

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155580	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  06/09/2015
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NAME OF PROVIDER OR SUPPLIER  APERION CARE TOLLESTON PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2350 TAFT ST GARY, IN 46404
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00173606 and IN00174143.</p> <p>Complaint IN00173606- Substantiated. Federal/State deficiency related to the allegations is cited at F323.</p> <p>Complaint IN00174143-Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: June 7, 8, &amp; 9, 2015</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 200064830</p> <p>Census bed type: SNF: 0 SNF/NF: 110 Total: 110</p> <p>Census payor type: Medicare: 17 Medicaid:86 Other: 7 Total: 110</p> <p>Sample: 7</p>	F 0000		
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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 0323 SS=D Bldg. 00	<p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <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, record review, and interview, the facility failed to ensure adequate supervision was provided to prevent accidents during transfers related to not utilizing a gait belt, failure to utilize a mechanical lift device, and failure to utilize two staff members during a mechanical lift transfer for 2 of 5 residents observed for transfers in sample of 7. (Residents #C and #B) (CNA #1 and CNA #2)</p> <p>Findings include:</p> <p>1. On 6/7/15 at 11:07 a.m., CNA #1 was observed transferring Resident # C from a wheelchair into her bed. The CNA</p>	F 0323	<p>F323</p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p><b>The facility requests paper compliance for this citation.</b></p> <p><b>1. Immediate actions taken for those residents identified:</b></p> <p>Resident #C: Transfer status was</p>	06/29/2015

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	<p>placed the resident's wheel chair next to the bed and placed her arms under the resident's arm and wrapped them around the resident's body. The CNA then lifted the resident, pivoted the resident towards the bed, and placed the resident in the bed. The resident provide minimal weight bearing support and the CNA did not release her hands until the resident was in the bed. The resident was holding on to the CNA. The CNA did not use a gait belt (a belt wrapped around a resident to assisted with transferring residents) while transferring the resident.</p> <p>The record for Resident #C was reviewed on 6/7/15 at 2:00 p.m. The resident's diagnoses included, but were not limited to, Multiple Sclerosis, anemia, diabetes mellitus, and depressive disorder.</p> <p>Review of the 3/23/15 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (7). A score of (7) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident required extensive assistance (resident involved in activity, staff provide weight-bearing support) of two or more staff members for transfers. The assessment also indicated the</p>		<p>reviewed and updated to reflect transfer with Hoyer lift on Kardex and Care Plan. CNA #1 was re-educated on use of Kardex for transfer information and use of gait belt for manual transfers.</p> <p>Resident #B: Reviewed care plan and Kardex. Both reflected accurate transfer method using Hoyer lift with 2 staff assist. CNA #2 was re-educated regarding use of Kardex and 2 staff assist when using Hoyer lift.</p> <p><b>1.How the facility identified other residents:</b></p> <p>All residents will be reviewed for transfer method, and will ensure Care Plan and Kardex accurately reflect transfer method.</p> <p><b>1.Measures put into place/ System changes:</b></p> <p>Licensed nurses and CNA's will be re-educated regarding following plan of care and use of Kardex to verify transfer method.</p> <p>Licensed nurses and CNA's will be re-educated regarding manual transfers with gait belt, and 2 staff assist for hoyer lift.</p> <p>The Director of Nursing or</p>	

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	<p>resident was not steady but able to stabilize without staff assist while moving from a seated position to a standing position. The assessment also indicated the resident had impairment of range of motion in both of her upper extremities and both of the her lower extremities.</p> <p>A Therapy Progress Note completed on 6/9/15 at 12:10 p.m., indicated the resident was screened for transfer performance by Physical Therapy. The Progress Note indicated the resident required max (maximum) assist of one staff member for sit to stand transfers, verbal cues for safe sequence and proper body alignment. The Progress Note also indicated the resident did not display full weight bearing on both lower extremities due to bilateral knee contractors and uncoordinated.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 11/2/2010 indicated the resident had an ADL (Activities of Daily Living) self care performance deficit related to multiple sclerosis. The Care Plan was last updated with a goal date of 9/14/2015. Care Plan interventions included, but were not limited to, mechanical Hoyer lift for transfers. This intervention had been initiated on</p>		<p>designee will observe atleast 5 resident transfers per week on varied shifts to ensure proper procedure is followed fortansfers according to plan of care and Kardex.</p> <p><b>1.How the corrective actions will be monitored:</b></p> <p>The results of these audits will be reviewed inmonthly Quality Assurance meeting monthly x3 months, then quarterly thereafterif no trends are identified for a total of 6 months.</p> <p><b>5) Date of compliance: June 29, 2015</b></p>				

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	<p>2/6/2013.</p> <p>The South Unit Pocket Worksheet provided by Unit Manager #1 was reviewed on 6/7/15 at 11:37 a.m. The Pocket Worksheet indicated Resident #C's transfer status was listed as (1) person assist.</p> <p>When interviewed on 6/7/15 at 2:00 p.m., the Director of Nursing indicated gait belts were to be utilized for all residents requiring staff assistance with transfers.</p> <p>When interviewed on 6/9/15 at 11:35 a.m., the Director of Nursing indicated she was not aware the resident's Care Plan and Pocket Worksheet each listed a different transfer status for the resident. The Director of Nursing indicated Therapy was to evaluate the resident.</p> <p>When interviewed on 6/9/15 at 11:37 a.m., the Nurse Consultant indicated the resident's Care Plans were last reviewed in March 2015 when the last MDS assessment was completed and the Pocket Guide should have been updated with the current Care Plan interventions.</p> <p>When interviewed on 6/9/15 at 12:20 p.m., the Director of Nursing indicated the Physical Therapist assessed the resident for transfers today and</p>			

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	<p>recommended the resident be transferred with a Hoyer lift device. The Director of Nursing also indicated she interviewed other staff members who informed her a Hoyer lift had been used for the resident.</p> <p>The facility policy titled "Limited Lifting Resident Handling Policy" was reviewed on 6/7/15 at 2:00 p.m. There was no date on the policy. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated staff were utilize a gait belt for all physical assist transfers.</p> <p>2. On 6/7/15 at 10:40 a.m., CNA #2 was observed transferring Resident #B from the bed into a Broda chair in her room. The CNA placed a Hoyer lift (a mechanical lift device) pad under the resident and transferred the resident from the bed into the Broda chair using the Hoyer lift device. There were no other Staff members in the room or assisting the CNA with the transfer.</p> <p>The record for Resident #B was reviewed on 6/7/15 at 11:48 a.m. The resident's diagnoses included, but were not limited to, Huntington's Chorea (a neurological disorder), abnormal posture, aphasia (inability to speak), and abnormal posture.</p>			

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	<p>The 5/11/15 Minimum Data Set (MDS) quarterly assessment indicated the resident's cognitive skills for decision making were severely impaired. The assessment also indicated the resident required extensive assistance of two or more staff members for transfers. The assessment also indicated the resident had impairment in range of motion in both of her upper extremities and both of her lower extremities.</p> <p>The South Unit Pocket Worksheet provided by Unit Manager #1 was reviewed on 6/7/15 at 11:37 a.m. The Pocket Worksheet indicated Resident #B required the use of a Hoyer lift for transfers.</p> <p>When interviewed on 6/7/15 at 2:00 p.m., the Director of Nursing indicated two staff members were to be utilized for all Hoyer lift transfers.</p> <p>The facility policy titled "Limited Lifting Resident Handling Policy" was reviewed on 6/7/15 at 2:00 p.m. There was no date on the policy. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated Mechanical lifting devices were to be used for any resident who needed a two person assist. The policy also indicated two care givers were to be utilized for</p>			

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	Mechanical Lift (Hoyer) transfers.  This Federal tag relates to Complaint IN00173606.  3.1-45(a)(2)				