

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155131	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/01/2015
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NAME OF PROVIDER OR SUPPLIER MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP CODE 7935 CALUMET AVE MUNSTER, IN 46321
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00176093, IN00176465, and IN00176982.</p> <p>Complaint IN00176093- Substantiated. Federal/State deficiency related to the allegations is cited at F323.</p> <p>Complaint IN00176465- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00176982- Substantiated. Federal/State deficiency related to the allegations is cited at F323.</p> <p>Survey dates: June 30, 2015 & July 1, 2015</p> <p>Facility number: 000056 Provider number: 155131 AIM number: 100289450</p> <p>Census bed type: SNF: 24 SNF/NF: 175 Total: 199</p> <p>Census Payor type: Medicare: 44 Medicaid: 99</p>	F 0000	Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. The facility respectfully requests paper compliance for validation of the submitted plan of correction for Survey Event ID FLM611.	

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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F 0323 SS=D Bldg. 00	<p>Other: 56 Total: 199</p> <p>Sample: 12</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <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, record review, and interview, the facility failed to provide adequate supervision related to fall interventions not in working order for 1 of 3 residents reviewed for falls in a sample of 12. (Resident #M)</p> <p>Finding includes:</p> <p>On 6/30/15 at 4:00 p.m., Resident #M was observed in bed. The resident was awake. An alarm box was on the floor under the head board of the bed on the resident's left side. No cords were</p>			F 0323	<p>I. Specific corrective action The alarm for resident M was immediately replaced and properly positioned on the bed. II. Identification of other residents and corrective action All residents with alarms have the potential to be affected by the alleged deficient practice. An audit of all residents with alarms was completed to verify there is an order for each alarm to be checked each shift for placement and function and that each alarm was appropriately placed and functioning. No other non-functioning alarm was noted.</p>		07/09/2015

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	<p>attached to the alarm box. A gray cord was observed extending from under the resident's bottom bed sheet. The end of the cord was observed on the floor near the alarm box. No staff members or visitors were observed in the room at this time.</p> <p>On 7/1/15 at 8:03 a.m., 8:10 a.m., and 8:20 a.m., the resident was observed sitting in bed. The head of the bed was upright. The resident's breakfast meal tray was on the over bed table in front of her. The resident was awake. The bed alarm box was observed on the floor under the head board of the bed on the resident's left side. A gray cord was observed extending from under the resident's bottom bed sheet. The end of the cord was hanging over head of the bed rail. The cord was not attached to the alarm box. No staff members or visitors were observed in the room at this time.</p> <p>On 7/1/15 at 8:30 a.m. CNA #1 entered the resident's room. The CNA removed the resident's meal tray from her room and returned to the resident's room with a scale. The CNA passed the resident's bed and began to weigh the resident's room mate. The alarm box remained on the floor with the cord not attached to the box.</p>		<p>III. Systemic change Staff were in-serviced on the protocol for placement and function of alarms, including monitoring to ensure the alarm is working appropriately. Nursing staff were also in-serviced on facility protocol to check the alarm every shift for function and placement. Residents with alarms will be re-evaluated at the regularly scheduled fall meeting or quarterly care plan review for continued appropriate use of the device(s). IV. Monitoring The unit manager/designee will audit randomly 3 times a week on different shifts for placement and function of alarms. The DON/designee will present a summary of the audit findings to the quality assurance committee monthly for six months. Thereafter, as determined by the quality assurance committee, auditing will be completed and presented quarterly at the QA meeting. Monitoring will be on going.</p>		

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	<p>On 7/1/15 at 8:41 a.m. CNA #1 approached Resident #M and informed the resident he was going to weigh her. The CNA raised the resident's bed and had the resident roll side to side to place the scale sling under her. No alarms sounded when the resident turned. CNA #1 then used the mechanical lift scale to raise the resident off the bed mattress and obtained her weight. No alarms sounded when the resident was completely lifted off the bed mattress. The alarm box remained on the floor with the cord not attached to the box as noted above. The CNA then rolled the resident side to side to remove the scale sling and lowered the bed. The CNA left the room. The alarm box remained on the floor with the cord not attached to the box.</p> <p>On 7/1/15 at 8:50 a.m., LPN #2 entered the resident's room to administer the resident's medications. The LPN stood next to the resident's bed and gave the resident her medications. LPN #2 was standing on the side of the bed where the alarm box remained on the floor with the cord not attached. The LPN left the residents's room without attaching the alarm cord to the box.</p> <p>The record for Resident #M was reviewed on 7/1/15 at 9:15 a.m. The resident's diagnoses included, but were</p>				

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	<p>not limited to, dementia, depressive disorder, arthritis, and atrial fibrillation (an irregular heart rhythm).</p> <p>Review of the 4/28/15 Minimum Data Set (MDS) annual assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment also indicated the resident required extensive assistance of two staff members for transfers and bed mobility.</p> <p>The current Physician orders were reviewed. An order was written on 12/14/14 for the resident to have a bed alarm in place at all times when the resident was in bed.</p> <p>The resident's Plan of Care Card was reviewed on 7/1/15 at 8:12 a.m. The card was located in a binder at the Nursing Station. CNA #3 provided the binder and indicated information on care interventions and instructions for each resident were noted in the Care Cards. The binder contained Care Cards for all the resident's on the hall. The Care Card for Resident #M indicated she was at risk for falls and a bed alarm was to be in place.</p> <p>A 4/28/15 annual Fall Risk assessment</p>			

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	<p>was reviewed. The assessment indicated the resident's score was (15). A score of (15) indicated the resident was at high risk for falls.</p> <p>The resident's current Care Plans were reviewed. A Care Plan initiated on 2/16/15 indicated the resident was at risk for falls. The Care Plan was last reviewed with a goal date of 8/9/15. Care Plan interventions included for the resident to have bed alarm in place.</p> <p>The 6/2015 Progress Notes were reviewed. An entry was made by Nursing on 6/7/15 at 6:26 p.m. The entry indicated the resident was observed lying on the floor in her room. The resident was lying on her left side. A hematoma and an abrasion were observed to the resident's left lower leg. The hematoma measured 3 cm (centimeters) x 3 cm. The abrasion measured 1 cm x 0.3 cm.</p> <p>An Event Note completed on 6/17/15 at 6:36 p.m. was also reviewed. The Event Note indicated the resident had a fall and had been lying in bed prior to the fall. A hematoma and an abrasion were noted to the resident's lower left leg. Bruising and swelling were also observed to the resident's left lower leg. The resident's pain level was rated as a (3) on a scale of 1-10. The Physician was notified and an</p>			

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	<p>order was obtained to apply Bacitracin (an antibiotic ointment) to the resident's left lower leg abrasion every day on the day shift until the area resolved or healed.</p> <p>When interviewed on 7/1/15 at 9:00 a.m. the Director of Nursing indicated the resident's bed alarm should have been connected and on as per the resident's plan of care.</p> <p>This Federal tag relates to Complaints IN00176093 and IN00176982.</p> <p>3.1-45(a)(2)</p>			