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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155209 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>09/07/2012 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>WATERS OF CLIFTY FALLS THE | STREET ADDRESS, CITY, STATE, ZIP CODE<br>950 CROSS AVE<br>MADISON, IN 47250 |
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| F0000 | <p>This visit was for the Investigation of Complaint IN00114395.</p> <p>Complaint IN00114395 - Substantiated. Federal/state deficiencies related to the allegations are cited at F314.</p> <p>Survey dates: September 5, 6, and 7, 2012</p> <p>Facility number: 000116<br/>Provider number: 155209<br/>AIM number: 100266330</p> <p>Survey team:<br/>Diana Sidell RN</p> <p>Census bed type:<br/>SNF/NF: 110<br/>Total: 110</p> <p>Census payor type:<br/>Medicare: 28<br/>Medicaid: 79<br/>Other: 3<br/>Total: 110</p> <p>Sample: 9</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> | F0000 |  |  |
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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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|                          | Quality review 9/10/12 by Suzanne Williams, RN   |                     |  |                            |

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| F0314<br>SS=G  | <p><b>483.25(c)</b><br/><b>TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</b><br/>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 record review, observation, and interview, the facility failed to ensure a resident with poor bed mobility received necessary services to prevent pressure areas, in that her heels were not floated off the bed and pressure ulcers developed on both heels. This affected 1 of 3 residents reviewed for pressure ulcers in a sample of 9. (Resident #D)</p> <p>Findings include:</p> <p>Resident #D's record was reviewed on 9/7/12 at 12:07 p.m. The record indicated Resident #D was admitted on 5/2/12 with diagnoses that included, but were not limited to, diabetes mellitus, heart disease, high blood pressure, congestive heart failure, coronary artery bypass surgery with a surgery wound on her chest, and redness on her coccyx (tailbone).</p> | F0314   | <p>The filing of this plan of correction does not constitute an admission that the alleged deficient practice did in fact exist. This plan of correction is filed as evidence of the desire to comply with the regulation and to comply with quality care. This facility further respectfully requests a desk review for paper compliance.</p> <p><b>F-314 TREATMENT/SVCS TO PREVENT/HEAL PRESSURE ULCERS</b></p> <p>The facility's intent is for residents' with poor bed mobility do receive treatment/services to heal/prevent pressure ulcers; for residents' to have heels floated off the bed.</p> <p>A. <b>ACTIONS TAKEN:</b></p> | 09/21/2012           |   |

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|                    | <p>A pre-surgery "Consultation Note" dated 4/22/12, for the coronary bypass surgery, included a physical that indicated, but was not limited to: "...Extremities are normal with pulses palpable at the popliteal (behind the knee) level, but difficult to palpate at the pedal (foot) level. Nevertheless, there is no evidence of arterial insufficiency atrophic changes. The right lower extremity is of normal caliber without evidence of phlebitis, varicosity, or edema. The left lower extremity has thickening and skin changes consistent with chronic congestion...SKIN: Integrity is otherwise normal...."</p> <p>An admission Minimum Data Set Assessment dated 5/9/12 indicated Resident #D was independent, decisions consistent/reasonable in cognitive skills for daily decision making, required extensive assistance of two or more for bed mobility and transfers, was at risk for developing pressure ulcers, and had no pressure ulcers, and no venous or arterial ulcers present upon admission.</p> <p>An assessment titled "Braden Scale - for predicting pressure sore risk", dated 5/2/12, indicated a total score of 16, which indicated a low risk for pressure ulcer development.</p> |               | <p>1. In regards to Resident # D: the plan of care has been reviewed and updated.</p> <p><b>B. OTHERS IDENTIFIED:</b></p> <p>1. 100% audit of all residents in the facility for skin issues. No new skin issues were identified. All residents with a high risk for skin issues would have the potential to be affected.</p> <p><b>C. MEASURES TAKEN:</b></p> <p>1. Nursing Staff was in-serviced/educated on proper turning and positioning of dependent residents, including: adhering to the turning schedule per the plan of care, providing and ensuring utilization of appropriate interventions, elevating extremities if appropriate, minimizing skin to skin contact, and keeping residents clean and dry. The QA CNA Pocket worksheets will be updated daily with any new interventions. This will be an on-going process.</p> |                      |

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|                    | <p>A care plan initiated on 5/2/12 indicated a problem/need for impaired skin integrity related to sheared area to coccyx, surgical wound on chest, and surgical wound to right leg where a vein was removed (for the bypass surgery). Interventions included: "Notify MD &amp; family of changes in condition, Tx (treatment) per order, Monitor VS (vital signs) as indicated. Monitor for s/s of increase &amp;/or decrease in size of area, Mepilex (skin treatment) to coccyx per order. Cipro (antibiotic) per order (5/23/12)."</p> <p>A care plan dated 5/2/12, indicated "Resident requests use of side rails" with approaches that addressed turning and repositioning the resident every two hours and as needed.</p> <p>A care plan updated on 5/31/12, indicated a problem/need for impaired skin integrity related to 1) open blistered area on her left heel and intact blistered area to right heel. The care plan was updated again on 6/5/12, "open blister area to (R) heel." The interventions included treatment changes of granulex fluff to the right heel (6/5/12), then skin prep to blistered area on the right heel (6/8/12), an ortho[pedic] shoe from therapy (no date), santyl ointment to the left heel (6/6/12), and optifoam nonadhesive and wrap with kerlix (6/8/12).</p> |               | <p>D. HOW MONITORED:</p> <ol style="list-style-type: none"> <li>The IDT will review the floating of heels during QA rounds to ensure residents identified with potential for skin issues are having their heels floated per the plan of care.</li> <li>The Adm. /Designee will monitor for compliance by reviewing IDT rounds Tools in daily QA stand-up meeting.</li> <li>The Adm. /Designee will review all results of audits at the monthly QA meeting with the IDT; and at the quarterly QA meeting with the Medical Director.</li> </ol> <p>E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, our date of completion is:<br/><br/>9-21-12.</p> |                      |

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|                    | <p>There was no documentation in the care plans or nurse's notes that indicated Resident #D's heels were floated off the bed to reduce pressure on the heels.</p> <p>A physician's telephone order dated 6/19/12, indicated: "Transfer to [local hospital], open draining wound (L) foot."</p> <p>An admission history and physical from the local hospital, dated 6/19/12, indicated, but was not limited to: "History of present illness: [Resident's name] is a complex patient who comes into the hospital at this time with pressure sores on both feet. The left is worse than the right. There is some breakdown on the left with some drainage...The patient has not been mobile. She has been bedridden...The right lower extremity has some edema in it. The left lower extremity has the previous saphenous vein graft. She has poor arterial flow believed to be present. Pressure sores are being evaluated by surgery...."</p> <p>A consultation report dated 6/26/12 indicated, but was not limited to, "...she is a [her age] year-old woman with a nonhealing ulceration of the left heel. Patient is about 2 months after coronary artery bypass surgery. She was convalescing in a nursing home and</p> |               |   |                      |

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|                    | <p>developed these heel ulcerations. She gives no prior history of ulceration...She says her ulcer is slowly healing. I suspect the etiology is primarily pressure, although inadequate vascular supply might be preventing resolution. Assessing her vascular insufficiency is difficult because of her degenerative joint disease...."</p> <p>During interview on 9/7/12 at 1:45 p.m., LPN #1 indicated she did not see any documentation of where Resident #D's heels were elevated off the bed.</p> <p>On 9/7/12 at 2:00 p.m., the resident's right heel was observed with LPN #1. Resident #D's right foot had a sock and sneaker covering the foot, and the foot and leg rested on a pillow. The right heel had a tiny, scabbed area on the back of the heel. No redness or open areas were observed. The resident's left lower leg had been amputated while she was hospitalized.</p> <p>On 9/7/12 at 2:05 p.m., during interview, Resident #D indicated no one placed a pillow or anything under her legs to keep her heels off the bed until she got the sore areas on her heels.</p> <p>A Policy and Procedure for "Quality Assurance Skin Assessment" was</p> |               |   |                      |

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|                    | <p>provided by LPN #1 on 9/7/12 at 3:18 p.m. The policy indicated, but was not limited to, "Guideline" It is the intent of the facility we will monitor the residents' skin integrity regularly, document and treat as appropriate any identified skin conditions...."</p> <p>A policy and procedure for "Wound Care Treatment Protocols", dated 7/1/11, was provided by LPN #1 on 9/7/12 at 3:18 p.m. The policy indicated, but was not limited to, "Guideline: It is the practice of this facility to provide appropriate care and treatment to residents identified as having any skin conditions, abnormalities...."</p> <p>This Federal tag relates to complaint IN00114395.</p> <p>3.1-40(a)(1)<br/>3.1-40(a)(2)</p> |               |   |                      |