

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 07/07/2015
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NAME OF PROVIDER OR SUPPLIER CHRISTINA PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 CHRISTIAN BLVD FRANKLIN, IN 46131
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00176631.</p> <p>Complaint IN00176631 - Substantiated. State deficiency related to the allegations is cited at R119.</p> <p>Survey date: July 7, 2015</p> <p>Facility number: 004017 Provider number: 004017 AIM number: N/A</p> <p>Census bed type: Residential: 60 Total: 60</p> <p>Sample: 3</p> <p>This State finding is cited in accordance with 410 IAC 16.2-5.</p>	R 0000		
R 0119 Bldg. 00	<p>410 IAC 16.2-5-1.4(d)(1)(A-E)(2)(A-D)(3- Personnel - Noncompliance</p> <p>(d) Prior to working independently, each employee shall be given an orientation to the facility by the supervisor (or his or her designee) of the department in which the employee will work. Orientation of all employees shall include the following:</p> <p>(1) Instructions on the needs of the specialized populations:</p>			

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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	<p>(A) aged; (B) developmentally disabled; (C) mentally ill; (D) dementia; or (E) children; served in the facility.</p> <p>(2) A review of the facility's policy manual and applicable procedures, including: (A) organization chart; (B) personnel policies; (C) appearance and grooming policies for employees; and (D) residents' rights.</p> <p>(3) Instruction in first aid, emergency procedures, and fire and disaster preparedness, including evacuation procedures.</p> <p>(4) Review of ethical considerations and confidentiality in resident care and records.</p> <p>(5) For direct care staff, personal introduction to, and instruction in, the particular needs of each resident to whom the employee will be providing care.</p> <p>(6) Documentation of the orientation in the employee's personnel record by the person supervising the orientation.</p> <p>Based on record review and interview, the facility failed to ensure staff were properly trained to use a mechanical lift which resulted in a fall with injury for 1 of 3 residents reviewed for falls in a sample of 3 (Resident #B, Resident Care Partner (RCP) #1 and RCP #2).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 7/7/15 at 10:05 a.m. Diagnoses for Resident #B included but</p>	R 0119	Submission of this response and plan of correction is not a legal admission that a deficiency exists and is not to be construed as an admission against interest by the residence, any employees, agents, or other individuals who drafted or may be discussed in the response or plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility if the truth of any facts	07/24/2015			

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	<p>were not limited to, hypertension, diabetes, hypothyroidism, anemia and gout.</p> <p>A fall incident report dated 6/23/15, indicated RCP #1 and RCP #2 were transferring the resident from the bed to a wheelchair in a mechanical lift. Resident #B fell, hitting her head on the floor while her legs were still elevated in the sling. The resident was sent to the hospital 911. Initial hospital report indicated the resident had a fractured hip, cervical (neck) fracture and scalp avulsion (a tearing away forcibly of a part).</p> <p>The personnel records for RCP #1 and RCP #2 lacked any documentation the staff were trained in the use of any mechanical lifts.</p> <p>During an interview with the Care Service manager on 7/7/15 at 1:00 p.m., he indicated he was new to the building since June 2015, and could not find any mechanical lift training for the staff.</p> <p>During an interview with the Care Service Manager on 7/7/15 at 1:30 p.m., he indicated the only report from the hospital was a verbal notification the resident received a C2 (cervical neck) fracture, scalp avulsion and a left hip</p>		<p>alleged or the correctness of any conclusions set forth in this summary by the survey agency.</p> <p>-What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Care Services Manager and/or Physical Therapy Assistant trained current direct care staff in the use of mechanical lift when transferring a resident. In-service trainings were held between June 24, 2015 and June 30, 2015.</p> <p>-How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>There are no current residents who require the use of a mechanical lift.</p> <p>-What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur</p> <p>When a new resident who</p>				

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	fracture. This State Residential finding relates to Complaint IN00176631.		requires the use of a mechanical lift is identified during the initial nursing evaluation, or when a current resident is identified based upon change of condition to require the use of a mechanical lift, the Care Services Manager or designee will in-service direct care staff prior to the use of the mechanical lift. -How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place The Care Services Manager is responsible for sustained compliance. The Care Services Manager and/or designee will discuss residents who require mechanical lifts with the Safety Committee during monthly committee meetings. The Safety Committee will review in-service logs for mechanical lift training to verify participation of direct care staff. Additionally, when one or more residents require the use of a mechanical lift, a minimum of annual training will be provided to direct care staff. Monitoring will be ongoing while mechanical lifts are in use. -By what date the systemic		

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			changes will be completed Completion date: 7/24/15		