

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155042	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/06/2015
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NAME OF PROVIDER OR SUPPLIER  WILLOW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3801 OLD BRUCEVILLE RD BOX 136 VINCENNES, IN 47591
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00185593.</p> <p>Complaint IN00185593 - Substantiated, Federal/State deficiencies related to the allegations are cited at F157, F309, F505, and F514.</p> <p>Survey date: November 6, 2015</p> <p>Facility number: 000016 Provider number: 155042 AIM number: 100291500</p> <p>Census bed type: SNF/NF: 133 Total: 133</p> <p>Census payor type: Medicare: 16 Medicaid: 96 Other: 21 Total: 133</p> <p>Sample: 3</p> <p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Bysubmitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our record of compliance effective 12/6/2015 to the complaint survey conducted 11/6/2105.</p>	

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 0157 SS=D Bldg. 00	<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 physician</p>	F 0157	<b>What Correctiveaction(s) will be accomplished for those residents found to have been affected by the deficient</b>	12/06/2015

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	<p>of a family member's concerns of a resident and a request to transfer a resident to the hospital, for 1 of 3 residents reviewed for physician notification, in a sample of 3. Resident B</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 11/6/15 at 11:15 A.M. Diagnoses included, but were not limited to, Alzheimer's dementia.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 8/29/15, indicated the resident had a short term and long term memory problem, and was severely impaired in cognitive skills for daily decision making.</p> <p>Nurse's Notes included the following notations:</p> <p>10/24/15 at 9:00 A.M.: "Residents [sic] daughter approached this nurse asking about her dad, she was concerned due to Res. [resident] had not been eating well lately. Daughter requested Res. to be sent to ER for evaluation. Ambulance service was here in building. They transferred to ER. Ambulance service obtained V/S [vital signs]."</p> <p>10/24/15 at 12:30 P.M.: "Called</p>				<p><b>practice:</b> Resident B was the only resident affected by this practice. He was sent out without an order on 10/24/2015. The Nurse Practitioner was notified immediately Monday Morning, 10/26/2015, during rounds. The Agency Nurse involved was relieved of her duties. <b>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:</b> No other residents were identified to have been affected by this deficient practice <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> A nursing inservice will be held to re-educate nurses on calling physicians when change of conditions are noted on November 19th, 2015 <b>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:</b> Resident's change of condition will be monitored daily and changes will be noted on the Change of Condition log. The Change of condition log will be monitored and reported monthly to Quality Assurance Committee X 3 months and then if no problems noted will be reported quarterly x 3. <b>By what</b></p>		

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	<p>[hospital] to check on Residents [sic] condition, Resident will be admitted today, not sure of diagnosis @ this point."</p> <p>Documentation of physician notification of the family member's concerns, or the transfer to the hospital, was not found in the clinical record.</p> <p>On 11/6/15 at 2:50 P.M., during an interview with the Director of Nursing (DON), she indicated the nurse who transferred the resident to the hospital "was an agency nurse." The DON indicated she had spoken to the agency nurse, and the nurse informed her that she had "called report to the ER." The DON indicated she was unable to locate documentation of physician notification, and had recently inserviced staff on physician notification of family concerns.</p> <p>This Federal tag relates to Complaint IN00185593.</p> <p>3.1-5(a)(2)</p>		<p><b>date the systemic changes will be completed: 12/6/2015</b></p>	

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F 0309 SS=D Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's skin impairment was measured and completely assessed, for 1 of 3 residents reviewed with skin impairments, in a sample of 3. Resident B</p> <p>Findings include:</p>	F 0309	<p><b>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice:</b> A skin sheet for Resident B was completed immediately and the area cited was documented. <b>How otherresidents having the potential to be affected by the same deficient practicewill be</b></p>	12/06/2015

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	<p>On 11/6/15 at 9:15 A.M., during the initial tour, the Director of Nursing [DON] indicated Resident B had a pressure area on his ankle. The DON did not indicate the resident had an open area on his buttocks.</p> <p>The clinical record of Resident B was reviewed on 11/6/15 at 11:15 A.M. Diagnoses included, but were not limited to, Alzheimer's dementia.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 8/29/15, indicated the resident had a short term and long term memory problem, and was severely impaired in cognitive skills for daily decision making. The resident had no skin impairments.</p> <p>A Nurse Practitioner [NP] note, dated 10/20/15, indicated, "Patient had boil - nursing just saw it. It is about a quarter size on his perineum...Area has a yellowish top to it. Currently using warm compresses. Will culture area and add Bactrim. Will monitor."</p> <p>Nurse's Notes included the following notations:</p> <p>10/20/15 at 1:50 P.M.: "Starting resident on Bactrim DS [an antibiotic] BID [twice</p>		<p><b>identified and what corrective action(s) will be taken:</b> No other Residents were identified to have any areas identified in the survey. Any Resident observed having a boil, in the future, will have a skin sheet filled out immediately . <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> A nursing inservice will be held on November 19th, 2015 to re-educate nurses on how to properly measure and document a new found boil. <b>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:</b> This deficient practice will be monitored through the daily change of condition meeting. New areas identified as boils on skin sheets will be audited for proper documentation. Results of the audits will be reported to the Quality Assurance Committee monthly x 3 then of no problems noted will be reported quarterly x 3. <b>By what date the systemic changes will be completed:</b> 12/6/2015</p>		

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	<p>daily] x 10 days. Culture area on R [right] side peri/rectal area...."</p> <p>10/22/15 at 6:30 P.M.: "T [temperature] 99.5. Cont [continues] on ATB [antibiotic] et [and] warm compress...."</p> <p>10/24/15 at 9:00 A.M.: "Residents [sic] daughter approached this nurse asking about her dad, she was concerned due to Res. [resident] had not been eating well lately. Daughter requested Res. to be sent to ER for evaluation. Ambulance service was here in building. They transferred to ER. Ambulance service obtained V/S [vital signs]."</p> <p>The resident was admitted to the hospital on 10/24/15.</p> <p>An Emergency Room record, dated 10/24/15 at 11:07 A.M., indicated, "...Decubitus ulcer noted... on his right buttocks that has very foul smelling drainage noted from it, old bandage removed that was saturated with drainage...."</p> <p>On 11/6/15 at 1:50 P.M., a skin assessment was requested. A dressing was observed on the resident's right buttock area. When the dressing was removed, the Unit Manager removed some further packing dressing from the</p>			

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	<p>wound, which had a small amount of bloody drainage. The wound bed was reddish, with the surrounding skin fragile. The Unit Manager indicated the area had started as a hard, boil-type area.</p> <p>On 11/6/15 at 2:50 P.M., during an interview with the DON, she indicated she was unsure if she would have filled out a skin sheet on a boil-type area. The DON indicated she was unsure when a dressing was first applied to the area.</p> <p>On 11/6/15 at 3:30 P.M., the DON indicated the facility did not have a specific policy for non-pressure areas. The DON provided a "Non-Pressure Skin Condition Record" at that time, which she indicated should be used if a skin area is not a pressure area. The record included: "Purpose: To identify, describe, monitor, and document non-pressure skin conditions...When non-pressure skin condition is identified and weekly thereafter until healed...Record in centimeters (cm's) the length &amp; width...Check the characteristics. Check the wound bed. Check the type of exudate (drainage)...."</p> <p>This Federal tag relates to Complaint IN00185593.</p>			

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F 0505 SS=D Bldg. 00	<p>3.1-37(a)</p> <p>483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS</p> <p>The facility must promptly notify the attending physician of the findings. Based on interview and record review, the facility failed to ensure a physician was notified of a wound culture report, in which a resident's current antibiotic was documented as being resistant, for 1 of 3 residents reviewed regarding physician notification of lab reports, in a sample of 3. Resident B</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 11/6/15 at 11:15 A.M. Diagnoses included, but were not limited to, Alzheimer's dementia.</p> <p>An annual Minimum Data Set (MDS)</p>	F 0505	<p><b>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice:</b> The Lab was received on 10/23/15. The nurse practitioner was notified on 10/26/2015 during morning rounds. <b>How other residentshaving the potential to be affected by the same deficient practice will beidentified and what corrective action(s) will be taken:</b> No other residents were identified as having the same deficient practice. <b>What measures willbe put into place or what systemic changes will be made to ensure that</b></p>	12/06/2015

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	<p>assessment, dated 8/29/15, indicated the resident had a short term and long term memory problem, and was severely impaired in cognitive skills for daily decision making.</p> <p>A Nurse Practitioner [NP] note, dated 10/20/15, indicated, "Patient had boil...Area has a yellowish top to it. Currently using warm compresses. Will culture area and add Bactrim. Will monitor."</p> <p>Nurse's Notes included the following notations:</p> <p>10/20/15 at 1:50 P.M.: "Starting resident on Bactrim DS BID [twice daily] x 10 days. Culture area on R [right] side peri/rectal area..."</p> <p>A wound culture report indicated: "Collected 10/21/2015, Received: 10/21/2015, Resulted: 10/23/2015...Final Report...Organism is a Methicillin Resistant Staph Aureus 'MRSA' Positive...Trimethoprim/Sulfamet [Bactrim] R [resistant]..." The report indicated it was faxed to the facility on 10/23/15 at 11:35 A.M.</p> <p>Documentation regarding physician notification of the wound culture report was not found in the clinical record.</p>		<p><b>thedeficient practice does not recur:</b> An inservice will be held on November 19th,2015 to re-educate nurses about proper notification of wound culture reports to the physician/or designee. <b>How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place:</b> An Audit of wound culture reports will be done monthly for timely notification ofthe physician/designee. The results ofthe audit will be reported to the Quality Assurance Committee monthly x 3 and if no problems noted will be reported quarterly x 3. <b>By what date thesystemic changes will be completed:</b> 12/6/2015</p>	

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	<p>Nurse's Notes included the following notations:</p> <p>10/24/15 at 9:00 A.M.: "Residents [sic] daughter approached this nurse asking about her dad, she was concerned due to Res. [resident] had not been eating well lately. Daughter requested Res. to be sent to ER for evaluation. Ambulance service was here in building. They transferred to ER. Ambulance service obtained V/S [vital signs]."</p> <p>The resident was admitted to the hospital on 10/24/15.</p> <p>A hospital history and physical, dated 10/25/15, indicated, "Assessment:...ulcer, multi-microbial Proteus, Enterococcus/MRSA. Will will continue the Vancomycin and Ceftriaxone as per the sensitivity of the wound culture...."</p> <p>On 11/6/15 at 3:30 P.M., the Director of Nursing indicated she was unable to locate a facility policy regarding physician notification of lab reports.</p> <p>This Federal tag relates to Complaint IN00185593.</p> <p>3.1-49(f)(2)</p>			

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F 0514 SS=D Bldg. 00	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>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>			

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	<p>Based on interview and record review, the facility failed to ensure a resident who was transferred to the hospital had complete documentation regarding an assessment and vital signs, and failed to include a transfer form to the hospital, for 1 of 3 residents reviewed for transfer, in a sample of 3. Resident B</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 11/6/15 at 11:15 A.M. Diagnoses included, but were not limited to, Alzheimer's dementia.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 8/29/15, indicated the resident had a short term and long term memory problem, and was severely impaired in cognitive skills for daily decision making.</p> <p>Nurse's Notes included the following notations:</p> <p>10/24/15 at 9:00 A.M.: "Residents [sic] daughter approached this nurse asking about her dad, she was concerned due to Res. [resident] had not been eating well lately. Daughter requested Res. to be sent to ER for evaluation. Ambulance service was here in building. They transferred to</p>	F 0514	<p><b>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice:</b> This resident was the only resident identified to have been affected by the deficient practice. No other residents were affected. The deficient practice had already occurred prior to the deficiency being recognized. The Agency nurse involved was relieved of her duties. <b>How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken:</b> No other residents were affected by this deficient practice <b>What measures willbe put into place or what systemic changes will be made to ensure that thedeficient practice does not recur:</b> An inservice was held for all licensed nursing staff to educated them on the proper way to transfer a resident to the hospital such as; doing an assessment that includes vital signs, notifying the physician with the results of the assessment, and completing the transfer form prior to transferring a resident to the hospital. <b>How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place:</b> Monthly audits will</p>	12/06/2015			

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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
	<p>ER. Ambulance service obtained V/S [vital signs]."</p> <p>A transfer form was not found in the clinical record.</p> <p>On 11/6/15 at 2:50 P.M., during an interview with the Director of Nursing (DON), she indicated the nurse who transferred the resident to the hospital "was an agency nurse." The DON indicated she had spoken to the agency nurse, and the nurse informed her that she had "called report to the ER." The DON indicated she was unable to locate a transfer form either, and had since inserviced staff regarding correct transfer protocol.</p> <p>On 11/6/15 at 3:30 P.M., the DON indicated she was unable to locate a facility policy regarding hospital transfers.</p> <p>This Federal tag relates to Complaint IN00185593.</p> <p>3.1-50(h)(1-8)</p>		<p>be completed on Residents being transferred to the hospital to determine that assessments are being completed, vital signs are being completed, the physician notification is being completed, and the transfer form is being completed prior to transferring a patient to the Hospital. The results of these audits will be reported monthly to the Quality Assessment Committee x3 and then if no problems are noted they will be reported quarterly x 3.</p> <p><b>By what date the systemic changes will be completed: 12/6/2015</b></p>	

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

PRINTED: 11/25/2015

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155042	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  11/06/2015
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