

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155115	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/04/2013
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NAME OF PROVIDER OR SUPPLIER CARDINAL NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1121 E LASALLE AVE SOUTH BEND, IN 46617
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 27, 28, April 1, 2, 3, 4, 2013</p> <p>Facility number: 000048 Provider number: 155115 AIM number: 100275330</p> <p>Survey Team: Shauna Carlson, RN TC Lora Swanson, RN (4/1, 4/2, 4/3, 4/4, 2013) Julie Baumgartner, RN (3/27, 3/28, 4/1, 4/2, 2013) Shelly Vice, RN (3/27, 3/28, 4/1, 2013)</p> <p>Census bed type: SNF/NF: 109 Total: 109</p> <p>Census payor type: 13 Medicare 85 Medicaid 11 Other 109 Total</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after May 4, 2013.</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 completed on 4/9/13, by Brenda Meredith, R.N.				

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F000323 SS=D	<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, interview and record review, the facility failed to implement care planned interventions to reduce the risk of an accident for 1 of 3 residents reviewed for accidents. (Resident #29)</p> <p>Findings include:</p> <p>On 4/2/13 at 8:59 a.m., record review indicated Resident #29's diagnosis included but were not limited to adult failure to thrive, recurrent UTI (urinary tract infection), psychosis, malnutrition, Alzheimers disease, glaucoma, anxiety and edema.</p> <p>On 4/2/13 at 10:40 a.m., staff interview with Unit Manager (RN #1) indicated Resident #29 did have a fall on 3/21/13, and received a skin tear on right shoulder. The Unit Manager further indicated the current fall interventions for Resident #29 include non skid strips at the bedside.</p> <p>A Care Plan, dated 10/29/12 and updated on 12/6/12, indicated</p>	F000323	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after May 4, 2013.</p> <p>F323 – Free of Accident Hazards/Supervision It is the practice of this provider to 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.</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i> Resident #29 – has experienced no further falls. Her fall care plan, Nurse Aide Assignment Sheet and room environment has been reviewed and updated to reflect her current status. The corrective action for this resident was to place non</p>	05/04/2013			

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	<p>"...nonskid strips at bedside...."</p> <p>On 4/2/13 at 10:50 a.m., Resident #29 was observed resting in bed, no nonskid strips were observed at the bedside. During an interview at that time with the Unit Manager she indicated that non skid strips are not present at the bedside and should be. The Unit Manager further indicated she would notify the maintenance department immediately to have the strips applied to the floor.</p> <p>3.1-45(a)(2)</p>		<p>skid strips at bedside, which was done immediately. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: Any resident identified as being at risk for falls has the potential to be affected by this finding. A facility audit will be completed by the Nurse Management Team to review all resident fall care plans. The prevention interventions on each resident's fall care plan will be compared to the Nurse Aide Assignment Sheet, physician orders and resident environment to ensure all fall and safety interventions are in place and being utilized properly per each resident's individual plan of care. In addition, environmental and safety inspections will be conducted no less than five times per week through the Customer Care Program. Nursing in-service(s) will be held on or before April 26, 2013. The DNS/designee is responsible for conducting in-service(s). In-service(s) will review the facility policy entitled, "Fall Management Program". In-service(s) will also include review of the care plan process and importance of adherence to established care plans and safe practices in regards to safety interventions such as non skid strips at the bedside in resident room. What measures will be put into place</p>		

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			<p>or what systemic changes will be made to ensure that the deficient practice does not recur: Mandatory nursing in-services will be held with all nursing staff on or before April 26, 2013. The DNS/designee is responsible for conducting in-service(s). In-service(s) will review the facility policy entitled, "Fall Management Program". In-service(s) will also include review of the care plan process and importance of adherence to established care plans and safe practices in regards to safety interventions such as non skid strips beside bed in resident rooms. In addition, environmental and safety inspections will be conducted no less than five times per week through the Customer Care Program. On Saturday and Sunday, the Manager on Duty will complete room audits to ensure fall interventions are in place. Any change in resident safety needs will be identified during daily clinical meetings and will be communicated by the Nurse Management Team/designee to direct care staff promptly through updates to care plans and Nurse Aide Assignment Sheets. 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: Compliance with this corrective action, will be monitored through the CQI Program entitled,</p>		

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			<p>"Customer Care Rounds" no less than five times per week. Each Customer Care Representative will conduct audits of their assigned rooms, utilizing the Nurse Aide Assignment Sheet, verifying that all fall interventions are in place as indicated on the Nurse Aide Assignment Sheet. These audits will be completed daily, Monday through Friday for 4 weeks, then weekly for 6 months. On Saturdays and Sundays the Manger on Duty will complete 5 random room audits per each unit for 6 months . If a threshold of 90% is not met, and action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up. By what date the systemic changes will be completed: Compliance Date: May 4, 2013.</p>		