

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155764	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/10/2014
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NAME OF PROVIDER OR SUPPLIER SPRING MILL HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN 46410
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F000000	<p>This visit was for the Investigation of Complaints IN00145187 and IN00145022.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00145187-Substantiated. Federal/state deficiencies related to the allegations are cited at F514.</p> <p>Complaint IN00145022-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 3, 4, 5, 6, 7 and 10, 2014.</p> <p>Facility number: 010739 Provider number: 155764 AIM number: 200856890</p> <p>Survey team: Lara Richards, RN-TC Heather Tuttle, RN Cynthia Stramel, RN Yolanda Love, RN Caitlyn Doyle, RN (3/10/14) Julie Ferguson, RN (3/10/14)</p>	F000000	<p>The submission of this plan of correction does not indicate an admission of Spring Mill Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Spring Mill Health Campus. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. (Title 18 and 19). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</p> <p>This facility asks that this Plan of Correction and it's supporting documentation be considered for desk review for compliance.</p>	
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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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	<p>Census bed type: SNF: 34 SNF/NF: 9 Residential: 66 Total: 109</p> <p>Census payor type: Medicare: 33 Medicaid: 7 Other: 69 Total: 109</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 16, 2014, by Janelyn Kulik, RN.</p>			
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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to maintain clinical records that were complete and accurately documented following a fall for 1 of 4 residents reviewed for accidents. (Resident #B)</p> <p>Findings include:</p> <p>The closed record for Resident #B was reviewed on 3/4/14 at 2:25 p.m. The resident's diagnoses included, but were not limited to, fall, femoral neck fracture and left hip pain.</p> <p>Review of the Fall Circumstance assessment and intervention sheet dated 2/15/14 at 3:30 p.m., indicated the resident was found on the floor in the dining room. The fall was unwitnessed. There was no</p>	F000514	<p>F514 It is the intent of this facility to maintain clinical records that are complete and accurately documented relating to falls. <i>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice:</i> Resident #B remains unidentified as this was a part of a related complaint survey. Resident B was discharged from the campus. 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: Residents who experience a fall have the potential of being affected by this alleged deficient practice. Licensed Nursing staff was in-serviced on proper fall documentation per facility policy. An audit of falls in the</p>	04/04/2014			

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	<p>documentation related to injury. The resident had no complaints of pain. The resident had been attempting to stand without assistance prior to his fall. The Physician and the resident's Responsible party was notified, however, no time was documented.</p> <p>Review of the Nursing progress notes, indicated an entry was dated for 2/15/14 at 6:00 p.m., but no documentation was completed.</p> <p>Review of the facility Incident/Accident investigation form dated 2/15/14 at 3:30 p.m., indicated the resident was continuously standing and was being redirected to sit. While getting report, the chair alarm went off several times and staff went and sat the resident down. At 3:30 p.m., the resident tried to stand and fell. The resident was sent to the emergency room for evaluation and treatment.</p> <p>Review of the Nurse interview section on the investigation form indicated the following: "Upon starting my shift, resident was in dining room sitting in wheelchair in front of television. Resident continuously stood up. Staff redirected resident to sit in chair. Resident would comply. At 3:30 p.m., resident chair alarm went off again.</p>		<p><i>last 30 days was completed to review accuracy of documentation and that interventions were in place. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: An audit tool was developed to monitor fall documentation and implementation of interventions. The audit tool will be reviewed daily in the morning Clinical Care Meeting for compliance. This audit will continue for all falls on the Health Care Units. 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: The Clinical Care Team will review the fall audits for compliance. Any concerns of non-compliance will be corrected immediately. Monitoring will continue for 90 days and reviewed monthly by the Quality Assurance Committee. After 90 days the QA committee will determine if substantial compliance is met and if the need for additional monitoring is warranted. QAA will monitor until 100% compliance is obtained. Date systemic changes will be completed: 4/4/2014</i></p>		

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	<p>This writer looked up and did not see resident standing. Resident was on the floor. This writer and another staff member picked resident up off the floor. Resident was assessed, there were no apparent injuries and resident stated he was not in any pain. Neuro checks were started and were in normal limits. At 5:00 p.m., resident had visitors. He started to complain of pain. When reassessed, there was swelling at the left hip area and resident seemed to be in severe pain. MD (doctor) was called times 3 with no return call. Family was also notified. Director of Nursing was made aware." None of this was documented in the Nursing progress notes.</p> <p>Interview with the Assistant Director of Nursing on 3/7/14 at 11:30 a.m., indicated there was no documentation in the Nursing progress notes related to the resident's fall just documentation on the Fall Circumstance sheet. She indicated there was no follow up assessment as well as information to when the resident was sent to the hospital in the Nursing progress notes. She indicated all of the information was written down on the incident investigation form which was not a permanent part of the resident's</p>			
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	<p>record.</p> <p>This Federal tag relates to Complaint IN00145187.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			
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