

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155734	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/16/2014
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NAME OF PROVIDER OR SUPPLIER THORNTON TERRACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 188 THORNTON RD HANOVER, IN 47243
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F000000	<p>This visit was for the Investigation of Complaint IN00145165.</p> <p>Complaint IN00145165 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: March 11, 12, 13, and 16, 2014</p> <p>Facility number: 004075 Provider number: 155743 AIM number: 200491220</p> <p>Survey team: Diana Sidell RN, TC Angela Halcomb RN (March 12 and 13, 2014)</p> <p>Census bed type: SNF: 20 NF: 19 Residential: 26 Total: 65</p> <p>Census payor type: Medicare: 22 Medicaid: 13 Other: 30 Total: 65</p>	F000000		
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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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F000282 SS=D	<p>Sample: 4 Residential sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Review completed by Cheryl Fielden RN, on March 19, 2014.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a resident's care plan, related to transfers, was followed. This affected 1 of 4 residents reviewed for care plan implementation in a sample of 4. (Resident #A)</p> <p>Findings include:</p> <p>Resident #A's record was reviewed on 3/12/14 at 10:55 a.m. Physician's recapitulation orders dated 3/1/14 through 3/31/14 indicated Resident #A had diagnoses that included, but were not limited to, insulin dependent diabetes mellitus, osteoporosis,</p>	F000282	<p>All direct care staff were immediately inserviced Resident A's plan of care for transfer and all other residents that require a lift for transfer on 3/3/14, 3/4/14, and 3/5/14. The inservice included , but was not limited to, the main purpose of an individual plan of care along with the importance and obligation to follow the residents' plan of care . This inservice also reeducated staff on where to find these individual plans of care . The two staff members that provided the transfer to Resident A, were immediately re educated on following the plan of care. Counseling was also included. Resident A continues to have ongoing assessments and evaluation of licence nursing personnel and has not incurred</p>	03/17/2014			

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	<p>chronic obstructive pulmonary disease, status post stroke with one sided weakness, anemia, diabetic neuropathy, dementia with psychotic features, arthritis, and inability to talk.</p> <p>A quarterly Minimum Data Set Assessment, dated 2/11/14, indicated Resident #A was severely impaired, never/rarely made decisions in cognitive skills for daily decision making, did not ambulate, and was totally dependent on 2 or more staff for bed mobility, transfers from bed to chair, and dressing.</p> <p>A "Resident Lift Assessment Profile", dated 2/11/14, indicated "Resident can undergo a semi-reclined position" and indicated the resident was a total assist [of transfers] with the "MaxiMove" lift.</p> <p>A care plan with a last review date of 2/20/14, indicated a problem of osteoporosis: "At risk for bone fracture related to osteoporosis & severe osteopenia, 3/4/14 Ankle Fx (fracture) to (R) ft (foot), Goal: Resident will not exhibit new bone fracture through next review. Interventions...Dependent with transfers: Maxi lift..."</p>		<p>any significant change or decline in status. All residents who require a maxilift and dependant upon staff for transfer were re-assessed and their individual care plans were reviewed finding no other affected residents. All direct care staff were interviewed revealing no other residents were affected. All residents who require a lift for transfer were summarized on paper and placed in the "CNA Binder". All residents' individual care plans who require a lift were reviewed and revised if indicated.</p> <p>Unannounced observations of lift transfers according to the resident assessment and individual care plan were initiated on 3/3/14 by the Assistant Director of Health Services. Those unannounced observations will continue to be conducted by the Director of Health Services and/or the Assistant Director of Health Services 5 days a week for 2 weeks, then 3 days a week for one week and then one day a week for one week and monthly for 6 months after that. This process along with the deficiency as stated by the ISDH will be monitored for 7 months through out our QA program. At the end of the 7th month, the QA team will assess the need for further observation. All above interventions were immediately put in place and the systemic changes were completed by 3/6/14.</p>		

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	<p>A "Change in Condition Form", dated 3/3/14, indicated "...CNA removing res (resident's) sock and noticed large bruise to ankle/ft area this nurse also noted swelling and warm to touch. May we obtain X-ray? Has DX (diagnosis) of arthritis and osteoporosis. Res ft was immediately immobilized and prn (as needed) pain medication given. Physician order/response to communication: 3/3/14 - Obtain Xray of Rft (right foot) & R) ankle 2 views. 8 PM Send to [name of local hospital] in AM (3-4-14) for X Ray. 3/5/14 - Apply stirrup splint air cast to R) fx ankle. Remove for bathing & skin [checks] q (every) 8 [hours]. F/U (follow up) X-Ray in 4 wks (weeks) if needed for ongoing sx (symptoms). Apply long sock [under] splint...."</p> <p>An X-Ray, dated 3/4/14, indicated: "...Impression: 1. Trimalleolar (three ankle bones) ankle fractures without dislocation. 2. Old first digit amputation. 3. Severe osteopenia."</p> <p>A report from a local hospital medical group indicated, but was not limited to: "...She is an 85-year-old nursing home patient who has been apparently unresponsive for some 20 years. She was seen at</p>			

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	<p>[physician's name] office recently with some ecchymosis (bruising) and swelling around her right ankle and x-rays were taken...This lady has severe contractures, her heel almost touches her butt and [is] unable to extend her knee and nobody has any idea how she developed this fracture. It may well be that she simply sat on her ankle in a funny way. However, review of the films shows what appears to be an intact fibula (lower leg bone) and tibia (lower leg bone) with just a hairline fracture just above the ankle joint...Presumably it is a relatively stable fracture and certainly one that doesn't need to be treated aggressively...."</p> <p>The investigation of the right ankle bruise was provided by the Director of Health Services (DHS) on 3/12/14 at 2:25 p.m. The investigation indicated CRCA (Certified Resident Care Assistant) #1 had indicated she and CRCA #2 had straightened the resident in her chair at 7:30 a.m., on 3/3/14, and she did not see a lift pad under the resident. CRCA #3 stated she had given am care, and the resident was sat on the "side of the bed and transferred her to her chair using a two person underarm lift."</p>			

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	<p>During an interview, on 3/13/14 at 9:13 a.m., the DHS indicated the two CRCA's "both got a hold of her (Resident #A) under her arms and did a transfer with two persons." She indicated the preferred method of transfer for Resident #A is the Maxi Lift.</p> <p>During an interview, on 3/16/14 at 3:40 p.m., the DHS indicated the CRCA's know how each resident needs to be transferred because they have a program in the kiosk, it pops up to alert them and the CRCA also gets information about any changes. The DHS also indicated: "Resident #A has been a Maxi Lift transfer since she first came in." A policy and procedure for "Interdisciplinary Team Care Plan Guideline" was provided by the Director of Health Services on 3/16/14 at 2:55 p.m. The policy indicated, but was not limited to, "Purpose: To ensure appropriateness of services and communication that will meet the resident's needs, severity/stability of conditions, impairment, disability, or</p>			

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	disease in accordance with state and federal guidelines. Procedure...i. Care plan interventions should be reflective of the impact the risk area(s), disease process(es) have on the individual resident...iii. Interventions should be reflective of the individual's needs and risk influence...." 3.1-35(g)(2)			