

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155527	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2013
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NAME OF PROVIDER OR SUPPLIER PINEKNOLL REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 160 N MIDDLE SCHOOL RD WINCHESTER, IN 47394
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F000000	<p>This visit was for the Investigation of Complaint IN00135165.</p> <p>Complaint IN00135165-Substantiated. Federal/State deficiencies related to the allegations are cited at F312, F314, and F365.</p> <p>Survey dates: September 16 and 17, 2013</p> <p>Facility number: 000532 Provider number: 155527 AIM number: 100267180</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF: 10 SNF/NF: 46 Total: 56</p> <p>Census payor type: Medicare: 11 Medicaid: 37 Other: 8 Total: 56</p> <p>Sample: 5</p> <p>These deficiencies also reflect state</p>	F000000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of the requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

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>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p>			

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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, record review, and interview, the facility failed to ensure assistance with oral hygiene was provided for 1 of 3 residents dependent on the staff for assistance with oral hygiene in a sample of 5. (Resident #C) Findings include: During an observation on 9/17/13 at 10:30 a.m., the resident was up in her wheelchair in the hallway outside of her room. Food debris was noted around the gumline of the residents front teeth. Resident #C was interviewed on 9/17/13 at 10:30 a.m. When queried if her teeth had been brushed that morning she indicated "No, they have not been brushed today." The resident indicated she would love to have her teeth brushed. During an observation on 9/17/13 at 10:35 a.m., the DoN asked the resident to open her mouth so her</p>	F000312	<p>1. Oral hygiene was provided immediately for resident C. Nursing assessed condition of resident C's oral cavity with no negative affects noted.2. All residents were assessed to assure proper oral hygiene provided. The DON and or designee will assess 5 residents' oral hygiene and care 5 x / week x 4 weeks, 3 x / week x 4 weeks then weekly thereafter. Nursing staff were re-educated on the importance of oral hygiene for all residents. (See Attachment D)3. In order to assure this deficient practice does not recur, Nursing staff were re-educated on the importance of Oral Hygiene for all residents. (9-23-13) The DON and or her designee will assess 5 residents' oral hygiene and care 5 x / week x 4 weeks, 3 x / week x 4 weeks then weekly thereafter. (See Attachment A)4. The DON or designee will report the findings of these audits to the Quality Assurance Committee monthly x 3 months and quarterly thereafter.Revisions will be made to the plan if warranted.</p>	09/26/2013			

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	<p>teeth could be observed. There was food debris noted around the entire gumline and some between the teeth all the way back to the jaw. Tiny cracks of a gold color could be seen in the food debris. When queried if she had a partial plate, the resident indicated "No, but I have has some gold fillings". When queried if she would like to get her teeth brushed, she indicated she would love to have them brushed.</p> <p>The DoN stopped QMA #1 and asked her to brush Resident #C's teeth. QMA #1 indicated she had not gotten the resident up and had not brushed them, but would brush them now. She indicated another staff member had gotten the resident up that morning.</p> <p>The clinical record for Resident #C was reviewed on 9/16/13 at 1:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, blindness, macular degeneration, rheumatoid arthritis, renal insufficiency, and generalized weakness.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/14/13, indicated the resident was moderately cognitively impaired, had an</p>			

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	<p>impairment of both upper extremities, and required extensive assistance from the staff for dressing and hygiene needs.</p> <p>A health care plan problem, updated on 7/10/13, indicated the resident required special attention to oral care due to obvious or likely cavity of natural teeth. The plan indicated the resident was unable to complete her own oral hygiene due to blindness and functional limitations of her upper extremities related to rheumatoid arthritis. One of the approaches for this problem was "Provide assist with oral care daily and as needed."</p> <p>During an interview on 9/17/13 at 10:40 a.m., the resident indicated her teeth had just been brushed and they felt better. She indicated "Oh, I just love to get my teeth brushed."</p> <p>Review of the current facility policy, dated 9/05, provided by the RN Consultant on 9/17/13 at 11:40 a.m., titled "Oral Hygiene Procedure" included, but was not limited to, the following:</p> <p>"Purpose:</p> <p>To cleanse the mouth for personal hygiene and to lessen the occurrence</p>			

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	<p>of mouth infections.</p> <p>...5. If the resident needs assistance, brush the teeth for him using the following guide: Brush downward on the upper teeth and upward on the lower teeth, from gum line to the crown...."</p> <p>This federal tag relates to Complaint IN00135165.</p> <p>3.1-38(a)(3)(C)</p>			

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>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 observation, record review, and interview, the facility failed to ensure all interventions identified in the resident's plan of care were in place to help with healing of a pressure sore for 1 of 3 residents reviewed for pressure sores in a sample of 5. (Resident #C)</p> <p>Findings include:</p> <p>During an observation on 9/16/13 at 2:10 p.m., the Assistant Director of Nursing (ADoN) assisted Resident #C in getting up from her recliner and ambulate into the bathroom. The resident's recliner had a folded lap robe (quilted, but not padded) on the seat of the recliner. The seat of the recliner was firm and was not plushly padded. There was no cushion or pressure relieving device of any type in the recliner. The ADoN continued</p>	F000314	<p>1. A Roho cushion was placed in Resident C's reclining chair immediately. Upon assessment there were no negative affects noted. 2. Assessment of seating devices, (chairs, wheelchairs, beds etc.) for all residents with the potential for skin breakdown was completed. Any resident without proper preventative seating devices was corrected immediately. Nursing staff re-educated on the policy and procedure for preventing skin breakdown on 9-23-13 (See Attachment D). The DON and or designee will monitor residents for proper seating devices daily on scheduled work days x 4 weeks then weekly thereafter. (See attachment B) 3. In order to assure the deficient practice does not recur, Nursing staff were re-educated on the policy and procedure for preventing skin breakdown (See Attachment D). The DON and or her designee will monitor resident seating devices</p>	09/26/2013			

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	<p>to assist the resident in the bathroom. The dressing was removed from the pressure area on the resident's coccyx and the wound was consistent in size to the measurements noted in a progress note on 9/12/13.</p> <p>The Director of Nursing was interviewed on 9/16/13 at 2:20 p.m. The DoN indicated the resident should have a pressure reducing device present in her recliner and she obtained another Roho cushion and placed it in the seat of the recliner.</p> <p>The clinical record for Resident #C was reviewed on 9/16/13 at 1:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, blindness, macular degeneration, rheumatoid arthritis, renal insufficiency, and generalized weakness.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/14/13, indicated the resident was moderately cognitively impaired, had an impairment of both upper extremities, and required extensive assistance from the staff for bed mobility and transfer needs. The assessment indicated the resident had one stage 4 (full thickness tissue loss with exposed bone, tendon, or muscle)</p>		<p>daily on scheduled work days x 4 weeks, then weekly thereafter.4. The DON and or designee will report the findings of these audits to the Quality Assurance Committee monthly X3 Months then quarterly thereafter.</p>		

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	<p>pressure ulcer.</p> <p>A health care plan problem, updated on 7/16/13, indicated the resident had an open area on the coccyx. Interventions included, but were not limited to, "provide pressure relieving devices to reduce pressure to affected area" and "pressure relieving device for wheelchair (Roho) (a special cushion with air chambers to help redistribute pressure) cushion."</p> <p>A notation, dated 9/12/13, on the "Pressure Ulcer Flowsheets" for Resident #C indicated the area on the resident's coccyx was a stage four that measured 1.0 centimeters (cm) by 1.0 cm by 0.4 cm depth. The flowsheets indicated the resident had been admitted with the area on 10/15/12 and the size had varied slightly on multiple occasions, but the area had never healed.</p> <p>Review of the current, but undated, facility policy, provided by the RN Consultant on 9/17/13 at 11:40 a.m., titled "Interventions to Reduce the Risk of Pressure Ulcer Development and Pressure Ulcer Management", included, but was not limited to, the following:</p> <p>"Review this list of interventions when</p>						

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	<p>determining what to put into place to reduce the risk of pressure ulcer development and pressure ulcer management. This list contains many appropriate interventions but is not all inclusive.</p> <p>...Pressure reducing chair cushion-filled with foam, static air, gel or water...</p> <p>...Avoid positioning directly on a current pressure ulcer..."</p> <p>This federal tag relates to Complaint IN00135165.</p> <p>3.1-40(a)(1) 3.1-40(a)(2)</p>			

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F000365 SS=D	<p>483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS</p> <p>Each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident was served a mechanically altered diet in accordance with her plan of care for 1 of 3 residents reviewed with orders for a mechanically altered diet in a sample of 5. (Resident #C)</p> <p>Findings include:</p> <p>During an observation on 9/16/13 at 12:35 p.m., Resident # C was up in her wheelchair in the dining room and was finishing her noon meal. The "diet slip" next to the resident's plate indicated the resident received a regular diet. The resident had a cube steak patty which had been cut into several large pieces. The resident had eaten about half of the cube steak patty.</p> <p>The clinical record for Resident #C was reviewed on 9/16/13 at 1:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, blindness, macular degeneration, rheumatoid arthritis, renal insufficiency, and</p>	F000365	<p>1. Resident C's diet card was immediately corrected. Upon assessment, there were no negative affects to receiving the regular diet. 2. All residents' diet cards were reviewed to assure the correct diet order was available. New diet cards were implemented for all residents. All dietary staff were re-educated on procedure of diet changes 9/23/13. (See Attachment E). Nursing will assure that all diet changes are forwarded to the dietary department immediately. The dietary department staff will assure all diet cards are updated immediately. The dietary manager will assure that all diet cards are accurate with changes (See Attachment C). All diet order changes are reviewed in morning department head meeting 5x weekly. The dietitian will review dietary audit of all diet changes at each visit. 3. In order to assure this deficient practice does not recur, Nursing will assure that all diet changes are forwarded to the dietary department immediately. The dietary department staff will assure all diet cards are updated immediately. The dietary manager will assure that all diet cards are accurate with changes (See Attachment C). All diet order</p>	09/26/2013	

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	<p>generalized weakness.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/14/13, indicated the resident was moderately cognitively impaired, had an impairment of both upper extremities, and required the assistance of the staff for all activities of daily living.</p> <p>A nutritional health care plan problem, updated on 7/16/13, indicated the resident received a mechanical soft diet.</p> <p>A physician's order, dated 7/3/13, indicated the resident was to receive a mechanical soft diet as a trial until 7/8/13 to help improve consumption and then re-eval. The order for a regular diet was discontinued at that time.</p> <p>A physician's order, dated 7/7/13, indicated the trial had been completed and the staff were to "continue mechanical soft diet".</p> <p>The DoN and Administrator were interviewed on 9/16/13 at 4:25 p.m. Additional information was requested related to the resident receiving the regular cubed steak patty at the noon meal and the resident's diet slip indicating the resident was to have a</p>		<p>changes are reviewed in morning department head meeting 5x weekly. The dietitian will review dietary audit of all diet changes at each visit.4. The Dietary Manager or designee will report the findings of the dietary audit to the Quality Assurance committee x 3 months then quarterly thereafter.</p>		

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	<p>regular diet.</p> <p>The DoN and Administrator were interviewed on 9/17/13 at 11:15 a.m. They indicated they had researched the diet order discrepancy. The nursing staff had notified the dietary department of the new order on 7/7/13. They indicated there had been a change in dietary staff at that time and the order change had been missed.</p> <p>The Dietary Manager was interviewed on 9/17/13 at 11:40 a.m. He indicated residents on a mechanical soft diet should have received the ground cubed steak for the noon meal yesterday. He indicated he was new to the position and the order for the resident to receive a mechanical soft diet had been missed. He indicated the error had been corrected and provided a copy of the resident's new diet slip that indicated she was to receive a mechanical soft diet.</p> <p>This federal tag relates to Complaint IN00135165.</p> <p>3.1-21(a)(3)</p>				

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