

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/04/2013
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NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN 46407
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F000000	<p>This visit was for Investigation of Complaint IN00131783.</p> <p>Complaint IN00131783-Substantiated. Federal/State deficiencies related to the allegations are cited at F310 and F9999.</p> <p>Survey Dates: 12/3 & 12/4/13.</p> <p>Facility Number: 000368 Provider Number: 15E187 AIM Number: 100275220</p> <p>Survey Team: Heather Tuttle, R.N. T.C. Janelyn Kulik, R.N. (December 3, 2013)</p> <p>Census Bed Type: NF: 23 Total: 23</p> <p>Census Payor Type: Medicaid: 22 Other: 1 Total: 23</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>	F000000		
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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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	IAC 16.2. Quality review completed on December 6, 2013, by Janelyn Kulik, RN.				

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F000310 SS=D	<p>483.25(a)(1) ADLS DO NOT DECLINE UNLESS UNAVOIDABLE</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems.</p> <p>Based on observation, record review, and interviews, the facility failed to ensure Restorative Nursing Services related to passive range of motion were being provided to residents with contractures for 2 of 3 residents reviewed for Restorative Nursing Services in the sample of 4. (Resident's #C & #D)</p> <p>Findings include:</p> <p>1. On 12/3/13 at 8:15 a.m., Resident #C was observed sitting in his wheelchair in the main dining room. At that time, the resident was observed wearing bilateral anti-contracture devices to both of his hands. Both hands and fingers were noted to be contracted.</p> <p>On 12/4/13 at 9:02 a.m., Resident #C was observed in his room. At that time, he was again observed with</p>	F000310	F310 1. Licensed Nurse responsible for the restorative program reassessed residents C & D and no changes were noted to their contracture assessment. She then evaluated the C.N.A.'s and selected 3 members who will be responsible for providing restorative passive range of motion and following plan of care 6 days a week. 2. A total of 6 residents with contractures receiving passive range of motion had the potential of being affected but no decline noted. All residents are assessed for contractures upon admission and quarterly by the licensed nursing staff. If a resident is determined to have a contracture he/she is assessed for a restorative program. 3. Restorative Licensed Nurse has evaluated the C.N.A. staff and selected 3 C.N.A.'s to be part of the restorative team. Restorative Nurse will hold an in-service on R.O.M. and the Restorative Program on 12/30/13. The	01/03/2014			

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	<p>anti-contracture devices to both of his hands. Further observation, indicated CNA #1 was performing Restorative Nursing Services for the resident. She indicated she did not provide passive range of motion to either one of his hands or fingers. The CNA indicated moving his fingers and hands causes him to have pain. She then raised the resident's left arm, supported his elbow with her hand and begun passive range of motion to his arm by flexing and extending it 10 times. After she was finished with the left arm she then indicated she does the same thing for the right arm. The CNA further indicated that was all she does for Restorative Services as far as passive range of motion for the resident.</p> <p>The record for Resident #C was reviewed on 12/4/13 at 9:30 a.m. The resident's diagnoses included, but were not limited to, dementia, high blood pressure and history of a stroke.</p> <p>Review of the range of motion assessment updated on 10/24/13 indicated there were no changes in the resident's range of motion. The resident's left and right wrists, left elbow, left and right shoulders, and left and right hands/fingers were all</p>		<p>Restorative Team will ensure that the resident's abilities in activities of daily living do not diminish in the areas of bathing, dressing, grooming, transfers, ambulation, toileting, eating and communication. Residents receiving restorative services will be listed inside the resident's closet door for easy referral. All C.N.A.'s will be in-serviced and R.O.M. skills reassessed. All new hires for the position of C.N.A. will be perform a skills evaluation and a copy will be placed in their employment file. 4. Restorative Licensed Nurse will evaluate restorative program documentation weekly and discuss program with restorative team weekly. D.O.N. will meet with Restorative Team weekly to discuss questions and any concerns. D.O.N. will evaluate documentation monthly. Quality Assurance will evaluate the Restorative Program quarterly for improvement to ensure the needs of each resident is met. 5. 1/3/14</p>		

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	<p>moderately/severe indicating 25-50% usage. Further review of the range of motion assessment indicated the resident should be referred to Restorative Nursing Services.</p> <p>Review of the 10/24/13 quarterly Minimum Data Set (MDS) assessment indicated the resident had impairment to both sides of his upper and lower extremities for his functional limitation in range of motion.</p> <p>Review of the updated 10/24/13 care plan indicated the resident had the problem of contractures both hands and fingers. The Nursing approaches were to provide passive range of motion daily.</p> <p>Review of the Restorative Nursing Service plan of care dated 11/24/13, indicated the problem of hand contracture. The interventions were to support hand and bend and straighten fingers. Next move fingers out and back side ways then bring thumb and little finger together and back. Repeat the sequence of exercises three times. The resident was to be provided with 20 repetitions three to five times a day.</p> <p>Further review of the Restorative</p>				

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	<p>Nursing Service plan of care dated 11/24/13, indicated the resident had limited range of motion to his upper extremities. The interventions indicated to lie the resident in bed. Support the resident's arm by placing one of your hands just above the bend of the elbow and grasp the resident's hand with your hand. Gently bend the elbow 90 degrees and then straighten the elbow back to its resting position. The resident's goal was to complete 20 repetitions daily.</p> <p>Interview with CNA #1 on 12/4/13 at 9:20 a.m., indicated she was aware of the facility's "Restorative Book", however, she was not fully aware of what the resident's plan was for passive range of motion to his hands and upper extremities.</p> <p>Interview with the Director of Nursing on 12/4/13 at 10:00 a.m., indicated her expectations was for the CNAs to provide Restorative Nursing Services to each resident according to their plan of care.</p> <p>2. On 12/3/13 at 8:10 a.m., Resident #D was observed sitting in a wheelchair in the main dining room. At that time, she was observed with an anti-contracture device in her left</p>				

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	<p>hand. Her fingers on that hand were bent and she could not open them, her left hand was also noted to be closed like a fist.</p> <p>On 12/4/14 at 9:17 a.m., Resident #D was observed in her room. At that time, there was no anti-contracture device in her left hand. CNA #1 and CNA #2 were both in the room. CNA #2 indicated when she gives the resident her bath early in the morning she massages her hand, however, she does not provide range of motion to each finger. CNA #1 indicated she only makes sure the resident has her anti-contracture device in her hand. She further indicated she does not range her fingers, hand or arm, because it causes the resident to have pain.</p> <p>Interview with CNA #1 at that time, indicated she does not inform the nurse when resident's have pain with their range of motion.</p> <p>Interview with CNA #2 at that time, indicated she also does not like to cause pain to the resident, therefore she does not provide any range of motion to the resident's arm, hand, or fingers.</p> <p>The record for Resident #D was</p>						

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	<p>reviewed on 12/4/13 at 11:21 a.m. The resident's diagnoses included, but were not limited to, old stroke with left hemiparesis.</p> <p>Review of the range of motion assessment dated 10/3/13 indicated the resident's left shoulder, left elbow, left hand and fingers were severely limited with 0-25% usage. Further review of the assessment indicated the resident was referred to Restorative Nursing Services.</p> <p>Review of the 11/21/13 quarterly Minimum Data Set (MDS) assessment indicated the resident had impairment on one side to her upper and lower extremities for functional limitation in range of motion. The MDS further indicated the resident was receiving Restorative Nursing Services related to passive range of motion six times a week.</p> <p>Review of the Restorative Nursing Service plan of care dated 11/22/13 indicated the problem of hand contracture. The interventions were to support hand and bend and straighten fingers. Next move fingers out and back side ways then bring thumb and little finger together and back. Repeat the sequence of exercises three times. The resident</p>						

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	<p>was to be provided with 10 repetitions three to five times a day.</p> <p>Further review of the Restorative Nursing Service plan of care dated 11/22/13 indicated the resident had limited range of motion to his upper extremities. The interventions indicated to lie the resident in bed. Support the resident's arm by placing one of your hands just above the bend of the elbow and grasp the resident's hand with your hand. Gently bend the elbow 90 degrees and then straighten the elbow back to its resting position. The resident's goal was to complete 10 repetitions daily.</p> <p>Interview with CNA #1 on 12/4/13 at 9:20 a.m., indicated she was aware of the facility's "Restorative Book", however, she was not fully aware of what the resident's plan was for passive range of motion to his hands and upper extremities.</p> <p>Interview with the Director of Nursing on 12/4/13 at 10:00 a.m., indicated her expectations was for the CNAs to provide Restorative Nursing Services to each resident according to their plan of care.</p> <p>This Federal tag relates to complaint</p>				

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	IN00131783. 3.1-38(a)(1)				

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F009999	<p>In facilities of one hundred twenty (120) beds or less, a person who provides social services is an individual with one (1) of the following qualifications: A high school diploma or its equivalent who has satisfactorily completed, or will complete within six (6) months, a forty-eight (48) hour social service course approved by the division. Consultation must be provided by a person who meets the qualifications under subdivision (1) or (2). Consultation by a person who meets the qualifications under subdivision (1) or (2) must occur no less than an average of four (4) hours per month.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a Social Service Consultant was provided at least four hours a month. This had the potential to effect 23 of 23 residents who resided in the facility.</p> <p>Findings include: On 12/3/13 at 7:30 a.m., the</p>	F009999	<p>F9999 1. A Social Service Designee is employed full time who met the needs of our residents. A Social Worker has been added to the staff of Simmons Loving Care Health Facility. She has a Bachelor of Science Degree in Human Services Social Services Concentration Laude. 2. No residents were harmed while the Social Worker was on sick leave. 3. The Social Worker will meet the psychosocial needs of elderly patients and help contribute to their overall quality of life. She will be employed as a consultant for at least 4 hours monthly. She will supervise the social service department and perform the following duties: Psychosocial Needs The Social Worker will help address psychosocial needs of the elderly which include assessing for depression, dementia or anxiety, as well as such issues as the loss of personal control and identity and adjusting to the facility. The Social Workers address these resident needs and figure out how best to help residents cope with them. Assessing Quality of Life Another duty of Social Worker is to assess the quality of life of the residents. They make sure residents feel comfortable and secure in the facility, and if not, they try to come up with ways to make the residents feel better</p>	01/03/2014	

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	<p>employee files were reviewed. At that time, the facility's Social Service Designee (SSD) certificate was reviewed. The SSD completed the Social Service Designee Basic Course March 26, 1990.</p> <p>Interview with the SSD on 12/3/13 at 7:40 a.m., indicated there was no Social Service Consultant who came to the facility to review her work.</p> <p>Interview with the Director of Nursing on 12/3/13 at 8:00 a.m., indicated the facility had a Social Worker who came to the facility but had not visited since the end of August 2013. The Director of Nursing was unable to provide any written documentation of those visits, or the credentials of the Social Worker.</p> <p>This State tag relates to compliant IN00131783.</p> <p>3.1-34(d)(3)</p>		<p>about where they are living. They may assess the relationships in residents' lives, including relationships with family members and with other residents, and assess the enjoyment level of residents. They try to build on family involvement in the residents' lives, as well as that of staff. They also help form a discharge or end-of-life plan with residents and their family members. Admissions Social Workers will be involved in the admissions process of new residents. They may have duties to visit residents at their homes and hospitals to assess them for the possible admission into the facility, help residents and their families become familiar with the facility, explain insurance processes and how to apply for insurance, and screen residents for depression or other issues at admission. Plan of Care Social Workers will develop a plan of care for residents, which could require them to invite friends and family to care plan meetings, attend quarterly care plan meetings, plan interventions for residents suffering from depression, screen residents for anxiety, discuss residents' preferences for care with their doctors, and discuss options for when residents die or are near death. These plans may include decisions about whether to resuscitate or perform other lifesaving measures. Improving</p>		

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			Well Being Social Worker is responsible for improving the well being of nursing home residents and their families, and to do this, they may facilitate family support groups, provide emotional support to friends and family members of residents, respond to complaints from residents and their families and assist with recreational activities. Other General Services Additional duties of the Social Worker includes participating in annual surveys, recruiting and coordinating volunteers, and even helping to feed residents at their scheduled meal times. 4. Social Worker will provide consultant reports to the Administrator and Director of Nursing monthly. Reports will be reviewed monthly by the D.O.N. and any problems or concerns will be discussed with the Administrator monthly during staff meetings. Quality Assurance meetings will be held quarterly and social service reports will be reviewed. 5. 1/3/2014		