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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155026 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 02/18/2014 |
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| NAME OF PROVIDER OR SUPPLIER GREENWOOD VILLAGE SOUTH | STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143 |
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| R000000 | <p>This visit was for the Investigation of Complaint IN00143945.</p> <p>Complaint IN00143945 - Substantiated. State deficiencies related to the allegations are cited at R 90.</p> <p>Survey dates: February 17 & 18, 2014 Facility number: 000010 Provider number: 155026 AIM number: 100453660</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: Residential: 39 Total: 39</p> <p>Census payor type: Other: 39 Total: 39</p> <p>Sample: 3</p> <p>This State finding is in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on February 21, 2014, by Brenda Meredith, R.N.</p> | R000000 | <p>Preparation and execution of this Plan of Correction in no way constitutes an admission or agreement by Greenwood Village South of the truth of the facts alleged in this statement of deficiencies and Plan of Correction. In fact, Greenwood Village South reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts, and conclusions that form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance by March 7, 2014.</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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| R000090 | <p>410 IAC 16.2-5-1.3(g)(1-6) Administration and Management - Deficiency</p> <p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and (B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any</p> | | | |
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| | <p>subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on record review and interview the facility failed to ensure a resident with bruises of unknown origin was investigated thoroughly and failed to ensure a resident who fell and sustained a fracture was reported to the state according to the policy for 2 of 3 residents reviewed for injuries in a sample of 3 (Resident #B and #C).</p> <p>Findings include:</p> <p>1. The record for Resident #B was reviewed on 2/17/14 at 11:20 A.M. Diagnoses for Resident #B included but were not limited to, chronic obstructive pulmonary disease, anxiety, osteoarthritis, dementia, hypertension, anal and breast cancer.</p> <p>A "Memory Health Assessment," dated 9/27/12 and completed on admission, indicated the resident was unable to decide how old she was and scored "12" out of a</p> | R000090 | <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;1. Residents B and C no longer reside in the Residential community. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;2. The community realizes that all residents have the potential to be affected by the alleged deficient practice. All residents have had skin assessments completed to identify any areas of concern with their skin integrity or bruises. The community realizes that all residents have the potential to be affected by a major accident. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;3. The staff has been re-educated to the reportable guidelines and regulations regarding residential rules, and the investigation and identification of bruises of an unknown origin with documentation of such being</p> | 03/07/2014 | | | |

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| | <p>possible "31". A current "Monthly Summary" assessment indicated the resident's mental status was alert with a poor memory and forgetful.</p> <p>During an interview with LPN #1 on 2/18/14 at 9:15 A.M., she indicated Resident #B was cognitively impaired and probably did not remember things reliably.</p> <p>A nurses note dated 1/18/14 at 7:00 P.M., indicated the resident had a dark purple bruise on her left upper arm, inner aspect that measured 0.5 centimeters in diameter and 2 smaller fading bruises just under the dark colored bruise.</p> <p>The record lacked documentation of an incident report or an investigation for the bruise on Resident #B's arm.</p> <p>During an interview with the Assisted Living Director on 2/18/14 at 10:50 A.M., she indicated an incident report could not be found for the bruise on the resident's arm.</p> <p>2. The record for Resident #C was reviewed on 2/17/14 at 11:00 A.M. Diagnoses for Resident #C included but were not limited to hypertension, insomnia, emphysema, anxiety and arthritis.</p> | | <p>placed on the twenty-four (24) hour report and an event report. In addition, the staff have been re-educated to the necessity of notifying the Administrator with any allegations of abuse immediately. The Administrator will notify the division within twenty four (24) hours of becoming aware of any unusual occurrence that directly threatens the welfare, safety, or health of a resident. How the corrective action(s) will be monitored to ensure the deficient practice does not recur, i.e. what quality assurance program will be put into place;4. The twenty-four (24) hour report and the event reports will be monitored daily by the Residential Health Services Director to ensure that all bruises of an unknown origin are investigated and all fractures are properly reported per the reporting guidelines. The monitoring will be on-going. By what date the systemic changes will be completed;March 7, 2014</p> | | |

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| | <p>A nurses note, dated 1/21/14 at 12:20 P.M., indicated Resident #C was found on the floor in the activity room by a staff member holding her right shoulder, complaining of pain and was transported to the hospital at that time.</p> <p>A hospital note, dated 1/21/14, indicated Resident #C had a right humerus fracture. A hospital PT (physical therapy) note, dated 1/23/14, indicated the resident's prognosis was good with continued physical therapy after discharge from the hospital.</p> <p>During an interview with LPN #2, she indicated the resident was not currently in the residential facility but in the health care facility because she needed rehab after her fracture.</p> <p>The record lacked documentation of the incident being reported.</p> <p>During an interview with the Administrator on 2/17/14 at 10:30 A.M., reportable's were requested for January and February, 2014. She indicated at that time, there were no reportable's for this year.</p> <p>A current undated facility policy titled</p> | | | |

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| | <p>"Reportable Unusual Occurrences" and provided by the Administrator on 2/17/14 at 4:00 P.M., indicated: "Procedure: ... Facilities are required by law to report unusual occurrences within 24 hours of occurrence to the Long Term Care Division ... the facility must ensure that all alleged violations ... including injuries of unknown source ... Significant injuries: examples, but not inclusive of all: ... Serious unusual and/or life threatening injury"</p> <p>This State tag relates to complaint IN00143945.</p> | | | |