

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155779	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/30/2015
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NAME OF PROVIDER OR SUPPLIER PRAIRIE LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 9730 PRAIRIE LAKES BLVD E NOBLESVILLE, IN 46060
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00184162.</p> <p>Complaint IN00184162 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282 and F323.</p> <p>Survey dates: October 29 and 30, 2015</p> <p>Facility number: 012305 Provider number: 155779 AIM number: 200987990</p> <p>Census bed type: SNF: 35 SNF/NF: 19 Residential: 53 Total: 107</p> <p>Census payor type: Medicare: 15 Medicaid: 18 Other: 74 Total: 107</p> <p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint (IN00184162) Survey on October 30, 2015. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial 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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F 0282 SS=D Bldg. 00	<p>QR completed by 11474 on November 2, 2015.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on interview and record review, the facility failed to ensure a care plan was followed as written for 1 of 4 residents whose care plans were reviewed. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 10/29/15 at 11:11 a.m. Diagnoses for Resident B included, but were not limited to, dementia, debility, hyperlipidemia, Alzheimer's without behavioral disturbances, osteoporosis and hypertension. Resident B was admitted to the healthcare unit on 9/28/15.</p> <p>Review of the nursing notes, dated 10/7/14 at 10:00 a.m., indicated Resident B was found to have swelling and bruising to the left side of the face. The physical assessment indicated the</p>	F 0282	<p>F 282 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident B was observed during transfer and care plan is being followed as written for transfers. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will observe five residents requiring the use of a lift to ensure the care plan is being followed as written for transfers. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the nursing staff on the following guideline: Resident First Information Sheet, Care Plan and SWAT - We've Got Your Back Program How the corrective measures will be monitored to</p>	11/16/2015

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	<p>following bruises: bruise to left eye 2.7cm x 4.3 cm, bruise to left lateral neck 5.2 cm x 8.1 cm, bruise behind left ear 5.1 cm x 1.4 cm, bruise to left lower scalp 4.4 cm x 6.3 cm and bruise to occipital scalp 3.3 cm x 5.5 cm with superficial abrasion in center.</p> <p>Review of a current, undated care plan for "ADLS" [Activities of Daily Living], reviewed on 10/29/15 at 4:39 p.m., indicated the following: "...I need the nursing staff to use the Maxi lift with assist x 2 prn [as needed] for transfers."</p> <p>Review of Resident B's current care plan, revised 10/27/15, for falls indicated the following: "I am at risk for falls r/t [related to] decreased balance and safety awareness, My most recent fall was on 9/29/15, 1027/15 [sic]: I am an early riser and am often awake in my bed in the morning, please assist me with being up for breakfast when the kitchen is open. (9/29/15): I have a parameter mattress in place to assist me with spatial awareness. Place my bed at an appropriate level for my body height to facilitate safe transfers. Lock the brakes. I have decreased ROM [range of motion] to BLE [bilateral lower extremities] and requires total assist with transitioning and sometimes need sara lift...."</p>		<p>ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 2 months to ensure compliance: Observe residents requiring the use of a lift to ensure the care plan is being followed as written for transfers. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 4 months then randomly thereafter for further recommendation.</p>	

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	<p>During an interview on 10/30/15 at 8:40 a.m., the DON (Director of Nursing) indicated the current facility policy was to go by the manufacturer's recommendation for using 1 person to operate the mechanical lifts unless care planned differently for resident safety. The DON also indicated the facility was in the process of changing the policy and requiring staff to use 2 persons with all mechanical lift operations.</p> <p>Review of the facility incident investigation, on 10/29/15 at 1:30 p.m., indicated CNA # 8 was the staff person who had transferred Resident B.</p> <p>During an interview on 10/30/15 at 10:53 a.m., CNA #8 indicated the following: "You need 2 people to operate the lift. But the company policy is to go by the manufacturer's discretion. But for as long as I can remember we have used 2 to operate the lifts, all lifts. The CNA's are taught to use 2 people for lifts. I am a preceptor and they are told to use 2 people [Resident B's name] was trying to climb out of the bed. I had to make a choice right then. No one else was around. It was a bad choice but I didn't want [Resident B] to come out of the bed. From the time she was admitted the the healthcare side she has been a Hoyer. She has always been a non weight</p>			

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F 0323 SS=D Bldg. 00	<p>bearing resident."</p> <p>During an interview on 10/30/15 at 11:51 a.m., the DON (Director of Nursing) indicated Resident B had been non weight bearing and a 2 person assist with transfers since her admission to the healthcare unit on 9/28/15.</p> <p>This federal tag relates to Complaint IN00184162.</p> <p>3.1-35(g)(1)</p> <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 interview and record review, the facility failed to implement effective interventions to prevent injury from a hazardous environment for 1 of 3 residents reviewed for accidents. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 10/29/15 at 11:11 a.m. Diagnoses for Resident B included, but were not limited to, dementia, debility, hyperlipidemia, Alzheimer's without</p>	F 0323	<p>F 323 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident B was observed during transfer and effective interventions for transfer have been implemented.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will observe five residents requiring the use of a lift to ensure effective interventions</p>	11/16/2015

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	<p>behavioral disturbances, osteoporosis and hypertension.</p> <p>Review of the Admission MDS assessment (Minimum Data Set), dated 8/16/15, indicated Resident B was an extensive assist with 2 person assist for bed mobility and transfers.</p> <p>Review of the nursing notes, dated 10/7/14 at 10:00 a.m., indicated Resident B was found to have swelling and bruising to the left side of the face. The physical assessment indicated the following bruises: bruise to left eye 2.7 cm x 4.3 cm, bruise to left lateral neck 5.2 cm x 8.1 cm, bruise behind left ear 5.1 cm x 1.4 cm, bruise to left lower scalp 4.4 cm x 6.3 cm and bruise to occipital scalp 3.3 cm x 5.5 cm with superficial abrasion in center.</p> <p>Review of the facility investigation report, dated 10/7/15 on 10/29/15 at 1:30 p.m., indicated CNA # 8 transferred Resident B from the bed to the broda chair without assistance. The CNA indicated after the transfer the right side of the body supports were released first leaving the left side still attached. Resident B's body slumped to the left and rested on the left supports until they were released. Resident B was then</p>		<p>for transfer have been implemented. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the nursing staff on the following guideline: Resident First Information Sheet, Care Plan and SWAT - We've Got Your Back Program How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 2 months to ensure compliance: Observe residents requiring the use of a lift to ensure effective interventions for transfer have been implemented. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 4 months then randomly thereafter for further recommendation.</p>	

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	<p>repositioned in the chair and taken to breakfast. The CNA indicated she did not see a need to report this to the nurse because she did not see any injury and Resident B did not indicate she was in any distress.</p> <p>Review of a current undated care plan for "ADLS" [Activities of Daily Living] reviewed on 10/29/15 at 4:39 p.m., indicated the following: "...I need the nursing staff to use the Maxi lift with assist x 2 prn [as needed] for transfers."</p> <p>Review of Resident B's current care plan, revised 10/27/15 for falls reviewed on 10/29/15 at 4:39 p.m., indicated the following: "I am at risk for falls R/T [related to] decreased balance and safety awareness, My most recent fall was on 9/29/15, 1027/15 [sic]: I am an early riser and am often awake in my bed in the morning, please assist me with being up for breakfast when the kitchen is open. (9/29/15): I have a parameter mattress in place to assist me with spatial awareness. Place my bed at an appropriate level for my body height to facilitate safe transfers. Lock the breaks. I have decreased ROM [range of motion] to BLE [bilateral lower extremities] and requires total assist with transitioning and sometimes need sara lift...."</p>			

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	<p>During an interview on 10/30/15 at 9:40 a.m., CNA #1 indicated during the orientation process, she was instructed to always use a 2 person assist when using a mechanical lift. "They even taught us that in school."</p> <p>During an interview on 10/30/15 at 10:35 a.m., CNA #3 indicated the facility had always instructed the CNA's to use 2 persons while operating any mechanical lift. "They told me in orientation here. In the hospital we only had to have 1 person, but here they said we have to have 2 people (for the lifts)."</p> <p>During an interview on 10/30/15 at 10:53 a.m., CNA #8 indicated the following: "You need 2 people to operate the lift. But the company policy is to go by the manufacture's discretion. But for as long as I can remember we have used 2 to operate the lifts, all lifts. The CNA's are taught to use 2 people for lifts. I am a preceptor and they are told to use 2 people. [Resident's name] was trying to climb out of the bed. I had to make a choice right then. No one else was around. It was a bad choice but I didn't want [Resident B] to come out of the bed. From the time she was admitted the the healthcare side she has been a Hoyer. She has always been a non weight</p>			

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	<p>bearing resident."</p> <p>During an interview on 10/30/15 at 8:40 a.m., the DON (Director of Nursing) indicated the current facility policy was to go by the manufacturer's recommendation for using 1 person to operate the mechanical lifts unless care planned differently for resident safety. The DON also indicated the facility was in the process of changing the policy and requiring staff to use 2 persons with all mechanical lift operations.</p> <p>Review of a current undated policy titled "Guidelines for 'SWAT - We've Got Your Back' Program" provided by the DON on 10/20/15 at 12:00 p.m., indicated the following: "Purpose: To ensure the safety of residents and staff when performing mobility/transfer tasks. Procedure:...</p> <p>6. All devices are safe to be used by one staff member per manufacturers guidelines. Staff should seek the assistance of a second person for those residents' care planned for assistance of two with the lifting device or as needed for safe handling...."</p> <p>This federal tag relates to Complaint IN00184162.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	3.1-45(a)(2)				