

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155542	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/05/2012
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NAME OF PROVIDER OR SUPPLIER  CLOVERLEAF OF KNIGHTSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 9325 N CRAWFORD ST KNIGHTSVILLE, IN 47857
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F0000	<p>This visit was for the Investigation of Complaint IN00104126.</p> <p>Complaint IN00104126- Substantiated, federal/state findings related to the allegation are cited at F323.</p> <p>Survey dates: March 2 &amp; 5, 2012</p> <p>Facility number: 000296 Provider number: 155542 AIM number: 100467820</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF:76 Total: 76</p> <p>Census payor type: Medicare: 12 Medicaid: 44 Other: 20 Total: 76</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 7, 2012 by Bev Faulkner, RN</p>	F0000		

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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F0323 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 observation, interview, and record review, the facility failed to ensure nails were not protruding from a bathroom door, which resulted in a resident severing the finger pad of the right index finger when the resident fell to the floor for 1 of 3 residents reviewed for falls and accidents in a sample of 3. [Resident #B]</p> <p>Findings include:</p> <p>Resident #B's clinical record was reviewed on 03/05/12 at 10:40 a.m., and indicated the resident had diagnoses of dementia, cerebrovascular accident, aphasia, encephalopathy, arthritis, and chronic obstructive pulmonary disease. Resident #B's most recent fall risk assessment, dated 01/14/12, indicated the resident</p>	F0323	<p><b>This plan of correction is to serve as Cloverleaf of Knightsville's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Cloverleaf of Knightsville or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. The facility respectfully requests paper review of this deficiency. As indicated in the survey report this past event had been corrected prior to the complaint survey. F323 483.25(h) ACCIDENTS</b> It is the practice of Cloverleaf of Knightsville to ensure that the resident's environment remains as free from accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. I. Resident B continues</p>	03/12/2012			

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	<p>was a high risk for falls.</p> <p>Resident #B's most recent annual Minimum Data Set [MDS] assessment, dated 01/24/12, indicated the resident was moderately impaired with cognitive skills for daily decision-making, had short term memory problems, and was hard of hearing and refused to wear hearing aides. The MDS assessment indicated the resident had unclear speech, usually understands what is being said, and is sometimes understood when he speaks. The MDS assessment indicated Resident #B needed extensive assist of 2 persons for transfers and toileting, extensive assist of 1 person for bed mobility, ambulation, and eating, and was totally dependent on 1 staff person for dressing, hygiene, and bathing.</p> <p>Resident #B's clinical record indicated the resident had a fall on 12/16/11 with no injury. Resident #B had been evaluated by therapy for decrease in range of motion,</p>		<p>to reside in the facility and his injured finger is well-healing. As indicated in the survey report, the resident's bathroom door was repaired immediately. It should be noted that the facility followed the resident's plan of care as it relates to fall prevention. As indicated in the survey report the facility had developed individual fall prevention strategies and had reviewed and amended these strategies when necessary. It is inconceivable that the facility could prevent every rare incident that occurs. II. All residents have the potential to be affected. As indicated in the survey report, The Maintenance Director was notified immediately of the incident and examined every door to ensure there were no sharp edges or potential hazards. No concerns were noted. III. Facility personnel have been educated to notify the Maintenance Director of any structural areas throughout the facility, including sharp edges, that could cause potential resident injury. The preventive maintenance checklist has been updated to include checking resident doorways for sharp edges and disrepair. IV. The Maintenance Director has completed a quality improvement audit of all facility doors in resident rooms and common areas to ensure that no sharp edges or disrepair exists. An additional quality improvement audit is being completed by the</p>	

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	<p>and a decrease in his ability to walk, but therapy had been discontinued on 01/13/12 due to lack of participation on the resident's part and lethargy.</p> <p>Resident #B's care plan with original date of 09/01/10 and most recent update of 03/01/12 for "At risk for falls d/t [due to] weakness and decreased mobility from recent hospitalization for UTI [Urinary Tract Infection/polyp removal/dehydration CVA [Cerebrovascular Accident] late effects c [with] decision making being effected" indicated a goal of "Resident free of falls resulting in serious injury through." Approaches/Interventions included, but were not limited to, demonstrate use of call light, encourage resident to use call light for assistance, ensure call light is within reach at all times, place personal items within easy reach, assist with ADLs [activities of daily living] if needed - extensive, complete fall risk assessment</p>		<p>Administrator or her designee. Random audits of 5 resident rooms and/or common areas are audited weekly to further ensure no concerns are present. This QI audit will be completed weekly for 30 days; then monthly for 6 months. Results of all audits are reported to the facility's QA Committee monthly for additional recommendations as necessary.</p>	

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	<p>quarterly, be sure resident has on nonskid footwear before transferring, transfer bar to assist with bed mobility (dc'd 02/29/12), anticipate common personal needs, toileting, verbally reinforce as needed, PT/OT as ordered, transfer with extensive assist, pull alarm on at all times (dc'd 01/14/11), pressure alarm on at all times, alarming floor pad at bedside at all times, nursing to check placement and functioning every shift, pull alarm in chair (dc'd 02/08/11), dycem in wheelchair on top of cushion, dycem in wheelchair under cushion also pressure pad alarm at all times, pressure pad alarm at bedside, and floor pad alarm at bedside.</p> <p>Nurse's Notes, dated 02/11/12 at 6:25 a.m., indicated, "Res [Resident] alarm sounding, upon entering room found res on floor on (L) [left] side by bathroom door, noticed blood on floor beside res, upon assessment discovered res had severed the pad of his (R) [right]</p>			

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	<p>index finger off et [and] had a s/t [skin tear] to the top of his (R) finger as well, applied pressure to finger to stop bleeding, [name of transport service] was called by assisting nurse, VS [Vital Signs]: 97.3, 82, 20, 110/61, SpO2 99% on ra [room air], res was alert et was communicating c [with] this nurse in his usual manor [sic], p [after] bleeding slowed, finger was cleansed et a pressure drsg [dressing] was applied, also noted a 1 cm [centimeter] in diameter hematoma to (R) elbow as well as a 5 cm x [times] 2 cm abrasion below the elbow on the back side of the (R) arm, neuro check wnl [within normal limits], - assisted res from floor to w/c [wheelchair] to await [name of transport service] to [initials of hospital] for evaluation."</p> <p>A Discharge/Transfer Nurse Note, dated 02/11/12, indicated, "VS: 97.3, 79, 18, 103/60, SpO2 99% on ra, alert, (R) [right] elbow hematoma, pad of (R) index finger was severed, areas were cleansed et</p>			

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	<p>drsg applied, also s/t [skin tear] to top of (R) index finger, abrasions noted of forehead above (L) eye et at hairline on (L) side et (L) side of head above temple, also abrasion noted to back of (R) lower arm right below elbow."</p> <p>Nurse's Notes, dated 02/11/12 at 8:55 a.m., indicated the resident returned to the facility and "upon return noted 3 abrasions to (L) side of head, a 1 1/2 cm x 1 cm abrasion to (L) forehead above eye, a 1 cm x 1 cm to (L) forehead at hairline et a 4 cm x 2 cm abrasion to (L) side of head above temple...."</p> <p>Review of IDT [Interdisciplinary Team] notes, dated 02/13/12, indicated, "IDT review for fall on 2/11/12 @ 625 [sic] AM, staff responded to alarm sounding in residents [sic] room, res [resident] found on the floor of his room by the bathroom door, res. had gotten out of bed unassisted, safety alarm functioned properly but res. fell before staff could get to him, res.</p>				

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	<p>appeared to be headed to the bathroom to use the toilet, he had not utilized his call light even though it was within his reach in bed, res was wearing non-skid footwear, resident was last checked 25 minutes prior to fall @ [at] change of shift, upon assessment the following injuries were noted: three small abrasions to (L) side of head @ hairline measurments [sic] were 1.0 x 1.0 cm, 4.0 x .5 cm, 1.5 x 1 cm, index finger to (R) hand c severed pad skin tear to top of (R) index, hematoma to (R) elbow 1 cm diameter, abrasion to (R) arm 5 x 2 cm resident had grabbed the door on the way down to the floor running his hand along the edge of the door, the bottom of the door had two very small nails protruding that contributed to the injury to his hand, first aid was provided, MD was notified &amp; resident was transported to the emergency room via ambulance, x-rays were negative for fractures, no vascular or tendon involvement to wound on index finger, p [after] assessment &amp;</p>			
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	<p>wounds dressed @ emergency room res. was transported back to our nursing facility, multiple attempts were made to contact legal guardian s [without] success until 2/13/12. 15 min [minute] checks were initiated on resident when he returned, nails on door were hammered in &amp; maintenance man came in to make needed repairs on door, an audit of all doors will also be done by maintenance, 3 day bowel &amp; bladder tracking to be done &amp; review of this to help c toileting plan &amp; better anticipate resident's needs, res. will follow - up c MD for any future treatment to wounds."</p> <p>Nurse's Notes, dated 02/13/12 at 8:30 a.m., indicated an appointment with an orthopedic doctor. The notes indicated the resident was then sent to the hospital for surgery to take off some of the bone and pull skin up over it to help prevent infection. Notes indicated the resident returned the same evening to the facility. Notes indicated</p>				

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	<p>Resident #B returned to the orthopedic doctor weekly.</p> <p>Hand Center notes, dated 02/13/12, indicated x-rays showed amputation of the distal tuft, approximately 1/4 of the distal phalanx is missing. The resident underwent local anesthetic for irrigation and debridement and revision amputation.</p> <p>Resident #B's room was observed on a walk through of the facility on 03/02/12 at 9:45 a.m., with the Administrator present. Resident #B's bathroom door was observed to have no nails protruding out and the area of concern was covered with putty. The Administrator indicated during interview at this time, that the bathroom door had a couple protruding finishing nails near the bottom of the door and when the resident fell he slid his hand down the bathroom door and the nails cut his right index finger.</p> <p>Interview with the Maintenance</p>			
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	<p>Manager on 03/05/12 at 3:19 p.m., indicated he got a call and was told Resident #B had hurt himself. The Maintenance Manager indicated evidently the lamination came loose on the door and someone had put 3 finishing nails in the bottom of the door at the corner. The Maintenance Manager indicated the nails were barely sticking out about 1/16 of an inch. The Maintenance Manager drove the finishing nails in with a hammer and used a nail set to drive the nails in further. The Maintenance Manager then applied putty over the area. The Maintenance Manager indicated he checked all the bathroom doors and the resident room doors and no other doors were found with nails sticking out.</p> <p>Resident #B's right index finger was observed on 03/05/12 at 3:30 p.m., during dressing change with LPN #1 present. Resident #B's right index finger had the tip of the finger missing, no nail bed was seen, and the tip of the finger was</p>						

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	<p>dark black/scabbed. LPN #1 applied a new Band-Aid. Resident #B grimaced when the old bandage was removed.</p> <p>This federal tag is related to Complaint IN00104126.</p> <p>3.1-45(a)(1)</p>			