

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155100	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/25/2015
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NAME OF PROVIDER OR SUPPLIER GARDEN VILLA - BEDFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 NORTON LN BEDFORD, IN 47421
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00169962.</p> <p>Complaint IN00169962 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282 & F314.</p> <p>Survey dates: March 23, 24, & 25, 2015</p> <p>Facility number: 000040 Provider number: 155100 AIM number: 100274460</p> <p>Survey team: Susan Worsham, RN-TC</p> <p>Census bed type: SNF: 10 SNF/NF: 133 Total: 143</p> <p>Census payor type: Medicare: 12 Medicaid: 113 Other: 18 Total: 143</p> <p>Sample: 03</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC</p>	F 000	<p>Preparation and submission of this plan of correction does not constitute an admission or agreement by Garden Villa of the conclusions of this survey. We respectfully submit this plan of correction as proof of our compliance with the State and Federal regulations, and per the laws that mandate the submission of this plan of correction. We respectfully request a desk review for the plan of correction submitted. Please review the attached documents with this plan of correction, as evidence of completion of this plan of correction and evidence of compliance.</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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F 282 SS=D Bldg. 00	<p>16.2-3.1.</p> <p>Quality review completed on April 01, 2015; by Kimberly Perigo, RN.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to ensure physician orders were followed for pressure ulcer dressings on 1 of 3 residents reviewed for pressure ulcers in a sample of 3. (Resident #A).</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 3/23/2015 at 1:00 p.m. Resident #A's diagnoses include, but are not limited to: s/p (status post- after incident) fracture hip, diabetes, anemia, and vitamin deficiency.</p> <p>Physician orders dated 2/12/2015,</p>	F 282	Resident #A was discharged as of 3-5-2015. To ensure the same deficient practice does not occur all nursing staff will be educated regarding pressure ulcer reporting and treatment completion (exhibit #1). All residents have the potential to be affected. All residents with pressure ulcers were reviewed to ensure that appropriate treatments are in place and being completed per physician orders. The wound report audit (exhibit #2) and the treatment completion audit (exhibit #3) will be completed three times weekly for four weeks by the DON and/or designee. If 100% compliant audits will decrease to twice weekly for four weeks. If 100%	04/24/2015

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	<p>indicated Resident #A's dressing orders were to cleanse open area on coccyx with normal saline pat dry and apply foam dressing change every day times 7 days then re-eval (evaluate).</p> <p>Resident #A's physician orders, dated 2/17/15, indicated Resident #A's pressure wound dressing order was changed to cleanse sacral wound with wound wash, pat dry, apply hydrogel (anti-bacterial treatment for wound infection) soaked with gauze and cover with dry dressing daily and prn (as needed).</p> <p>Review of Resident #A's TAR (treatment administration record), dated February 2015, indicated an increase in the length width and depth of the wound. The report also indicated 2 out of 11 days, there was no signature indicating the treatment was completed (February 20th and 22nd, 2015).</p> <p>The TAR was reviewed with the ADON (Assistant Director of Nursing) on March 24, 2015 at 1:30 p.m. The ADON provided no response in regard to no signatures documented for February 20 and 22, 2015.</p> <p>This Federal tag relates to complaint IN00169962.</p>		<p>compliant audits will decrease to weekly for four weeks. If not 100% compliant, then re-education will be immediate, and the review will increase as needed. Results of the above audits will be presented at the monthly QA meeting, when results show compliance for 90 days consecutively the monthly reviews will be changed to as needed.</p>				

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F 314 SS=D Bldg. 00	<p>3.1-35(g)(2)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on interview and record review, the facility failed to ensure a resident received physician prescribed wound treatments to promote healing for 1 of 3 residents reviewed for pressure ulcers. (Resident# A)</p> <p>Findings include:</p> <p>Resident #A's clinical record was reviewed on 3/23/2015 at 1:00 p.m. Resident #A's diagnoses include, but are not limited to: s/p (status post- after incident) fracture hip, diabetes, anemia, and vitamin deficiency.</p>	F 314	Resident #A was discharged as of 3-5-2015. To ensure the same deficient practice does not occur all nursing staff will be educated regarding pressure ulcer reporting and treatment completion (exhibit #1). All residents have the potential to be affected. All residents with pressure ulcers were reviewed to ensure that appropriate treatments are in place and being completed per physician orders. The wound report audit (exhibit #2) and the treatment completion audit (exhibit #3) will be completed three times weekly for four weeks by the DON and/or designee. If 100% compliant audits will decrease to twice weekly for four	04/24/2015			

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	<p>Resident #A was admitted to the facility on 2/11/2015, with a pressure sore on the coccyx. Nurses notes dated 2/12/15 at 2:10 a.m., indicated the area on the coccyx was unstageable and measurements were: 1.0 length (centimeters) x 0.7 width x 0.1 depth. Physician's order dated 2/12/15, indicated a stage II pressure sore dressing order.</p> <p>Physician orders dated 2/12/2015, indicated Resident #A's stage II (a stage II wound is a partial thickness skin loss involving epidermis or both. The ulcer is superficial and presents clinic as an abrasion, blister or shallow crater). wound dressing were to cleanse open area on coccyx with normal saline, pat dry, and apply foam dressing change every day times 7 days then re-eval (evaluate).</p> <p>Resident #A's physician orders, dated 2/17/15, indicated Resident #A's pressure wound dressing order was changed due to an increase in the length and width of the wound. The order change indicated to cleanse sacral wound with wound wash, pat dry, and apply hydrogel (antibiotic dressing used to treat wound infections) soaked with gauze and cover with dry dressing daily and prn (as needed).</p> <p>Review of Resident #A's TAR (treatment</p>		<p>weeks. If 100% compliant audits will decrease to weekly for four weeks. If not 100% compliant, then re-education will be immediate, and the review will increase as needed. Results of the above audits will be presented at the monthly QA meeting, when results show compliance for 90 days consecutively the monthly reviews will be changed to as needed.</p>		

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	<p>administration record), dated February 2015, indicated an increase in the length, width and depth of wound. The report also indicated for 2 out of 11 days there was no signature indicating the treatment was completed (February 20th and 22nd, 2015).</p> <p>The TAR was reviewed with the ADON (Assistant Director of Nursing) on March 24, 2015 at 1:30 p.m. The ADON provided no response in regard to no signatures documented for February 20 and 22, 2015.</p> <p>On 3/4/2015, the wound report indicated the stage was unstageable, length was 7.5 cm, width 3.2 cm, and depth of less than 0.1 cm with documentation stating to follow present wound care order and physician will re-evaluate in 1 week for possible wound care consult.</p> <p>This Federal tag relates to complaint IN00169962.</p> <p>3.1-40(a)(2)</p>			