

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155364	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/20/2014
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NAME OF PROVIDER OR SUPPLIER BYRON HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12101 LIMA RD FORT WAYNE, IN 46818
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F000000	<p>This visit was for the Investigation of Complaint IN00150679.</p> <p>Complaint number IN00150679 - Substantiated. Federal/ State deficiency related to the allegations is cited at F514.</p> <p>Survey dates: June 18, 19, and 20, 2014</p> <p>Facility number: 000255 Provider number: 155364 AIM number: 100273280</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: SNF/NF: 97 Residential: 48 Total: 145</p> <p>Census payor type: Medicare: 5 Medicaid: 89 Other: 51 Total: 145</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	<p>This Plan of Correction is the Center's credible allegation of compliance. It is the intention of Byron Health Center to be in complete compliance with all Federal and State guidelines. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the state deficiencies. The plan of correction is prepared and/or executed because the provisions of federal and state law require it.</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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F000514 SS=D	<p>Quality review completed on June 20, 2014 by Randy Fry RN.</p> <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 interview and record review, the facility failed to accurately document assessment of a skin area for 1 of 3 residents reviewed with skin areas in a sample of 3. (Resident #L)</p> <p>Findings include:</p> <p>Resident #L's record was reviewed 6-18-2014 at 1:10 PM. Resident #L's</p>	F000514	<p><u>F</u> 514Records-Complete/Accurate/Accessible What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. A. All licensed nursing staff will be in-serviced on documentation of skin/wound assessments. Please see Attachment A. B. All licensed nursing staff will be surveyed to find out what additional training they need to receive in order to</p>	07/18/2014
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	<p>diagnoses included, but were not limited to, diabetes, anemia, and high blood pressure.</p> <p>A nurse's progress note dated 6-7-2014 at 8:00 AM, indicated Resident #L had "a 2 cm (centimeter) blister right above right ankle. Large area of epidermal layer of skin absent from right foot. Center 3 toes are white with no notable capillary refill. The foot has an extremely foul odor. Very slight amount of serous drainage. Resident denies pain or discomfort. Resident states he cannot feel his foot." The note did not include an approximate measurement or a description of the skin underneath.</p> <p>In an interview on 6-19-2014 at 1: 18 PM, RN#1 indicated the area of the foot that the skin peeled from was the whole top of the foot and arch area. The flesh exposed was dark red. RN #1 indicated she should have documented her assessment of the area more accurately.</p> <p>In an interview on 6-19-2014 at 10:27 AM, MD (Medical Doctor) #2 indicated Resident #L had poor diabetes control and when examined on 6-6-2014 had no complaints of pain. MD #2 further indicated he had no difficulty ambulating. When asked where MD #2 had documented his examination, MD#2</p>		<p>better understand the new computer charting. Please see Attachment B. C. All licensed nursing staff will be in-serviced on Skin and Wound Documentation workflow for the electronic medical records. Please see Attachment C. How other resident shaving the potential to be affect by the same deficient practice will be identified and what corrective action(s) will be taken. A. All residents who have skin/wound issues have the potential for incomplete documentation of skin/wound assessment. However, all residents with skin/wound issues have been reviewed and determined to not have been affected by this one instance of deficient practice. Nurse Managers, or their designee, will be retraining licensed nursing staff on thorough skin/wound documentation. B. All residents have a clinical record and have the potential to not have information feed into all areas on the electronic clinical chart. The work flow issue for all residents has been identified and fixed on the software side. Once additional training areas are identified by each individual licensed nurse, the nurse managers, or their designee, will be providing the identified additional training necessary to the staff. C. . All residents who have skin/wound issues have the potential for electronic</p>		

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	<p>stated he was seeing Resident #L as a matter of reminding him to be compliant and did not make an entry that day.</p> <p>In an interview on 6-19-2014 at 11:00 AM, LPN #4 indicated she had examined Resident #L's feet on 6-6-2014 because he had his socks off at about 1:30 PM that afternoon, and had no indication of skin discoloration. When asked where her assessment was documented, LPN #4 indicated the new computer system would not allow her to document on that area.</p> <p>In an interview on 6-19-2014 at 3:10 PM, the Director of Nursing indicated the computer system was new and the facility was only just learning where to document certain entries. She further indicated the assessments should have been documented and was contacting the company to receive more training for the nursing staff.</p> <p>This Federal tag relates to Complaint number IN 00150679.</p> <p>3.1-50(a)(1)</p>		<p>documentation to not flow to other areas of the chart regarding skin/wound assessment. . The work flow issue for all residents has been identified and fixed on the software side. Nurse Managers, or their designee, will be retraining licensed nursing staff on the new workflow system for documenting skin and wound issues in the electronic medical records. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. A. Upon hire and annually during their review, licensed nursing staff will be in-serviced by nurse managers, or their designee, on proper documentation of wound care. B. Upon hire and during their 90 day probationary time, licensed nursing staff, or their designee, will be monitored on proper documentation in the electronic record. C. The systemic change that occurred in the electronic medical record was that a new workflow was established so that information flowed from one part of the electronic medical record to other applicable parts of the electronic medical record. 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. A. Nurse Managers, or their designee, will monitor the</p>				

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			documentation of 10% of resident with skin/wound issues for three quarters to ensure proper documentation. The results of the monitoring will be brought to the QA meetings for review to ensure skin/wound documentation continues to meet standards. Additional training will be provided to any staff whose documentation continues to not meet standards. B. Nurse Managers, or their designee, will periodically monitor the electronic records of licensed nursing staff for three quarters to ensure any additional work flow issues will be addressed timely. C. Nurse Managers, or their designee, will periodically monitor the electronic records of licensed nursing staff for three quarters to ensure proper documentation workflow in the electronic medical records. Additional workflow corrections will be made as they are discovered through this monitoring. By what date the systemic changes will be completed. A. The staff will be rein-serviced on accurate documentation of assessments by July 20, 2014. B. The staff will continue to receive in-servicing regarding the new computerized charting based upon their personal skill level. This will be an ongoing effort as we continue to implement the computer system. This rein-servicing will begin July 7th and be ongoing as needed. C. The staff charged	

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			with implementing the new computer system will continue to work with staff and the software company to ensure the electronic records is the least cumbersome system for the staff yet making sure they are accurate, complete, readily accessible and systematically organized. This began on June 23th and will be ongoing as needed as we continue to roll out the new electronic medical records.		