

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155158	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/06/2015
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NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF THE WILLOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 ELIZABETH DR VALPARAISO, IN 46383
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F 000  Bldg. 00	<p>This visit was for a Post survey Revisit (PSR) to the Investigation of Complaint IN00167640 completed on March 2, 2015.</p> <p>Complaint IN00167640-not corrected.</p> <p>Survey date: April 6, 2015</p> <p>Facility number: 000078 Provider number: 155158 AIM number: 100289310</p> <p>Census bed type: SNF/NF: 65 Total: 65</p> <p>Census Payor type: Medicare: 18 Medicaid: 43 Other: 04 Total: 65</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000	<p>The facility requests that this plan of correction be considered its credible allegations of compliance. Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employee, agents, or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusion set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of Appeal of this matter solely because of the requirements under State and Federal law that mandates submission of the Plan of Corrections a condition to participate in the Title 18 and Title 19 programs. The submission of Plan of Correction within this timeframe should in no way be of non-compliance or admission by the facility. This facility respectfully requests</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 282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow Physicians' Orders and care plans, related to medication administration and showers, for 2 of 3 residents reviewed for Physicians' Orders in a total sample of 5. (Residents #D and #E)</p> <p>Findings include:</p> <p>1. Resident #D's record was reviewed on 04/06/15 at 11:30 a.m. The resident's diagnoses included, but were not limited to, cerebral artery occlusion and diabetes mellitus.</p> <p>The Admission Minimum Data Set (MDS) assessment, dated 03/22/15, indicated the resident's cognition was severely impaired and it was very important to the resident to choose the type of bathing she received.</p>	F 282	<p>consideration of paper compliance for the cited deficiencies</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Both Resident D and her husband were interviewed by the Director of Nursing and both were in agreement with provision of either a shower or a bed bath. Care plan was updated on 04/23/2015 to reflect these choices. Physician for Resident D was notified on 4/16/15 regarding the nebulizer treatment and oxygen saturation that was not completed on 04/02/15, 04/03/15 and 04/05/15. A clarification order was received 04/16/15 and implemented. Physician for Resident E was notified on 4/06/15 with regard to the aspirin that was not administered as ordered. A clarification order was received and implemented on 4/06/15. Medication error form was completed on 04/06/15 in accordance with facility policy. <b>How other residents having the</b></p>	05/05/2015	

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	<p>A) A care plan, dated 03/27/15, indicated the resident's preference was to receive a shower two times a week. The approaches included, offer showers two times a week.</p> <p>The Shower Schedule, indicated the resident was scheduled for a shower on evening shift on Sundays and Fridays.</p> <p>The Daily Care Record, dated 04/15, indicated the resident had not received a shower on April 3 (Friday) and April 5 (Sunday), 2015. The record indicated the resident had not refused the shower.</p> <p>During an interview on 04/06/15 at 2 p.m., the Director of Nursing (DoN) indicated the CNA's may be counting a bed bath/sponge bath as a shower.</p> <p>B) A Physician's Order, dated 03/15/15, indicated and order for Duo-Neb (nebulizer medication) four times a day per tracheostomy.</p> <p>The Medication Administration Record (MAR), dated 04/15, indicated the nebulizer treatment was scheduled for 6 a.m., 11 a.m., 5 p.m., and 9 p.m. daily. The MAR indicated the nebulizer had not been completed on April 2 at 5 p.m., April 3 at 11 a.m. and 5 p.m., and April 5, 2015 at 9 p.m.</p>		<p><b>potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> Full facility resident audit of shower preferences was completed by the Director of Nursing. Amendments to the resident care plans will be made as deemed necessary to outline stated preferences. Full facility audit related to residents requiring administration of aspirin was completed on 4/17/15. No other issues were identified via this audit. Full facility audit of Nebulizer administration documentation and physician ordered oxygen saturation levels was completed on 4/16/15 by the Director of nursing to validate the ordered services were provided as indicated. Issues identified via this audit were immediately addressed as indicated. <b>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur:</b> Directed In-service Training will be completed by Tami Hafner RN Regional Director of Clinical Services by 4/30/15. This training will be provided for all nursing staff related to <b>F282:</b> Facility's policy and procedure concerning following physician's orders, as related to medication administration, and care plans. <b>F312:</b> Facility's policy and procedure to ensure residents</p>				

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	<p>The Nebulizer Flow Record, dated 04/15, indicated the nebulizer treatment had not been administered as scheduled on the above date and times.</p> <p>During an interview on 04/06/15 at 2 p.m., the DoN indicated their was no documentation in the Nurses' Progress Notes to indicate the nebulizer treatments had been administered. The DoN indicated the nebulizer treatments had not been administered as ordered by the Physician.</p> <p>C) A Physician's Order, dated 04/02/15, indicated to monitor the resident's oxygen saturation twice daily.</p> <p>The MAR, dated 04/15, indicated the resident's oxygen saturation was to obtained on the 7 a.m.-3 p.m. shift twice, 3 p.m.-11 p.m. shift twice, and 11 p.m.-7 a.m. shift twice. The MAR indicated the oxygen saturation had not been obtained as ordered on April 2, 2015 on the 3 p.m.-11 p.m. and 11 p.m.-7 a.m. shift, April 3, 2015 on the 7 a.m.-3 p.m. and 3 p.m.-11 p.m. shift, and April 4, 2015 on the 11 p.m.-7 a.m. shifts.</p> <p>During an interview on 04/06/15 at 2 p.m., the DoN indicated there was no documentation in the resident's Nurses'</p>		<p>oral care and bathing preferences are followed and assistance is offered, as needed. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</b> DON / designee will complete random audits on 10 residents on a weekly basis with review of MAR's and TAR's to ensure that physician orders are transcribed properly; implemented and discontinued accurately. DON/ designee will perform random audits on 10 residents weekly to ensure resident's bathing preferences are provided per stated request. This will be an ongoing audit for 6 months. Audit results and system components will be reviewed by the QA Committee with subsequent plans of correction developed and implemented as deemed necessary.</p>	

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	<p>Progress Notes to indicate the oxygen saturations had been obtained. She indicated the oxygen saturation had not been obtained as ordered by the Physician.</p> <p>2. Resident #E's record was reviewed on 04/06/15 at 10:10 a.m. The resident's diagnoses included, but not limited to, cardio-vascular disease and hypothyroidism.</p> <p>A Physician's Order, dated 04/02/15, indicated aspirin 81 mg (milligrams) tablet delayed release by mouth daily for stroke prophylaxis and to be started on April 3, 2015.</p> <p>The MAR, dated 04/15, indicated the aspirin was scheduled for 9 a.m. daily. The MAR indicated the aspirin had not been administered daily as ordered on April 3, 4, 5, or 6.</p> <p>During an interview on 04/06/15 at 11:10 a.m., QMA #1 indicated she had not seen the aspirin on the MAR. QMA #1 then removed the box of aspirin from the Medication Cart. The aspirin box was sealed closed and had not been opened.</p> <p>During an interview on 04/06/15 at 11:13 a.m., the DoN indicated the aspirin had not been administered as ordered by the</p>			

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F 312 SS=D Bldg. 00	<p>Physician.</p> <p>This deficiency was cited on 03/02/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-35(g)(2)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, record review, and interview, the facility failed to provide the necessary assistance with bathing and oral care for 2 of 4 residents reviewed for showers and oral care in a total sample of 5. (Residents #D and #E)</p>	F 312	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident E was immediately provided oral care by the Director of Nursing on 4/06/15. C.N.A #2 received appropriate corrective action related to this occurrence.	05/05/2015

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	<p>Findings include:</p> <p>1. During an interview on 04/06/15 at 9:40 a.m., Resident #E indicated she had not been offered assistance with oral care. She indicated she had not had been offered help and had not had her teeth brushed since 04/03/15. Resident #E indicated she would really like to get her teeth brushed.</p> <p>Particles of food were observed between the resident's teeth upon observation of the resident's teeth at the time of the interview.</p> <p>During an interview on 04/06/15 at 9:40 a.m., CNA #2 indicated the resident had already been dressed when she assisted the resident out of bed. CNA #2 indicated oral care had not been given.</p> <p>During an observation with the Director of Nursing (DoN), on 04/06/15 at 9:50 a.m., the DoN indicated there had not been a toothbrush in the resident's bedside table drawers nor on the sink vanity. The DoN, then unpacked the items in a bag stored on the bedside table, which was identified by the DoN as items transferred with the resident from the hospital and located a tube of toothpaste. The DoN indicated there was no toothbrush in the personal items. The</p>		<p>Resident D and her husband were interviewed by the Director of Nursing and both were in agreement with provision of either a shower or a bed bath. Care plan was updated to reflect these preferences. <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> Full facility resident audit of shower preferences was completed by the Director of Nursing. Amendments to the resident care plans will be made as deemed necessary to outline stated preferences. Full facility audit related to the provision of oral care was completed by Nursing Administration on 04/07/2015. <b>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices do not recur:</b> Directed In-service Training will be completed by Tami Hafner RN Regional Director of Clinical Services by 4/30/15. This training will be provided for all nursing staff related to F312: Facility's policy and procedure to ensure residents oral care and bathing preferences are followed and assistance is offered, as needed. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur:</b> DON/ designee will perform random audits on 10</p>		

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	<p>DoN indicated oral care was to be given daily. The DoN indicated the resident was alert and oriented and would be able to voice if oral care had been given.</p> <p>Resident #E's record was reviewed on 04/06/15 at 10:10 a.m. The resident's diagnoses included, but not limited to, cardio-vascular disease and hypothyroidism. The resident was admitted into the facility on 04/02/15.</p> <p>The Initial Data Collection Tool/Nursing Service, dated 04/02/15 at 7:30 p.m., indicated the resident was alert and oriented and required assistance with activities of daily living.</p> <p>The QA (Quality Assurance)-Daily Care record, indicated oral care had been given on the day and evening shift on 04/03/15, on the day, evening, and night shift on 04/04/15, and on the day and evening shift on 04/05/15.</p> <p>During an interview on 04/06/15 at 11 a.m., the DoN indicated the charting for oral care had been incorrect.</p> <p>2. Resident #D's record was reviewed on 04/06/15 at 11:30 a.m. The resident's diagnoses included, but were not limited to, cerebral artery occlusion and diabetes mellitus.</p>		<p>residents weekly to ensure resident's bathing preferences and oral care needs are provided per stated request. This will be an ongoing audit for 6 months. Audit results and system components will be reviewed by the QA Committee with subsequent plans of correction developed and implemented as deemed necessary.</p>		

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	<p>The Admission Minimum Data Set (MDS) assessment, dated 03/22/15, indicated the resident's cognition was severely impaired, it was very important to the resident to choose the type of bathing she received, and required extensive assistance of 2 or more staff for hygiene and bathing.</p> <p>A care plan, dated 03/27/15, indicated the resident's preference was to receive a shower two times a week. The approaches included, offer showers two times a week.</p> <p>The Shower Schedule, indicated the resident was scheduled for a shower on evening shift on Sundays and Fridays.</p> <p>The Daily Care Record, dated 04/15, indicated the resident had not received a shower on April 3 (Friday) and April 5 (Sunday), 2015. The record indicated the resident had not refused the shower.</p> <p>During an interview on 04/06/15 at 2 p.m., the Director of Nursing (DoN) indicated the CNA's may be counting a bed bath/sponge bath as a shower.</p> <p>This deficiency was cited on 03/02/15. The facility failed to implement a systemic plan of correction to prevent</p>			

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

PRINTED: 04/24/2015  
FORM APPROVED  
OMB NO. 0938-0391

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	recurrence.  3.1-38(a)(3)(C)			