

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155355	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/19/2013
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NAME OF PROVIDER OR SUPPLIER WEST BEND NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN 46619
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F000000	<p>This survey was for the Investigation of Complaint #IN00128462, Complaint #IN00130386, Complaint #IN00131793 and Complaint #IN00132584.</p> <p>Complaint #IN00128462 - Substantiated. No deficiencies related to the allegations are cited. Complaint #IN00130386 - Substantiated. No deficiencies related to the allegations are cited. Complaint #IN00131793 - Substantiated. Federal/state deficiencies related to the allegations are cited at F157. Complaint #IN00132584 - Substantiated. Federal/state deficiencies related to the allegations are cited at F157.</p> <p>Survey dates: July 15-19, 2013</p> <p>Facility number: 000246 Provider number: 155355 AIM number: 100275420</p> <p>Survey team: Honey Kuhn, RN,TC Julie Baumgartner, RN (July 17-18, 2013) Shelly Vice, RN (July 17-18, 2013)</p>	F000000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after August 18, 2013.</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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	<p>Census bed type: SNF/NF: 87 Total: 87</p> <p>Census payor type: Medicare: 16 Medicaid: 59 Other: 12 Total: 87</p> <p>Sample: 13</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on July 26, 2013, by Brenda Meredith, R.N.</p>				

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F000157 SS=D	<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 the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify the guardian of a resident following a fall and a family of a resident following the development of a skin</p>	F000157	<p>F157 – Notify of Changes (Injury/Decline/Room, Etc) It is the practice of this provider to promptly inform the resident, consult with resident's physician and notify the residents' legal</p>	08/18/2013			

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	<p>excoriation. This finding effected 2 of 2 residents reviewed for notifications in a sample of 13. (Resident "K" and Resident "N")</p> <p>Findings include:</p> <p>1. The record of Resident "K" was reviewed on 07/16/13 at 8:15 a.m. Resident "K" was admitted to the facility, on 03/07/11, with diagnoses including, but not limited to, dementia, Parkinson's, hypertension, bipolar, insomnia, and anemia. Resident "K" had a recent history of falls.</p> <p>Review of "Resident Progress Notes" and "Fall Events" indicated Resident "K" fell on 05/27/13 at 6:00 a.m.</p> <p>Review of the Resident Progress Notes did not indicate the resident's guardian was notified of the fall.</p> <p>Review of the "Fall Events," indicated, "Family Notified: NO." The date & time area were blank.</p> <p>Review of IDT (Inter-Disciplinary Team: comprised of staff from resident care entities, including but not limited to, Administrator, DNS-Director Nursing Services, Unit Manager, and Social Services), dated 05/28/13 at 2:48 p.m., indicated the</p>		<p>representative or interested family member when there is a significant change in the resident's physical, mental or psychosocial status and/or the need to alter treatment significantly</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident "K" and Resident "N" have been discharged from the facility. The physician and family were made aware of each resident's change in condition.</p> <p>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: Any resident experiencing a change in condition has the potential to be affected by this finding. The DNS/Nurse Management Team will conduct a facility audit to ensure proper and timely notification for any resident experiencing a change in condition. Any concerns related to notification of physician and/or families will be corrected and documented immediately. In addition, Nursing Progress Notes will be reviewed by the clinical manager(s) daily. Any changes in resident condition will be reviewed to ensure physicians and families have been notified timely. A Nursing In-service will be held on or before 8/18/13.</p>				

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	<p>POA (Power of Attorney: Guardian) was notified. The note did not address the date or time of notification.</p> <p>2. The record of Resident "N" was reviewed on 07/15/13 at 1:00 p.m. Resident "N" was admitted to the facility, on 02/08/12, with diagnoses including, but not limited to, dementia, adult FTT (Failure To Thrive), hypertension, PVD (Peripheral Vascular Disease), CVD (Cardio-Vascular Disease), and anemia.</p> <p>Resident "N" was admitted to an ACF (Acute Care Facility: hospital), on 05/06/13, for increased lethargy. The resident was readmitted to the facility on 05/08/13 at approximately 3:00 p.m. Review of a "Resident Progress Note" indicated: "05/08/13 6:11 p.m. Care conference held with family today to discuss residents dx [diagnosis], medications and recent hospital admission. Family at bedside when head to toe assessment performed."</p> <p>Review of the "Weekly Summary" forms indicated: "06/12/13 3:35 p.m....Changes in condition since last summary: Excoriated area on bottom."</p>		<p>This in-service will include review of the policy related to timely physician and family notification and documentation for any change in resident condition such as falls or changes in skin integrity.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: A Nursing In-service will be held on or before 8/18/13. This in-service will include review of the policy related to timely physician and family notification and documentation for any change in resident condition such as falls or changes in skin integrity. In addition, Nursing Progress Notes will be reviewed by the clinical manager(s) daily. Any changes in resident condition will be reviewed to ensure physicians and families have been notified timely.</p> <p>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 ongoing compliance with this corrective action, the DNS/designee will be responsible for completion of the CQI Tool titled, "Change in Condition" daily for 3 weeks, weekly for 3 weeks, bi-weekly for 3 weeks and monthly for six months. If threshold of 90% is not met, an action plan will be developed.</p>				

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	<p>"06/19/13 12:24 p.m....Changes in condition since last summary: Boil/Abscess on cleft left buttock; not open, draining thick purulent odorous drainage. Excoriation on upper left and right buttock."</p> <p>Review of the "Skin Integrity Events-ASC [Corporate Name] Non-Pressure Wound Skin Evaluation Report" indicated: "06/12/12 3:33 p.m....DESCRIPTION: non pressure wound on bottom...New or existing area: New...Site: buttocks. Describe measurements in cm [centimeters] (L [length] x W [width] x D [depth]): 1 x 1 x 0.5...Describe tunneling: none....Describe wound drainage: no drainage...Physician notified: NO. Family notified: NO."</p> <p>"06/20/13 4:57 p.m....DESCRIPTION: non pressure area on buttock...New or existing area: Existing...Date originally noted: 06/20/13...Site: left buttock. Describe measurement in cm: 5.8 x 3.5 x 0..Describe tunneling: none....Describe wound drainage...present, moderate, sanguineous...Physician notified: NO. Family notified: NO...."</p> <p>"06/20/13 4:59 p.m....DESCRIPTION: non pressure excoriation..New or exorcising area: Existing...Date area</p>		<p>Findings will be submitted to the CQI Committee for review and follow up. By what date the systemic changes will be completed: Compliance Date: 8/18/13.</p>	

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	<p>originally noted: 06/12/13....Site: left upper buttock...Describe measurements in cm...0.8 x 1 x < [less than] 0.1...Describe tunneling: none...Describe wound drainage: none...Physician notified: NO. Family notified: NO...."</p> <p>"06/20/13 5:01 p.m....DESCRIPTION: non pressure excoriation...New or existing area: Existing...Site: right buttock...Describe measurement in cm...2 x 0.6 x <0.1...Describe tunneling: none...Describe wound drainage: none...Physician notified: NO. Family notified: NO."</p> <p>Review of "Physician's Telephone Orders" indicated the physician was notified on 06/12/13, and orders were received for treatment of the skin area.</p> <p>Review of a "Resident Progress Note" indicated: "06/24/13 1:01 p.m. New order received from [Physician's name] to send resident to ER for evaluation dx abscess on coccyx area...Family notified."</p> <p>Review of the ACF record indicated Resident "N" was admitted to the facility for treatment of a large abscess to the left buttock.</p>			
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	<p>A confidential interview, on 07/16/13, indicated the family was unaware of the skin issues prior to the resident discharge to the ACF on 06/24/13.</p> <p>The DNS (Director Nursing Services) was interviewed on 06/17/13 at 11:00 a.m. The DNS indicated the ASC specific issue forms address the notification of Physician and Family but the IDT addresses the notification documentation at the time of their meeting. The DNS indicated the unit nurse is responsible for notifications and was unaware the documentation did not contain notification.</p> <p>Review of a facility Policy & Procedure, provided at the time by the DNS, titled, "Change of Condition: 03/2010," indicated: "POLICY: It is the policy of this facility that all changes in resident conation will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective intervention occurs. ...3. Routine Medical Change: a....Routine changes are a minor change in physical and mental behavior, abnormal laboratory and x-ray results that are not life threatening.... b. The nurse in charge is responsible</p>			

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	<p>for notification of physician and family/responsible party prior to end of assigned shift when a significant change in the resident's condition is noted.</p> <p>c. If unable to reach the physician or family/responsible party, all calls to...family /responsible party requesting callbacks will be documented in the medical record....</p> <p>f. ...Documentation will include time and family/physician response...."</p> <p>This Federal tag relates to Complaint #IN00131793 and Complaint #IN00132584.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p>				