

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155282	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/26/2016
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO	STREET ADDRESS, CITY, STATE, ZIP CODE 2515 NEWTON ST JASPER, IN 47547
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00205018.</p> <p>Complaint IN00205018 - Substantiated. Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: July 25 and 26, 2016</p> <p>Facility number: 000180 Provider number: 155282 AIM number: 100274190</p> <p>Census bed type: SNF: 11 NF: 52 SNF/NF: 35 Residential: 25 Total: 123</p> <p>Census payor type: Medicare: 11 Medicaid: 52 Other 35 Total: 98</p> <p>Sample: 4</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC</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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	16.2-3.1. Quality review completed by #02748 on July 27, 2016.			
F 0323 SS=G Bldg. 00	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.	F 0323	1.What corrective action will be accomplished for those residents found to havebeen affected by the deficient	08/08/2016

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	<p>Based on interview and record review, the facility failed to ensure a resident was transferred correctly, a staff member grabbed a resident's arm and it resulted in a shoulder fracture, for 1 of 3 residents reviewed requiring assistive devices with transfers, in a sample of 4. Resident A</p> <p>Findings include:</p> <p>The closed clinical record of Resident A was reviewed on 7/25/16 at 10:45 A.M. The resident was admitted to the facility with diagnoses including, but not limited to, pelvic fracture, left shoulder inflammation, and Parkinson's disease.</p> <p>An admission assessment, dated 3/15/16, indicated: "...Level of Consciousness Alert. The resident is oriented to Person, Place, Time...Mobility Devices, Wheelchair...Balance, Poor trunk control. Gait disturbance/unsteady gait..."</p> <p>An admission Minimum Data Set (MDS) assessment, dated 3/21/16, indicated Resident A scored a 15 out of 15 for cognition, indicating no memory impairment. The resident required extensive assistance of two+ staff for transfer and toilet use. A test for balance during transitions and walking indicated,</p>		<p>practice? Resident was sent to ER for evaluation of Left/Arm shoulder pain. X-ray was completed and Left arm immobilizer. Resident had planned discharge prior to injury and is no longer in facility.</p> <p>2. How will other residents, having the potential to be affected by the same deficient practice, be identified? All residents who require assistance with transfers have the potential to be affected by this deficient practice.</p> <p>3. What measures will be put into place, or what systemic changes will be made, to ensure that the deficient practice does not recur? Gait belt transfer re-education was provided to nursing staff on 8/2/2016 and 8/3/2016. All nursing staff will be re-educated on gait transfer belt procedure by 8/8/2016 or prior to next shift worked.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice is being corrected and will not recur? Gait belt transfer audits will be conducted by ADON or designee Weekly x4/monthly x2 then quarterly x 3. Audit findings will be reported to monthly QAPI meeting for further recommendations as indicated.</p> <p>GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT COMMUNITY</p>		

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	<p>"Not steady, only able to stabilize with staff assistance" while moving from seated to standing position, moving on and off of the toilet, and surface-to-surface transfer. The resident had fallen in the 2-6 months prior to admission, and had a fracture related to a fall. The resident had 1 fall since her admission.</p> <p>A Physical Therapy Progress Note, dated 5/5/16, indicated, "...Plan to try some coordination techniques while standing over next week, to improve wt [weight] shift and balance deficits...Pt [patient] noted to have occ lob [loss of balance] posteriorly once standing. Bathroom active with standing tolerance with balance deficits 40% of the time with one UE [upper extremity] support at times, today...."</p> <p>Nurses Notes included the following notations:</p> <p>5/8/16 at 4:30 A.M.: "Resident alert. Voices all wants et [and] needs. Conts [continues] inhouse PT [physical therapy]/OT [occupational therapy]/ST [speech therapy] services R/T [related to] pelvic fx [fracture] et Parkinsons. Monitoring et assessing gait with slightly unsteady [sic] this shift...Ext [extensive] x 1 assist with gait belt via w/c</p>		<p>INFORMAL DISPUTE RESOLUTION ON AUGUST 8, 2016</p> <p>Good samaritan society northwoodretirement community Informal DisputeResolution August 8, 2016</p> <p>GoodSamaritan Society Northwood Retirement Community ("Good Samaritan"),with counsel, respectfully submits this response and evidence for considerationin the Informal Dispute Resolution ("IDR") related to findings("Findings") by the Indiana State Department of Health ("Department")during the July 26, 2016 Complaint Investigation Survey("Survey"). Good Samaritan isrequesting IDR for the following deficiencies: Tag F 323: 42 CFR §483.25(h): Free of AccidentsHazards/Supervision/Devic es.</p> <p><u>POINTS FOR DISCUSSION AND SUPPORTING EVIDENCE</u></p> <p>- Good Samaritan respectfullydisputes the alleged deficiency findings ("Findings") as cited andcontends that the Findings do not substantiate the Department's allegation ofnoncompliance with the Requirements for Long Term Care Facilities("Requirements") or the cited scope and severity (S/S) level</p>	

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	<p>[wheelchair]. Has left sided weakness. Denies pain...."</p> <p>5/9/16 at 5:56 P.M.: "...Extensive 2 assist for transfers and ADL's [activities of daily living]. Unsteady gait. Locomotion by W/C propelled by staff...."</p> <p>5/10/16 at 12:02 A.M.: "Tramadol HCL tablet 50 mg...c/o [complaints of] left shoulder pain."</p> <p>5/10/16 at 1:24 A.M.: "Resident alert. Voices all wants et needs. Conts inhouse PT/OT/ST therapies as ordered per MD for weakness...Monitoring et assessing gait...Ext x 1 assist with gait belt via w/c with gait unsteady. Left sided weakness. PRN [as needed] Tramadol administered earlier in shift with 0 effectiveness noted thus far in shift...."</p> <p>5/10/16 at 2:24 A.M.: "Tramadol...PRN Administration was: Ineffective. Resident's left shoulder swollen will administer Tylenol for pain."</p> <p>5/10/16 at 4:00 A.M.: "Acetaminophen...PRN Administration was: Effective."</p> <p>An Occupational Therapy note, dated 5/10/16 at 11:43 A.M., indicated, "Upon tx [treatment] initiation pt was being seen</p>		<p>of"G".</p> <p>1. <u>One paragraph summary stating why Good Samaritan is disputing the Survey Findings.</u></p> <p>Good Samaritan respectfully requests that Tag F 323: 42 CFR §483.25(h): Free of Accident Hazards/Supervision/Devices be deleted or reduced. Good Samaritan offers general, legal, and specific evidence for consideration. The evidence relates to the Findings and supports Good Samaritan assertion that the deficiency should be deleted or reduced.</p> <p>2. <u>General information supporting Good Samaritan's assertion that it was in compliance with 42 CFR § 483.25(h): Free of Accident Hazards/Supervision/Devices: Tag F 323.</u></p> <p>A. <u>Regulation:</u> 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.</p> <p>B. <u>Alleged Deficiency:</u> "Based on interview and record review, the facility failed to ensure a resident was transferred correctly, as staff member grabbed a resident's arm and it resulted in a shoulder fracture, for 1 of 3 residents reviewed</p>				

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	<p>by PT. PTA [physical therapist assistant] informed therapist that pt L shoulder has noted edema with pt reporting significant pain of 10/10 stating that she lost balance previous evening during transfer and CNA caught pt by arm to prevent fall...."</p> <p>A Physical Therapy note, dated 5/10/16 at 12:43 P.M., indicated, "Pt. c/o [complains of] 10/10 L [left] shoulder pain this am. Did not use rw [rolling walker] this date due to pain. Assessed L shoulder noting edema [swelling]. NS [nurse] notified. Fax sent out to dr. Ice to L shoulder per ns, Tramadol did not help pain pt stated. Last evening pt stated CNA transferring wc to recliner, pt had lob [loss of balance] and CNA caught her with pt's arm...."</p> <p>Nurses Notes continued:</p> <p>5/10/16 at 2:17 P.M.: "Faxed [name of physician's] office with health status update. Left shoulder pain with swelling unrelieved with Tramadol and Tylenol."</p> <p>5/10/16 at 4:20 P.M.: "New Orders: Ice left shoulder 3x/day...."</p> <p>5/10/16 at 7:25 P.M.: "[Name of physician] called about x-ray to left shoulder. Tech stated that arm is broken. Dr. recommended to send resident to the</p>		<p>requiring assistive devices with transfers in a sampleof 4."</p> <p>C. <u>Summaryof Survey Findings:</u></p> <p>The closed clinical record of Resident A was reviewed on 7/25/16 at10:45 A.M. The resident was admitted tothe facility with diagnoses including, but not limited to, pelvic fracture,left shoulder inflammation, and Parkinson's disease.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 3/21/16,indicated Resident A scored a 15 out of 15 for cognition, indicating no memoryimpairment. The resident requiredextensive assistance of two+ staff for transfer and toilet use. A test for balance during transitions andwalking indicated, "Not steady, only able to stabilize with staffassistance" while moving from seated to standing position, moving on andoff of the toilet, and surface-to-surface transfer. The resident had fallen in the 2-6 monthsprior to admission, and had a fracture related to a fall. The resident had 1 fall since her admission.</p> <p>An Occupational Therapy note, dated 5/10/16 at 11:43 A.M.,indicated, "Upon tx [treatment] initiation pt was being seen by PT. PTA [physical therapy assistant] informedtherapist that pt L shoulder has noted edema with pt reporting significant painof 10/10 stating that she lost balance</p>				

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	<p>ER to have resident evaluated. Family aware of recommendations."</p> <p>The resident was transferred to the ER on 5/10/16 at 8:03 P.M.</p> <p>An Emergency Room Physician Documentation note, dated 5/10/16 at 8:23 P.M., indicated, "Chief Complaint: Injury to left shoulder. The injury happened yesterday. Occurred at at nursing home (Worsening pain when staff member was attempting to lift her by that arm). Patient is experiencing severe pain...Patient was recently in a sling for quiet a while for injury to her left shoulder from a fall out of bed. Patient had been doing better and was doing rehabilitation in a nursing home. The nurse that was unfamiliar with her history attempted to help lift her last night by her left arm and the patient had sudden severe pain in the arm. She was placed back in her immobilizer... Course of Care: patient was found not to have a dislocated shoulder but rather a humeral head [shoulder] fracture on the left. This appears to be spontaneous from the lifting injury...."</p> <p>Progress Notes continued:</p> <p>5/10/16 at 10:27 P.M.: "Resident returned from ER with immobilizer on lt</p>		<p>previous evening during transfer and CNACaught pt by arm to prevent fall..."</p> <p>On 7/25/16 at 11:45 A.M., during an interview with CNA #1, she indicated she was the CNA who took care of Resident A on 5/9/16 during the evening shift. She indicated she did not usually work that unit, and did not feel comfortable on that unit. She indicated she helped transfer Resident A from the recliner to the wheelchair, from the wheelchair to the toilet, and then from the toilet to the wheelchair and to bed. She indicated she did not remember the resident falling. She indicated she used a gait belt and a walker during the transfers.</p> <p>D. <u>Discussion:</u></p> <p>Resident A was admitted to Good Samaritan on March 15, 2016. An MRI completed on March 18, 2016 showed an abnormality of the left shoulder which required physical therapy and occupational therapy services. A copy of the radiology report dated March 18 is attached as Attachment A. This report indicates numerous issues with Resident A's arm and shoulder. Good Samaritan instituted appropriate supervision and assistive devices to ensure Resident A's transfer were done in the most appropriate manner.</p> <p>As indicated in the survey</p>				

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	<p>[left] shoulder. Fx to neck of left humerus...."</p> <p>A Care Plan, initially dated 3/15/16 and revised 5/16/16 (after the resident's discharge), indicated: "The resident has an ADL self care performance deficit R/T [related to] impaired mobility, hx [history] of fall with pelvic fracture, left humeral fracture, Parkinson's disease...E/B [evidenced by] requires assist of staff with ADL care." The Interventions included: "Ambulation: 2 assist gait belt and walker, Resolved 3/25/2016; Resident requires extensive assistance of two staff to transfer to/from commode; Resident transfers with 1 pgbs and walker...."</p> <p>An additional Care Plan, initially dated and revised 5/16/16, indicated: "The resident is at risk for falls R/T pelvic fracture, Parkinson's disease, impaired mobility...difficulty in walking E/B requires 1 pgbs and walker with transfers, wheelchair for locomotion." The Approaches included: "Monitor resident for significant changes in gait, mobility positioning device...."</p> <p>On 7/25/16 at 11:45 A.M., during an interview with CNA # 1, she indicated she was the CNA who took care of Resident A on 5/9/16 during the evening</p>		<p>findings, on the morning of May 10, 2016, staff noted the residentcomplained of increased left shoulder pain. At that time Good Samaritan's protocol was followed by notifying thephysician who then ordered x-rays followed by transportation to the ER fortreatment after the x-ray confirmed the fracture. All the staff were interviewed. At that time the staff confirmed in fact nofall had occurred and that transfers had been completed on the previous shiftsin a manner consistent with the requirements for this patient. A gait belt was used with the assistance of awalker. According to the staffresponsible for the patient's care, no fall had occurred.</p> <p>Also, attached asAttachment B for your review is a speech therapist progress note dated forApril 7, 2016 as noted in the remaining functional deficits/underlyingimpairments it is noted that Resident A suffers from impaired cognitioncharacterized by decreased memory, executive function memory and complexsequencing abilities. This is further evidence that Resident A would be an unreliable witness to the evidence thatoccurred with respect to the injury to her shoulder.</p> <p>Good Samaritan followedthe appropriate plan when aware of Resident A's complaint of pain. As indicated above, the MRI report</p>	

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	<p>shift. She indicated she did not usually work that unit, and did not feel comfortable on that unit. She indicated she helped transfer Resident A from the recliner to the wheelchair, from the wheelchair to the toilet, and then from the toilet to the wheelchair and to bed. She indicated she did not remember the resident falling. She indicated she used a gait belt and a walker during the transfers.</p> <p>On 7/25/16 at 1:50 P.M., during an interview with the Certified Occupational Therapist Assistant (COTA), she indicated she was working with Resident A on 5/10/16. She indicated Resident A was alert. She indicated the resident told her that "someone transferred me without a belt and grabbed my arm."</p> <p>On 7/25/16 at 3:00 P.M., during an interview with the RN # 1, he indicated he was working the evening of 5/9/16. He indicated the resident did not complain to him on 5/9/16, and CNA # 1 did not report anything unusual to him. He indicated the resident did wear a sling, so the CNA should have known which arm to avoid. He indicated he was unsure if CNA # 1 utilized a gait belt, or used it correctly, during transfers, as he was not in the room with the resident. He indicated he attempted to speak with the</p>		<p>indicates numerous issues with the shoulder which could lead to a spontaneous fracture. There is no evidence in the record to suggest that a fall occurred or that the facility failed to ensure that the resident environment remained free of accident hazards or failed to ensure the resident received adequate supervision and assistance devices to prevent accidents. In fact, the staff made every effort to not only ensure the resident was appropriately assessed and a care plan was prepared to address the resident's unsteady gait resulting in the use of a walker and gait belt for transfers of this resident.</p> <p>Staff have interviewed the caregivers and confirmed that the required assistance of a walker and gait belt were used for any transfers contemporaneous with the resident's injury to her left shoulder. Resident A's diminished cognitive ability is demonstrated by both the attached Speech Therapy note as well as contradictory statement in the survey Findings. While one interview indicates the resident fell, another indicates the resident was lifted by the arm. Given the resident's impaired cognitive status and the susceptibility of the resident's shoulder to spontaneous issues, there is no reliable information to support any Finding that Good Samaritan failed to provide appropriate and safe care for this resident. For that reason we believe that Good Samaritan has complied</p>	

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	<p>resident the next day, and the resident "wouldn't give any names." He indicated the resident did not "want to get anyone in trouble."</p> <p>On 7/26/16 at 10:05 A.M., during an interview with PTA # 1, she indicated she had been working with Resident A, including working on exercises to improve her balance, because the resident had "balance issues." She indicated on 5/10/16, the resident was complaining of severe pain, rated 10 out of 10, which was worse than she had previously complained of. PTA # 1 indicated she asked the resident, "What happened?" The resident told her it occurred during a transfer the previous evening. She indicated the resident told her that she had lost her balance, and the CNA "caught her by her bad arm as she went down." She indicated she was unsure if the resident mentioned a gait belt. She indicated she reported the incident to the safety nurse.</p> <p>On 7/26/16 at 11:15 A.M., during an interview with the Quality Assurance Nurse, she indicated she was the staff member responsible for investigating falls. She indicated that PTA # 1 approached her on 5/10/16, and told her that Resident A's shoulder was swollen, and that "something happened last</p>		<p>with its responsibility to meet the Requirements for Skilled Nursing Facilities and therefore a citation of this scope and severity is not warranted.</p> <p>In summary, the Findings are based on insufficient/inaccurate information necessary to make a determination of less than substantial compliance with the above-referenced Requirements. Good Samaritan respectfully requests the deficiencies be deleted or, in the alternative, the scope and severity be reduced.</p>				

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	<p>evening." She indicated she looked at the documentation, and there was nothing documented regarding an incident. She indicated she then spoke to the staff and looked at the video camera tapes. She indicated the camera did not allow her to see in the resident room, but that she didn't observe anything unusual. She indicated when she spoke to the resident, the resident told her that "The CNA was helping me from the wheelchair to the recliner and she fell on me." She indicated the resident told her, "We hit the floor then we helped each other up." She indicated that CNA # 1 told her there was not a fall, and she had no reason not to believe her. She indicated she educated staff to always report anything unusual to the nurse immediately.</p> <p>On 7/26/16 at 2:05 P.M., the Administrator provided the current facility policy on "Gait (Transfer) Belt," revised 5/16. The policy included: "Purpose: To safely stabilize a transfer or with ambulation of a resident. To aid in maintaining balance. To avoid injury to both residents and staff member. To avoid injury to both residents and staff member. Note: Gait belts used unless medically contraindicated.</p> <p>This Federal tag relates to Complaint IN00205018.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155282	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/26/2016
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY NORTHWOOD RETIREMENT CO	STREET ADDRESS, CITY, STATE, ZIP CODE 2515 NEWTON ST JASPER, IN 47547
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	3.1-45(a)(2)			