

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155289	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/30/2016
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NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4725 S COLONIAL OAKS DR MARION, IN 46953
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00203767.</p> <p>Complaint IN00203767 - Unsubstantiated due to lack of evidence. Unrelated findings cited at F323</p> <p>Survey dates: June 29 and 30, 2016</p> <p>Facility number: 000186 Provider number: 155289 AIM number: 100266300</p> <p>Census bed type: SNF/NF: 96 Total: 96</p> <p>Census payor type: Medicare: 18 Medicaid: 61 Other:17 Total: 96</p> <p>Sample: 6</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on July 1, 2016.</p>	F 0000		

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 0323 SS=D Bldg. 00	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to ensure residents who were transferred using a mechanical lift were transferred with sufficient staff assistance to prevent accident and injury for 1 of 1 residents reviewed for transfers (Resident E).</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 6/30/16 at 10:52 a.m. Diagnoses for the resident included, but were not limited to, chronic obstructive pulmonary disease, ischemic heart disease, diabetes mellitus, pain and physical debility.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment, dated 5/7/16, indicated Resident E was cognitively intact. Resident E received the following Activities of Daily Living (ADL) assistance: transfer-total assist with two</p>	F 0323	<p>Colonial Oaks is requesting this agency consider paper compliance for the following plan of correction as opposed to a post survey revisit. We are willing to submit any and all documentation as requested to assure our credible compliance with the deficiencies noted in the CMS-2567.No injuries were sustained by the alleged deficient practice. The Certified Nursing Assistant in question has been given corrective action and received competency testing on proper full body lift procedures.All Certified Nursing Assistants to be in-serviced regarding proper full body lift procedures. Annual in-servicing to continue on the lift procedures.Unit Manager/Designee to perform lift observations three times weekly for 4 weeks, two times weekly for 4 weeks, 1 time weekly for 4 weeks then monthly ongoing.DON/Designee to review the observations upon completion.QA Committee will discuss any concerns from</p>	07/18/2016

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	<p>person assist.</p> <p>On 6/30/16 at 10:20 a.m., Resident E was interviewed. She was seated in her wheelchair in her room and indicated she would soon need to use the bedpan. During an observation from the end of the hall on 6/30/16 at 10:32 a.m., CNA #1 entered Resident E's room with a mechanical lift. No other staff person entered the room. Upon knocking and entering the room at 10:35 a.m., Resident E was observed to be up in the mechanical sling, over her bed. Only CNA #1 was at the bedside. A second CNA came into the room to assist, but the resident had already been moved by CNA #1.</p> <p>During an interview on 6/30/16 at 10:47 a.m., CNA #1 indicated she did move Resident E by herself because the resident had to use the bathroom quickly. She indicated she was aware the mechanical lift required two people</p> <p>During an interview on 6/30/16 at 10:55 a.m., the Director of Nursing (DON) was notified of the single person Hoyer transfer. The DON indicated staff were aware the mechanical lift always required two people.</p> <p>A health care plan problem, initiated</p>		observations monthly.				

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	<p>2/29/16, indicated "I need assistance with my ADLS related to dementia, pain, activity intolerance." Interventions included, but were not limited to, "I need physical assistance of 2 staff to transfer to and from the toilet."</p> <p>A facility policy, dated 3/2012, titled "Resident Handling Policy" was provided by the DON on 6/30/16 at 11:26 a.m. It indicated the following:</p> <p>"The Resident Handling Policy exists to ensure a safe working environment for resident handlers. The policy is to be reviewed & signed by all staff that perform or may perform resident handling. ...The transfers will be designated into one of the following categories: ...T=Total Lift Transfer with Mechanical lift with 2 caregivers."</p> <p>A "Job Specific Orientation Check List" was provided by the DON on 6/30/16 at 11:26 a.m. It indicated the following:</p> <p>"...V. Positioning/Moving: Hoyer & stand-assist lift...."</p> <p>The orientation check list was signed by CNA #1 on 4/2/13.</p> <p>3.1-45(a)(2)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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