

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155444	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/20/2015
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NAME OF PROVIDER OR SUPPLIER NORWOOD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3720 N NORWOOD RD HUNTINGTON, IN 46750
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00168866.</p> <p>Complaint IN00168866 – Substantiated, Federal/State deficiencies are cited at F-240, F 465 and F 514.</p> <p>Survey Dates: March 19 & 20, 2015</p> <p>Facility number: 000463 Provider number: 155444 AIM number: 100290910</p> <p>Survey team: Angela Strass, RN Christine Fodrea, RN March 19, 2015</p> <p>Census bed type: SNF/NF: 51 Total: 51</p> <p>Census payor type: Medicare: 3 Medicaid: 38 Other: 10 Total: 51</p> <p>Sample: 5</p> <p>These deficiencies also reflects</p>	F 000	<p>This plan of correction is Norwood Health & Rehabilitation Center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement to the facts alleged or the conclusions set forth in the following statement of deficiencies, by Norwood Health & Rehabilitation Center. This plan of correction is prepared and executed solely because it is Required by the provision of Federal and State law. Norwood Health & Rehabilitation Center respectfully request that this Plan of Correction be accepted and considered for paper 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 240 SS=E Bldg. 00	<p>state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 23, 2015 by Randy Fry RN.</p> <p>483.15 CARE AND ENVIRONMENT PROMOTES QUALITY OF LIFE A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. Based on observation, interview and record review the facility failed to ensure residents were not gotten up and/or dressed in street clothes at a reasonable time of day for 4 of 5 residents (C, F, G & I) who were observed at 4:00 a.m. in a sample of 5 resident records reviewed.</p> <p>Finding includes: On 3/19/15 at 4:00 a.m. observation of resident's (F), (G) & (I) indicated they were dressed in street clothes asleep in their beds. Observation of resident (C)</p>	F 240	Residents affected will not be awakened prior to 5:30am unless it is resident choice or determined through assessment to enhance quality of life. Residents and staff interviewed to determine others affected by deficient practice. Resident choice on arising and sleep patterns will be care planned and morning care provided per plan. The facility will re-educate licensed nursing and certified nursing aide staff to morning adl care, resident sleep pattern preferences, and adjustments to staff assignments. Director of Nursing or designee will conduct at least 10 resident interviews weekly to ensure proper times for morning care are	04/15/2015

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	<p>indicated she was dressed, sitting on a lift pad in her wheelchair in her room with the television on. Resident (C) was also noted to be sleeping.</p> <p>Interview with nursing staff on 3/19/15 at 4:50 a.m. indicated the following:</p> <p>Nurse #1 indicated staff on third shift get certain people dressed but keep them in bed until breakfast.</p> <p>CNA (certified nursing assistant) #7 indicated each CNA gets 3 residents dressed before first shift comes in. She indicated first shift comes in at 5:30 a.m.</p> <p>CNA #8 indicated she is to get 3 people dressed but leaves them in bed.</p> <p>CNA #9 indicated each CNA gets 3 people dressed but they leave them in bed. Staff #9 indicated there are 3 CNA'S on the night shift so they dress 9 people before first shift comes in.</p> <p>Interview with the Assistant Director of Nursing on 3/20/15 at 11:45 a.m. indicated residents (C), (F), (G), and (I) are all residents with</p>		<p>provided for 2 months, then five resident interviews weekly for 2 months then two residents weekly for 2 months. Results will be forwarded to Quality Assurance Committee monthly until compliance has been met, at which time the QA Committee may determine if continuing audits are necessary.</p>		

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F 465 SS=F Bldg. 00	<p>cognitive impairment.</p> <p>This federal tag is related to complaint IN00168866.</p> <p>3.1-32(a)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to ensure privacy curtains were clean in 6 of 46 rooms reviewed for clean privacy curtains. The facility further failed to maintain clean floors in 4 of 46 rooms reviewed for clean floors.</p> <p>Findings include:</p> <p>1. On an Environmental tour on 3-19-2015 at 9:22 AM, the following rooms were observed to have soiled privacy curtains: Room 105, multiple gray areas were</p>	F 465	<p>F465</p> <p>1. Privacy curtains for rooms 105, 109, 113, 310,312, and 315 were cleaned. Floors inrooms 110, 303, 304, and 306 were swept and mopped.</p> <p>2.All resident rooms in the building wereinspected to identify further cleaning needs with privacy curtains and floors.</p> <p>3.Resident room schedules for daily andmonthly deep cleaning procedures were updated. Housekeeping staff to be re-educated to new schedules andprocedures.</p> <p>4.ED or designee to audit rooms forprivacy curtain and floor cleanliness 4 times per week for 2 months, then 2times per week</p>	04/10/2015

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	<p>observed on the curtain between the beds. Room 109, a brownish colored area approximately 10 inches in diameter was observed on the curtain between the beds. Room 113, numerous orange colored round areas were observed on the curtain between the beds. Room 315, a large brown area and numerous small, round brown area were observed on the curtain closest to the door. Room 312, numerous small brown spots were observed on the room curtain closest to the door. Room 310, numerous small brown spots were observed on the room curtain between the beds.</p> <p>In an interview on 3-19-2015 at 9:42 AM, the Environmental Services Director indicated the privacy curtains were washed routinely every 6 months, and whenever soiled.</p> <p>A current undated policy titled Laundry provided by the Environmental Services Supervisor on 3-19-2015 at 11:22 AM indicated "All curtains wash spring & fall time or as needed."</p> <p>2. On an Environmental tour on 3-19-2015 at 9:22 AM, the following rooms were observed to have debris on the floor:</p>		<p>for 2 months, then 1 time weekly thereafter for compliance. Results to be forwarded to Quality Assurance Committee monthly until compliance has been met for a period of no less than 6 months, at which time the QA Committeemay determine if continuing audits are needed</p>				

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	<p>Room 110,dust bunnies were observed under bed 2, orange colored food stuffs were observed next to the bed, and an ant trap was observed placed in the corner of the room behind the head of the bed.</p> <p>Room 303, numerous dust bunnies were observed under bed 2.</p> <p>Room 304, Orange small spots with black flecks were observed under the recliner between the beds.</p> <p>Room 306, numerous dust bunnies were observed under bed 1.</p> <p>A current undated policy titled Deep Cleaning schedule provided by the Environmental Services Supervisor on 3-19-2015 at 11:22 AM indicated Rooms 109-112 were cleaned on Wednesdays; Rooms 301-303 were cleaned on Fridays, and Rooms 304-306 were cleaned on Thursdays. There was no indication on the schedule to clean each room each day.</p> <p>In an interview on 3-19-2015 at 10:02 AM, the Environmental Services Supervisor indicated the rooms were to be dust mopped daily and soiled areas were to be mopped and cleaned. She further indicated the deep cleaning schedule was the only schedule for the facility.</p> <p>This Federal tag relates to Complaint IN00168866.</p>			

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F 514 SS=E Bldg. 00	<p>3.1-19(f)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE 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> <p>Based on interview and record review the facility failed to maintain accurate documentation on the Medication Administration Records (MAR) for 4 of 4 resident's reviewed for controlled substance reconciliation in a sample of 4. (Resident #M, Resident #N, Resident #O, and Resident #J)</p> <p>Findings include:</p> <p>1. Resident #M's record was reviewed 3-19-2015 at 10:38 AM. Resident #M's diagnoses included but were not limited to: high blood pressure, kidney disease,</p>	F 514	A narcotics count was completed forresident #M, #N, #O and #J to verify that the alleged documentation errors weremissed entries on MAR or narcotic logs. A full audit of all narcoticmedications and review of the corresponding documentation was completed toidentify any additional potential for other residents throughout facility. A Sigma Care audit detail report and Narcoticlogs will be reviewed by DON/designee daily to ensure documentation has beencompleted. Licensed nursing staff to bere-educated on documentation within Sigma Care, and narcotic logs. Audit detail report and narcotic logs to	04/15/2015

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	<p>and anemia.</p> <p>A review of Resident #M's controlled substance record indicated Resident #M received Norco (an analgesic) on the following dates and times: 1-10-2015 at 7:24 AM; 1-14 at 9:00 PM; 1-18 at 9:10 PM; 1-21 at 8 PM; 1-22 at 4:15, and 8:00 PM; 1-23 at 4:00 PM and 8:00 PM; 1-26 at 3:20 PM and 9:00 PM; 2-1 at 4:00 PM, and 8:00 PM; 2-6 at 4:00 PM and 8:00 PM.</p> <p>A review of Resident #M's MAR dated January and February 2015 did not indicate Resident #M had received Norco at these times.</p> <p>In an interview on 3-19-2015 at 1:09 PM, LPN #5 indicated medications should be documented on the MAR and the narcotic count record after every time they are administered.</p> <p>2. Resident #N's record was reviewed 3-19-2015 at 11:50 AM. Resident #N's diagnoses included but were not limited to: high blood pressure, diabetes, and anemia.</p> <p>A review of Resident #N's controlled substance record indicated Resident #N received Norco (an analgesic) on the following dates and times: 2-5-2015 at</p>		<p>be reviewed daily by DON/designee for 2 months, then 3 times weekly for 2 months and then 1 time a week for 2 months. Results will be forwarded to monthly Quality Assurance Committee until compliance met, at which time the QA Committee may determine if continuing audits are necessary</p>		

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	<p>7:45 PM, and 2-6-2015 at 4:00 PM.</p> <p>A review of Resident #N's MAR dated February 2015 did not indicate Resident #N had received Norco at these times.</p> <p>3. Resident #O's record was reviewed 3-19-2015 at 1:22 PM. Resident #O's diagnoses included but were not limited to: high blood pressure, diabetes, and depression.</p> <p>A review of Resident #O's controlled substance record indicated Resident #O received Lorazepam (an antianxiety medication) 1 mg (milligram) on 2-5-2015 at 10:00 AM.</p> <p>A review of Resident #O's MAR dated February 2015 did not indicate Resident #O had received Lorazepam 1 mg at this time.</p> <p>4. Resident #J's record was reviewed 3-19-2015 at 2:46 PM. Resident #J's diagnoses included but were not limited to: high blood pressure, stroke, and kidney disease.</p> <p>A review of Resident #J's controlled substance record indicated Resident #J received Morphine (an analgesic) 100 mg per 5 ml (milliliters), 0.25 ml were documented as given on the following</p>			

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	<p>dates and times: 3-2-2015 at 8:00 PM; 3-3 at 3:00 PM; 3-3 at 6:00 PM; 3-3 at 7:00 PM; and 3-3 at 9:15 PM.</p> <p>A review of Resident #J's MAR dated March 2015 did not indicate Resident #J had received Morphine at these times.</p> <p>This Federal tag relates to Complaint IN00168866.</p> <p>3.1-50(a)(2)</p>				