

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155458	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2014
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NAME OF PROVIDER OR SUPPLIER HIGHLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9630 FIFTH ST HIGHLAND, IN 46322
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F000000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 10/20/14.</p> <p>This visit was done in conjunction with the Investigation of Complaint IN00158748.</p> <p>Survey dates: December 10 & 11, 2014</p> <p>Facility number: 000367 Provider number: 155458 AIM number: 100289280</p> <p>Survey team: Heather Tuttle, RN-TC Lara Richards, RN</p> <p>Census bed type: SNF/NF: 31 Total: 31</p> <p>Census payor type: Medicare: 9 Medicaid: 18 Other: 4 Total: 31</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	Neither the signing or submission of the plan of correction shall constitute an admission of any deficiency or of any fact or conclusion set forth in the "Statement of Deficiencies" This plan of correction is being submitted in good faith by the facility because it is the law Compliance date is 12/31/2014	

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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F000309 SS=D	<p>Quality review completed on December 16, 2014, by Janelyn Kulik, RN.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, record review and interview, the facility failed to ensure bruises were monitored and assessed for 1 of 3 residents reviewed for skin conditions (non-pressure related) of the 3 residents who met the criteria for skin conditions (non-pressure related). (Residents #C)</p> <p>Findings include:</p> <p>On 12/10/14 at 9:30 a.m., and 11:44 a.m., Resident #C was observed sitting in a wheelchair outside of her room. At those times, there were two bruises noted to the back of her right and left hands. Both bruises were purple/blue in color.</p> <p>On 12/10/14 at 2:14 p.m., CNA #1 was asked to remove the bed linens from the resident's hands to observe her skin. At that time, there were two bruises noted</p>	F000309	<p>F 309</p> <p>1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident # C has expired.</p> <p>2.How will you identify other residents that maybe affected by the alleged deficient practice? All residents receiving lab draws have the potential to be affected by this alleged deficient practice. All residents will have skin check audit to identify bruising.</p> <p>3.What measures have been put into place or what systematic changes will be made to ensure that the deficient practice does not recur?</p> <p>1.All nursing staff will receive directed in-service training on the facility's policy and procedure for assessing and monitoring bruises by the Director of Clinical Operations on 12/29/14.</p> <p>2.CNAs will be in serviced on shower sheets and to identify any new areas and report them to the</p>	12/31/2014
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	<p>to the back of her right and left hands. Both bruises were purple/blue in color.</p> <p>On 12/10/14 at 2:35 p.m., the resident remained in bed, LPN #1 was asked to do a skin assessment of the resident's hands. At that time, the LPN indicated the bruises to the back of her hands were new. He further indicated he was not made aware she had any new bruises.</p> <p>The record for Resident #C was reviewed on 12/10/14 at 2:40 p.m. The resident's diagnoses included, but were not limited to, dementia, anemia, heart failure, and dementia with delusion.</p> <p>Physician Orders dated 11/12/14 indicated monitor bruising everyday.</p> <p>The laboratory data was reviewed and indicated the resident had a new lab draw on 12/8/14.</p> <p>Review of the lab information sheet provided by the lab company indicated the resident's blood was obtained from the back of the right hand.</p> <p>The non pressure wound sheet indicated new measurements of both bruises were obtained on 12/10/14. The right hand measured 3 centimeters (cm) by 2 cm and the left hand measured 3 cm by 1 cm.</p>		<p>nurse.</p> <p>3.Nurses will be in-serviced on completion of non-pressure sheets with identified areas.</p> <p>1.How will the corrective actions be monitored to ensure the deficient practice will not recur?</p> <p>1.The phlebotomist will leave a copy of the form used to indicate who had blood draws and the area that was drawn from. The nurse will use this form and initial off that he or she has assessed the resident. If a bruise is noted, a skin sheet will be completed and the MD notified for orders. The DON/Designee will audit this form bi-weekly.</p> <p>2. Any new bruising will be discussed daily in morning meeting DON/Designee will conduct 3 random skin checks weekly x3 months.</p> <p>3. All information will be discussed monthly in QA meeting x3 months (a quarter) , if QA findings show error rate of greater than 20% by end of quarter, audits willcontinue until error rate <20%. Completion date: 12/31/2014</p>		

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F000312 SS=D	<p>The current and undated Bruises policy provided by the Director of Nursing indicated "When a resident is noted to have a bruise, the nurse must: Assess the bruise for color, location, warmth, and/or pain. New bruises will be addressed in each morning meeting under the quality improvement meeting."</p> <p>Interview with LPN #1 on 12/10/14 at 2:40 p.m., indicated new bruises were to be assessed and monitored on the non pressure sheet. He further indicated both of the bruises were new.</p> <p>This deficiency was cited on 10/20/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-37(a)</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, record review, and interview, the facility failed to ensure each resident received the necessary treatment and services to maintain good</p>	F000312	F312 1. Whatcorrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?	12/31/2014			

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	<p>personal hygiene related to nail care for 1 of 3 residents reviewed for Activities of Daily Living of the 3 residents who met the criteria for Activities of Daily Living. (Resident #C)</p> <p>Findings include:</p> <p>On 12/10/14 at 9:30 a.m., and 11:44 a.m., Resident #C was observed sitting in a wheelchair outside of her room. At those times, the resident's fingernails were long with a brown like substance noted underneath the nails on her right hand.</p> <p>On 12/10/14 at 2:14 p.m., CNA #1 was asked to remove the bed linens from the resident's hands to observe her skin. At that time, the resident's fingernails were long with a brown like substance noted underneath the nails on her right hand. The CNA indicated the resident will often place her hands in her food during meal times. The CNA further indicated her nails were long and dirty and in need of cleaning. She indicated the resident will jerk her hands when trying to trim her nails, so she felt it was best the nurse cut them.</p> <p>On 12/10/14 at 2:35 p.m., the resident remained in bed, LPN #1 was asked to do a skin assessment of the resident's hands. At that time, the LPN indicated the</p>		<p>Resident #C nails were cleaned and trimmed on 12/10/14. Resident #C has expired.</p> <p>2. How will you identify other residents that may be affected by the alleged deficient practice? All dependent residents have the potential to be affected by this alleged deficient practice. An audit on all residents has been completed to identify long dirty nails.</p> <p>3. What measures have been put into place or what systematic changes will be made to ensure that the deficient practice does not recur? All nursing staff will receive directed in-service training by the Director of Clinical Services on 12/29/14 on the facility's policy and procedure for providing personal hygiene to residents that are unable to so regarding trimming and cleaning of fingernails.</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not recur? The staff will indicate on the shower sheets whether or not the resident's nails were trimmed and/or cleaned. During room rounds the IDT team will assess residents to ensure that personal hygiene has been completed. A random audit will be completed by the DON/Designee on 3 residents weekly to ensure nails have been trimmed weekly x3 months. All information will be discussed monthly in QA meeting x3 months (a quarter) , if QA</p>				

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	<p>resident's nails were long and dirty. He indicated he would get someone from activities to trim and clean them.</p> <p>The record for Resident #C was reviewed on 12/10/14 at 2:40 p.m. The resident's diagnoses included, but were not limited to, dementia, anemia, heart failure, and dementia with delusion.</p> <p>The 5 day Prospective Payment Systems (PPS) Minimum Data Set (MDS) assessment dated 11/19/14 indicated the resident was not alert and oriented. She needed extensive assist with one person physical assist for personal hygiene. The resident was coded as not having any mood or behavior problems and there was no evidence of rejection of care or medications.</p> <p>The current 10/12/14 plan of care indicated the resident had self care deficit related to dementia and limited mobility. The Nursing goal was to maintain current level of function with personal hygiene.</p> <p>Further review of the current plan of care indicated there was no care plan the resident resisted care.</p> <p>Interview with the MDS Coordinator on 12/10/14 at 3:25 p.m., indicated the resident's nails were very long and dirty</p>		findings show error rate of greater than 20% by end of quarter, audits will continue until error rate <20%. Completiondate: 12/31/14				

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	and in need of being cleaned and trimmed. This deficiency was cited on 10/20/14. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-38(a)(3)(E)				