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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155525 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 08/07/2015 |
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| NAME OF PROVIDER OR SUPPLIER SHADY NOOK CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 36 VALLEY DR LAWRENCEBURG, IN 47025 |
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| F 0000 Bldg. 00 | <p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00176873.</p> <p>Complaint IN00176873 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 2, 3, 4, 5, 6, and 7, 2015</p> <p>Facility number: 000304 Provider number: 155525 AIM number: 100266810</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicaid: 51 Medicare: 8 Other: 13 Total: 72</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> | F 0000 | | |

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 0247 SS=D Bldg. 00 | <p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on interview and record review, the facility failed to notify residents in advance of incoming new roommates for 2 of 21 residents reviewed for residents rights. (Residents #14 and #73)</p> <p>Findings include:</p> <p>1. During an interview on 08/03/2015 at 9:56 A.M., Resident #14 indicated he had not been given advance notice prior to receiving a new roommate on 11/21/2014.</p> <p>The Clinical Record for Resident #14 was reviewed on 08/06/2015 at 12:25 P.M. The annual MDS (Minimum Data Set) Assessment, dated 04/13/2015, indicated the resident had a BIMS (Brief Interview for Mental Status) score of 15 and was alert and oriented. Resident #14's roommate was admitted on 11/21/2014. The Nurse's Notes, which included the Social Service notes, for the</p> | F 0247 | <p>1. Social Services (SS) will continue to speak with resident when room move or roommate move is to occur. The residents identified will be spoken to by SS to see if there are any issues that need addressed related to roommate changes and documented in IDT note by SS.2. Residents having potential to be affected will be handled under the new room move/roommate change policy effective 8-10-15. (See attachment)3. This is a new policy and procedure system related to roommate chanced SSD is not logging roommate changes and checking for proper documentation.4. SSD will review tracking form with QA weekly and make recommendations for corrections. This is to continue for 3 months. Then will continue to monitor through AM meetings and annual audits.</p> | 09/06/2015 |

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| | <p>month of November 2014, contained no documentation that Resident #14 had been informed of the incoming new roommate.</p> <p>2. During an interview on 08/03/2015 at 12:56 P.M., Resident #73 indicated he had not been given advance notice prior to receiving a new roommate on 07/03/2015.</p> <p>The Clinical Record for Resident #73 was reviewed on 08/05/2015 at 1:25 P.M. The annual MDS Assessment, dated 05/13/2015, indicated the resident had a BIMS score of 15 and was alert and oriented. Resident #73's roommate was admitted on 07/03/2015. The Nurse's Notes, which included the Social Service notes, dated 06/25/2015 thru 07/06/2015, contained no documentation that Resident #73 had been informed of the incoming new roommate.</p> <p>An interview was conducted on 08/05/2015 at 10:13 A.M. with the SSD (Social Services Director). She indicated residents always know ahead of time if they are receiving a new roommate or if they are being moved to another room and the staff goes in and speaks to the resident to let them know. She further indicated roommate changes are not documented; if an existing resident gets a</p> | | | |

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| F 0279 SS=D Bldg. 00 | <p>new roommate it is not documented that they were notified. If an existing resident changes rooms, it is documented that they were notified.</p> <p>Current policies titled, "Relocation Policy" and "Social Services Admissions Policy", were provided by the SSD on 08/06/2015 at 10:31 A.M., and reviewed at that time. These documents did not indicate that notification or documentation was required for residents receiving a new roommate.</p> <p>3.1-3(v)(2)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes</p> | | | |

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| | <p>measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview, observation and record review, the facility failed to develop a comprehensive care plan related to urinary incontinence for 2 of 12 residents reviewed for care plans. (Residents #6 and #62)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #6 was reviewed on 08/06/2015 at 10:42 A.M. The Kardex, dated 07/13/2015, indicated Resident #6 was continent of bladder and bowel. The Care Plan for Activities of Daily Living (ADL's) indicated the resident was continent of bowel and previously had a Foley catheter (urinary catheter) that was discontinued on 03/19/2015.</p> <p>The quarterly Minimum Data Set (MDS) assessment, dated 06/08/2015, indicated</p> | F 0279 | <p>1. The 2 residents identified were updated August 6th by Supervisor who updated the kardex which is part of our POC and then August 8th the POC was reviewed/revised by MDS nurse.2. The staff was instructed on August 6th to review all kardex's for accuracy and any inconsistencies to be corrected.3. There is a new system in place that when the MDS nurse interviews staff for any MDS she is working on that the kardex book is to be taken into the interview, if any inconsistencies the charge nurse is to be informed for correction to the kardex. Nursing staff was in-serviced on new procedure 8/20. (See attachment)4. The MDS nurse will be informing the ADON/DON of inconsistencies as they are found, as she does the interviews, so that the ADON/DON can audit for corrections. If corrections not</p> | 09/06/2015 | | | |

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| | <p>Resident #6 had a BIMS score of 04 indicating the resident was severely cognitively impaired. The MDS assessment further indicated Resident #6 required extensive assistance of two staff members for ADL's and the resident was always incontinent of bowel and bladder. Diagnoses for Resident #6 included, but were not limited to, dementia and hypertension.</p> <p>During an interview on 08/06/2015 at 12:26 P.M., Registered Nurse (RN) #6 indicated Resident #6 had asked for a bed pan, but the resident was usually incontinent. RN #6 indicated the staff refer to the Kardex for a resident's capability. Resident #6 was listed as continent on the Kardex and RN #6 indicated the Kardex needed to be updated.</p> <p>During an interview on 08/06/2015 at 12:36 P.M., Certified Nursing Assistant (CNA) #10 indicated Resident #6 usually asks for assistance to use the restroom after she had already had an incontinent episode.</p> <p>During an interview on 08/06/2015 at 1:24 P.M., CNA #10 indicated Resident #6's bed had to be changed due to the sheets being saturated with urine.</p> | | made the error will be taken to QA to discuss corrections to the system or disciplinary action on the employee. This will be an ongoing system change. | | |

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| | <p>During an observation on 08/06/2015 at 2:34 P.M., CNA #10 removed Resident #6's soiled brief and replaced it with a clean, dry brief.</p> <p>During an interview on 08/06/2015 at 1:43 P.M., the Director of Nursing (DON) indicated there was no care plan for urinary incontinence for Resident #6. The Kardex for Resident #6 indicated the resident was continent of bladder and bowel. The DON indicated the Kardex was incorrect and needed to be updated.</p> <p>2. The clinical record for Resident #62 was reviewed on 08/06/2015 at 12:43 P.M. The Kardex, dated 07/13/2015, indicated Resident #62 was continent of bladder and bowel. The Care Plan for Activities of Daily Living indicated the resident was continent of bladder and bowel.</p> <p>The quarterly Minimum Data Set (MDS) assessment, dated 06/28/2015, indicated Resident #62 had a BIMS score of 05 indicating the resident is severely cognitively impaired. Functional status for Resident #62 was extensive assistance required; one staff person. The MDS assessment indicated the resident was always incontinent of bladder and bowel. Diagnoses for Resident #62 included, but were not limited to, anemia, dementia,</p> | | | |

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| | <p>arthritis, and anxiety.</p> <p>During an interview on 08/06/2015 at 1:03 P.M., Licensed Practical Nurse (LPN) #8 indicated Resident #62 was incontinent of bladder and bowel.</p> <p>During an observation on 08/06/2015 at 1:26 P.M., Resident #62 was placed in her bed for CNA #5 to change the resident's soiled brief. During an interview at the time of observation, CNA #5 indicated Resident #62 was incontinent of bladder and bowel.</p> <p>During an interview on 08/06/2015 at 1:36 P.M., the DON indicated the care plans are based off of the doctor's orders and are updated daily. The nurses place the residents' ADL's on the Kardex. The DON indicated the care plan for Resident #62 indicated the resident was continent of bladder and bowel. There was no care plan for Resident #62 related to incontinence of bladder and bowel.</p> <p>The current "Comprehensive Care Plan" policy was provided on 08/06/2015 at 3:34 P.M. by the DON. The policy was dated 04/2008. The policy indicated, "...Care plan in chart or Kardex updated as changes in interventions occur..."</p> <p>3.1-35(a)</p> | | | | | | |

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| F 0431 SS=E Bldg. 00 | <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976</p> | | | |

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| | <p>and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to follow current, acceptable practice for the disposal of expired medications for 6 residents in 2 of 4 medication storage areas. (Residents #13, #18, #25, #59, #82 and #97)</p> <p>Findings include:</p> <p>1. On 08/06/2015 at 1:40 P.M., an observation of the C Hall medication refrigerator was conducted with Licensed Practical Nurse (LPN) # 7. Six medications were found to be expired for four residents (Residents #13, #18, #25 and #59).</p> <p>Resident #13 had Laxative 10 mg (milligram) suppositories with an expiration date of 04/07/2015. No suppositories had been used out of this package.</p> <p>Resident #18 had Laxative 10 mg suppositories with an expiration date of 05/18/2015. No suppositories had been used out of this package.</p> <p>Resident #25 had Acetaminophen 650 mg suppositories with an expiration date</p> | F 0431 | <p>1. At time of discovery all expired medications were removed and disposed of properly by nursing.2. Refrigerators were checked by nursing and at that time DON reviewed with nursing how to check expiration of suppositories. Staff instructed to look at the expiration date on the package containing the suppositories no the individual suppository.3. A new form has been developed and the CSR from Wellfount who is in our building 5 days per week and our Health Services Tech who is in the building 5 days per week will alternate days and check the expiration dates on medications in refrigerator will be done weekly. The nursing staff will continue routine checks of expired medication on night shift and all nurses/QMAs with each time medication used. (See attachment)4. The new form is a duplicate and a copy will go to our daily AM meeting for review and corrective action taken. This system is to be monitored by QA at the AM meetings. This will be an ongoing system change.</p> | 09/06/2015 |

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| | <p>of 03/20/2015 and Acetaminophen 650 mg Suppositories with an expiration date of 03/21/2015. No suppositories had been used out of either package.</p> <p>Resident #59 had Laxative 10 mg suppositories with an expiration date of 10/02/2014 and Dulcolax 10 mg suppositories with an expiration date of 06/18/2015. No suppositories had been used out of either package.</p> <p>During an interview on 08/06/2015 at 1:45 P.M., LPN #7 indicated medications should be properly disposed of when they had expired.</p> <p>2. On 08/06/2015 at 1:50 P.M., an observation of the D Hall medication refrigerator was conducted with QMA (Qualified Medication Aide) #9. Two medications for two residents were found to be expired.</p> <p>Resident #82 had Acetaminophen 650 mg suppositories with an expiration date of 07/27/2014. No suppositories had been used out of this package.</p> <p>Resident #97 had Bisac-evac 10 mg suppositories with an expiration date of 06/19/2015. No suppositories had been used out of this package.</p> | | | |

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| F 0441 SS=D Bldg. 00 | <p>During an interview on 08/06/2015 at 1:55 P.M., QMA #9 indicated all expired medications are to be disposed of properly.</p> <p>3.1-25(o)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> | | | |

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| | <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview, and record review, the facility failed to ensure proper handwashing was performed by staff when providing care for 3 of 5 residents in that, hands were not washed before beginning care, after glove removal, and for the appropriate length of time. (Residents #16, #73 and #86)</p> <p>Findings include:</p> <p>1. During an observation on 08/06/2015 at 1:18 P.M., QMA (Qualified Medication Aide) #2 and NA (Nursing Aide) #4 assisted Resident #86 with incontinence care. QMA #2 and NA #4</p> | F 0441 | <p>1. Residents affected by the practice have not shown any signs of infection. 2. Staff in-service on proper hand washing is scheduled for 8-27-15 post reviewing survey findings and staff verbally discussing issue when notified by surveyors there was an issue. 3. New hand washing policy and in-service on the new policy. (See attachment) 4. QA monitoring of hand washing focusing on correct amount of time and circumstances for washing, if issues noted, then QA will discuss with DON and administrator for corrective action. The monitoring will be done at least weekly for 3 months</p> | 09/06/2015 |

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| NAME OF PROVIDER OR SUPPLIER SHADY NOOK CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 36 VALLEY DR LAWRENCEBURG, IN 47025 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| | gathered supplies from a cabinet and set them up on the bedside table. The QMA and NA then donned gloves before raising the bed and lowering the head of the bed. QMA #2 and NA #4 unfastened the resident's brief, and then QMA #2 put a cleaning solution on a wet washrag and cleaned the resident's groin area from front to back. NA #4 assisted Resident #86 to roll to her left side and QMA #2 removed the brief from under the resident. QMA #2 then cleaned the resident from front to back with a wet washrag, sprayed with cleaning solution, from front to back. The QMA put a new brief under the resident and then opened a bottle of PeriGuard cream and used her gloved hand to smear it on the resident's buttocks. The QMA removed her gloves, donned new gloves, helped the resident onto her back and again used her gloved hand to smear PeriGuard cream on the residents front groin area. QMA #2 then removed her soiled gloves and donned new gloves. NA #4 and QMA #2 secured the resident's brief, covered the resident, raised the head of the bed and lowered the bed. After the care was complete both the NA and the QMA washed their hands appropriately (according to facility policy). Handwashing did not occur before care began and did not occur during care, when gloves were changed. | | then ongoing audit for yearly review. | |

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| | <p>During an interview on 08/06/2015 at 1:20 P.M., QMA #2 indicated that hands should be washed before you put your gloves on, any time you take off your gloves, and after the procedure is done. NA #4 indicated that hands should be washed for 20 to 30 seconds.</p> <p>During an interview on 08/06/2015 at 1:38 P.M., CNA (Certified Nursing Assistant) #5 indicated that hands should be washed every time before you give care, and after, and when you take off your gloves. CNA #5 further indicated that hands should be washed for 30 seconds or the length of the ABC song.</p> <p>During an interview on 08/06/2015 at 1:49 P.M., the DON (Director of Nursing) indicated that hands should be washed for the length of the Happy Birthday or ABC song. She also indicated that hands should be washed or sanitization gel should be used before you go in to do resident care and after you come out.</p> <p>2. During an observation on 08/03/2015 at 12:45 P.M., RN (Registered Nurse) #6 walked into the room of Resident #73. She administered insulin first to Resident # 73's roommate, changed gloves, then</p> | | | |

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| | <p>administered insulin to Resident #73. Hand washing or hand sanitizing was not observed between residents.</p> <p>3. An observation was conducted on 08/06/2015 at 2:00 PM. Resident #16 was toileted with the assistance of RN #1, QMA #2, and NS (Nursing Student) #3. All three staff donned gloves. RN #1 wiped the wet floor in front of the toilet with a towel, discarded the towel appropriately, removed gloves, washed hands for 13 seconds, and reapplied clean gloves. The resident was assisted on to the toilet. QMA #2 removed gloves, washed hands for 8 seconds, reapplied gloves, assisted the resident with toileting and transferred the resident back to the wheelchair. All three staff washed hands appropriately at the conclusion of the procedure.</p> <p>The undated handwashing policy, titled "Infection Control Handwashing Policy", was provided by the DON on 08/06/2015 at 2:22 P.M. and was indicated as current. The policy indicated, "...Hands should be washed or cleansed with hand sanitizer: ...Before beginning work and upon completion of work ...Before and after caring for each patient when there has been close physical contact ...Before and after changing dressings or applying ointments ...After any hand contacts that</p> | | | |

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| | <p>might be a source of infection ... Thoroughly wash hands and arms using frictions [sic] for approximately 10 to 20 seconds..."</p> <p>3.1-18(l)</p> | | | |