

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155628	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/20/2016
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NAME OF PROVIDER OR SUPPLIER BRIARWOOD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3640 N CENTRAL AVE INDIANAPOLIS, IN 46205
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00200235, IN00201806 and IN00201911.</p> <p>Complaint IN00200235 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00201806 -- Substantiated. Federal/state deficiency related to the complaint is cited at F278.</p> <p>Complaint IN00201911 -- Substantiated. Federal/state deficiency related to the complaint is cited at F312.</p> <p>Survey dates: June 16, 17 and 20, 2016</p> <p>Facility number: 009569 Provider number: 155628 AIM number: 200139920</p> <p>Census bed type: SNF/NF: 65 Total: 65</p> <p>Census payor type: Medicare: 5 Medicaid: 54 Other: 6 Total: 65</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 0278 SS=D Bldg. 00	<p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on June 24, 2016</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to</p>			

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	<p>certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement. Based on interview and record review, the most recent Minimum Data Set (MDS) assessment failed to reflect a significant weight gain for the look back period for 1 of 3 residents reviewed for weight loss or gain. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's clinical record was reviewed on 6-20-16 at 10:20 a.m. His diagnoses included, but were not limited to vascular dementia and diabetes. His most recent MDS assessment, dated 4-6-16, indicated he was cognitively intact, usually understands others and is routinely understood by others. It indicated he is able to feed himself with supervision.</p> <p>In review of the 4-6-16 quarterly MDS assessment, section K, which addresses swallowing and nutritional status, indicated his most recent weight was listed at 373 pounds. It indicated he had no significant weight loss or gain in the last six months. In review of Resident #B's weights, it indicated his weight on</p>	F 0278	<p>F278 The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Resident #B assessment dated 4-6-16 has been modified as indicated.</p>	07/20/2016

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	<p>3-11-16 was 373.4 pounds and his weight six months prior, on 9-24-15 was 309.5 pounds. His weight of 309.5 multiplied by 1.10 equals 340.4 pounds, or a significant weight gain for the 180 day time period. This indicated a weight gain of 64.4 pounds or 20.8%.</p> <p>In an interview with the Assistant Director of Nursing on 6-20-16 at 12:20 p.m., she indicated Resident #B likes to eat and often "asks for extras of nearly everything. It's one of the few things he has control over in his life." On 6-20-16 at 1:07 p.m., she indicated the 4-6-16 MDS assessment was incorrect and should have reflected a significant weight gain during the six month time period.</p> <p>On 6-20-16 at 1:30 p.m., the Assistant Director of Nursing provided a copy of the CMS (Centers for Medicare and Medicaid)'s RAI (Resident Assessment Instrument), Version 3.0 Manual (October, 2015) for Section K: Swallowing/Nutritional Status. This document indicated, "Start with the resident's weight closest to 180 days and multiply it by 1.10 (or 110%). The resulting figure represents a 10% gain from the weight 180 days ago. If the resident's weight is equal to or more than the resulting figure, the resident has gained more than 10% body weight."</p>		<p>2) How the facility identified other residents:</p> <p>All residents residing in the facility have the potential to be affected. Resident MDS's were reviewed for accuracy of weight gain status and corrected as indicated.</p> <p>An audit of the residents' most recent MDS assessment will be conducted to ensure that the resident's current status, including significant weight gain, is accurately reflected.</p> <p>3) Measures put into place/ System changes:</p> <p>An audit of the residents' most recent MDS assessment will be conducted to ensure that the resident's current status, including significant weight gain, is accurately reflected.</p> <p>Facility staff responsible for completing portions of the MDS, including section K, will be inserviced regarding accuracy of assessment to reflect the residents current status.</p> <p>An audit will be completed in weekly Nutrition at Risk meeting to ensure</p>	

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F 0312 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00201806.</p> <p>3.1-31(c)(5)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review, the facility failed to ensure a resident who required extensive assistance to total dependence with ADL (activities of daily living) care and services had dirty fingernails for 1 of 3</p>	F 0312	<p>that weights are being calculated and assessments are being done correctly.</p> <p>4) How the corrective actions will be monitored:</p> <p>The DON / designee will monitor the audit weekly x 4 then monthly x3 and quarterly x1. All results will be reviewed at QA meetings and determine further monitoring.</p> <p>5) July 20, 2016</p> <p>F312 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or</p>	07/20/2016

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	<p>residents reviewed for grooming and hygiene services. (Resident #C)</p> <p>Findings include:</p> <p>During an observation of Resident #C on 6-16-16 at 3:50 p.m., the resident's fingernails were observed to have a large amount of dark gray and brown colored debris under the nails. On 6-17-16 at 10:55 a.m., the resident's fingernails were observed to be unchanged from the previous day, with the right hand with more debris than the left hand. During an observation on 6-17-16 at 2:00 p.m., of the resident with the Director of Nursing and the Assistant Director of Nursing, the resident appeared to be asleep in bed with her right hand positioned under her chin. The fingernails of her left hand were observed to be free of debris. Due to the positioning of her right hand under her chin, this prevented observation of her fingernails of the right hand.</p> <p>During an observation of Resident #C's fingernails on 6-20-16 at 9:32 a.m., with the Administrator, the underside of her fingernails of both hands had a large amount of debris present. The Administrator, "Oh, they [the fingernails] need cleaned."</p> <p>Resident #C's clinical record was</p>		<p><i>agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified:</i> Complete nail care was completed on Resident #C. 2) How the facility identified other residents: All residents have the potential to be affected. Visual observation audit of all residents' nails was conducted and nail care was provided as indicated. 3) Measures put into place/ System changes: Visual observation audit of all residents was conducted to ensure that residents unable to carry out activities of daily living have received the necessary services to maintain good grooming and hygiene, including nail care. Nail care will be offered/provided to all residents, at least twice weekly on shower days. Nail care will be provided per resident preference and prn. Facility staff will be inserviced regarding providing personal hygiene services, including nail care. Visual observations audits will be conducted weekly to ensure that necessary services to maintain good grooming and hygiene, including nail care, have been provided. 4) How the corrective actions will be</p>				

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	<p>reviewed on 6-16-16 at 4:45 p.m. Her diagnoses included, but were not limited to coronary thrombosis (blood clot to heart and/or circulatory system), history of deep vein thrombosis and history of viral meningitis. Her most recent Minimum Data Set (MDS) assessment, dated 5-31-16, indicated she required extensive assistance of one person with hygiene services and was dependent of one person for bathing.</p> <p>Review of Resident #C's records for personal hygiene for the time period 6-1-16 through 6-17-16 indicated she required extensive assistance to dependent care of one person. Review of records for showering/bathing of Resident #C for the same time period indicated she was dependent of one person, with indication of no shower/bathing since 6-9-16, but routine personal hygiene services provided on those dates.</p> <p>Review of the care plans for Resident #C indicated, "I need assistance with my ADL's related to limited range of motion, impaired cognition." Interventions listed for this care plan included, but were not limited to, "I need assistance with am and pm care...I need my nails to be observed daily for cleaning...I need physical assistance with bathing..."</p>		<p>monitored: The results of these audits will be reviewed, monthly x3 then quarterly x1. Further monitoring will be determined by Quality assurance. 5) July 20 2016</p>				

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	<p>On 6-20-16 at 1:30 p.m., the Assistant Director of Nursing provided a copy of a policy entitled, "Personal Hygiene." This policy was indicated to be the current policy utilized by the facility. The purpose of this policy was indicated to be, "To ensure residents receive necessary care and assistance for personal hygiene tasks." The policy indicated, "Personal hygiene will be performed 2 times daily, in the morning and before bed. Residents will be offered a shower/full bath at a minimum of 2 times a week. Resident preferences will be honored. Nail care will be provided as needed. Diabetic nail care must be performed by a licensed nurse or podiatrist. Personal hygiene may include, but it is not limited to oral care, washing face and hands, washing axillary area and perineum area, applying makeup (as needed), combing/brushing of hair, applying deodorant/perfume as necessary, shaving, dressing and undressing [and] applying lotion to skin."</p> <p>This Federal tag relates to Complaint IN00201911.</p> <p>3.1-38(a)(3)(E)</p>			