> <p>During an interview on 9/11/12 at 3:12 p.m., Nurse #2 indicated Nurse #1 could not find any documentation related to the right lower leg on the initial skin assessment or anywhere else in the documentation.</p> <p>During an interview on 9/11/12 at 5:10 p.m., Resident #73 indicated he was unaware of how he got the rash and indicated the rash did not hurt or itch.</p> <p>Review of a current facility policy, dated 10/10 titled "Skin Assessment" which was provided by Nurse #2 on 9/11/12 at 3:40 p.m., indicated the following:</p> <p>PROCEDURE: 6. Patient's skin will be inspected during bathing and routine incontinence care. Any signs/symptoms of skin breakdown, such as persistent redness, soft "mushy" heels, or whitened bony prominence areas, will be reported to the charge or staff nurse.</p>			

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F0520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Based on observation, interview and record review, the facility's Quality Assessment and Assurance Committee failed to identify, develop and implement an appropriate plan of action to address skin assessments and development of a care plans for 2 of 3 residents who met the criteria for impairment of skin integrity. (Resident # 69, # 73)</p> <p>Findings include:</p>	F0520	The co-director determined that no other residents had lack of skin assessments in place at the time of the survey. Measures to prevent reoccurrence. The co-director of Continuing Care conducted an in-service on the appropriate skin assessment, care plans, monitoring of skin integrity, and interventions for residents per policy. The co-director s will conduct weekly observations for appropriate skin assessments, care planning, and monitoring for skin integrity of	10/11/2012	

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	<p>1. During observation of Resident # 69 on 9/10/12 at 9:06 a.m., there were multiple bruises on her bilateral arms from blood draws and at old IV(intravenous) sites. During an interview with Resident #69 during the observation of her skin, the resident indicated the bruises were fading since her surgery.</p> <p>On 9/11/12 at 10:00 a.m., an observation of Resident # 69's bruises found a large purple bruise on the inner aspect of the right forearm, measuring 19 cm (centimeter, measurement of length) X 9 cm wide. Interview with resident during the observation of the new bruise indicated the bruise appeared sometime last evening.</p> <p>During the record review for Resident # 69 on 9/12/12 at 5:29 p.m., the record lacked documentation for an assessment of bruising of the resident's arms since her admission to the facility on 9/5/12.</p> <p>An interview with the DON (Director of Nursing) #1 on 9/12/12 at 5:40 p.m., indicated the electronic record lacked documentation for an assessment of the bruising on arms and no care plan was developed to assess bruising.</p>		<p>residents for at least six months or until 100% compliance is met and maintained for at least 3 months. The co-directors will report specific findings on number of skin assessments observed, care plans reviewed, and skin integrity documentation. The co-directors will report any trending or additional education provided during observations. The CCC qtrly meeting and Quality council will identify quality deficiencies by identifications of inadequate or skin assessments, skin integrity findings on resident worsened since admission on report from co-directors. Findings will be presented to CCC Quarterly meeting and Quality Council with reports forwarded to Medical Executive committee and Board of Trustees.</p>				

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	<p>DON #1 was not aware of new large bruise that appeared on 9/11/12 on Resident's # 69 right inner arm.</p> <p>An interview with the DON #2 on 9/11/12 at 6:15 p.m. indicated the facility had not identified the failure to document care plan interventions for skin assessment as a QAA (Quality Assessment and Assurance) concern, and no action plan was developed to address this deficiency.</p> <p>2. During an observation on 9/11/12 at 1:35 p.m., Resident #73 was sitting up in the recliner in a hospital gown and his lower legs were not covered. An observation of the right lower leg indicated an area with bruising and healing scabs</p> <p>During an interview on 9/11/12 at 2:50 p.m., Nurse #1 indicated the resident was admitted to the facility with the rash to the lower right leg and it has improved since admission. She indicated she documented a skin assessment related to the right leg in the computer. She indicated an initial assessment was done on each resident who is admitted during the shift they are admitted.</p> <p>During an interview on 9/11/12 at 3:12 p.m., Nurse #2 indicated Nurse</p>						

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	<p>#1 could not find any documentation related to the right lower leg on the initial skin assessment or anywhere else in the documentation.</p> <p>During the record review on 9/11/12 at 1:50 p.m., the skin assessment reports indicated the resident was admitted to the facility on 9/4/12. An initial assessment was completed and indicated the skin was pink, warm, dry and intact on 9/4/12 at 8 p.m. On 9/10/12 at 1:47 p.m., the assessment indicated Resident #73's skin was pink, warm and dry. No breakdown in skin was noted. Care plans were reviewed and did not include any concerns or problems associated with skin breakdown or prevention of impaired skin integrity.</p> <p>On 9/11/12 at 7:05 PM, during the exit conference DON #1 indicated that there was no additional information available for skin assessments from their electronic charting system for Resident # 69 and Resident # 73. DON #1 indicated the skin assessment could not be found in the nurse's documentation. DON #1 was unaware the skin assessment documentation was not completed for Resident # 69 and Resident # 73.</p> <p>3.1-52(b)(2)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155373	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/11/2012
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