

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/18/2016
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NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT HOBART	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 ST MARY CIR HOBART, IN 46342
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00194310.</p> <p>Complaint IN00194310 - Substantiated. State residential deficiencies related to the allegations are cited at R0036 and R0090.</p> <p>Survey date: March 18, 2016</p> <p>Facility number: 002627 Provider number: 002627 AIM number: NA</p> <p>Census bed type: Residential: 98 Total: 98</p> <p>Census payor type: Other: 98 Total: 98</p> <p>Sample: 3</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed by 32883 on 3/21/16.</p>	R 0000	<p>This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the Community. Rather, it is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements in this document.</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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R 0036 Bldg. 00	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to ensure the Physician was notified in a timely manner related to wrist swelling for 1 of 3 residents whose records were reviewed. (Resident #B)</p> <p>Finding includes:</p> <p>The record for Resident #B was reviewed on 3/18/16 at 10:00 a.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes. The resident resided on the Memory Care Unit.</p> <p>An entry in the Nursing progress notes dated 2/12/16 at 8:30 p.m., indicated the Resident Aide heard the resident in the doorway asking for help. The resident</p>	R 0036	<p>1. Resident B's physician had been notified and did receive physician treatment from the hospital emergency room. Residents who have changes in condition may potentially be effected. 2. Nurses have been in-serviced on incident reporting, emphasizing physician/family notification. 3. Systematic changes will include instituting two new documents; monthly incident summary and the Quarterly Fall Assessment. All incident reports will be reviewed for physician notification. Review of the internal 24 our report log will reflect other types of changes of condition (ie: lab results skin integrity issues, etc.) 4. Administrator/Designee will monitor incidents by utilizing the Monthly Summary. 100% of incidents will be reviewed for</p>	04/15/2016			

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	<p>stated she fell and all of her weight went on her left wrist. The resident received a skin tear to the left elbow and her wrist was slightly swollen. A message was left for the resident's responsible party. The Director of Nursing was contacted and she indicated to monitor the resident and pass on to the day shift to contact the resident's Physician in the morning to get an order for an x-ray.</p> <p>Documentation in the Nursing progress notes on 2/13/16 at 3:00 a.m., indicated edema (swelling) and discoloration was noted to the resident's left wrist. At 6:42 a.m., the resident was complaining of pain to her left hand. Upon assessment, the resident was unable to move the extremities to that hand. The resident indicated she needed to see a doctor. Discoloration and swelling were noted, as well as the resident's finger tips being cold to touch. The resident received Tylenol for pain. At 6:48 a.m., a message was left for the resident's responsible party. There was no documentation indicating the Physician was notified. At 12:30 p.m., the resident's Physician was contacted and orders were received for an x-ray. An x-ray was obtained at the facility at 5:35 p.m. At 6:45 p.m., the x-ray results were received and orders were received to transport the resident to the Emergency</p>		<p>three (3)months. The 24 hour report log will also be monitored daily for three months for any type of changes in condition and to ensure physician/family notification has been completed. After three (3) months, a 50% random sample from the 24 hour report will be reviewed. Results will be included in our Quality assurance for POC compliance and utilized for re-education for nurses. 5. Date of Completion will be April 15, 2016.</p>				

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R 0090 Bldg. 00	<p>Room due to a left wrist fracture. The resident was transported to the Emergency Room at 7:40 p.m. by her responsible party.</p> <p>Interview with the Wellness Director on 3/18/16 at 11:30 a.m., indicated the resident's Physician should have been notified in a more timely manner.</p> <p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency</p> <p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with</p>			

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	<p>the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and</p> <p>(B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on observation, record review, and interview, the facility failed to ensure the State Agency was notified of an unusual occurrence related to fractures for residents who were cognitively impaired for 2 of 3 records reviewed. (Residents #B and #D)</p> <p>Findings include:</p> <p>1. On 3/18/16 at 10:10 a.m., Resident #B was observed with a cast to her left hand.</p>	R 0090	<p>1. Residents B and D were treated by physician for their injuries. Resident D was hospitalized and admitted to a rehabilitation facility. Resident D also continued physical therapy upon return to our Community. State Reporting could not be accomplished for residents B and/or D due to being after the act and outside of reporting guidelines. 2. Residents will be identified by using the Monthly Incident Summary. The Wellness Director and Administrator will be notified of falls resulting in injury.</p>	04/15/2016

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	<p>The record for Resident #B was reviewed on 3/18/16 at 10:00 a.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes. The resident resided on the Memory Care Unit.</p> <p>Documentation in the Nursing progress notes dated 2/12/16 at 8:30 p.m., indicated the Resident Aide heard the resident in the doorway asking for help. The resident stated she fell and all of her weight went to her left wrist. The resident's left wrist was slightly swollen.</p> <p>An x-ray of the left wrist was obtained on 2/13/16. The x-ray results indicated the resident had an acute fracture and mild degenerative joint disease of the left wrist.</p> <p>Interview with the Executive Director on 3/18/16 at 12:00 p.m., indicated that she had not reported the resident's fracture to the State Agency. 2. The record for Resident #D was reviewed on 3/18/16 at 11:00 a.m. The resident's diagnoses included, but were not limited to, dementia and history of multiple falls.</p> <p>The Nursing Progress Notes dated 12/8/15 at 1:40 a.m., indicated the resident was found on the floor in the doorway, she complained of pain to her</p>		<p>The Administrator and nurses will review the State Board of Health Reportable Occurrence Policy to ensure compliance for Reportable Occurrences. 3. The Regional nurse and Regional Director will be notified of all Reportable Occurrences. 4. Compliance will be monitored by reviewing 100% of incidents for three (3) months. Results of audits will be utilized to re-educate staff and will be included in Community Quality Assurance. 5. Date of Completion April 15, 2016.</p>				

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	<p>hip area and said she hit her head. Emergency response was called and the resident was transported to the hospital. Documentation at 6:33 a.m., indicated the resident returned to the facility, no signs of injuries.</p> <p>Continued documentation on 12/9/15 at 8:00 a.m., indicated Nursing staff entered the resident's room to assist with care and the resident screamed out in pain when her right leg was moved. An ambulance was called and the resident was transported to the hospital. At 2:25 p.m, the facility was informed the resident was admitted to the hospital with a femoral head fracture and displacement of her right hip and pelvis.</p> <p>Interview with the Executive Director on 3/18/16 at 12:19 p.m., indicated she did not report the incident to the State Agency.</p>						