

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155783	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/22/2014
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NAME OF PROVIDER OR SUPPLIER  GREENLEAF HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 E BEARDSLEY ELKHART, IN 46514
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F000000	<p>This visit was for the Investigation of Complaint IN00151861.</p> <p>Complaint IN00151861- Substantiated. Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: July 21 and 22, 2014.</p> <p>Facility number: 002661 Provider number: 155783 AIM number: 201056540</p> <p>Survey team: Shelly Miller- Vice, RN</p> <p>Census bed type: SNF: 20 NF: 8 SNF/NF: 22 Residential: 50 Total: 100</p> <p>Census payor type: Medicare: 20 Medicaid: 8 Other 72 Total: 100</p>	F000000	<p>Please accept the enclosed information as Greenleaf Health Campus's Plan of correction for the complaint survey conducted on July 21 and 22 , 2014. Please contact me if there are any questions Thank you Judy Plantinga Health Facility Administrator Greenleaf Health Campus.</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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F000241 SS=D	<p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on July 30, 2014, by Brenda Meredith, R.N.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on observation and interviews, the facility failed to ensure a staff member was demonstrated respectful behavior after the provision of care for Resident C. This affected 1 of 2 residents observed.</p> <p>Findings include:</p> <p>On 7/21/14 at 1:30 p.m., an observation of RN #2 was conducted. RN#2 was observed leaving Resident C's room, carrying a bag of trash and a lunch tray. RN#2 was overheard to say, "That's the last time I'm going in there... I'm not</p>	F000241	<p>1. RN#2 was counseled on her actions and required to watch an inservice on emerge on dealing with a difficult residents. Resident C was assessed and had no ill effects by this deficient practice.</p> <p>2. All staff will be in-serviced on Dignity and respect of residents.</p> <p>3. ED/DHS during rounding 2x a week will observe interactions between staff and residents to ensure dignity and respect will be upheld.</p> <p>4. Social Service will interview two residents a week x 3 months to ensure that they feel they are being treated with dignity and respect.</p> <p>5. These interviews will be brought to Quality Assurance committee</p>	08/20/2014			

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	<p>going back in there...." During this time, 2 nurses were at the nurses station, 4 residents were near the nurses station and dietary staff were present and within hearing distance. Visitors were also present and within hearing distance to RN#2's comments.</p> <p>On 7/21/14 at 2:00 p.m., a record review was conducted of the Clinical Medical Record (CMR) of Resident C. Resident C's diagnosis included, but were not limited to, a new ostomy and incision site to abdomen. The CMR indicated the resident to be demanding, specific with requests and to consume large amounts of staff time.</p> <p>On 7/22/14 at 6:20 a.m., an interview was conducted with Resident C. Resident C refused to speak about the staff and verbalized frustrations with the care yet would not be specific.</p> <p>On 7/22/14 at 12:10 p.m., an interview was conducted with the Director of Nursing Services (DNS). The DNS indicated staff were expected to deliver care to all residents as residents requested. The DNS indicated the above conversation was not the expectation of the facility.</p> <p>3.1-3(t)</p>		monthly x 3 to ensure 100% or if more education is needed.				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 record reviews and interviews, the facility failed to ensure weekly skin assessments were conducted on 1 of 3 resident's sampled who was noted to have maggots in a wound. (Resident B).</p> <p>Findings include:</p> <p>On 7/21/14 at 12:00 noon, a confidential interview was conducted. It was indicated Resident B had maggots in their leg wound, and had been sent out to a local hospital for evaluation and treatment.</p> <p>On 7/22/14 at 9:00 a.m., a record review was conducted of Resident B's Clinical Medical Record (CMR). Resident B was admitted to the nursing facility on June 2, 2014 from a local hospital provider. Diagnoses included, but were not limited to: Myocardial Infarction ( heart attack), deconditioning and chronic lymphedema</p>	F000309	<p>1. Resident B had no ill effects from missed skin assessment and resident was discharged home. 2. All other residents have been checked to ensure weekly skin assessment was completed. 3. DHS and or her designees will do audits of records to ensure weekly skin assessments are completed. 3x a week x4 weeks then weekly x 2 months. 4. Weekly skin audits will be brought to Quality Assurance monthly x 3 months and if 100% compliance will be considered system working and if not more ongoing education will be completed.</p>	08/20/2014

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	<p>of lower extremity with possible cellulitis. Resident B was admitted into skilled nursing services for wound care and for Rehabilitation Services to address strength and endurance. A Nursing assessment was completed including a skin assessment on 6/2/2014, indicating, "... Cellulitis/ Scabs. Location: Bilateral and ext[sic] (extremities), Non measurable...." There were no further skin assessments prior to the resident's discharge to a local hospital on 6/14/14. Resident B was hospitalized on 6/14/14, and returned to the facility on 6/17/14. A second skin assessment was documented on 6/17/14, indicating, "...LLE (left lower extremity). Present on admission. Length: 9cm [centimeters] Width 11cm. Depth (zero)..."</p> <p>On 7/22/14 at 10:00 a.m., a record review of the "Wound Risk Assessment Guideline" was conducted alongside of the Director of Nursing Service (DNS). The guideline indicated, "Purpose: to provide guidelines for identification of risk factors predisposing residents to skin breakdown. Procedure:...4. All skilled residents shall have a daily system assessment review that shall identify a change in the risk factors impacting skin integrity." An interview with the DNS indicated a daily system assessment review had not been conducted for</p>			

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	<p>Resident B.</p> <p>On 7/23/14 at 10:01 a.m., a record review of the "Weekly Skin Assessment Guideline" was conducted alongside of the DNS. The guideline noted,"Purpose: To monitor ...,identify areas of skin impairment in the early development stage and implement other preventative and/or treatment measures as indicated. Procedure: 1. A full body assessment shall be completed weekly by the licensed nurse. 2. Upon admission the admitting nurse shall include as part of the admission orders a weekly skin assessment....3. The date the assessment is to be completed shall be assigned by the DHS (Director of Health Services) or designee and indicated by the corresponding date blocked off on the treatment administration record (TAR)....5. Initiate applicable Wound Form if a new area of impairment is identified. (Pressure/ Stasis/ Arterial/ Diabetic or Other)...." An interview with the DNS indicated a weekly skin assessment had not been done. A record review was conducted of the June 2014 TAR and no documentation for treatments was indicated.</p> <p>The following confidential interviews were conducted of the Staff on 7/21/14 at 11:30 a.m. to 3:15 p.m., and 5:15 p.m. to</p>			
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	<p>6:45 p.m.:</p> <p>Staff #2 indicated Resident B had been in the facility in June. Resident B was found to have maggots in a leg wound, was sent out to the hospital and returned to the facility. Staff #2 did not recall completing a skin assessment prior to June 14 on Resident B.</p> <p>Staff #3 indicated Resident B had been on the 200 hall in June. Staff #3 indicated Resident B had "maggots on his leg wounds..." Staff #3 did not recall completing a skin assessment prior to June 14 on Resident B.</p> <p>Staff #4 indicated Resident B was on the 200 hall in June. Staff #4 indicated Resident B had maggots in a leg wound and went to a hospital for care.</p> <p>Staff #5 indicated upon admission to the facility, the skin was assessed and had scabs all over the lower extremities. There were no open areas at that time, yet lots and lots of scabs. And, the skin was thick and dark... the maggots were found during hygiene care. The residents' scabs had fallen off and the maggots were under the scabs. We (the facility) immediately called 911 and had him transferred to the hospital and let his family know...." Staff #5 indicated no</p>			

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	<p>knowledge of having done a skin assessment other than upon admission from June 2- June 14th.</p> <p>The following confidential interviews were conducted of the staff on 7/22/14 at 6:15 a.m. to 12:00 p.m.:</p> <p>Staff #6 indicated Resident B had been a resident on hall 200 in June. Staff #6 had attended a care plan meeting on 6/11/14, 3 days prior to the discovery of maggots on Resident B. Staff #6 indicated Resident B's skin or assessments of the skin were not discussed in the meeting.</p> <p>Staff #7 indicated Resident B had been a resident on hall 200 in June. Staff #6 had attended a care plan meeting on 6/11/14, 3 days prior to the discovery of maggots on Resident B. Staff #7 indicated Resident B's skin or assessments of the skin were not discussed in the meeting.</p> <p>Staff #8 indicated Resident B had been a resident on hall 200 in June. Staff #6 had attended a care plan meeting on 6/11/14, 3 days prior to the discovery of maggots on Resident B. Staff #8 indicated Resident B's skin or assessments of the skin were not discussed in the meeting.</p> <p>This Federal tag relates to Complaint IN00151861.</p>				

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	3.1-37(a)				