

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155070	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/04/2013
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NAME OF PROVIDER OR SUPPLIER  GREEN VALLEY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3118 GREEN VALLEY RD NEW ALBANY, IN 47150
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F0000	<p>This visit was for the Investigation of Complaint IN00123165.</p> <p>Complaint IN00123165 - Substantiated. Federal/State deficiencies related to the allegation are cited at F309.</p> <p>Survey date: February 4, 2013</p> <p>Facility number: 000028 Provider number: 155070 AIM number: 100275370</p> <p>Survey team: Cheryl Fielden RN, TC</p> <p>Census bed type: SNF/NF: 98 Total: 98</p> <p>Census Payor type: Medicare: 12 Medicaid: 80 Other: 6 Total: 98</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p><u>Allegation of Compliance</u> Please accept the following plan of correction for the survey completed on February 4, 2013. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws. This facility appreciated the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better the quality of care provided to the residents in our community. Green Valley Care Center respectfully requests consideration for a desk review and paper 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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	Quality review 2/11/13 by Suzanne Williams, RN			

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F0309 SS=D	<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 interview and record review, the facility failed to provide cardiopulmonary resuscitation (CPR) to a resident who indicated they wished to be a full code status. This deficient practice affected 1 of 3 residents reviewed for cardiopulmonary resuscitation in a sample of 3. (Resident #A)</p> <p>Findings Include:</p> <p>Resident A's record was reviewed on 2/4/13 at 10:55 a.m.</p> <p>The nurses notes dated 1/19/13 at 09:52 p.m., indicated "resident talking and not making sense. Asked her her name and she said she did not know. Did not know the month or day. When said '(Resident's title and last name), what is your first name?' She answered (her first name). Eyes were...had to get her to open them. Pupils were 6mm and slow to react. Did not move her arms and legs on command. Abdomen distended and soft, but complained of pain when</p>	F0309	<p>1. Resident A no longer resides in the facility. 2. Resident's having orders to be a Full Code status have the ability to be affected by the alleged deficient practice. An audit was completed on 1/21/2013 and again on 2/18/2013 by Nursing administration and the Social Services Director of each resident's code status, to ensure the appropriate documentation supporting each resident's code status was clearly marked and available on the medical record. 3. Re-inservicing was completed with licensed nurses on 1/23/2013 by the Director of Nursing and will be repeated again with licensed nurses by 2/25/2013. The in-service included but was not limited to: emergency response, CPR procedures, and resident assessments. The Director of Nursing or designee will randomly audit the resident's code status, to ensure the appropriate documentation supporting each resident's code status was clearly marked and available on the medical record at least five (5)</p>	02/25/2013			

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	<p>palpated. Having strong smelling diarrhea stools. Called Dr. (physicians name). He ordered... (blood work)...Discontinue Ambien (medication for sleep). 10:30 Temp 101.0 orally, diaphoretic (sweaty), Tylenol 650 mg given orally. 11:45 p.m. attempted to straight cath...was unsuccessful. Foley cath (catheter) placed...Urine samples obtained...Resident had diarrhea stools and c-diff (infection) sample obtained. 11:50 p.m. lab here to draw blood and take stool and urine samples. addendum O2 (oxygen) started at 2/Lmin infusing per nasal cannula due to O2 sats (saturation) at 88%. After 5 min O2 sats 92%. 1/20/13 03:18 a.m., (lab) results received with critical labs and called Dr.(physician's name). New orders received. (labs) to be drawn 1/20/13, rocephin (antibiotic) 1 gm to be given IM (intramuscularly) now, rocephin to be given in right gluteus maximus. 1/20/13 5:30 a.m. entered room and found resident in bed with no pulse, respirations or blood pressure, Called physician to inform him, Called DON (Director of Nursing), and called the family. Addendum after reviewing the chart further and noted she was a full code called the physician to inform him of code status, asked if he wanted CPR</p>		<p>times per week for four (4) weeks and continue weekly for no less than two (2) additional months. 4. The results of these audits will be presented to the monthly Performance Improvement Committee. The Performance Improvement Committee will reevaluate the continued need of audits; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated.</p>				

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	<p>initiated. He stated no. DON made aware of code status. 1/20/13 08:27 a.m. Funeral home contacted about picking up body, at 6:30 a.m. also order noted to release body to funeral home of choice...(funeral home) here to pick up body... 1/21/13 06:42 p.m. late entry for 1/20/13 at 5:30 a.m., Resident found in bed with eyes closed no response when name called. Skin cold and pallor in color. No mottling (discolored areas) noted. Circumoral cyanosis (bluish color around the mouth) noted. No respirations via auscultation (listening). No pulse blood pressure. feet and legs edematous (swollen). Abdomen remains distended. Eyes displayed no ocular movement, pupils were set with no response noted to light stimulation. Extremities were flaccid. There were no other visible signs of life."</p> <p>An Advance Directives/Medical treatment form, dated 10/18/12, indicated "(a box with an X through it, indicating this choice) I do not choose to formulate or issue any Advance Directives at this time. I want efforts made to prolong my life and want life sustaining treatment to be provided." This form was signed by (Resident A), on 10/18/12 and witnessed by family member on 10/18/12.</p>			

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	<p>A care plan, dated 10/24/12, indicated, "Problems: I am a full code status, Goals:Follow my advanced directives, Target date: 1/29/13, Approaches, In the event of cardiorespiratory failure, my code status will be honored, my advance directives will be kept on chart."</p> <p>On 2/4/13 at 1:55 p.m. the DON provided the following documentation: "Facility follow-up summary and recommendations, Incident date and time: 1/20/13 at 5:30 a.m...Summary of Investigation...(RN #1) entered (Resident A's) room to find her unresponsive and without any signs of life. Review of the medical record and upon interview with the nurse, it was found that CPR was not initiated. The medical record stated that (Resident A's) code status was a full code. Upon interview with the nurse as to why CPR was not initiated the nurse states that given the resident's clinical appearance and assessment findings that she believed the resident to be expired and any attempt of CPR would have been futile and ineffective. The nurse states she notified the physician of her findings and the resident's code status and enquired if he wanted CPR initiated and the physician replied 'no'. Upon</p>			

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	<p>interview with the physician he stated (Resident A) had a history of acute renal failure and that according to her most recent labs that were obtained (date of labs) the resident appeared to be in acute renal failure and that he also could not rule out that the resident may have experienced an acute MI. The resident's family was also notified by the staff nurse. A follow up call was placed to (Resident A's) family to offer condolences and to inquire if there were any questions or concerns regarding (Resident A's) passing and to why CPR was not initiated. The (family member) verbalized full understanding and agreement with how the staff nurse handled the incident. The (family member) was very complimentary of the care the staff nurse and other staff had provided...The (family member) stated the nurse had made her aware of (her family member's) change in condition the evening before..."</p> <p>An interview on 2/4/13 at 1:55 p.m., with the DON indicated the facility does not have a policy to indicate, when a resident's status is a Full Code, what criteria would indicate that the Full Code status would not be honored. The DON stated the facility uses the AHA (American Heart</p>						

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	<p>Association) guidelines for CPR. A document the DON produced was "Supportive Documentation 2005 American Heart Association CPR Guidelines...Thus, under the 2005 AHA standards, nurses and other health care providers would be expected to initiate CPR unless, The patient exhibits obvious signs of irreversible death (e.g. rigor mortis [stiffness], dependent lividity [skin discoloration due to venous congestion])...."</p> <p>This federal tag relates to complaint IN00123165.</p> <p>3.1-37(a)</p>			