STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 08/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SOUTH BEND	17441 SR 23 SOUTH BEND, IN 46635

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R 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00177895. Complaint IN00177895- Substantiated. State deficiencies related to the allegations are cited at R0214. Survey dates: August 18 and 19, 2015. Facility number: 010667 Provider number: 010667 AIM number: N/A Residential Census: 32 Sample: 3 This State finding is cited in accordance with 410 IAC 16.2-5.	R 0000		
R 0214 Bldg. 00	410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident. Based on record review and interview, the facility failed to evaluate and assess the needs of a resident who had suffered	R 0214	R 214 410IAC 16.2-5-2 Evaluation ***What corrective action(s) will be***	09/04/2015

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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	a decline in mental and clinical status. (Resident B) Finding includes: On 8/19/15 at 9:30 A.M., the clinical record for Resident B was reviewed. Resident B was admitted, on 4/21/14, with diagnosis including, but not limited to, dementia with behavioral disturbances, coronary artery disease, hypertension, diabetes mellitus type 2, hypercholesterolemia, history of acute kidney injury and history of sinus bradycardia. A "Skin Observation Form," dated 3/21/15, indicated Resident B had a slightly reddened area on his bottom. A History and Physical Examination, dated 3/31/15, indicated, Resident B was admitted to [Name of Hospital] related to delusional disorder symptoms. An "Interdisciplinary Progress Note," dated 4/8/15 at 1 P.M., indicated,"... Resident returned from hospital stay at [name of hospital]. Returned at 12 P.M...." A "Resident Transfer/Discharge" form, dated 4/24/15, indicated Resident B was transferred to [Name of Hospital] related		***Accomplished for those residents found to have been affected by the alleged deficient practice?*** *·ResidentB: Resident no longer resides at thiscommunity.* ***How will the facility identify otherresidents with the potential to be affected by the same alleged deficientpractice and what corrective action will be taken?*** *·Anaudit of 100% of current residents will be conducted by the Health and WellnessDirector/Licensed Nurse Designees to verify that all residents have currentSkin Observation forms completed.* *·In theevent the resident has a Braden score of 16 or less OR if the resident has anexisting wound, skin observations will be performed weekly by the licensednurse until resolved.* - ***Whatmeasures will be put in place or what systemic changes will the facility maketo ensure the alleged deficient practice does not recur?*** *·Nursing staffwill be re-educated on the Skin Integrity Documentation Policy by 09/04/15 andinstructed on new skin observation forms, open area documentation forms andshower sheets.* *·All staffhas been in-serviced on communicating changes in care*	

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	to increased heart rate and altered mental status. An "Interdisciplinary Progress note," dated 5/1/15 at 6:30 P.M., indicated, "...Res arrived back to facility from hospital stay. Now has Foley [catheter], O2 [oxygen] dependant at 2L [liters]. A Hospice Medication Record, dated 5/2/15, indicated, "... Allevyn [Wound Dressing] q [Every] 5 days and prn [as needed]...O2 at 2 liter's N/C [nasal cannula] prn...." A change in condition "Personalized Assisted Living Respect for Individual Preferences" form, dated 3/23/15, indicated, "...Skin Care...25. Do you have a wound? No...." The Hospital, "PT Inpatient Wound Care Daily-Text," dated 4/30/15, indicated Resident B had a pressure ulcer to the Right Medial Ankle and an unstageable ulcer [full thickness tissue loss with bone exposed, tendon or muscle] to the Right Lateral Malleolus [buttock] and Sacrum/Coccyx . The hospital Dr. Progress notes, dated 5/1/15, indicated, "... Sacral Decubitus ulcer with Osteomylitis [bone infection]....."		*and resident needs using acommunication log.* *·All 3rdparty service providers have been informed of the communication log tocommunicate changes with residents with nursing staff.* *·The HWD/designeewill review and update care needs in the Personal Service Plan based on changesin condition and as indicated* ***How will the corrective actions bemonitored?*** *·Health& Wellness Director/designee will do skin observation form compliance audits,as well as complete reviews of the care giver shower sheets weekly for the next30 days to verify assigned skin observations are completed as assigned and willbe responsible for completion of re-assessments as needed when residents'condition changes, or as per scheduled assessment dates.* *Implemented09/01/2015*	

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	On 8/19/15 at 11:30 A.M., an interview was conducted with the Wellness Director of the facility. The Wellness Director indicated that Resident B returned from the hospital on 5/2/15, with [name of hospice] services but she was unaware the resident had any wounds. She was aware that Resident B had a slightly reddened area to Resident B's coccyx that was noted on 3/21/15, during a monthly skin assessment. She further indicated the red area was treated with a house moisture barrier cream. The Wellness Director was unable to find any further skin assessments for Resident B. On 8/19/15 at 2:45 P.M., LPN # 2 was interviewed. LPN #2 indicated she was working on 5/2/15, the day Resident B was readmitted from the hospital. She further indicated the resident came back with hospice care but that it had been to long ago to remember if the resident had wounds or not. When asked if she had performed a skin assessment upon return she indicated she had not, the resident's Braden score was 19 which indicated he received a monthly skin assessment. This assessment was due on 4/21/15. LPN # 2 was unable to find the skin assessment in Resident B's clinical record. She further indicated dressing changes would not be noted on the Medication Administration			

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	Record related to the facility does not do dressing changes, a third party provider would perform the treatments and in this case it would have been hospice. On 8/19/15 at 3:30 P.M., a second interview was conducted with the Wellness Director. The Wellness Director indicated she was unaware that Resident B had pressure ulcers. The Wellness Director indicated the facility had failed to assess the residents skin as per policy upon return from the hospital and update his service plan to reflect changes in his care needs, she indicated the last update was 3/23/15 when the resident had experienced a change in his condition. On 8/19/15 at 3:40 P.M.,the current policy, provided by the Wellness Director, titled "Change of Condition" was reviewed. The policy was last revised on 7/1/2010 and indicated the following: "...Non-Emergent...3. The Resident Record will be updated as appropriate...." On 8/19/15 at 3:45 P.M., the current policy, provided by the Wellness Director, titled "Skin Integrity Documentation Policy" was reviewed. The policy was last revised in 10/2011 and indicated the following: "... Policy			

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	Detail...2. A new Skin Observation Form should be completed at at minimum quarterly, with a change of condition resulting in increased care needs over a period of two weeks, and upon return from a hospitalization/rehab...." This State tag relates to Complaint IN00177895.			