

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155621	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2015
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NAME OF PROVIDER OR SUPPLIER PINE HAVEN HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 STOCKER DR EVANSVILLE, IN 47720
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00187978.</p> <p>Complaint IN00187978 - Substantiated Federal/State deficiencies related to the allegations are cited at F514.</p> <p>Survey dates: December 8 and 9, 2015</p> <p>Facility number: 000442 Provider number: 155621 AIM number: 100266510</p> <p>Census bed type: SNF: 24 SNF/NF: 51 Total: 75</p> <p>Census payor type: Medicare: 15 Medicaid: 38 Other: 22 Total: 75</p> <p>Sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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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 0514 SS=D Bldg. 00	483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.			
	Quality review completed by #02748 on December 11, 2015.			

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	<p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure a resident who was transferred to the hospital had complete documentation regarding open areas and bruising included on a transfer sheet, for 1 of 3 residents reviewed for transfers, in a sample of 7. Resident A</p> <p>Findings include:</p> <p>The closed clinical record of Resident A was reviewed on 12/8/15 at 10:40 A.M.</p> <p>"Non-Pressure Skin Condition Reports," with the most recent date of 11/26/15, indicated the resident had a skin tear on his left tricep, an open area on the left forearm, an abrasion on the left shoulder, a skin tear on the right clavicle, a skin tear on the left upper arm area, a skin tear on the left outer scapula, and a skin tear on the right mid scapula.</p> <p>A "Resident Transfer Form," dated 11/26/15 and untimed, included the following: ...Transferred To: [name of hospital]...Condition & Reason for Transfer [left blank]...Orders for Medications, Treatments, Therapy [left</p>	F 0514	<p>Please accept this plan of correction as our credible allegation of compliance. This plan of correction is submitted as part of the response required by regulation, and is not to be construed as agreement with the deficiency cited. F- 514 Resident A no longer resides at Pine Haven Health and Rehabilitation Center. To enhance currently compliant operations, all licensed nursing staff will receive in-service training (under the direction of the Director of Nurses) regarding the regulation that requires the facility to maintain clinical records on each resident. The training, which will be completed on or before 12/25/2015, will emphasize that the clinical record must be maintained in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible, and systematically organized. The in-service will specify the need for accurate and thorough documentation on the transfer form that is used to convey clinical information to a receiving provider. The in-service will also contain a case study that requires licensed staff to correctly fill out a</p>	01/08/2016			

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	<p>blank]. Attachments Sent: Physician's Orders Dated: [left blank], Med. Sheets Dated: [left blank]...."</p> <p>A Hospital Progress Note, dated 11/26/15 at 6:00 P.M., indicated, "Patient has numerous large scattered dark purple bruises and multiple large open areas on skin...."</p> <p>On 12/9/15 at 11:00 A.M., during an interview with the Director of Nursing (DON) and the Administrator, the DON indicated Resident A had very fragile skin, and his skin would tear easily. The Administrator indicated the documentation could have been clearer regarding the resident's skin issues.</p> <p>On 12/9/15 at 2:00 P.M., the Director of Nursing provided the current facility policy regarding transfers, dated 10/08. The policy included: "A copy of the current telephone orders will accompany each resident when transferred out of the facility along with a copy of the last set of signed orders. 2. A copy of the current MAR [Medication Administration Record]/TAR [Treatment Administration Record] will also be sent..." The policy did not include filling out the transfer form completely and/or indicating skin issues.</p>		<p>transfer form, as well as a pre- and post-test. Because all residents can potentially be affected by the cited deficiency, the Director of Nurses will review all transfer forms completed after 12/25/2015 to verify completeness and accuracy. Any deficiency will be corrected immediately and the finding will be documented and submitted to the quality assurance/performance improvement committee for further review, staff education, and or disciplinary action. The Director of Nursing will monitor all transfer forms for four (4) weeks, after which an audit tool will be used by the Medical Records designee for further monitoring and reporting to the QAPI Committee. The monitoring will be on-going</p>	

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	<p>This Federal tag relates to Complaint IN00187978.</p> <p>3.1-50(h)(5)(B) 3.1-50(h)(5)(C) 3.1-50(h)(5)(D)</p>			