

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155783	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/07/2014
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NAME OF PROVIDER OR SUPPLIER GREENLEAF HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 E BEARDSLEY ELKHART, IN 46514
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F000000	<p>This visit was for Investigation of Complaint #IN00143029.</p> <p>Complaint #IN00143029 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: March 5,6, and 7th, 2014.</p> <p>Facility number: 002661 Provider number: 155783 AIM number: 201056540</p> <p>Survey team: Shelly Miller- Vice, RN</p> <p>Census bed type: SNF: 47 SNF/NF: 10 Residential: 51 Total: 108</p> <p>Census payor type: Medicare: 27 Medicaid: 10 Other: 71 Total: 108</p> <p>Sample: 4</p> <p>These deficiency reflects state</p>	F000000	Please accept the enclosed information as Greenleaf Campus plan of correction for complaint survey March 7, 2014. Please contact me if there are any questions. thank you Judy Plantinga	

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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F000323 SS=E	<p>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on March 14, 2014, by Brenda Meredith, R.N.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record reviews, interviews and observations, the facility failed to ensure a root cause analysis was conducted and /or preventative fall intervention developed and implemented for 4 of 21 residents with falls reviewed for multiple for falls. (Resident B, Resident D, Resident C and Resident E)</p> <p>Findings include:</p> <p>1. On 3/5/14 at 10:45 a.m., an interview was confidently conducted with Family #1 for Resident B indicating, "...On December 29th of last year my mother was sent out to the hospital for injuries that occurred at this facility. I was not notified when this occurred. I notified the</p>	F000323	<p>1. Resident B and C have had their careplans reviewed and have been assessed to ensure all interventions are in place to assist with prevention of falls. No further falls have been noted. Resident D and E have been rehab to home with no ill effects noted from their falls. 2. Residents with falls will reviewed in morning clinical meeting by the IDT. Medical records and or their designee will review the fall circumstance forms to make sure the Root analysis was conducted. Fall audit tool will be used during morning clinical meeting to make sure that interventions were implemented. New admissions charts will be reviewed in morning clinical meetings to identify residents who are at risk for falls to discuss if interventions might be needed by the IDT. 3. IDT will be inserviced about fall management procedures and</p>	04/04/2014	

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	<p>Administrator and even sent a letter to address what further safety measures could be used to stop her from being repeatedly injured... I realize they can't use restraints and what not, but surely, there are other things this facility can do to prevent further injuries...I felt good about the response from the Unit Manager, yet nothing is being done to prevent more injuries... I suggested a 'lap-buddy' but, the facility says they can't do something like this, and 1[one] aide can't always cover the entire hall and the immediacy of the alarms...I complete the questionnaires the facility sends for added suggestions, but I've quit thinking about those, they're fruitless...."</p> <p>On 3/5/14 at 11:00 a.m., an interview was confidently conducted with Family #2 indicating, "... starting in September of last year, (Resident B's name) had several falls, from her own easy chair... she fell forward, and had to cry out for someone to arrive on the hall to help her... then, she fell again... right after that and sustained a lot of harsh bruises... she evidently was trying to get something out of her drawers and fell over... we had to recommend things for the facility to address this</p>		<p>completion of documents. Staff nurses will re-educated about conducting root cause analysis once there is a fall. 4. DHS and or designee will audit each resident with a fall daily x 7 days for 30 days for trending. The trends will be brought to QAA for review. Falls will be reviewed monthly in QAA indefinitely.</p>				

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	<p>problem... we suggested a cushioned floor mat, and the facility did put a mat down, but its so flimsy and it stays tucked under her bed most of the time... I don't think it's of much good...her family is in the facility on a daily basis, and we have a good eye on what goes on in there...They are suppose to keep her out of her room with her door shut during the day hours so the nurses can see her from the nurses station at all time...I don't know what else to tell them to do...She always wants to go to her own room... but, since the facility can't staff enough people to monitor the rooms as closely as they say they do, she has to sit in her wheelchair in the day room all day long... that, just doesn't sound very comfortable...."</p> <p>On 3/5/14 at 1:16 PM, an observation was made of Resident B's room on the 100 hall indicating Resident B was not in the room. The door was open, and a thin rectangular flimsy-type plastic mat was lying under the bed. Resident B was in the dayroom located beside the Residents room, sitting in her wheelchair.</p> <p>On 3/5/14 from 11:10 am -12:10 PM, a record review was conducted</p>				

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	<p>for Resident B. The diagnoses included, but were not limited to, " ...Dementia, orthostatic hypotension (low blood pressure with ambulatory repositioning) " The record indicated falls had occurred and been investigated on 12/29/13 at 1:30 PM and 1/15/14 at 2:15 PM.</p> <p>The ICare (computer care plan) form was reviewed and indicated, the ADL'S (Activities of Daily Living Skills) the plan had been initiated on the '6/2013' and updated, '3/3/2014.' Resident B was assessed to be at a high risk for falls and had a history of falls and cardiac issues including dementia, osteoarthritis and essential tremors. The use of ...brakes on the wheelchair, non-slip pad in the leather recliner, transfer assistance of 2 including a Hoyer lift (mechanical lift), bed and chair alarms and a soft mat at bedside was added on 1/17/2014.</p> <p>The MDS (Minimum Data Set) assessment, for 12/2/2012 and 3/4/2014, indicated Resident B was dependent upon the staff for all self performing tasks.</p> <p>The Care Plan, dated 12/19/13, indicated the resident was at risk for falls d/t (due to) hx (history) of falls.</p>			

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	<p>The interventions included a bed alarm. On 12/29/13, an alarm to recliner was added. On 1/15/14, a sensor pad mat was added to the care plan.</p> <p>The Nurse's Progress notes indicated the following:</p> <p>" On 12/29/13 at 1:40 PM: Resident heard crying in the rm [room]). 15 minute prior to CNA & this nurse assisted to recliner. Upon entering rm. Recliner tipped up & resident lying face down in front of recliner c [with] butt in air. Noted blood on floor. No c/o [complaint of] pain other than head. No injuries to extremities noted. Assisted to sitting position. Noted sm [small] laceration above L [left] eye & L [downward arrow] [lower] eye lid. Pressure applied- req [request] CNA to get a second nurse to call 911 and res. transferred to [acute local hospital name] and tx [treat] "</p> <p>On 1/15/14 at 2:30 am: " The bed alarm went off and a staff member went into room to check on res. She was found lying on the floor on her right. there [sic] is a small cut on her forehead and it is also swelling. "</p> <p>The 'Fall Circumstance Assessment</p>				

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	<p>and Intervention' form for documentation of investigation and preventive measure for Resident B indicated the following:</p> <p>" ...Date of fall: 12/29/13. Time of fall: 1:30 PM. Location of fall: Room ... Intervention update appropriate: [blank]. Change to: [blank] "</p> <p>" ...Date of fall: 1/15/14. Time of fall: 2:15 AM. Location of fall: Room # ... Intervention update appropriate: left blank. Change to: [blank] "</p> <p>2. On 3/5/14 at 12:50 PM, an observation was made of Resident C being escorted in a wheelchair to her room on the 200 hall by Staff #1, while the chair alarm was alarming. Resident C was taken to her room and assisted to her bed. A bed alarm was attached to Resident C's clothing and a bed mat was located on the floor beside the long end of her bed that faced the hallway-door.</p> <p>On 3/5/14 from 11:10 am -12:10 PM, a record review was conducted for Resident C. The diagnoses,</p>			

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	<p>included but were not limited to, Other Persistent Mental Disorder, Difficulty in Walking, Generalized Osteoarthritis, Chronic Kidney Disease, History of Falls. The facesheet information, dated 3/7/2014, included the diagnoses of "difficulty in walking, chronic kidney disease, history of falls...."</p> <p>The record indicated Resident C had fallen on the following dates and times had occurred and been investigated: 12/11/13 at 7:45 a.m. 12/28/13 at 6:45 p.m. 1/5/14 at 6:30 a.m. 1/5/14 at 7:20 p.m. 1/10/14 at 6:10 a.m. 1/31/14 at 5:50 a.m. 2/23/14 at 4:00 a.m.</p> <p>The ICare, dated 11/5/2013, indicated, " I need extensive assist for most ADL completion r/t weakness and fatigue...I am at risk for falls r/t my cognitive status, weakness, medications and impaired physical mobility. My goal is to remain free of falls...."</p> <p>MDS assessment reviewed at times of fall indicated a need for extensive assistance for most all ADL activity.</p>						

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	<p>The Nursing Progress Notes indicated the following.</p> <p>"12/11/13 at 8:00 AM. Was called to residents room by CNA. Upon entering witnessed resident sitting on floor scooting across floor almost into hallway c [with] no clothes on... resident stated she fell out of her bed...."</p> <p>"12/28/13 at 6:45 PM. Resident found in lobby on floor. Unwitnessed fall...12/28/13 at 6:55pm...transported to [acute local hospital]...."</p> <p>"12/29/13 at 00:30 AM. Report called from acute local hospital...resident returned to facility... currently in bed resting quietly with all safety measures in place...."</p> <p>"1/5/14 at 6:45 AM. This nurse was called to res room. Upon entering room, Res was noted on floor in supine position near door. Res had only a pull up brief on. Res. stated, 'help me up.' It was noted there was a pad on floor near bed. Bed alarm on floor near roommates bed. Blankets on floor. BM [bowel movement] was noted on residents bed, wheelchair and on</p>						

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	<p>resident....Bruises noted on knees and some on arms. Also face has bruises from recent fall...Res was cleaned up and brought to nurses station."</p> <p>"1/5/14 at 19:20 PM. Resident slid out of chair onto her floor mat. Once on the floor she pushed her wheelchair away from her. Resident was trying to go to bed...."</p> <p>"1/10/14 at 12 PM. At 6:10am aide called this nurse to come to res room upon entering res was noted on floor near toilet. res had no clothes on. BM was noted on bedside mat, carpet leading to bathroom and on bathroom floor. Bed alarm was sounded upon aide finding resident..."</p> <p>"1/31/14 at 8:00 AM. Resident fell in the early am now she is complaining of pain in her L [left] hip and L knee. She continues to grab her L upper leg and c/o pain...10am: resident became extremely agitated and was bent over holding her L upper leg. She was starting to call out c [with] profanity and increasingly combative... send to ER [Emergency Room] for eval [evaluation] and treatment...10:30 am: transferred to [acute local hospital]. Late Entry for</p>			

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	<p>1/31/14 at 0550. Resident observed sitting on floor in room. mat in place, alarm sounding, staffing route to respond unable to reach resident.... "</p> <p>The Monthly Nursing Assessment, dated 2/26/14, indicated, " ...Safety: Half side rails, alarms to w/c and bed mat "</p> <p>The Care Plan indicated the following:</p> <p>"12/11/13. Problem: at risk for falls due to hx [history] for falls and behaviors ...Interventions: 12/11/13. Redirect as appropriate. ... "</p> <p>"12/28/13: At Risk for falls due to history of falls ...12/28/13 alarm to chair and bed, bedside mat, bed alarm; 2/23/14 call light in reach, 1/5 [year blank] hourly checks; 1/31/14 offer beverage."</p> <p>The MDS assessment, dated 1/21/2014, indicated all ADL functioning was extensive to limited assistance.</p> <p>The Emergency Room notes, dated: 12/28/2013 at 22:23 PM, indicated "... [age] year old female...pt [patient] is currently living</p>				

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	<p>at [facility's name]...pt falls frequently... nobody witnessed the fall...patient is wheelchair bound according to her daughter who does not know whether or not the patient fell out of her wheelchair... Pt presents with a large contusion to her forehead...patient with left thigh pain and superior cervical pain...."</p> <p>The 'Fall Circumstance Assessment and Intervention' form for documentation of investigation and preventive measure for Resident C indicated the following:</p> <p>" Date 12/11/2013 at 7:45 AM. Location of fall: Resident room... IDT Review: [blank]... Intervention update appropriate: [blank], Change to: [blank] "</p> <p>"Date of fall: 12/28/13. Time of fall: 6:45 PM. Location of fall: Lobby. ...Intervention update appropriate: [blank], Change to: [blank].... "</p> <p>" Date of fall: 1/5/14. Time of fall: 6:30AM. Location of fall: in room ... Root Cause: [blank], Intervention update appropriate: [blank], Change to: [blank].... "</p> <p>"Date of fall: 1/5/14. Time of fall: 1920 PM. Location of fall: [Resident</p>			

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	<p>C's room number].</p> <p>... Root Cause: [blank], Intervention update appropriate: [blank], Change to: [blank].... "</p> <p>" Date of fall: 1/10/13[sic]. Time of fall: 6:10 AM. Location of fall: in room.</p> <p>... Root Cause: [blank], Intervention update appropriate: [blank], Change to: [blank].... "</p> <p>" Date of fall: 1/31/14. Time of fall: 0530 AM. Location of fall: Resident room.</p> <p>IDT Review: [blank], Root Cause: [blank], Intervention update appropriate: [blank], Change to: [blank].... "</p> <p>" Date of fall: 2/23/14. Time of fall: 4am. Location of fall: [blank] ...</p> <p>IDT Review: [blank], Root Cause: [blank], Intervention update appropriate: [blank], Change to: [blank].... "</p> <p>An interview was conducted with the DON (Director of Nursing) upon review of the above form indicating, "... the 'Prevention Update ' portion is completed by the nurses as recommendations...they are not included into the ' IDT Review/ Root Cause/ Intervention Update... this is</p>			

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	<p>the actual interventions that would be put into action.... "</p> <p>On 3/7/14 at 8:55 AM, an interview was confidently conducted with Family #3 indicating, "...[Resident C's name] all the beepers are to keep her from eloping... the pad at the side of her bed... she wants up and tries to get herself up when no one is there to help her... she's old, but she's still very spry and she can fall and injure herself very quickly, she is so small... I come in and visit daily... I usually meet up with her at breakfast... She has fallen a lot, but, I don't know what else to tell them to try... I just don't have any further ideas for them to try...She did break her pelvic bone from one of the falls... and hit her head really hard one time... they couldn't repair her pelvic fracture, so it has complicated her ability to get up and down...."</p> <p>3. On 3/5/14 at 1:20 PM, an observation was made of Resident D ' s room on the 300 hall indicating Resident D to be in his room, in a wheelchair sitting approximately 4 feet in front of his television with the bathroom door open wide and blocking the view of half of his person from the view at his doorway.</p>						

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	<p>On 3/5/14 from 11:10 am -12:10 PM, a record review was conducted for Resident D. Resident D ' s included, but were not limited to, "Dyshapia, Difficulty Walking, Muscle Weakness.... "</p> <p>The record indicated falls on the following dates and times had occurred and been investigated: 1/7/14 at 2:30 PM 1/11/14 at 9:30 PM 1/18/14 no time documented 1/23/14 at 5:00 PM 2/5/14 at 6:00 AM 2/16/14 at 8:45 PM</p> <p>The ICare form indicated, " 1/8/14 I have weakness and fatigue, my balance is poor ...I have a history of falls ... ADLS ...my goal is ... to remain free of falls...."</p> <p>The MDS assessment indicated, on 1/25/14 and 2/24/14, Resident E was dependent upon the staff for all self performing tasks except for meals.</p> <p>The Care Plan indicated the following: 12/28/13. Potential for falls. Weakness. 1/23/14. Non Compliance c (with) safety recommendation.</p>			

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	<p>2/16/14. LacerationInterventions: Use fall risk assessment to identify risk factors, report falls to physician/responsible party. 1/7/14 w/c (wheelchair) alarm. 1/23/14. Re (resident) education 2/5/14. Keep bathroom door closed. 2/16/14. Hospital refused bed alarm.</p> <p>The Nursing Notes indicated the following: " 1/7/14. 3p. Resident was trying to get out of his wheelchair by himself and hit his head on the cedar chest...</p> <p>1/11/14 at 9:30 pm. Resident found on floor, c/o (complaint) pain back of head ...</p> <p>1/18/14 at 1500. Found on floor. "</p> <p>The Skilled Nursing Assessment and Data Collection forms and Nurse ' s Notes were reviewed for additional information for falls: 1/23/14, 2/5/14, and 2/16/14. There was no information available.</p> <p>The 'Fall Circumstance Assessment and Intervention' form for documentation of investigation and preventive measure for Resident D:</p>				

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	<p>"1/7/14 at 2:30 PM, Location of fall: room. ...Root Cause: [blank]. Intervention update appropriate: [blank], Change to: [blank] "</p> <p>"1/11/14 at 9:30 PM was found in the Nurse's Notes, yet a fall Circumstance form could not be located. The nursing note indicated, " Resident found on floor...."</p> <p>" Date of fall: 1/18/14 at 7:15 AM, Location of fall: Room #... IDT Review Date (left blank). Root Cause: [blank]. Intervention update appropriate: [blank], Change to: [blank].... "</p> <p>" Date of fall: 1/23/14 at 5:00 PM, Location of fall: Resident room. IDT Review Date [blank]. Root Cause: [blank]. Intervention update appropriate: [blank], Change to: [blank].... "</p> <p>" Date of fall: 2/5/14 at 6:00 AM Location of fall: Room #... Preventive update ...Other: close bath room doorsRoot Cause: [blank]. Intervention update appropriate: [blank], Change to: [blank].... "</p>			

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	<p>" Date of fall: 2/16/14 at 20:45 PM, Location of fall: Room #... IDT Review Date [blank].Root Cause: [blank]. Intervention update appropriate: [blank], Change to: [blank].... "</p> <p>4). On 3/5/14 from 11:10 am -12:10 PM, a record review was conducted for Resident E. Resident E ' s diagnoses included, but were not limited to, Embolism and Thrombosis Arteries Lower, Dehydration, Muscle Weakness, Difficulty Walking.</p> <p>A Physician Progress Note, dated 10/30/13, indicated, "Impression: Severe Alzheimer's type dementia."</p> <p>Review of the falls for Resident E indicated the following dates and times falls had occurred and been investigated: 12/6/13 at 7:15 AM 12/20/13 at 9:15 AM 12/25/13 at 1:00 AM 12/28/13 at 6:00 PM 12/30/13 at 11:15 PM</p> <p>The ICare indicated, "...ADL's.11/5/2013: I need extensive assist for most ADL completion r/t weakness and fatigue...I am at risk for falls r/t my</p>			

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	<p>cognitive status, weakness, medications and impaired physical mobility. My goal is to remain free of falls...."</p> <p>The MDS assessments reviewed for the times of the falls indicated a need for extensive assistance for most all ADL activity.</p> <p>The Nurse's Progress notes indicated the following: "12/6/13 at 10 a.m., Res found at 7:15 am sitting on floor in rm. behind recliner. States was up walking in rm looking for back door when feet gave out. Noted small bump to forehead and scratch to Right foot 3rd digit. Neuro's initiated and WNL (see flowsheet)..... "</p> <p>" 12/20/13 at 12:45 p.m., this nurse in to change res bandage this am. Removed old dressing and picked up new dressing to apply when resident grabbed dressing from this nurse and began yelling, 'I can do it myself...' attempted to let resident try- when resident then yells just give it to my dad.' Attempted to calm resident stating we'll return later to try again. approximately 5-10 minutes later at 9:15 am, CNA calls to nurse to report resident crawling on floor in room. head to</p>			
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	<p>toe assessment performed- no injuries noted...."</p> <p>Skilled Nursing Assessment and Data Collection forms for the following dates indicated there was no nursing documentation for the falls occurring on 12/28/13 or 12/30/13.</p> <p>The Care Plan, dated 12/2/13, indicated Resident E was at risk for falls and was non compliant with safety recommendations. The interventions included the following: (undated) Wheelchair alarm 12/2/13: Bed alarm 12/9/13: Recliner Alarm. 12/26/13 Sinage.</p> <p>The PT- Therapist Progress notes indicated, "12/1/2013. Treatment Diagnosis 2: Difficulty walking... Remaining functional deficits/ underlying impairment: continues to require skilled tx [treatment] for falls. Impact on Burden of Care/ Daily Life: Due to safety reasons, the patient requires verbal cues for hand placement during sit/stand transfers...."</p> <p>The MDS assessment dated 12/13/13 and 1/2/14, indicated Resident E was extensive</p>			

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	<p>assistance on all ADL self-performance and Bowel and Bladder Incontinency:</p> <p>The Fall Circumstance Assessment and Intervention forms for documentation of investigation and preventive measure for Resident E indicated the following:</p> <p>" Date of fall: 12/6/13. Time of fall: 7:15 AM, Location of fall: Rm [room]. IDT Review Date [blank]. Root Cause: [blank]. Intervention update appropriate: [blank], Change to: [blank].... "</p> <p>" Date of fall: 12/20/13. Time of fall: 9:15AM. Location of fall: Room ... IDT Review Date [blank].Root Cause: [blank]. Intervention update appropriate: [blank], Change to: [blank] "</p> <p>" Date of fall: 12/25/13. Time of fall: 00:30 AM. Location of fall: Room ... IDT Review Date [blank]... Intervention update appropriate: [blank], Change to: [blank] "</p> <p>"Date of fall: 12/28/13. Time of fall: 6 PM. Location of fall: RoomRoot Cause: [blank]. Intervention update appropriate:</p>			
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	<p>[blank], Change to: [blank].... "</p> <p>On 3/6/14 at 12:45 p.m., an interview was conducted with the Administrator indicating trending of reoccurring falls had not been conducted, "... no, we have not, yet, I am aware that this is a problem that needs to be addressed..."</p> <p>On 3/6/14 at 1:45 p.m., an interview was conducted with the DON about completion of the Fall Prevention section of the Fall Circumstance forms indicating, "...I know this is a problem, they are not being completed.... "</p> <p>On 3/7/14 at 12:30 p.m., an interview was conducted with the Administrator indicating, "...I can see we (the facility) need to be addressing the reoccurrences of falls...."</p> <p>5. On 3/6/14 from 10:45 AM to 11:50 AM, a record review was conducted alongside of the Director of Nursing (DON) of the following:</p> <p>"Fall/ Safety Management Educational Information ... Accident and Incident Report should be completed at the time of the incident....Root Cause: ...If the</p>			

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	<p>cause is not known, interventions would not address the problem/s. Focus on cause and let it lead the way for interventions. Interventions: Again, root cause should be considered....If an intervention has been tried, but falls still occur, move on to another interventions as prior one has not been effective....the following is a list of interventions that have been tried at our campus. The list is not all inclusive. It can be utilized to stimulate thought on options for each resident. Interventions should be initiated at the time a "risk" is identified, not just after a fall occurs...A list of Approximately 101 low level interventions are provided: a list of approximately 22 moderate level interventions are provided: and a list of approximately 7 high level interventions....."</p> <p>On 3/6/14 at 11:00 an interview was conducted with the DON in relation to the facility's processing an incident/fall of the resident and how the facility addressed 'repeated falls' of the same resident in concern. It was indicated, "... when a resident is admitted to the facility, the admitting nurse completes a yellow form, the nursing admission assessment & data collection. On this form there is</p>			
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	<p>a section called the Safety and Safety Plan of Care. This is where the risk of falls would be identified. If the Resident does have a history of falls or is at a risk for falls, they are identified, and a plan of care is completed in what we call the 'ICare' in the CareTracking system... it's a computer program the primary nursing use to focus their care on a shift by shift basis. When a fall occurs, a 'Circumstance' form is initiated by the person identifying the actual fall or incident. They immediately initiate a 72-hour evaluation and do vital sounds every shift for those 3-days. This information from the 'Circumstance' form is then taken to the IDT after day 3 and discussed about further interventions or what else can be initiated for preventing further falls...."</p> <p>This Federal tag relates to Complaint #IN00143029.</p> <p>3.1-45(a)(2)</p>			

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