

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155459	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/07/2012
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NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT NEW CASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 901 N 16TH ST NEW CASTLE, IN 47362
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F0000	<p>This visit was for the Investigation of Complaint IN00108795</p> <p>Complaint IN00108795 substantiated, Federal/State deficiencies related to the allegations are cited at F-157 and F-314.</p> <p>Survey date: June 6 and 7, 2012</p> <p>Facility number: 000341 Provider number: 155459 Aim number: 100286550</p> <p>Survey team: Sharon Lasher RN/TC Barbara Gray RN (June 7, 2012)</p> <p>Census bed type: SNF/NF: 33 Total: 33</p> <p>Census payor type: Medicare: 3 Medicaid: 26 Other: 4 Total: 33</p> <p>Sample: 3</p> <p>These deficiency also reflects state</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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	findings cited in accordance with 410 IAC 16.2. Quality review completed 6/8/12 Cathy Emswiller RN			

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review the facility failed to notify the family/physician of open areas at all or in a timely manner for 1 of 3 residents reviewed for notification in a sample of 3.</p>	F0157	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission	06/23/2012			

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	<p>(Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 6/6/12 at 11:35 a.m.</p> <p>1.) Resident #B's nursing notes dated 4/6/12 at 1:30 a.m., indicated "dressing applied to area on side of right lower leg, area open and seeping serous (any drainage that contains serum) drainage, no odor noted."</p> <p>A document titled "Weekly Pressure Ulcer/Deep Tissue Injury Assessment" indicated date first observed 4/16/12, location of wound, right posterior calf, stage 2 (partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed). Length 3 cm (centimeters) X width 3 cm and depth 0.2 cm. Duoderm dressing to open area. Change every 3 days and PRN.</p> <p>During an interview with the DON (Director of Nursing), on 6/7/12 at 3:00 p.m., indicated she could not find any documentation where the family or the physician were notified of the right posterior calf open area documented in the nursing notes on 4/6/12 until the family and physician were notified on 4/16/12.</p>		<p>that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Hickory Creek at New Castle desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on 6/23/12. <u>F157 - It is the policy of this facility to ensure that the family/physician are notified of changes in residents' condition, including development of open areas, in a timely manner. - 1. What corrective action will be done by the facility? - All licensed nurses were in-serviced on 6/12/12 regarding the need for timely notification of physician and family when residents' conditions change. 2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? - All residents have the potential to be affected. - In the future, if any concerns are identified with the documentation regarding the notification of the physician and/or family, the Administrator or Director of Nursing will address the concern with the nurse(s) involved. Once the nurses have been re-trained regarding the facility policy for notification of the family and physician, the DON will render progressive discipline for</u></p>				

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	<p>2.) Resident #B's "Assessment of other Skin Abnormalities" dated 4/28/12, indicated description "one 0.6 cm X 1 cm left inner thigh treated with skin safe. "Weekly Evaluation" dated 4/28/12, right buttocks 0.6 cm X 0.2 cm. and 5/4/12 "skin safe to buttock."</p> <p>Resident #B's "Weekly Skin Assessment" dated 5/4/12, indicated "describe all skin lesions and mark them on the picture" areas listed: right lower leg, right heel, left knee abrasion and left buttocks open area. A picture on the form had an arrow drawn to the gluteal area.</p> <p>A skin assessment from a local hospital, dated 5/9/12, indicated "site, wound #1 right gluteal fold, stage 2, length 1 cm X width 0.5 cm, 100% red, cleansing, soap/water and primary dressing, Calmoseptine (prevent and heal skin irritations), other, waffle/turn every 2 hours. Wound site #2 left gluteal fold, stage 2, length 0.5 cm X width 0.5 cm, 100% red, cleansing, soap/water and primary dressing, Calmoseptine, other, waffle/turn every 2 hours. Notes, assessed patients decubitus on bottom ordered Calmoseptine and waffle mattress and also turn every 2 hours."</p> <p>During an interview with the DON on</p>		<p><u>continued noncompliance. _ 3. What measures will be put into place to ensure this practice does not recur? _ The Director of Nursing, the Administrator, or designee will review the 24 hour report, physician telephone orders, incident reports, and documentation in the focus charting binder in conjunction with the morning management meeting that occurs at least 5 days a week. Any concerns that are identified at the time of review will be addressed as indicated in question #2. At each morning management meeting, the Administrator and DON will review the issues identified at the prior day's meeting to make sure that they have been addressed with the involved staff and corrected, if possible. _ 4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? _ The Administrator will bring the results of the monitoring activities for physician and family notification to the monthly QA&A Committee meeting for review and further recommendations for process improvement. The DON or Administrator will follow up on any committee recommendations and bring the results of the implementation of those recommendations back to the next scheduled monthly QA meeting. _ This monitoring and</u></p>	

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	<p>6/7/12 at 3:00 p.m., indicated there was no documentation of the physician or the family being notified of the right buttocks area noted 4/28/12 or the weekly skin assessment on 5/4/12.</p> <p>A document titled "Change of Condition" provided by the Administrator on 6/7/12 at 2:45 p.m., and dated June, 2004, indicated by the Administrator to be the most current policy indicated "Policy: All staff members shall communicate any information about resident status change to appropriate licensed personnel immediately upon observation."</p> <p>The resident's primary physician or designated alternate will be notified immediately of any change in the resident's physical or mental condition. The resident's designated family/legal representative will also be notified.</p> <p>Notification of physicians and families/legal representatives will be documented in the resident's clinical record.</p> <p>This federal tag relates to complaint IN00108795.</p> <p>3.1-5(a)(2)</p>		<p><u>follow up will continue on an ongoing basis. Date of Compliance: 6/23/12</u></p>				

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F0314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on interview and record review the facility failed to provide treatment in a timely manner for an open area and to treat one open area for 1 of 3 residents reviewed for pressure ulcers in a sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 6/6/12 at 11:35 a.m.</p> <p>Resident #B's MDS (Minimum Data Set), assessment, dated 3/7/12, indicated the following:</p> <ul style="list-style-type: none"> - BIMS (brief interview for mental status) 6, 0-7, indicates severe impairment - transfer, extensive assistance with two plus assist - walk in room or corridor, activity did not occur - current number of unhealed pressure ulcers at each stage, 1 unstageable 	F0314	<p><u>F314 - It is the policy of this facility to ensure that the residents receive treatments as ordered by the physician, including those for open areas. It is also the facility policy that physicians are notified of changes in residents' conditions, including the development of new open areas. - 1. What corrective action will be done by the facility? - The nurses were inserviced on 6/12/12 regarding the facility policy for provision of all treatments, including those for open areas, on a timely basis as ordered by the physician. The nurses were also inserviced on the need to notify physicians of changes in residents' condition, including the development of open areas, and the need for documentation of all skin areas as required by facility policy. 2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? - All residents have</u></p>	06/23/2012

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	<p>pressure ulcer with suspected deep tissue injury</p> <p>Resident #B's care plan, dated 3/5/12, "Problem, I am at risk for further skin breakdown/pressure ulcer development related to incontinence. (Suspected deep tissue injury), 4/16/12 I now have area in back of right calf. Goal, my heel will be healed and I will not develop further pressure ulcer(s) through: 5/31/12. Interventions, I will receive a weekly skin assessment, my Braden scale will be updated quarterly and PRN (as needed), notify my physician if breakdown noted, I will utilize a pressure relieving mattress and wheelchair pad, float heels when in bed, turn every 2 hours, 4/16/12, duoderm (thin dressing) as ordered to calf, 4/18/12, Santyl (antimicrobial cream) to calf, vitamin C and Zinc as ordered, 4/24/12, cleanse heel with Microcyn wound cleaner, apply thin layer of Microcyn gel (isotonic hydrogel) and cover with moistened foam dressing and cover with Kerlix, 4/27/12, also do Microcyn treatment to calf area."</p> <p>1.) Resident #B's "Braden Scale for Predicting Pressure Sore Risk" dated 4/16/12, indicated a score of 13 with a score of 17 or below requires care plan development for interventions and treatment.</p>		<p><u>the potential to be affected. In the future, if any concerns are identified with the documentation regarding physician notification of development of open areas, documentation of new or existing skin areas, or documentation of treatment administration as ordered by the physician, the Administrator or Director of Nursing will address the concern with the nurse(s) involved. Once the nurses have been re-trained regarding the facility policy for physician notification and treatment administration, the DON will render progressive discipline for continued noncompliance. 3. What measures will be put into place to ensure this practice does not recur? The Director of Nursing, the Administrator, or designee will review the 24 hour report, physician telephone orders, incident reports, and documentation in the focus charting binder in conjunction with the morning management meeting that occurs at least 5 days a week. Any concerns that are identified at the time of review with documentation or notification of the physician will be addressed as indicated in question #2. At each morning management meeting, the Administrator and DON will review the issues identified at the prior day's meeting to make sure that they have been addressed</u></p>	

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	<p>Resident #B's nursing notes dated 4/6/12 at 1:30 a.m., indicated "dressing applied to area on side of right lower leg, area open and seeping serous (any drainage that contains serum) drainage, no odor noted."</p> <p>A document titled "Weekly Pressure Ulcer/Deep Tissue Injury Assessment" indicated date first observed 4/16/12, location of wound, right posterior calf, stage 2 (partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed). Length 3 cm (centimeters) X width 3 cm and depth 0.2 cm. Duoderm dressing to open area. Change every 3 days and PRN.</p> <p>During an interview with the DON (Director of Nursing), on 6/7/12 at 3:00 p.m., indicated she could not find any other documentation on Resident #B's right lower leg area except the one nursing note, dated 4/6/12.</p> <p>2.) Resident #B's "Assessment of other Skin Abnormalities" dated 4/28/12, indicated description "one 0.6 cm X 1 cm left inner thigh treated with skin safe. "Weekly Evaluation" dated 4/28/12, right buttocks 0.6 cm X 0.2 cm. and 5/4/12 "skin safe to buttock."</p>		<p>with the involved staff and corrected, if possible. <u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? . The Administrator and DON will bring the results of the monitoring activities for physician notification, documentation of skin areas, and documentation of treatment administration to the monthly QA&A Committee meeting for review and further recommendations for process improvement. The DON or Administrator will follow up on any committee recommendations and bring the results of the implementation of those recommendations back to the next scheduled monthly QA meeting. . This monitoring and follow up will continue on an ongoing basis. . Date of Compliance: 6/23/1</u></p>		

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	<p>This federal tag relates to complaint IN00108795.</p> <p>3.1-40(a)(2) 3.1-40(a)(3)</p>			