

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155159	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2013
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NAME OF PROVIDER OR SUPPLIER SUMMIT CITY NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2940 N CLINTON ST FORT WAYNE, IN 46805
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F000000	<p>This visit was for the Investigation of Complaint IN00139055.</p> <p>Complaint IN00139055-Substantiated, Federal/State Deficiency related to the allegations is cited at F-323.</p> <p>Survey Dates: November 4 & 5, 2013.</p> <p>Facility number: 000079 Provider number: 155159 AIM number: 100266160</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF: 5 SNF/NF: 80 Total: 85</p> <p>Census payor type: Medicare: 10 Medicaid: 74 Other: 1 Total: 85</p>	F000000	Please review and accept the plan of correction for Summit City Nursing and Rehab. Summt City respectfully request a desk review. Please feel free to contact me with any questions. Bob Compton HFASummit City260-484-0602	

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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	<p>Sample: 3</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 5, 2013 by Randy Fry RN.</p>			

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F000323 SS=G	<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.</p> <p>Based on record review and interview, the facility failed to ensure staff provided supervision during care for a totally dependent resident to prevent an accident with injury for 1 resident (A) in a sample of 3 residents reviewed for accidents.</p> <p>Findings include:</p> <p>On 11/4/13 at 9:45 a.m. review of the clinical record for resident (A) indicated she was admitted to the facility on 9/14/13 with Diagnoses including but not limited to respiratory failure, epilepsy, hypertension and brain anoxia.</p> <p>Review of resident (A's) admission Minimum Data Set Assessment (MDS) dated 9/11/13 indicated the resident was severely cognitively impaired, and required extensive assistance of 2 staff for bed mobility</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. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident was immediate access for injuries. Doctor and Family notified and resident sent to ER for evaluation. All appropriate fall interventions are in place. Staff member was inserviced on provision of care for (residents A) on 10/22/2013 by the nurse manger 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; All residents have the potential to be affected by the deficient practice. All nursing staff will be inserviced on falls management and positioning. CNA will complete position skill validated for dependent residents</p>	11/24/2013

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	<p>and transfers, and was non-ambulatory. Review of the resident's written plan of care dated 9/13/13 indicated the resident was to have her bed in a low position when occupied .</p> <p>On 11/4/13 at 2:00 p.m. review of an incident report dated 10/21/13 at 9:30 a.m. indicated the resident was left unattended on her side and was found laying on the floor on her back. The resident was assessed and a lump was found on the back of her head. The physician and family were notified and the family requested the resident be sent to the hospital for further evaluation.</p> <p>Interview on 11/4/13 at 10:35 a.m. with nurse #7, who was working when the resident had fallen, indicated the CNA (certified nursing assistant) had been providing care for the resident and had her on her side. The CNA stepped out into the hall to call for assistance, leaving the resident on her side in the bed and when she and the CNA went back into the room the resident was on the floor. The nurse</p>		<p>to ensure proper ADL's, per plan of care. Inservices will be completed by 11/24/2013 by DNS/designee. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; DNS/Designee will review all resident who are at risk for fall. Fall invention will be reviewed and implement, as appropriate by IDT. Rounds will be conducted on every shift by DNS/Designee to ensure ADL's services are provided. All nursing staff will be inserviced on falls management and positioning.</p> <p>CNA will complete position skill validated for dependent residents to ensure proper ADL's, per plan of care. Inservices will be completed by 11/24/2013 by DNS/designee. 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; and Falls will be reviewed for root cause daily. Weekly CQI audits review weekly X 4 then Monthly x 6 months. Data will collect by DNS/designee and submitted to CQI committee. If threshold of 95% is not met action plans will be submitted. By what date the systemic changes will be completed. 24 November 2013</p>	

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	<p>indicated the resident's bed was not in the low position.</p> <p>On 11/5/13 at 11:00 a.m. review of the incident report indicated the resident was assessed by the nurse and had a lump to the back of her head with a minimal amount of bleeding. Review of the hospital notes indicated the resident returned to the facility on 10/23/13 with a new medication order for "Keppra", an anti-seizure medication.</p> <p>This Federal tag is related to complaint IN00139055</p> <p>3.1-45(a)(2)</p>			