

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/22/2016
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NAME OF PROVIDER OR SUPPLIER  LAKEVIEW VILLAGE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 410 TIOGA RD MONTICELLO, IN 47960
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00191836.</p> <p>Complaint IN00191836-Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F309 and F314.</p> <p>Survey Dates: February 17, 18, &amp; 22, 2016</p> <p>Facility number: 000216 Provider number: 155323 AIM number: 100267580</p> <p>Census bed type: SNF: 02 SNF/NF: 34 Total: 36</p> <p>Census Payor type: Medicare: 2 Medicaid: 33 Other: 1 Total: 36</p> <p>Sample: 6</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC</p>	F 0000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report.</p> <p>Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies.</p> <p>The Plan of Correction is prepared and submitted because of requirements under State and Federal law.</p> <p>Please accept this Plan of Correction as our credible allegation of compliance.</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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F 0157 SS=D Bldg. 00	<p>16.2-3.1.</p> <p>Quality review completed by 26143, on February 28, 2016.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member</p>				

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	<p>when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure residents' Representatives were notified in changes of condition and Physician's Orders, for 2 of 6 residents reviewed for Representative notification in a total sample of 6. (Resident #B and #D)</p> <p>Findings include:</p> <p>1. Resident #D's record was reviewed on 02/17/16 at 3:05 p.m. The resident's diagnoses included, but were not limited to dementia and stroke.</p> <p>A Pressure Ulcer Assessment form, dated 06/27/15, indicated the resident had a stage II (partial thickness loss of dermis) on the left buttock, measured at 5 cm (centimeters) x (by) 4 cm, no depth, and the wound bed was red.</p> <p>The Pressure Ulcer Assessment, dated 08/12/15, indicated the left buttock pressure area was a stage III, 3.2 x 3.2, depth &lt;0.1 cm with sanguineous (blood</p>	F 0157	<p>F157</p> <p>1. Resident D was discharged from the facility prior to the date of this survey. The POA/interested family and MD have been updated on Resident B's current condition including, if indicated, any skin alterations noted.</p> <p>2. All residents have the potential to be affected. Each resident's clinical record has been reviewed. If a condition change, including any skin alteration, was noted, the POA/interested family and MD were updated.</p> <p>3. The facility's policies for notifying the MD and POA for condition changes and skin management has been reviewed and no changes are indicated at this time. The nurses have been re-educated on the policies with a special focus on notifying the MD and POA/interested family when a skin alteration is noted. A monitoring tool has been implemented.</p>	03/23/2016

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	<p>drainage), wound bed was pinkish/yellow slough. .</p> <p>The Pressure Ulcer Assessment, dated 08/19/15, indicated the left buttock was a stage III, 4 cm x 3.9 cm, depth 0.3 cm, purulent sanguineous drainage, with yellow slough and eschar on the wound bed, and rolled edges. The resident continued with the treatment of Santyl, nickel thick to the pressure area on the left buttock daily.</p> <p>A Physician's Fax form, dated 08/19/15, indicated the facility had requested a culture and sensitivity of the left buttock wound, due to the slough and foul odor.</p> <p>The resident's Representative was not notified of changes in the pressure ulcer and the order for the culture and sensitivity.</p> <p>The Pressure Ulcer Assessment, dated 08/26/15, indicated the left buttock was a stage III, 4 cm x 3.9 cm, depth 0.3 cm, purulent drainage, necrotic wound bed with rolled edges.</p> <p>A Nurses' Note, dated 08/27/15 at 2 a.m., indicated the left buttock wound was black with slough and, "very foul odor present"</p>		<p>4. The DON or designee will be responsible for completing the monitoring tool to ensure the MD and POA/interested family are updated on condition changes including skin alterations. The monitoring tool will be completed on scheduled work days as follows: Daily x 2 weeks then weekly thereafter. Should a concern be found, immediate corrective action will occur. Results of the monitoring and any corrective actions will be discussed in the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted if indicated.</p>	

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	<p>The resident's Representative was not notified of the changes in the resident's wound.</p> <p>The C&amp;S of the left buttock, indicated the specimen was obtained on 08/26/15, the results were faxed to the facility on 08/31/15 and indicated there was a heavy growth of proteus mirabilis in the wound.</p> <p>A Physician's Order, dated 08/31/16, indicated to begin Augmentin (antibiotic) 875 mg (milligram) two times a day for 10 days for left buttock wound infection.</p> <p>A Nurses' Note, dated 09/02/15 at 2 a.m., indicated the pressure area to the left buttock remained deep with black sloughing tissue and foul odor.</p> <p>The Pressure Ulcer Assessment form, dated 09/04/15, indicated the left buttock area was a stage III, 3.8 cm x 3.8 cm, depth of 0.3 cm, and had a necrotic wound bed.</p> <p>The resident's Representative had not been notified of the left buttock wound status.</p> <p>A Nurses' Note, dated 09/09/15 at 4:15 a.m., indicated the left buttock pressure wound was deep with black, "mucousy sloughing area" in the center of the</p>			

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	<p>wound, with dark drainage with a very foul odor and the area was tender when touched and cleansed.</p> <p>The Pressure Ulcer Assessment form, dated 09/09/15, indicated the resident's left buttock wound was now unstagable, 4 cm x 4 cm with purulent foul odor, had tunneling of 2 cm at 8 o'clock, the wound bed was 100% black slough, and the peri-wound was red and warm.</p> <p>The resident's representative had not been notified of the left buttock wound status until 09/10/15 at the care plan conference.</p> <p>A Physician's Telephone Order, dated 09/11/15, indicated to cleanse the left buttock wound with wound cleanser, apply Bactroban to the entire wound bed, then apply Santyl to the entire wound and to pack the wound with calcium alginate (absorbs exudate) and cover with adhesive foam daily.</p> <p>A Nurses Note, dated 09/12/15 at 2 p.m., indicated the left buttock wound was covered with 100% necrotic tissue with a foul odor and drained a moderate amount of yellow drainage.</p> <p>A Nurses' Note, dated 09/15/15 at 2 a.m., indicated the left buttock wound had a</p>			

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	<p>very foul odor, the entire wound bed was black.</p> <p>The Pressure Ulcer Assessment form, dated 09/16/15, indicated the left buttock area was unstagable, 5 cm x 5 cm, had copious amounts of brown purulent drainage, tunneling of 2.5 cm at 8 o'clock, 100% slough and necrosis, with a red and warm peri wound.</p> <p>The resident's Representative had not been notified of the left buttock wound status until 09/21/15.</p> <p>A Physician Fax, dated 09/21/15, indicated the resident had an unstagable wound on the left buttock with signs and symptoms of infection and the resident's family requested a Wound Care Consult.</p> <p>During an interview on 02/18/16 at 11:10 a.m., The DoN (Director of Nursing) indicated the resident's Representative was updated on the wound during the care plan meeting. She indicated the record did not indicate the resident's Representative was updated on the status of the wound.</p> <p>2. Resident #B's record was reviewed on 02/17/16 at 11:25 p.m. The resident's diagnoses included, but were not limited to, dementia and Parkinson's disease.</p>			

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	<p>A Pressure Ulcer Assessment form, dated 10/18/15, indicated the resident had a stage II pressure area on the right gluteal ford, which measured 4 cm x 0.5 cm, depth &lt;0.5 cm, red wound bed, and pink edges. The resident's Physician and family were notified on 10/18/15 at 7:45 a.m.</p> <p>A Pressure Ulcer Assessment form, dated 10/18/15, indicated a stage II pressure area on the left gluteal, 1.5 cm x 1.7 cm, depth &lt;0.1 cm, red wound bed and pink edges. The resident's Physician and family were notified on 10/18/15 at 7:45 a.m.</p> <p>A Physician's Telephone Order, dated 10/24/15, indicated an order for Xerofoam right and left gluteal folds daily for 14 days.</p> <p>The Pressure Ulcer Assessment Forms, dated 11/14/15, indicated the left gluteal fold area had healed and the right gluteal fold pressure area was now a stage III, 3 cm x 1.9 cm, depth &lt;0.1 cm, moderate serosanguous drainage, and the wound bed was red.</p> <p>A Physician's Telephone Order, dated 11/12/15, indicated to apply Santyl to the right gluteal fold daily.</p>			

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	<p>The resident's Representative was not notified of the change in the status and the new orders.</p> <p>A Pressure Ulcer Assessment form, dated 11/20/15, indicated the right gluteal fold pressure area was a stage III, 3.2 cm x 2.0 cm, depth &lt;0.1 cm, moderate serosanguous drainage with a red wound bed.</p> <p>A Physician's Telephone Order, dated 11/22/15, indicted an order to discontinue the Santyl and start Xerofoam to the wound daily.</p> <p>The resident's Representative was not notified of the change in the status and the new orders.</p> <p>The Pressure Ulcer Assessment form, dated 12/04/15, indicated the right gluteal fold pressure area was a stage III, 2.9 cm x 1.7 cm, depth &lt;0.1, and slough was present on the wound bed.</p> <p>A Physician's Telephone Order, dated 12/04/15, indicated to apply Santyl to the wound daily.</p> <p>The resident's Representative was not notified of the change in the status and the new orders.</p>			

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	<p>The Pressure Ulcer Assessment form, dated 12/18/15, indicated the right gluteal fold was a stage III, 2.5 cm x 1.2 cm, depth &lt;0.1 cm with 50% slough on the wound bed.</p> <p>A Physician's Telephone Order, dated 12/22/15, indicated and order for Arginaid one packet, twice a day and a multivitamin with minerals daily.</p> <p>The resident's Representative was not notified of the new orders.</p> <p>The Pressure Ulcer Assessment form, dated 01/01/16, indicated the right gluteal fold was a stage III, 2.0 cm x 2.0 cm, depth 0.3 cm and no tunneling.</p> <p>The Pressure Ulcer Assessment form, dated 01/08/16, indicated the right gluteal area was a stage III, 2 cm x 2 cm, depth 1.5 cm with 1 cm of tunneling at 10 o'clock.</p> <p>The Pressure Ulcer Assessment form, dated 01/22/16, indicated the right gluteal was a stage III, 1.5 cm x 1.5 cm, 1.3 depth, with tunneling of 1 cm at 10 o'clock.</p> <p>A Physician's order, dated 01/22/16, indicated Bactroban and calcium alginate</p>			

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	<p>to the right gluteal wound twice a day.</p> <p>The Pressure Ulcer Assessment form, dated 01/26/15, indicated the right gluteal fold area remained a stage III, 1 cm x 1.2 cm, depth 2.0 cm, wound bed was pink/red.</p> <p>The resident's Representative was not notified of the change in the status and the treatment orders.</p> <p>During an interview on 02/17/15 at 1:30 p.m., the DoN indicated the resident's Representative should have been notified of the pressure ulcer status and order changes.</p> <p>A facility policy, dated 10/21/04, titled, "Notification of Change", received from the Administrator as current, indicated, "...Facility personnel shall immediately inform resident...legal representative or an interested family member when there is...a significant change in the resident's physical...status..a need to alter treatment significantly...All notifications shall be...documented in the clinical record..."</p> <p>This Federal Tag relates to complaint IN00191836.</p> <p>3.1-40(a)(2).</p>			

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F 0309 SS=G Bldg. 00	<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 review and interview, the facility failed to ensure a resident received necessary care and services, related to pain control for a resident with a stage III-IV pressure ulcer (full thickness tissue loss, slough or eschar may be present, includes undermining and tunneling). who was showing signs and symptoms of pain during treatments to the pressure area and did not receive</p>	F 0309	<p>1.Resident D was discharged from the facility prior to the date of this survey.</p> <p>2.All residents have the potential to be affected.Each resident's clinical record has been reviewed. If uncontrolled or poorly controlled pain was noted, the Physician was notified to seek treatment for proper pain control for the resident . If the resident</p>	03/23/2016

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	<p>pain medications when in pain, for 1 of 6 residents reviewed for pain in a total sample of 6. (Resident #D)</p> <p>Finding includes:</p> <p>Resident #D's record was reviewed on 02/17/16 at 3:05 p.m. The resident's diagnoses included, but were not limited to dementia and stroke.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 06/19/15, indicated the resident has poor short and long term memory problems and severely impaired decision making skills.</p> <p>A care plan, dated 09/01/15, indicated the resident had a potential for pain. The interventions included, monitor for signs of pain such as: facial grimacing, moaning, restlessness. Assess pain on nonverbal scale. Administer pain medications as ordered and monitor efficacy and notify MD and responsible party of changes.</p> <p>The Physician's Recapitulation Orders, dated 09/2015, indicated Tylenol 325 mg (milligrams), two tablets every four hours as needed for pain.</p> <p>The Pressure Ulcer Assessment form, dated 09/04/15, indicated the left buttock</p>		<p>noted to have available PRN pain medication, but not receiving, the nurse(s) were immediately educated and instructed to administer as ordered.</p> <p>3. The facility's policies related to pain control have been reviewed and no changes are indicated at this time. The nurses have been re-educated on the policies with a special focus on administering available PRN pain medication when a resident complains of, or displays signs and symptoms of pain, and notification of the physician to seek treatment for pain control when resident pain noted to be poorly controlled. A monitoring tool has been implemented</p> <p>4. The DON or designee will be responsible for completing the monitoring tool to ensure that the residents are receiving treatment/RX for proper pain control, and the physician is notified as indicated. The monitoring tool will be completed on scheduled work days as follows: Daily x 2 weeks then weekly thereafter. Should a concern be found, immediate corrective action will occur. Results of the monitoring and any corrective actions will be discussed in the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted if indicated.</p>	

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	<p>area was a stage III, 3.8 cm x 3.8 cm, depth of 0.3 cm, and had a necrotic wound bed.</p> <p>A Nurses' Note, dated 09/09/15 at 4:15 a.m., indicated the left buttock pressure wound was deep with black, "mucousy sloughing area" in the center of the wound, with dark drainage with a very foul odor and the area was tender when touched and cleansed.</p> <p>The Medication Administration Record (MAR) and the PRN (as needed) Medication Flow sheet, both dated 09/2015, indicated the resident did not receive Tylenol as ordered for pain and the resident's pain was not thoroughly assessed.</p> <p>The resident's Physician had not been notified of the discomfort during the treatment.</p> <p>A Nurses' Note, dated 09/15/15 at 2 a.m., indicated the left buttock wound had a very foul odor, the entire wound bed was black and the resident was showing some discomfort during the treatment.</p> <p>The MAR and PRN Medication Flow sheet, dated 09/2015, did not indicate the resident was medicated for the discomfort and the resident's discomfort</p>			

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	<p>had not been thoroughly assessed.</p> <p>The resident's Physician had not been notified of the discomfort during the treatment.</p> <p>The Pressure Ulcer Assessment form, dated 09/16/15, indicated the left buttock area was unstagable, 5 cm x 5 cm, had copious amounts of brown purulent drainage, tunneling of 2.5 cm at 8 o'clock, 100% slough and necrosis, with a red and warm peri wound.</p> <p>A Nurses' Note, dated 09/16/15 at 10:35 p.m., indicated the resident had slight pain while the treatment was being applied.</p> <p>The MAR and PRN Medication Flow sheet, dated 09/2015, did not indicate the resident was medicated for the discomfort and the resident's discomfort had not been thoroughly assessed.</p> <p>The resident's Physician had not been notified of the discomfort during the treatment.</p> <p>A Nurses' Note, dated 09/20/15 at 1 a.m., indicated the left buttock wound continued to have a very foul odor and the resident grimaced in pain when the area was touched and when the leg was</p>			

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	<p>moved.</p> <p>The MAR and PRN Medication Flow sheet, dated 09/2015, did not indicate the resident was medicated for the discomfort and the resident's discomfort had not been thoroughly assessed.</p> <p>The resident's Physician had not been notified of the discomfort during the treatment.</p> <p>A Physician's Fax form, dated 09/21/15, indicated the resident had complaints of pain in the left buttock area and the family was requesting hydrocodone.</p> <p>The fax was returned to the facility on 09/21/15 with hand written order for Norco (hydrocodone) 5/325 mg, one tab every six hours for pain and the Physician's Office would fax the prescription to the Pharmacy as soon as they received the resident's date of birth.</p> <p>A Nurses' Note, dated 09/22/15 at 6 a.m., indicated the area on the left buttock was very black and painful and the Physician had ordered hydrocodone (narcotic pain medication) but needed the resident's date of birth for the prescription and the date of birth had been sent to the office.</p> <p>The MAR and PRN Medication Flow</p>			

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	<p>sheet, dated 09/2015, did not indicate the resident was medicated for the pain with the Tylenol until the hydrocodone was available.</p> <p>A Nurses' Note, dated 09/24/15 at 6 a.m., indicated the resident was noted to have increased pain in the left upper leg when being moved, and the resident would grab the leg and grimace.</p> <p>The MAR and PRN Medication Flow sheet, dated 09/2015, did not indicate the resident was medicated for the pain with the Tylenol or the hydrocodone as ordered by the Physician.</p> <p>During an interview on 02/18/16 at 11:10 a.m., the Director of Nursing indicated the resident didn't always have pain.</p> <p>A facility policy, dated 10/2014, titled, "Pain Assessment", received from the RN Corporate Consultant at current, indicated, "...Should, following admission, the resident exhibit pain which is not sufficiently controlled by current pain medication ordered, a Pain Assessment shall be completed and any necessary interventions implemented accordingly. 5. Should a marked increase in the frequency of resident requests for PRN pain medication be noted, a Pain Assessment shall be</p>			

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F 0314 SS=G Bldg. 00	<p>completed and resident's physician shall be addressed to ensure awareness of the increased complaint of pain voiced by resident..."</p> <p>This Federal Tag relates to complaint IN00191836.</p> <p>3.1-37(a)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES 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 and interview, the facility failed to ensure residents' receive necessary treatment and services to promote healing of pressure sores and prevention of infections, related to delay in treatment for pressure sores for 2 of 6</p>	F 0314	<p>F314</p> <p>1.Resident D was discharged from the facility prior to the date of this survey. The MD has been updated on Resident B's current condition including, if indicated, any skin alterations noted.</p>	03/23/2016

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	<p>residents reviewed for pressure sores in a total sample of 6 (Resident #B and #D), a Wound Consult was not obtained as ordered and the resident's pressure area deteriorated, a delay in obtaining a culture and sensitivity to treat an infected pressure sore, the Physician was not notified in a timely manner of continued changes of the pressure area, and the facility had not requested the Physician to assess the deteriorating wound (Resident #D). The facility also had a delay in dietary interventions to assist with wound healing for Resident #B.</p> <p>Findings include:</p> <p>1. Resident #D's record was reviewed on 02/17/16 at 3:05 p.m. The resident's diagnoses included, but were not limited to dementia and stroke.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 06/19/15, indicated the resident has poor short and long term memory problems, decision making skills were severely impaired, was dependent for bed mobility, transfers, toileting, and hygiene, was always incontinent of bowel and bladder, and had one unstagable (unable to assess depth due to presence of nonviable tissue) pressure ulcer.</p> <p>A care plan, dated 03/18/15 and updated</p>		<p>2.All residents have the potential to be affected.Each resident's clinical record has been reviewed. If a condition change,including any skin alteration and or lack of resident receiving necessarytreatment and services to promote healing of pressure ulcers, was noted,the physician was notified and propertreatment orders obtained.</p> <p>3.The facility's policies related totreatments/services to prevent pressureulcers have been reviewed and no changes are indicated at this time. The nurseshave been re-educated on the policies with a special focus on prevention ofpressure ulcer deterioration, preventionof delay in treatment, physiannotification if a wound condition worsens, and completion of dietaryinterventions timely. A monitoring tool has been implemented.</p> <p>4.The DON or designee will be responsible forcompleting the monitoring tool to ensure that the residents are receiving treatments and interventions to preventavoidable decline of pressure ulcer including: timely administration oftreatment , timely completion of dietary recommendations, and proper physiannotification as warrented. Themonitoring tool will be completed on scheduled work days as follows: Daily x 2weeks then weekly thereafter.</p>				

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	<p>on 06/24/15, 08/06/15, and 09/16/15, indicated the resident had pressure ulcers. The interventions included, treatment as ordered, monitor per Skin Management Program, monitor for signs/symptoms of infection, and notify the Physician if observed, monitor treatment efficacy, if ulcer was not improving, consult Physician.</p> <p>A Pressure Ulcer Assessment form, dated 06/27/15, indicated the resident had a stage II (partial thickness loss of dermis) on the left buttock, measured at 5 cm (centimeters) x (by) 4 cm, no depth, and the wound bed was red.</p> <p>A fax to the Physician, dated 06/27/16, indicated the resident had a stage II area on the left buttocks.</p> <p>A faxed return Physician's Order, dated 06/29/15, indicated an order for Xerofoam (petrolatum dressing for wounds with light exudate), to the left buttock daily and as needed.</p> <p>The Pressure Ulcer Assessment form, dated 07/23/15, indicated the left buttock wound was now unstagable at 2.5 cm x 3 cm, with serous (thin/watery) drainage.</p> <p>A Physician's order, dated 07/23/15, indicated to apply a nickel thick amount</p>		Should a concern be found, immediate corrective action will occur. Results of the monitoring and any corrective actions will be discussed in the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted if indicated.	

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	<p>of Santyl (debridement agent) to the left buttock and cover with foam daily for seven days and to apply Xerofoam to the right buttock for seven days, then re-evaluate.</p> <p>A telephone Physician's Order, dated 07/28/15, indicated to continue the use of Santyl daily for the pressure area on the left buttock.</p> <p>The Pressure Ulcer Assessment, dated 07/30/15 indicated the left buttock was a stage III, 3.1 cm x 3.5 cm, depth &lt;0.1 cm, and the wound bed was pink and yellow.</p> <p>The Pressure Ulcer Assessment, dated 08/12/15, indicated the left buttock pressure area was a stage III, 3.2 x 3.2, depth &lt;0.1 cm with sanguineous (blood drainage), wound bed was pinkish/yellow slough. .</p> <p>A Physician's Fax form, dated 08/13/15, indicated, "Res (resident) wound (L) (left) ischium (buttock) covered c/ (with) eschar (dead tissue, may appear black), peri (area surrounding the wound) of wound reddened warm to touch c/ yellow foul drainage wound c/ foul odor. Cont (continue) c/ Santyl to area. Any N.O. (new orders)? The Physician returned the fax on 08/14/15, with written N.N.O. (no new orders) Wound Consult if wound</p>			

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	<p>does not improve.</p> <p>The Pressure Ulcer Assessment, dated 08/19/15, indicated the left buttock was a stage III, 4 cm x 3.9 cm, depth 0.3 cm, purulent sanguineous drainage, with yellow slough and eschar on the wound bed, and rolled edges. The resident continued with the treatment of Santyl, nickel thick to the pressure area on the left buttock daily.</p> <p>A Physician's Fax form, dated 08/19/15, indicated the facility had requested a culture and sensitivity of the left buttock wound, due to the slough and foul odor.</p> <p>A Physician's Fax form, dated 08/21/15, indicated, "(Resident Name) has deep necrotic wound to buttocks. Having a hard time keeping wounds clean &amp; dressings intact. May we have an order to anchor f/c (foley catheter, urinary catheter)..."</p> <p>A Physician's Order, dated 08/21/15, indicated to anchor a urinary catheter due to deep necrotic wound to the buttocks and to obtain a culture and sensitivity (C&amp;S) of the left buttock due to sloughing and foul odor.</p> <p>A Nurses' Note, dated 08/25/15 at 2 a.m., indicated the culture of the left buttock</p>			

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	<p>wound had been obtained.</p> <p>The Pressure Ulcer Assessment, dated 08/26/15, indicated the left buttock was a stage III, 4 cm x 3.9 cm, depth 0.3 cm, purulent drainage, necrotic wound bed with rolled edges.</p> <p>A Nurses' Note, dated 08/27/15 at 2 a.m., indicated the left buttock wound was black with slough and, "very foul odor present"</p> <p>The Medication Administration Record (MAR), dated 08/2015, indicated the left buttock was treated with Santyl (nickel thick) after cleansing daily.</p> <p>The C&amp;S of the left buttock, indicated the specimen was obtained on 08/26/15, the results were faxed to the facility on 08/31/15 and indicated there was a heavy growth of proteus mirabilis (bacteria) in the wound.</p> <p>A Physician's Order, dated 08/31/16, indicated to begin Augmentin (antibiotic) 875 mg (milligram) two times a day for 10 days for left buttock wound infection.</p> <p>A Nurses' Note, dated 09/02/15 at 2 a.m., indicated the pressure area to the left buttock remained deep with black sloughing tissue and foul odor.</p>			

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	<p>The Pressure Ulcer Assessment form, dated 09/04/15, indicated the left buttock area was a stage III, 3.8 cm x 3.8 cm, depth of 0.3 cm, and had a necrotic wound bed.</p> <p>The Physician and resident's family had not been notified of the left buttock wound status.</p> <p>A Nurses' Note, dated 09/09/15 at 4:15 a.m., indicated the left buttock pressure wound was deep with black, "mucousy sloughing area" in the center of the wound, with dark drainage with a very foul odor and the area was tender when touched and cleansed.</p> <p>The Pressure Ulcer Assessment form, dated 09/09/15, indicated the resident's left buttock wound was now unstagable, 4 cm x 4 cm with purulent foul odor, had tunneling of 2 cm at 8 o'clock, the wound bed was 100% black slough, and the peri-wound was red and warm.</p> <p>The Physician and the resident's family had not been notified of the left buttock wound status.</p> <p>The Physician's next notification was 09/11/15, per fax, indicated the left buttock wound continued to have</p>			

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	<p>purulent with foul odor drainage, and the peri wound was red.</p> <p>The Physician returned the fax on 09/11/15, with an order for Bactrim DS (antibiotic), one tablet, twice a day for 14 days.</p> <p>A Physician's Telephone Order, dated 09/11/15, indicated to cleanse the left buttock wound with wound cleanser, apply Bactroban to the entire wound bed, then apply Santyl to the entire wound and to pack the wound with calcium alginate (absorbs exudate) and cover with adhesive foam daily.</p> <p>A Nurses Note, dated 09/12/15 at 2 p.m., indicated the left buttock wound was covered with 100% necrotic tissue with a foul odor and drained a moderate amount of yellow drainage.</p> <p>A Nurses' Note, dated 09/15/15 at 2 a.m., indicated the left buttock wound had a very foul odor, the entire wound bed was black.</p> <p>The Pressure Ulcer Assessment form, dated 09/16/15, indicated the left buttock area was unstagable, 5 cm x 5 cm, had copious amounts of brown purulent drainage, tunneling of 2.5 cm at 8 o'clock, 100% slough and necrosis, with a</p>			

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	<p>red and warm peri wound.</p> <p>The Physician and the resident's family had not been notified of the left buttock wound status.</p> <p>A Nurses' Note, dated 09/20/15 at 1 a.m., indicated the left buttock wound continued to have a very foul odor.</p> <p>A Physician Fax, dated 09/21/15, indicated the resident had an unstagable wound on the left buttock with signs and symptoms of infection and the resident's family requested a Wound Care Consult.</p> <p>The return Fax, dated 09/21/15, indicated an order for a Wound Care Consult.</p> <p>A Nurses' Note, dated 09/22/15 at 6 a.m., indicated the area on the left buttock was very black and painful, and had a very foul odor.</p> <p>The Pressure Ulcer Assessment form, dated 09/23/15, indicated the left buttock area was unstagable, 5 cm x 5 cm, with copious brown purulent, foul odor drainage. The wound bed was 100% slough/necrotic and the peri wound was red and warm.</p> <p>A Nurses' Note, dated 09/24/15 at 4:30 p.m., indicated the resident was</p>			

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	<p>transferred to the hospital for an assessment of the left buttock pressure area.</p> <p>An Emergency Room Physician's History and Physical, dated 09/24/15, indicated, "...L (left) hip (left buttock area) decubitus ulcer...progressed to stage 4 (full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present, includes undermining and tunneling)...increased amount of pain...appointment for pt (patient) with the wound care center for treatment in one week...decubitus ulcer on L buttock...L hip has a foul smelling necrotic draining decubitus ulcer that has minimal surrounding erythema (redness)...I think he would benefit from wound care eval (evaluation), improved dressings...I do not think he has a systemic infection from his ulcer. Spoke with his pcp (primary care physician), he told me he will call the NH (nursing home) and ensure his wound care improved...wound care consult...7 days..."</p> <p>A Physician's Fax form, dated 09/25/15, indicated, "Was in ER...c/ stage 4 decube (decubitus) on (L) buttock...no new treatment started..currently on Bactrim for the decub...Has appt (appointment) at (Name) Wound Care, October 1st..."</p>			

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	<p>A return fax from the Physician indicated, "Is ulcer being tx'ed (treated) c/ hydrogel or alginate type dressings?"</p> <p>There was no further follow up in the resident's record for the treatment of the wound.</p> <p>The Medication Administration Record, dated 09/2015, indicated the treatment to the left buttock of cleansing the wound with wound cleanser, apply Bactroban to the entire wound bed, then apply Santyl and back the wound with calcium alginate daily continued as per pre-emergency room visit.</p> <p>A Nurses' Note, dated 09/27/15 at 11 a.m., indicated the resident's family spoke with the resident's Physician at the facility and were in agreement to transfer the resident to the hospital Emergency Room to be admitted into the hospital.</p> <p>The record had not indicated a Wound Care Consult had been obtained as ordered on 08/13/15.</p> <p>The record indicated the Physician had visited the resident on 08/16/15, the progress note had not indicated the resident had a pressure ulcer on the left buttock.</p>			

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	<p>A Physician's Progress Note, dated 09/27/15, indicated, "...was asked to see because of son/daughter here in facility who were expressing concern about an ulcer on pt's (L) buttock for which family feels has been worsening...stage 4 decubitus on (L) buttock...worsening decubitis...spoke to (Hospital Name) ER Physician so patient can be admitted for...debridement/management of worsening decubitus.</p> <p>During an interview on 02/18/16 at 11:10 a.m., The DoN (Director of Nursing) indicated when the Physician initially faxed on 06/27/15, it was on a week-end so the Physician would not have responded until he was in the office on Monday. She indicated the Physician should have been notified by telephone for immediate treatment. The DoN indicated the Wound Consult would have been completed by the Wound Nurse associated with the supply company. The DoN indicated the resident was seen by this Nurse. The DoN indicated she was aware the resident had a wound but was unaware of the order for a Wound Consult and was unable to recall when she was notified of the wound becoming worse. The DoN indicated the facility Wound Nurse, was no longer employed at the facility so she was unsure what the</p>			
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	<p>Wound Nurse had done. The RN Corporate Consultant indicated the Wound Nurse from the supply company comes once a month and the facility should not wait a month for the Nurse to look at the area. The DoN indicated she was not sure why there was a delay in obtaining the Culture and Sensitivity of the wound and was unsure if the Physician had been notified to look at the pressure ulcer prior to 09/27/15.</p> <p>During an interview with the Regional Manager, RN, Certified Wound Specialist, with the facility's supply company, on 02/22/16 at 1 p.m., she indicated their role in the facility's pressure wound program was to ensure the resident had the correct dressing to qualify for reimbursement for the dressings. She indicated they were not Consultants for wound care and would not be considered a replacement for a Consultant or a Wound Clinic. She indicated the Wound Nurse does rounds at the facility, but were hands off and just does visual checks of the wounds. She indicated their information was obtained from the facility Nurses' assessment.</p> <p>An undated, policy, titled, "(Company Name) Wound Care Program", received as current from the RN Corporate Consultant on 02/18/16 at 11 a.m.,</p>			

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	<p>indicated, "...Following the initial wound rounds, we will provide written clinical recommendations, complete all the necessary paperwork for product orders and obtain the appropriate signatures as needed. This eliminates the nurse's burden for paperwork that is necessary to justify billing...We will return approximately 1 week before the dressing supplies have been completely utilized...and reorder for your appropriate residents at that time...In summary, our program...Provides clinical support for your staff, as well as your residents with wounds."</p> <p>2. Resident #B's record was reviewed on 02/17/16 at 11:25 p.m. The resident's diagnoses included, but were not limited to, dementia and Parkinson's disease.</p> <p>An Annual MDS assessment, dated 09/10/15, indicated the resident's cognition was not assessed, was dependent for bed mobility, transfers, toileting, and hygiene, was always incontinent of bowel and bladder, and had no pressure areas.</p> <p>A care plan, dated 10/18/15, indicated the resident had a pressure area on the right gluteal fold. The interventions included, treatment as ordered, monitor per Skin Management Program and SWAT (Skin</p>			

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	<p>and Weight Assessment Team) protocol, Monitor for treatment efficacy, and encourage consumption of meals, fluids and supplements.</p> <p>The Physician's Recapitulation Orders, dated 01/2016, indicated the following dietary supplement were ordered:                      Magic Cup at lunch was ordered on 12/30/12                      Super cereal at breakfast was ordered 07/21/15                      Mighty shake daily was ordered on 09/07/15</p> <p>A Pressure Ulcer Assessment form, dated 10/18/15, indicated the resident had a stage II pressure area on the right gluteal fold, which measured 4 cm x 0.5 cm, depth &lt;0.5 cm, red wound bed, and pink edges. The resident's Physician and family were notified on 10/18/15 at 7:45 a.m.</p> <p>A Pressure Ulcer Assessment form, dated 10/18/15, indicated a stage II pressure area on the left gluteal, 1.5 cm x 1.7 cm, depth &lt;0.1 cm, red wound bed and pink edges. The resident's Physician and family were notified on 10/18/15 at 7:45 a.m.</p> <p>A Physician's Telephone Order, dated 10/24/15, indicated an order for</p>			

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	<p>Xerofoam right and left gluteal folds daily for 14 days.</p> <p>Dietary Progress Notes, dated 10/28/15, indicated the resident had a significant weight loss in 180 days, weight was stable for 60 days, and no recommendations. The Dietary note did not include the resident's pressure areas.</p> <p>The Pressure Ulcer Assessment Forms, dated 11/14/15, indicated the left gluteal fold area had healed and the right gluteal fold pressure area was now a stage III, 3 cm x 1.9 cm, depth &lt;0.1 cm, moderate serosanguous drainage, and the wound bed was red.</p> <p>A Physician's Telephone Order, dated 11/12/15, indicated to apply Santyl to the right gluteal fold daily.</p> <p>The resident's family was not notified of the change in the status and the new orders.</p> <p>A Pressure Ulcer Assessment form, dated 11/20/15, indicated the right gluteal fold pressure area was a stage III, 3.2 cm x 2.0 cm, depth &lt;0.1 cm, moderate serosanguous drainage with a red wound bed.</p> <p>A Physician's Telephone Order, dated</p>			

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	<p>11/22/15, indicted an order to discontinue the Santyl and start Xerofoam to the wound daily.</p> <p>A Dietary Progress Note, dated 11/23/15, indicated a significant change assessment was completed.</p> <p>The Nutritional Assessment Form, dated 11/23/15, indicated the resident now had a stage III on the right gluteal fold and no recommendations were documented.</p> <p>The Pressure Ulcer Assessment form, dated 12/04/15, indicated the right gluteal fold pressure area was a stage III, 2.9 cm x 1.7 cm, depth &lt;0.1, and slough was present on the wound bed.</p> <p>A Physician's Telephone Order, dated 12/04/15, indicated to apply Santyl to the wound daily.</p> <p>A Dietary Progress Note, dated 12/14/15, indicated the resident had a stage III pressure ulcer on the right gluteal fold and recommended on packet of Arginaid (supplement) twice a day and a multivitamin with minerals to aid in the healing.</p> <p>The Pressure Ulcer Assessment form, dated 12/18/15, indicated the right gluteal fold was a stage III, 2.5 cm x 1.2 cm,</p>			

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	<p>depth &lt;0.1 cm with 50% slough on the wound bed.</p> <p>A Physician's Telephone Order, dated 12/22/15, indicated and order for Arginaid one packet, twice a day and a multivitamin with minerals daily.</p> <p>The Pressure Ulcer Assessment form, dated 01/26/15, indicated the right gluteal fold area remained a stage III, 1 cm x 1.2 cm, depth 2.0 cm, wound bed was pink/red.</p> <p>The Pressure Ulcer Assessment form, dated 02/16/16, indicated the right gluteal fold was a stage III, 0.6 cm x 0.6 cm, 1.7 cm depth, wound bed was red.</p> <p>The Individual SWAT Record, indicated the resident was last reviewed on 01/28/16.</p> <p>During an interview on 02/17/16 at 1:30 p.m., The DoN indicated an order for treatment for the right and left gluteal folds should have been obtained prior to 10/24/15. The DoN indicated there were no added dietary interventions until 12/22/15. She indicated there had not been a SWAT meeting since 01/28/16.</p> <p>A facility policy, dated 10/2013, titled, "Skin Management Program", received</p>			

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	<p>from the Administrator as current, indicated, "...A weekly facility skin condition summary must be submitted to assigned corporate personnel in an effort to ensure ongoing tracking of facility prevalence/incidence in regard to skin condition...Notification of physician and resident or legal representative shall occur upon initial observation of a new skin condition and periodically thereafter in an effort to address continued healing or lack thereof...It is recommended that should no healing be observed within 2-4 weeks of treatment, the physician be contacted and updated on wound condition. Notification and physician response should be documented in the medical record. Nursing staff will communicate skin condition changes via the 24 hour condition report..."</p> <p>This Federal Tag relates to complaint IN00191836.</p> <p>3.1-40(a)(2).</p>			

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

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FORM APPROVED

OMB NO. 0938-0391

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