

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155696	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/04/2014
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NAME OF PROVIDER OR SUPPLIER BRIDGEPOINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 COLLEGE AVE VINCENNES, IN 47591
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F000000	<p>This visit was for the Investigation of Complaint IN00159358.</p> <p>Complaint IN00159358 - Substantiated, Federal/State deficiencies related to the allegations are cited at F284, F309, and F514.</p> <p>Survey dates: December 3 and 4, 2014</p> <p>Facility number: 003237 Provider number: 155696 AIM number: 200374360</p> <p>Survey team: Anne Marie Crays RN, TC</p> <p>Census bed type: SNF: 22 SNF/NF: 44 Residential: 22 Total: 88</p> <p>Census payor type: Medicare: 28 Medicaid: 29 Other: 16 Total: 66</p> <p>Sample: 5</p>	F000000		

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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F000284 SS=D	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 9, 2014 by Jodi Meyer, RN</p> <p>483.20(l)(3) ANTICIPATE DISCHARGE: POST-DISCHARGE PLAN When the facility anticipates discharge a resident must have a discharge summary that includes a post-discharge plan of care</p>			
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	<p>that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.</p> <p>Based on interview and record review, the facility failed to ensure a resident who was being discharged to home received complete discharge instructions regarding wound care and Foley catheter care, for 1 of 3 residents reviewed for discharge instructions, in a sample of 5. Resident C</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident C was reviewed on 12/3/14 at 1:45 P.M.</p> <p>Physician's orders, dated 10/10/14, included: "Cleanse areas to [bilateral] feet [with] NS [normal saline], apply foam et [and] secure [with] paper tape, [change] q[every] 3 d [days]. Cleanse area to [left] buttock [with] NS, apply foam et secure [with] paper tape, [change] q 3 days. Foley cath [catheter] care q shift."</p> <p>A Physician's order, dated 10/14/14, indicated, "May discharge to home on 10/15/14 [with] home health."</p> <p>Discharge Instructions, dated 10/15/14, listed the resident's oral medications that he was to receive, his insulin, and his</p>	F000284	Resident C is a closed record as stated in 2567. There were no other residents affected by the alleged deficient practice and through alterations in discharge planning documentation will ensure that residents receive complete discharge instructions. Licensed nurses inserviced on discharge instruction requirements which includes all meds and treatments to be discussed with resident/family upon leaving facility. DHS/designee will check all discharge instructions to ensure all wounds and foley caths are included. A report of discharge audits will be forwarded to QA monthly x6 and quarterly thereafter.	01/02/2015

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	<p>breathing treatments. The "Activity level," "Precautions," "Follow up appointments," "Discharge needs/arrangements," and "Comments/special instructions" were left blank. Documentation regarding dressing changes to the resident's buttock or bilateral feet was not listed. Documentation regarding the Foley catheter, or the care of the catheter, was not listed.</p> <p>A Nurse's Note, dated 10/15/14 at 11:30 A.M., indicated, "Res [resident] D/C [discharged] to home...Copy of med list et instructions given to family...."</p> <p>On 12/4/14 at 10:50 A.M., during an interview with the Director of Nursing (DON), she indicated she would have expected the nurse who discharged the resident to complete the discharge instruction form, and document the wound care and Foley catheter care.</p> <p>2. On 12/4/14 at 11:20 A.M., the Director of Nursing provided the current facility policy on "Guidelines for LOA [Leave of Absence]/Discharge Instructions," undated. The policy included: "Purpose: To ensure responsible party and/or resident has knowledge of medication administration, precautions and activity level when leaving or discharged from</p>			

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	<p>the campus. Procedure:...1. The discharge instructions should include: a. Listing of medications/dose, time, amount and route to administer...d. Precautions e. Follow up appointments f. Home health needs...i. Any other special information. 2. The nurse should review the instructions with the resident and/or the responsible party and request return verbalization/demonstration...."</p> <p>This Federal tag relates to Complaint IN00159358.</p> <p>3.1-36(a)(3)</p>			

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F000309 SS=G	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a resident at risk for skin breakdown, with diagnoses including diabetes, received care and services to prevent skin breakdown on his right heel, resulting in a pressure sore with resulting amputation of that leg, for 1 of 3 residents reviewed with pressure areas, in a sample of 5. Resident C</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident C was reviewed on 12/3/14 at 1:45 P.M. Diagnoses included, but were not limited to, Parkinson's disease, diabetes mellitus, and neuropathy.</p> <p>A hospital transfer sheet, dated 10/10/14, included, "Pressure Areas: Lt [left] Buttocks - Foam, Bilateral feet foam dressings." An anatomical drawing had 2 "X" marks documented on the front ankle</p>	F000309	<p>We dispute the fact that Resident C developed a pressure area while in the facility. Resident C was discharged from faciility on 10/15/14. No other residents were affected by the alleged deficiency and through a skin sweep will ensure all residents with pressure areas have current treatments and assessments. Systemic change is the nursing staff will complete daily documentation of skin checks. All nursing staff will be inserviced on pressure prevention, assessment and documentation. DHS/designee will complete rounds 2x daily for 2 weeks, then 2 x's weekly for 2 months and weekly thereafter. Results of audits will be forwarded to QA monthly times 12.</p>	01/02/2015

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	<p>areas.</p> <p>A Nursing Admission Assessment, dated 10/10/14 at 4:00 P.M., indicated the resident was dependent upon the assist of 1 for transfers, wheelchair, bathing, dressing, and bed mobility. The assessment indicated the resident had a history of skin impairment, had no pedal pulses on the lower extremities, had no hair present on the lower legs, and had "no foot problems present." An anatomical drawing had the "front" bilateral feet marked with an "x." A notation indicated, "long term (old stasis)."</p> <p>A "Skin Impairment Assessment," unsigned, indicated: "Date: 10/10/14, Present on admission? Y [yes], Type: Excoriation, Location: [Right] foot, Length 6.0 [centimeters], Width 3.4, Depth [none]. Color Red, Tx [treatment]: Foam, Paper tape... Family notified:...Who: Admit." The Anatomical drawing had an "x" drawn on the resident's left front foot.</p> <p>An additional "Skin Impairment Assessment," unsigned, indicated: "Date: 10/10/14, Present on admission?"</p>			

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	<p>Y [yes], Type: Excoriation, Location: [Left] foot, Length 2.5 [centimeters], Width 2.5, Depth [none]. Color Red, Tx [treatment]: Foam, Paper tape... Family notified:...Who: Admit." The Anatomical drawing had an "x" drawn on the resident's right front foot.</p> <p>Physician's orders, dated 10/10/14, included: "Cleanse areas to [bilateral] feet [with] NS [normal saline], apply foam et [and] secure [with] paper tape, [change] q[every] 3 d [days]."</p> <p>A Skilled Charting Evaluation, dated 10/11/14 at 4:00 A.M., indicated, "Other Observations, Needs, and Concerns...1. Wound [left] buttock [with] dsg [dressing] change, 2. Pressure Relieving Mattress, 3. CPAP when sleeping, 4. Nystatin to thighs [every] shift." The care of the bilateral feet was not documented.</p> <p>The Skilled Charting Evaluation, dated 10/12, 10/13, and 10/14, did not address the condition or care of the resident's bilateral feet.</p> <p>An "Assessment Review and Considerations," dated 10/14/14, indicated, "Skin breakdown risk potential: Urinary ret [retention]/ [left]</p>			

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	<p>buttocks abcess/ DM [diabetes mellitus]/Neuropathy." Documentation did not include the resident's bilateral feet condition.</p> <p>A Skilled Charting Evaluation, dated 10/15/15, did not include documentation of the resident's bilateral feet.</p> <p>A Physical Therapy Progress & Discharge Summary, dated 10/15/15, included, "Summary of Skilled Services...included strengthening in BLE [bilateral lower extremities], gait and balance training...Precautions, high fall risk..." Documentation regarding dressings to the resident's feet was not found in the physical therapy documentation.</p> <p>Discharge Instructions, dated 10/15/14, listed the resident's oral medications that he was to receive, his insulin, and his breathing treatments. The "Activity level," "Precautions," "Follow up appointments," "Discharge needs/arrangements," and "Comments/special instructions" were left blank. Documentation regarding dressing changes to the resident's buttock or bilateral feet was not listed.</p> <p>The resident's Medication Administration Record (MAR), dated October 2014, was</p>			

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	<p>reviewed. A notation, which indicated, "Cleanse areas to [bilateral] feet [with] NS, apply foam et secure [with] tape..." was initialed as completed on 10/13/14. No documentation describing the bilateral feet condition at that time was found in the clinical record.</p> <p>On 12/4/14 at 8:15 A.M., during an interview with a family member of Resident C, she indicated she took the resident home on 10/15/14. She indicated she got the resident ready for a shower on the morning of 10/16/14, took off his socks, and "couldn't believe it." She indicated his right heel "looked awful." She indicated the heel was "fiery red," had "2 pieces of skin, with an opening all away across the heel." She indicated the resident did not have any dressing on his heel or on the top of his foot. The family member indicated she took the resident to the physician the next day, and he indicated "there was no way that happened in just one or two days." She indicated she took pictures of the resident's heel, and took them to the facility. She indicated the resident had to go to the wound clinic, and "just had that leg amputated last week."</p> <p>On 12/4/14 at 10:40 A.M., a physician's progress note was obtained from the physician. The note, dated 10/17/14, 2</p>			

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	<p>days after discharge from the facility, indicated, "History: [Resident C] presents here for what he describes as a right heel sore...He has diabetes. He has severe diabetic neuropathy...Physical Exam: We examined his right heel. The entire aspect of his heel has a large skin sloughing, it is red, has a clear-cut pressure sore on it. Hospital procedure culture was obtained...This gentleman is probably going to end up back in the hospital again...We started him on broad spectrum antibiotics. We are going to get wound care clinic to start seeing him ASAP. We are going to get pressure pads for his heels. Unfortunately, this is already fairly advanced and this is the first time I have seen it but we will just have to see how we go here."</p> <p>On 12/4/14 at 10:50 A.M., during an interview with the Director of Nursing (DON), she indicated the resident did not have pressure areas on his heels when he left the facility. She indicated the facility "charts by exception," and would not have documented if "nothing was seen."</p> <p>On 12/4/14 at 11:15 A.M., during an interview with the Physical Therapist, he indicated he saw Resident C every day, and he did not recall ever seeing a dressing on either of his feet.</p>			

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	<p>On 12/4/14 at 12:40 P.M., during an interview with LPN # 1, she indicated she was the staff member who admitted Resident C on 10/10/14. She indicated the resident had areas on both of his feet or ankles, "like he scraped them." She indicated she thought the areas had "almost cleared up." She indicated she could not remember if the resident had any areas on his heels. She did not respond when it was mentioned that it did not appear as if she filled out the skin assessment sheets on the resident's bilateral feet, but that another staff member had documented on those assessment sheets. She indicated she did not often work on that particular hall, and did not recall further information.</p> <p>On 12/4/14 at 12:45 P.M., during an interview with LPN # 2, she indicated she was the staff member who discharged Resident C on 10/15/14. She indicated she "barely remembered" Resident C. She indicated she knew the resident had no concerns with his catheter and had dressings to his buttocks, but was unsure about dressings to his feet. She indicated she thought his feet areas may have been healed.</p> <p>On 12/4/14 at 4:00 P.M., during an interview with the DON and Corporate Nurse, they indicated, "Therapy would</p>						

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	<p>not have known the dressings were on his feet if his socks were on." They indicated the resident had areas on the top of his feet, but not on the heels. They could not provide additional documentation regarding assessment of the resident's heels.</p> <p>2. According to Lippincott's Pocket Manual of Nursing Practice, 2nd edition 2003: DIABETES TYPE 2 Assess feet and legs for skin temperature, sensation, soft tissue injuries, corns, calluses, dryness, hammer toe or bunion deformity, hair distribution, pulses, deep tendon reflexes. Maintain skin integrity by protecting feet from break-down. Use of heel protectors, special mattresses, foot cradles for patients on bed rest. Avoidance of drying agents to skin. Application of skin moisturizers to maintain suppleness and prevent cracking fissures.</p> <p>3. On 12/4/14 at 11:45 A.M., the DON provided the current facility policy on "Pressure Prevention Guidelines," undated. The policy included: "Purpose: To maintain good skin integrity and avoid development of pressure ulcers. Procedure: Care plan interventions shall be implemented based on risk factors identified in the nursing assessment.</p>			

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	<p>Interventions may include but not be limited to: Inspect the skin daily during care for signs of breakdown or changes to the skin, Elevate heels off the bed- avoid use of 'heel protectors,' Utilize skin protection such as lamb's wool, Assess diagnosis for impact on skin condition and healing process such as diabetes, PVD [peripheral vascular disease], etc...."</p> <p>This Federal tag relates to Complaint IN00159358.</p> <p>3.1-37(a)</p>			

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure documentation was accurate and complete on skin assessments, specific physician orders, discharge instructions, and family notification of alterations in skin, for 1 of 3 residents reviewed for complete and accurate documentation, in a sample of 5. Resident C</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident C was reviewed on 12/3/14 at 1:45 P.M. Diagnoses included, but were not limited</p>	F000514	Resident C was a closed record as stated in 2567. There were no other residents affected by the alleged deficient practice and through inservicing and alteration in documentation processes will ensure there is accurate and complete skin assessments, physician orders and discharge instructions as well as family notification of alteration in skin. Licensed nurses inserviced on the skin assessment form including the anatomical drawing of the body and family notification as well as physician orders specifically as it relates to wound care. Licensed nurse also inserviced on discharge documentation as stated in F 284 POC. Systemic change is that	01/02/2015

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>to, Parkinson's disease, diabetes mellitus, and neuropathy.</p> <p>A hospital transfer sheet, dated 10/10/14, included, "Pressure Areas: Lt [left] Buttocks - Foam, Bilateral feet foam dressings." An anatomical drawing had 2 "X" marks documented on the front ankle areas.</p> <p>A Nursing Admission Assessment, dated 10/10/14 at 4:00 P.M., indicated the resident was dependent upon the assist of 1 for transfers, wheelchair, bathing, dressing, and bed mobility. The assessment indicated the resident had a history of skin impairment, had no pedal pulses on the lower extremities, had no hair present on the lower legs, and had "no foot problems present." An anatomical drawing had the "front" bilateral feet marked with an "x." A notation indicated, "long term (old stasis)."</p> <p>A "Skin Impairment Assessment," indicated: "Date: 10/10/14, Present on admission? Y [yes], Type: Excoriation, Location: [Right] foot, Length 6.0 [centimeters], Width 3.4, Depth [none]. Color Red, Tx [treatment]: Foam, Paper tape...Family notified:...Who: Admit." The Anatomical drawing had an "x"</p>		<p>nurse signature line has been added to the initial identification box on the skin assessment form.DHS/designee will review all residents with skin impairment weekly to ensure documentation is complete and accurate for identified areas of impairment including family notification even if they admit with it, treatment orders and discharge documentation as stated in F284.All audits will be forwarded to QA committee monthly x12 including a full list of residents with skin impairments for review.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155696	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/04/2014
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	<p>drawn on the resident's left front foot, instead of on the right.</p> <p>An additional "Skin Impairment Assessment," indicated: "Date: 10/10/14, Present on admission? Y [yes], Type: Excoriation, Location: [Left] foot, Length 2.5 [centimeters], Width 2.5, Depth [none]. Color Red, Tx [treatment]: Foam, Paper tape...Family notified:...Who: Admit." The Anatomical drawing had an "x" drawn on the resident's right front foot, instead of on the left.</p> <p>Physician's orders, dated 10/10/14, included: "Cleanse areas to [bilateral] feet [with] NS [normal saline], apply foam et [and] secure [with] paper tape, [change] q[every] 3 d [days]."</p> <p>A Skilled Charting Evaluation, dated 10/11/14 at 4:00 A.M., indicated, "Other Observations, Needs, and Concerns...1. Wound [left] buttock [with] dsg [dressing] change, 2. Pressure Relieving Mattress, 3. CPAP when sleeping, 4. Nystatin to thighs [every] shift." The care of the bilateral feet was not documented.</p> <p>The Skilled Charting Evaluation, dated 10/12, 10/13, and 10/14, did not address the condition or care of the resident's bilateral feet.</p>			

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	<p>An "Assessment Review and Considerations," dated 10/14/14, indicated, "Skin breakdown risk potential: Urinary ret [retention]/ [left] buttocks abcess/ DM [diabetes mellitus]/Neuropathy." Documentation did not include the resident's bilateral feet condition.</p> <p>A Skilled Charting Evaluation, dated 10/15/15, did not include documentation of the resident's bilateral feet.</p> <p>Discharge Instructions, dated 10/15/14, listed the resident's oral medications that he was to receive, his insulin, and his breathing treatments. The "Activity level," "Precautions," "Follow up appointments," "Discharge needs/arrangements," and "Comments/special instructions" were left blank. Documentation regarding dressing changes to the resident's buttock or bilateral feet was not listed.</p> <p>The resident's Medication Administration Record (MAR), dated October 2014, was reviewed. A notation, which indicated, "Cleanse areas to [bilateral] feet [with] NS, apply foam et secure [with] tape..." was initialed as completed on 10/13/14. No documentation describing the bilateral feet condition at that time was</p>			

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	<p>found in the clinical record.</p> <p>On 12/4/14 at 10:50 A.M., during an interview with the Director of Nursing (DON), she indicated the facility charted by exception, and would not have charted anything about the resident's feet if nothing was seen. She indicated the skin assessment sheets were documented "backwards." The DON indicated the dressings on the resident's feet could have been wrapped with kerlix, or had a dressing taped on.</p> <p>2. On 12/4/14 at 11:20 A.M., the Director of Nursing provided the current facility policy on "Clinical Documentation Systems," undated. The policy included: "Purpose:...will plan care and treatment to ensure appropriateness of services to meet the resident's needs, and address the severity of conditions, impairment, disability or disease...will document assessment and provision of services through a variety of forms and systems...Procedure:...An initial assessment will be initiated with a temporary care plan developed within 24 hours and completed witin [sic] 72 hrs. of admission. Ongoing assessments will be completed daily for skilled residents...In addition to these requirements an assessment will be completed with episodic events such as an incident or a</p>						

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	<p>change in medical condition...."</p> <p>This Federal tag relates to Complaint IN00159358.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			
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