

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155131	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/01/2014
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NAME OF PROVIDER OR SUPPLIER  MUNSTER MED-INN	STREET ADDRESS, CITY, STATE, ZIP CODE 7935 CALUMET AVE MUNSTER, IN 46321
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F000000	<p>This visit was for the Investigation of Complaint IN00148061.</p> <p>Complaint IN00148061-Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F225, &amp;, F226.</p> <p>Date of Survey: May 1, 2014</p> <p>Facility number: 000056 Provider number: 155131 AIM number: 100289450</p> <p>Survey team: Heather Tuttle, RN-TC Cynthia Stramel, RN Lara Richards, RN</p> <p>Census bed type: SNF: 22 SNF/NF: 187 Total: 209</p> <p>Census payor type: Medicare: 44 Medicaid: 110 Other: 55 Total: 209</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 4, 2014, by Janelyn Kulik, RN.</p>	F000000		
F000157 SS=D	483.10(b)(11) NOTIFY OF CHANGES			

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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	<p>(INJURY/DECLINE/ROOM, ETC)</p> <p>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 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 the resident's Physician and/or family was promptly notified of a significant change in condition related to an injury of unknown origin for 1 of 3 residents reviewed for injuries of unknown</p>	F000157	F – 157 - IDR Requested, please see Attached Submission of this response and Plan of Correction is not a legal admission that a deficiency exists, or that a Statement of Deficiency was correctly cited. Submission of this response is not to be	05/21/2014

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	<p>origin. (Resident #B)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 5/1/14 at 11:20 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease, depressive disorder, failure to thrive, and debility. The resident was admitted to the facility on 3/21/14.</p> <p>Review of the Skin Integrity Event Progress Note dated 4/18/14, and completed at 1:08 p.m., indicated the resident was observed with a purple/blue bruise to her right hand and right ring finger. The area was swollen and the resident had complaints of mild pain. The resident's Physician was notified at 1:31 p.m. as well as the resident's family at that same time.</p> <p>Review of the skin assessment form dated 4/18/14 indicated the bruise to the resident's right hand/right ring finger measured 9 centimeters (cm) by 6 cm.</p> <p>Review of the current 6/2002 Notification of Physician and Responsible Party for Change in Condition policy provided by the Administrator indicated "It is the policy of this facility to notify physician and responsible party when changes in resident condition occur. Such changes include, but are not limited to, the following: Accidents with or without injury. Significant changes in physician mental or psychosocial status."</p> <p>Interview with the Fifth Floor Unit Manager on 5/1/14 at 10:00 a.m., indicated she was notified around 9:00 a.m., by the CNA staff of the resident's bruised hand. She indicated she tried to call the laboratory services to see</p>		<p>construed as an admission of any deficiency against the facility, the Administrator, or any employees who draft or may be discussed in this response and Plan of Correction. In direct response to the five questions listed on page one of the letter to this facility dated May 7, 2014, the facility offers the following: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? We respectfully offer that there is no retrospective corrective action we can offer to provide more timely notification than that which occurred when the bruise was identified for Resident B. A family meeting was held following our investigation to provide both our findings and plan moving forward to prevent future circumstances for Resident 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? Any resident in the facility has the potential to be affected by a similar circumstance. The facility initiated in-servicing to staff regarding the requirement to provide immediate notification to the physician and appropriate family member or guardian upon the identification of an injury of unknown origin. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice</p>		

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F000225 SS=D	<p>if the phlebotomist drew the blood from the resident's right hand. The Unit Manager indicated the resident's granddaughter came to the facility around lunch time that day and noticed the bruise. At that time, the resident's family was first notified of the bruise, however, the granddaughter was not the resident's responsible party or the Power of Attorney. She further indicated the resident's Physician was also not notified until later.</p> <p>Interview with the Director of Nursing on 5/1/14 at 1:20 p.m., indicated it was the facility's policy to notify the resident's Physician and family member as soon as possible.</p> <p>This Federal tag relates to complaint IN00148061.</p> <p>3.1-5(a)(2)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p>		<p>does not recur? Formal in-servicing will be provided to staff regarding the requirement to provide immediate notification to the physician and appropriate family member or guardian upon the identification of an injury of unknown origin. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Five days per week, the Director of Nursing/or designee will review events requiring immediate notification to the physician and appropriate family member or guardian to ensure immediate notification was provided. The Director of Nursing will report findings from this review to the Quality Assurance Committee on a quarterly basis for a minimum of 3 quarters. By what date will the systemic changes be completed? May 21, 2014</p>				

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	<p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure the Administrator was immediately notified of an injury of unknown origin related to a bruise for 1 of 3 residents reviewed with injuries of unknown origin. (Resident #B)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 5/1/14 at 11:20 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease, depressive disorder, failure to thrive, and debility. The resident</p>	F000225	F – 225Submission of this response and Plan of Correction is not a legal admission that a deficiency exists, or that a Statement of Deficiency was correctly cited. Submission of this response is not to be construed as an admission of any deficiency against the facility, the Administrator, or any employees who draft or may be discussed in this response and Plan of Correction. In direct response to the five questions listed on page one of the letter to this facility dated May	05/21/2014			

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	<p>was admitted to the facility on 3/21/14.</p> <p>Review of the Skin Integrity Event Progress Note dated 4/18/14, and completed at 1:08 p.m., indicated the resident was observed with a purple/blue bruise to her right hand and right ring finger. The area was swollen and the resident had complaints of mild pain. The resident's Physician was notified at 1:31 p.m. as well as the resident's family at that same time.</p> <p>Review of the skin assessment form dated 4/18/14 indicated the bruise to the resident's right hand/right ring finger measured 9 centimeters (cm) by 6 cm.</p> <p>Interview with the Director of Nursing on 5/1/14 at 1:20 p.m., indicated she was first notified of the resident's bruised hand around 12:00 p.m., on 4/18/14. She indicated the Fifth Floor Unit Manager had informed her she was made aware of the bruise earlier that morning at 9:00 a.m. The DoN indicated the Unit Manager had informed her she was trying to get a hold of the lab to see if the Phlebotomist had drawn blood from the resident's right hand earlier in the morning. The DoN further indicated it was the facility's policy for staff to immediately report injuries of unknown origin to herself and the Administrator.</p> <p>Interview with the Administrator on 5/1/14 at 2:00 p.m., indicated she was first made aware of the bruised hand around 12:15 p.m., on 4/18/14. She indicated it was the facility's policy to immediately report injuries of unknown origin to the Administrator.</p> <p>This Federal tag relates to complaint IN00148061.</p>		<p>7, 2014, the facility offers the following: What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? We respectfully offer that there is no retrospective corrective action we can offer to provide more timely notification than that which occurred when the bruise was identified for Resident 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? Any resident in the facility has the potential to be affected by a similar circumstance. The facility initiated in-servicing to staff regarding the requirement to provide immediate notification to the Administrator upon the identification of an injury of unknown origin. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Formal in-servicing will be provided to staff regarding the requirement to provide timely notification to the Administrator upon the identification of an injury of unknown origin. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Five days per week, the Director</p>				

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F000226 SS=D	<p>3.1-28(c)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to ensure the facility's policy was followed related to immediately notifying the Administrator of an injury of unknown origin related to a bruise for 1 of 3 residents reviewed with injuries of unknown origin. (Resident #B)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 5/1/14 at 11:20 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease, depressive disorder, failure to thrive, and debility. The resident was admitted to the facility on 3/21/14.</p> <p>Review of the Skin Integrity Event Progress</p>	F000226	<p>of Nursing/or designee will review events requiring immediate notification to the physician and appropriate family member or guardian to ensure immediate notification was provided. The Director of Nursing will report findings from this review to the Quality Assurance Committee on a quarterly basis for a minimum of 3 quarters. By what date will the systemic changes be completed? May 21, 2014</p> <p>F – 226Submission of this response and Plan of Correction is not a legal admission that a deficiency exists, or that a Statement of Deficiency was correctly cited. Submission of this response is not to be construed as an admission of any deficiency against the facility, the Administrator, or any employees who draft or may be discussed in this response and Plan of Correction. In direct response to the five questions listed on page one of the letter to this facility dated May 7, 2014, the facility offers the following: What corrective action(s) will be accomplished for those residents</p>	05/21/2014	

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