

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155750	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2014
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NAME OF PROVIDER OR SUPPLIER MORGANTOWN HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160
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F000000	<p>This visit was for the Investigation of Complaint IN00155604.</p> <p>Complaint IN00155604 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: September 21, 22, and 23, 2014</p> <p>Facility number: 000399 Provider number: 155750 AIM number: 100289100</p> <p>Survey team: Susan Worsham, RN-TC</p> <p>Census bed type: SNF/NF: 36 Total: 36</p> <p>Census payor type: Medicaid: 30 Other: 6 Total: 36</p> <p>Sample: 04</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</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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F000221 SS=D	<p>Quality review completed on September 29, 2014; by Kimberly Perigo, RN.</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were free from physical restraints for 1 of 1 residents randomly observed with a physical restraint. (Resident #D)</p> <p>Findings include:</p> <p>On 9/22/14 at 11:30 a.m., Resident #D was observed in the dining room in a broda chair. Resident #D was approached for an interview. Resident #D indicated he "did not like being strapped into the chair." Resident #D</p>	F000221	<p>1. Resident #D was immediately re-evaluated and re-positioned. Resident #D was removed from broda chair. Nursing started reviewing facility's policy and procedures for the use of Restraints. 2. Any resident has the potential to be affected. 3. Facility has updated the Restraint Policy and Procedure. A copy was given to our State Surveyor. The DON has in-serviced all staff regarding the updated Policy. This policy now includes but not limited to a new pre-restraining assessment form to be completed when appropriate, the new implemented policy, a new order and intervention form for document purposes, a new Informed Consent for Restraint</p>	09/30/2014

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	<p>then pulled back a lap blanket to reveal a broda thigh belt. The thigh belt was positioned in between his legs and wrapped around to the back of the broda chair. The thigh belt snap buckle was positioned behind the chair. Resident #D was unable to raise his thighs, stand, nor reach the back of the broda chair to unclasp the snap buckle. Resident #D was noted to have bruising on the right side of his forehead, purple in color with areas of yellowing and bruising under both eyes, purple in color with areas of yellowing (a sign of healing).</p> <p>CMS definition of a physical restraint is as follows: "any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body."</p> <p>Review of Resident #D's clinical record on 9/22/14 at 3:00 p.m., indicated diagnoses including, but not limited to: congestive heart failure, peripheral neuropathy, depression, and hypokalemia. Clinical records lacked documentation to indicate there was an assessment done for the use of restraints. The MDS (Minimum data set) assessment dated 7/29/14, indicated</p>		<p>Use form, and a copy of the new Policy and Procedure;including the in-service record is enclosed for your review. 4. The HFA and DON and all staff will monitor for compliance and for resident's safety. The facility QA committee will review quarterly. The inter-disciplinary team will review monthly staff meeting. 5. Date completed: September 30, 2014</p>	

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	<p>Resident #D had a BIMS (brief initial for mental status) of 14 out of 15, which indicated Resident #D was cognitively intact.</p> <p>Interview with the DON (Director of Nursing) on 9/22/14 at 2:00 p.m., indicated there was a restraint sheet for Resident #D and she would look for it. At 2:15 p.m., the DON presented the restraint sheet, but it did not have a reason why Resident #D was having to use the thigh belt. When the DON was asked for manufacturer's information related to the broda thigh belt, she indicated there were none. Approximately 1/2 hour later, the DON provided a copy of the broda thigh belt instructions, which indicated the straps were to go between the thighs and wrap around to the back of the chair and be snapped closed.</p> <p>The DON indicated Resident #D had fallen on 9/16/14. Physician's orders dated 6/9/14 related to the broda chair indicated, "may use broda chair and straps for resident safety." When interviewed related to the date of the order, the DON indicated the Resident (#D) had fallen at that time, but the broda chair and thigh belt was not used at that time.</p>			

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	<p>Review of Resident #D's care plan dated June 2014 through current, indicated the last entry was related to a the fall that happened in June of 2014, and was related to the physician's order that was written at that time.</p> <p>The facility restraint policy given by the DON on 9/22/14 at 2:30 p.m., did not indicate any specific guidelines for the use of restraint.</p> <p>On 9/23/14 at 12:07 p.m. the DON presented their facility's new restraint policy which did indicate that a fall was a justification for physical restraints. She also indicated that one of the employees at the facility went to a seminar a few weeks ago regarding restraints, had gotten this update, but had not given it to the DON. The DON indicated if she had she had this one, she would have updated her policy immediately.</p> <p>3.1-26(o)</p>				