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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155362 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>08/16/2013 |
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| F000000            | <p>This visit was for the Investigation of Complaint IN00134062.</p> <p>Complaint IN00134062-Substantiated-Federal/state deficiencies related to the allegations are cited at F314, F325 and F505.</p> <p>Survey date:<br/>August 16, 2013</p> <p>Facility number: 000253<br/>Provide number: 155362<br/>AIM number: 100266660</p> <p>Survey team:<br/>Janet Adams, RN, TC<br/>Janelyn Kulik, RN<br/>Yolanda Love, RN<br/>Cynthia Stramel, RN</p> <p>Census bed type:<br/>SNF/NF: 132<br/>Total: 132</p> <p>Census payor type:<br/>Medicare: 14<br/>Medicaid: 94<br/>Other: 24<br/>Total: 132</p> <p>Sample: 5</p> | F000000       | Please see POC filed in appropriate boxes and the attachments to support the correction. Thank you              |                      |

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>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on August 23, 2013, by Brenda Meredith, R.N.</p> |   |   |                      |   |

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| F000314<br>SS=D   | <p>483.25(c)<br/>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 the necessary treatment and services were provide to promote healing and prevent infection of pressure ulcers related to ensuring the Registered Dietitian was notified timely of the development of a pressure ulcer and failed to address the recommendations made by the Registered Dietitian in a timely manner. The facility also failed to assess a resident for infection upon the development of drainage and odor from a wound for 1 of 3 residents reviewed for pressure ulcers in the sample of 5. (Resident #D)</p> <p>The facility further failed to ensure ordered wound treatments were in place for 1 of 3 residents reviewed for pressure ulcers in the sample of 5. (Resident #F)</p> | F000314   | <p>F314 The facility failed to provide the necessary treatment and services to promote healing and prevent infection of pressure ulcers related to ensuring the Registered Dietician was not notified timely of the development of a pressure ulcer</p> <p>Failed to address the recommendations made by the RD in a timely manner</p> <p>Failed to assess a resident for infection upon development of drainage and odor from a wound</p> <p>Failed to ensure wound treatments were in place for resident F What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. RD recommendations were addressed on 7/23/13 for resident D. We were unable to correct the timeliness of RD notification and completion of recommendations. We were unable to correct the alleged deficiency related to assessment</p> | 09/15/2013  |  |   |  |

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|   | <p>Findings include:</p> <p>1. The closed record for Resident #D was reviewed on 8/16/13 at 9:45 a.m. The resident's diagnoses included, but were not limited to, secondary Parkinson, depressive disorder, muscle weakness and generalized pain.</p> <p>A Braden Scale for Predicting Pressure Sore Risk was completed on 6/14/13. The Braden Scale indicated the resident's score was (15). This indicated the resident was at risk for the development of pressure sores.</p> <p>The 6/21/13 Minimum Data Set (MDS) admission assessment indicated the resident was dependent on staff for eating and required extensive assistance from staff for transfers. The assessment also indicated the resident was at risk for pressure ulcer development and had pressure ulcers.</p> <p>The resident's care plans were reviewed. An Immediate Plan of Care for Pressure Ulcer Risk was initiated on 7/11/13. The 7/11/13 care plan indicated the resident had a pressure ulcer to the left buttock. Care plan interventions included for the resident</p> |   | <p>of infection due to resident discharged. Resident F had wound treatment reapplied on 8-16-13. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. List of residents with wounds was reviewed with Dietician to ensure proper notification. All residents with current pressure ulcers had dietary notes reviewed for the past 30 days to ensure all dietary recommendations have been addressed. Reviewed wound documentation for all residents. Currently no wound infections are identified. Rounds were completed to ensure treatments were in place as ordered. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Licensed staff were retrained regarding Skin integrity guideline and notifying dietary of new pressure ulcers. Per guideline DSM or dietician will be notified of new or admitted pressure ulcers. This will occur 5x per week during Clinical Start up. Unit managers were retrained regarding completion of dietary recommendation in a timely fashion. Dietary recommendations will be reviewed 2x per week during clinical start up. Licensed staff were retrained regarding comprehensive assessment</p> |   |  |   |  |

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|   | <p>to have pressure redistribution devices on the chair and bed, treat skin with a moisturizer and to turn or reposition the resident every 2 hours.</p> <p>A Wound Evaluation Flow Sheet was initiated on 7/11/13. The flow sheet indicated a Stage II (partial thickness of loss of dermis presenting as a shallow open ulcer with a red pink wound bed) pressure ulcer was first observed on 7/11/13. The pressure ulcer was located on the resident's left buttock. The ulcer measured 5 cm (centimeters) x 5 cm with no exudate (drainage) present and the wound edges were attached. The flow sheet also indicated the surrounding tissue was reddened and non blanching and the wound bed was dark red. The flow sheet indicated the following wound assessment were noted:<br/>7/17/13 - Stage UTD (unable to determine) 6 cm x 6 cm x UTD, no exudate, yellow wound bed, attached wound margins, surrounding tissue red.<br/>Physician and family informed and new treatment order obtained.</p> <p>7/24/13 - Stage UTD, 7.5 cm x 6 cm x UTD, no exudate, wound bed 100% black, wound margins intact, surrounding tissue red.</p> |   | <p>charting including signs and symptoms of infection.<br/>Licensed staff were retrained that treatments must be checked Q shift for placement. CNAs were retrained to notify nurse if treatment is not in place.<br/>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.<br/>Unit managers will complete Change of Condition Audit 5x per week to ensure DSM or dietician is updated regarding new or admitted pressure ulcers.<br/>Change of Condition Audit will also be completed to ensure residents with signs of wound infection are added to comprehensive assessment charting. DSM will audit RD recommendations 2x weekly during Clinical Startup to ensure timely completion. DNS or designee will audit pressure ulcer dressing placements 5x week x 2 weeks and if 100% compliance will then audit weekly during wound rounds. Audits will be brought to QAPI monthly for a minimum of 6 months.<br/>The DNS or designee will oversee this process By what date the systemic changes will be completed? Sept 15, 2013</p> |                      |   |

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|   | <p>7/29/13 - Stage UTD, 8.5 cm x 4.2 cm x UTD, no exudate, wound bed 95% black with 5% granulation tissue to the edges, wound margins intact, new order obtained for Physical Therapy for debridement.</p> <p>Review of the July 2013 Treatment Administration Records indicated the following treatments were ordered by the Physician:</p> <p>7/12/13- Cleanse the area to the left buttock with normal saline, pat dry, spray Cavilion (skin protectant) and cover with a tegaderm foam adhesive dressing to be changes once daily on the evening shift.</p> <p>7/17/13- Cleanse the area to the left buttock with normal saline, pat dry, apply Santyl (an ointment derided the wound) nickel thick to the wound bed and cover with a tegaderm foam dressing and change once daily.</p> <p>7/29/13- Apply Santyl to left buttock wound, cover with Hydrogel, Cavilon to edges and cover with tegaderm.</p> <p>Review of the July 2013 Medication Administration Records indicated there was a Physician's order obtained on 7/23/13 for the resident to receive 120 cc (cubic centimeters) of 2 Cal supplement (a liquid nutritional supplement) once daily. The first dose of the supplement was</p> |   |   |                      |   |

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|                    | <p>signed out as given on 7/24/13. There was also a Physician's order written on 7/31/13 for the resident to receive Prostat Profile (a liquid protein supplement) 30 mls (milliliters) two times a day. The Prostat was not signed out as given on 7/31/13.</p> <p>Review of the July 2013 PT (Physical Therapy) Daily Treatment Notes indicated the following entries were made:</p> <p>7/29/13 - Wound dressing removed, strong odor from the wound with some blackish drainage, wound cleaned, and mechanical debridement given. Wound measured 8.5 cm x 4.2 cm x UTD and is 95% black eschar and 5% granulation tissue.</p> <p>7/30/13- Wound dressing removed with a strong odor observed, Nursing notified of odor, the dressing had black with red drainage, wound cleansed. Hydrogel and Santyl applied to the wound.</p> <p>7/31/13- Wound dressing removed, odor along with minimal black and red drainage, wound cleansed, selective sharps debridement given, and the resident tolerated the procedure well.</p> |               |   |                      |

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|   | <p>8/01/13- Wound dressing removed with odor noted, selective sharps debridement given, and the resident had no pain behavior or complaints with the treatment.</p> <p>The resident's vital sign records were reviewed. The following temperatures were recorded:<br/>7/13/13 - 97.9 degrees Fahrenheit<br/>7/20/13 - 97.8 degrees Fahrenheit<br/>7/27/13 - 98.0 degrees Fahrenheit</p> <p>Laboratory tests results indicated a pre albumin level was collected on 7/24/13. The albumin level was 5.4 (normal level 17.0- 34.) The results were faxed to the facility on 7/25/13. The report indicated the Physician was first notified of the results on 7/29/13.</p> <p>The following June 2013 and July 2013 Nutritional Data assessments were reviewed.<br/>6/17/13- Admission assessment- (completed by the Dietary Manager) Resident's skin intact....</p> <p>6/20/13- Admission assessment- (completed by the Registered Dietitian).<br/>Review of the assessment indicated there were no pressure ulcers noted on the form.</p> |   |   |   |  |   |  |

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|   | <p>7/25/13- Change in Condition assessment (completed by the Dietary Manager)<br/>Resident had Stage II-III pressure ulcer....</p> <p>7/30/13 -Change in Condition assessment (completed by the Registered Dietitian). Resident's nutritional intake does not meet estimated needs. The nutritional goals were for the residents intakes of meals and supplements to meet needs for wound healing. Nutritional interventions included on 7/30/13 were to add Prostate Profile (a liquid protein supplement) 30 mls twice a day and to increase 2 Cal to 120 cc's three times a day.</p> <p>The July 2013 Registered Dietitian Progress Notes were reviewed. An entry was made by the RD (Registered Dietitian) on 7/19/13 at 12:40 p.m. This entry indicated the resident had a wound to the left buttock and had poor intake and Nursing reported the resident's appetite is poor. Recommendations made included to check a pre albumin level (blood test for nutritional status) and add 2.0 cal 120 mls every day to further supplement for wound healing.</p> |   |   |                      |   |

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|   | <p>The July 2013 Nursing Progress Notes were reviewed. Entries were noted as follows:</p> <p>7/12/13 at 2:44 a.m. This entry was titled as a Change in Condition entry. This entry indicated the resident was noted to have a 5 cm x 3 cm open area to the left buttock, the wound bed was dark red, no bleeding or drainage noted, wound margins were intact, and the surrounding area was red. A family member and the Physician were notified and orders were noted.</p> <p>7/12/13 at 6:46 a.m. This entry indicated the new dressing to the left buttock area was dry and intact with no visible signs of bleeding or drainage noted. The resident's temperature was 98.2.</p> <p>7/14/13 at 6:04 a.m. This entry indicated the treatment continued per orders to the left buttock, the dressing was dry and intact. The resident's temperature was 98.4.</p> <p>7/14/13 at 10:30 p.m. This entry indicated the area to the resident's left buttock remains.</p> <p>7/15/13 at 11:37 p.m.- This entry indicated the dressing to the left</p> |   |   |   |  |   |  |

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|   | <p>buttock was changed and the area measured "about 6 cm x 6 cm" with yellow slough (necrotic or avascular tissue in the process of separating from viable tissue) was noted to the wound bed, the surrounding area was red. An order was received for treatment of Santyl and cover with Tegaderm foam to be changed daily.</p> <p>7/27/13 at 10:59 p.m.- This entry indicated the area to the resident's left buttock remained black with yellow slough and the wound was noted to have a foul odor with vital signs obtained.</p> <p>7/28/13- There were no Nursing Progress noted entered.</p> <p>7/29/13 at 9:41 p.m. This entry indicated a new order was obtained for Physical Therapy for wound.</p> <p>7/29/13 at 9:44 p.m. This entry indicated the resident's prealbumin lab result was 5.4 (Low) and the Physician was aware.</p> <p>7/30/13 at 11:50 a.m. This entry indicated the Dietitian was informed of the pre albumin level.</p> <p>7/31/13 at 6:48 p.m. This entry indicated the Dietary changes and</p> |   |   |                      |   |

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|   | <p>recommendations were noted to increase the 2 Cal 120 cc's supplement to three times a day and to add Prostate Profile 30 ml's twice a day to promote improved protein status.</p> <p>The August 2013 Nursing Progress Notes were reviewed. The first entry was made on 8/1/13 at 6:25 a.m. This entry indicated the resident slept through the night and was repositioned every two hours. An Change in Condition noted at 10:43 a.m. indicated An entry (noted as a late entry) was made on 8/1/13 at 11:20 a.m. indicated the residents spouse was in the room and requested the Nurse check the resident's condition. The resident was not responding, his eyes were closed, and breathing. The assigned Nurse was notified and immediately initiated an assessment. A Change of Condition note was entered by Nursing at 12:15 p.m. for a change in mental status. The note indicated the resident was noted to have eye movement and rapid breathing, skin hot to touch, non verbal poor appetite and the resident's temperature was 100.5 degrees Fahrenheit, Apical pulse rate was 122, and the respiratory rate was 22. An entry made on 8/1/13 at 7:05 p.m. indicated</p> |   |   |   |  |   |  |

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|   | <p>the Nurse spoke with the hospital and the resident was admitted to the hospital with diagnoses of pneumonia, wound cellulitis, and urinary tract infection.</p> <p>The facility policy titled "Skin Integrity Guidelines" was reviewed on 8/16/13 at 11:30 a.m. The policy had revised date of 2013. The Director of Nursing provided the policy and identified the policy as current. The policy indicated Nursing was to notify dietary or any newly admitted or acquired pressure ulcer. The policy also indicated documentation completed by the Dietary Service manger or Registered Dietitian occurs on initial notification of a new pressure and continues monthly for non healing Stage II or greater until they are healed or it is otherwise noted.</p> <p>When interviewed on 8/16/13 at 11:30 a.m., the Director of Nursing (DON) indicated weekly skin assessment are completed on all residents and weekly wound evaluation sheets are completed at the time a wound is observed and weekly. The Director of Nursing also indicated residents with new orders are reviewed at daily clinical stand up meeting. The Director of Nursing indicated the Registered Dietitian is in</p> |   |   |                      |   |

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|   | <p>the facility two times a week. The Director of Nursing indicated the Registered Dietitian gives her recommendations to the Unit Managers, DON, and Dietary Managers and the Unit Managers are then to follow up on the recommendations.</p> <p>When interviewed on 8/16/13 at 12:30 p.m., the Director of Nursing indicated there was no additional documentation of the resident's June and July food consumption. Thee Director of Nursing indicated the resident's left buttock pressure ulcer was first identified as Stage II ulcer and on 7/17/13 slough was noted to the wound and the stage of the ulcer was unable to be determined. The Director of Nursing also indicated she had been assessing the wound and and completed the weekly assessments. The Director of Nursing indicated the Physician was notified of the decline of the wound as 7/29/13 new orders were obtained to have Physical Therapy debridement.</p> <p>When interviewed on 8/16/13 at 3:50 p.m., the Director of Nursing indicate the resident's temperature was not monitored for possible infection, between 7/27/13 and 8/1/13, when the resident was sent to the hospital.</p> |   |   |   |  |   |  |

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|   | <p>When interviewed on 8/16/13 at 3:30 p.m., the Director of Nursing indicated the Physician was notified to the wound status on 7/29/13, and orders were then to have Physical Therapy. The Director of Nursing indicated the first Dietary Manager note related to the 7/11/13 development of the left buttock pressure was 7/25/13. The Director of Nursing also indicated the (Registered Dietitian's first assessment of the resident having a pressure ulcer was on 7/19/13 and her recommendation were to check the resident's pre albumin level and start 2.0 cal 120 ml supplement daily. The Director of Nursing indicated the resident's wounds continued and the above RD's recommendations were not addressed until 7/23/13. The Director of Nursing also indicated the resident's temperature was not monitored after foul odor was noted by Nursing and Physical Therapy upon debridement treatments. The Director of Nursing also indicated the Dietitian was not notified of the low prealbumin until 7/30/13 and the resident was sent to the hospital on 8/1/13.</p> <p>2. During Orientation Tour on 8/16/13 at 9:20 a.m., Resident #F was observed in bed. The resident was</p> |   |   |   |  |   |  |

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|                    | <p>wearing a hospital gown. The Unit Manager turned the resident to his side and removed his disposable brief. The brief was wet and stool was present in the brief. There was no bandage or dressing in the brief or in the resident's bed. There was an irregular shaped pressure ulcer to the coccyx area. There was no dressing or bandage covering the wound. the right side of the wound was approximately 2 cm x 2 cm with a small area of yellowish tissue in the center in an oval shape. The left side of the wound was approximately 1.5 cm x 1 cm and the center was open and red.</p> <p>On 8/16/13 at 4:10 p.m., the resident was observed in bed laying on his right side. The Unit Manager and RN #1 (the evening shift Nurse) repositioned the resident and then removed his incontinence brief. There was no dressing covering the above pressure ulcer or noted in the resident's brief.</p> <p>The record for Resident #F was reviewed on 8/16/13 at 12:36 p.m. The resident's diagnoses included, but were not limited to, acute pain, nutritional deficiency, constipation, depressive disorder, psychosis, dementia, heart disease and anxiety.</p> |               |   |                      |

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|   | <p>Review of a Wound Evaluation Flow Sheet indicated, the type of wound as other starting on 8/5/13, as an opened area to the coccyx (top part). On 8/15/13, the form indicated, the wound was a Stage III measuring 2 cm (centimeters) by 2.5 cm by less than 0.1. There was no drainage or pain to the wound. The bed had granulation tissue on the edges and the center was slough. The wound margins were attached and intact. There was a pressure reduction mattress in place and the care plan was reviewed.</p> <p>Review of a Wound Evaluation Flow Sheet indicated, the type of wound as other starting on 8/5/13, as an upended area to the coccyx (bottom part). On 8/15/13, the form indicated, the wound was a Stage II measuring 1 cm by 2 cy by 0. There was no drainage or pain to the wound. The wound bed had granulation tissue. The wound margins were attached and intact. The wound was healing.</p> <p>Review of the August 2013 Treatment Administration Record indicated there were Physician orders to cleanse the bottom area to coccyx with wound cleanser, pat dry and pray Cavilon</p> |   |   |   |  |   |  |

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|   | <p>and leave open to area. This order was dated 8/7/13 and was to be completed every shift. The treatment was signed out 8/7/13 through 8/15/13.</p> <p>There was also an order to cleanse the top area to coccyx with wound cleanser, pat dry, spray Cavilon and to be covered with Tegaderm foam adhesive. The order was received on 8/7/13, and to be completed once a day on the evening shift. The treatment was signed out as completed on 8/7/13 through 8/15/13.</p> <p>A care plan, initiated on 6/10/13, indicated the resident had a pressure ulcer to the coccyx. The care plan was updated on 7/19/13 when the resident was readmitted to the facility. The interventions included, but were not limited to, pressure redistribution device on chair/bed and ulcer care.</p> <p>A Braden Scale Assessment, dated 7/19/13, indicated a score of 13. This score indicated the resident was moderate risk of developing a pressure ulcer.</p> <p>A 5 Day Minimum Data Set Assessment (MDS), dated July 26, 2013, indicated the resident usually understands and was understood.</p> |   |   |                      |   |

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|   | <p>The BIMS (Brief Interview for Mental Status) score was 3 which indicated the resident was cognitively impaired. He was extensive assistance in which he in was involved in the activity with one person physical assist for bed mobility. He had two Stage I, one Stage II, and 3 unstageable pressure wounds.</p> <p>Interview with the Director of Nursing, on 8/16/13 at 2:55 p.m., indicated the residents wounds on his coccyx were pressure wounds.</p> <p>When interviewed on 8/16/13 at 4:10 p.m., RN #1 indicated she worked the Evening shift and the orders were to change the dressing on the evening indicated.</p> <p>When interviewed on 8/16/13 at 4:05 p.m., Unit Manager #1 indicated he had not applied a dressing to the area today. The Unit Manager indicated the dressing should be in place as ordered.</p> <p>When interviewed on 8/16/13 at 4:15 p.m., the Director of Nursing indicated the dressing should have been in place as ordered by the Physician.</p> <p>This federal tag relates to complaint IN00134062.</p> |   |   |   |  |   |  |

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|                          | 3.1-40(a)(2)   |                     |  |                            |

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| F000325<br>SS=D   | <p>483.25(i)<br/>MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE<br/>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the recommendations made by the Registered Dietitian were addressed in a timely manner for 1 of 3 residents in the sample of 5 with a noted weight loss and low pre albumin level (blood test for nutritional status).<br/>(Resident #D)</p> <p>Findings include:</p> <p>1. The closed record for Resident #D was reviewed on 8/16/13 at 9:45 a.m. The resident's diagnoses included, but were not limited to, secondary Parkinson, depressive disorder, muscle weakness, and generalized pain. The resident was sent to the hospital on 8/1/13 and did not return to the facility.</p> <p>A care plan initiated, on 6/20/2013,</p> | F000325   | F325 Failed to address the recommendations made by the RD in a timely manner<br>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. RD recommendations were addressed on 7/23/13 for resident D. We were unable to correct the timeliness of completion of recommendations. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. All residents with current pressure ulcers had dietary notes reviewed for the past 30 days to ensure all dietary recommendations have been addressed. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Unit managers were retrained regarding completion of dietary recommendations in a timely | 09/15/2013  |  |   |  |

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|                    | <p>indicated the resident was a nutritional risk as the resident's weight was less IBWR (ideal body weight range). Care plan interventions included for staff to monitor the resident's meal intakes daily.</p> <p>The 6/21/13 Minimum Data Set (MDS) admission assessment indicated the resident was dependent on staff for eating.</p> <p>Review of the 7/13 Medication Administration Records indicated there was a Physician's order obtained, on 7/23/13, for the resident to receive 120 cc (cubic centimeters) of 2 Cal supplement (a liquid nutritional supplement) once daily. The first dose of the supplement was signed out as given on 7/24/13. There was also a Physician's order written on 7/31/13 for the resident to receive Prostat Profile (a liquid protein supplement) 30 mls (milliliters) two times a day. The Prostat was not signed out as given on 7/31/13.</p> <p>The resident's weight were reviewed and noted as follows:<br/>6/14/13 no admission weight recorded<br/>6/17/13 129 pounds<br/>6/26/13 123 pounds<br/>7/08/13 121 pounds</p> |               | <p>fashion. Dietary recommendations will be reviewed 5x per week during clinical start up. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. DSM will audit RD recommendations 2x weekly during Clinical Startup to ensure timely completion. RD/DSM will bring results of audits to QAPI monthly for a minimum of 6 months. By what date the systemic changes will be completed? Sept 15, 2013</p> |                      |

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|   | <p>7/25/13 122 pounds<br/>7/29/13 122 pounds</p> <p>Review of the 7/13 and 8/13 Resident Meals reports indicated the resident's food consumption for the breakfast, lunch, dinner, and evening snacks were not recorded 6/21/13 through 7/25/13.<br/>Entries made from 7/16/13 through 7/31/13 were as follows:</p> <p>7/26/13<br/>- breakfast and lunch - blank<br/>- dinner and evening snack both 25%</p> <p>7/27/13<br/>-no entries</p> <p>7/28/13<br/>-breakfast 25%<br/>-lunch 50%<br/>- dinner and evening snack not recorded</p> <p>7/29/13<br/>-breakfast 0%<br/>-lunch &amp; dinner both 50%<br/>-evening snack 100%</p> <p>7/30/13<br/>-breakfast and lunch both 0%<br/>-dinner and evening snack not recorded</p> <p>7/31/13<br/>-breakfast 0%<br/>-lunch, dinner, and evening snack not recorded</p> <p>Laboratory tests results indicated a</p> |   |   |   |  |   |  |

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|   | <p>pre albumin level was collected on 7/24/13. The pre albumin level was 5.4 (normal level 17.0- 34.) The results were faxed to the facility on 7/25/13. The report indicated the Physician was first notified of the results on 7/29/13.</p> <p>The following 6/2013 and 7/2013 Nutritional Data assessments were reviewed.</p> <p>6/17/13- Admission assessment- (completed by the Dietary Manager) Resident had a history of three month weight loss. The resident was receiving a mechanical soft diet with nectar thickened liquids and consuming 68% of his diet.</p> <p>6/20/13- Admission assessment- (completed by the Registered Dietitian). Resident has swallowing difficulties and needs an mechanical soft diet and nectar thick liquids. The resident's nutrition intake does meet estimated needs. Nutrition interventions included to offer fluids between meals and to monitor the resident's meal intakes daily.</p> <p>7/25/13- Change in Condition assessment (completed by the Dietary Manager) Resident had Stage II-III pressure</p> |   |   |   |  |   |  |

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|   | <p>ulcer, swallowing disorder, the section to record the resident's average meal intake percentage was not completed.</p> <p>7/30/13 -Change in Condition assessment (completed by the Registered Dietitian). Resident's nutritional intake does not meet estimated needs. The nutritional goals were for the residents intakes of meals and supplements to meet needs for wound healing. Nutritional interventions included, on 7/30/13, were to add Prostate Profile (a liquid protein supplement) 30 mls twice a day and to increase 2 Cal to 120 cc's three times a day.</p> <p>The 7/2013 Registered Dietitian Progress Notes were reviewed. An entry was made by the RD (Registered Dietitian) on 7/19/13 at 12:40 p.m. This entry indicated the resident had poor intake and Nursing reported the residents appetite is poor. Recommendations made included to check a pre albumin level and add 2.0 Cal 120 ml's every day to further supplement for wound healing. There were no other Progress notes made by the Registered Dietitian in July 2013.</p> <p>The 7/2013 Nursing Progress Notes were reviewed. Entries were noted as</p> |   |   |   |  |   |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br>GOLDEN LIVING CENTER-MERRILLVILLE |  |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>8800 VIRGINIA PL<br>MERRILLVILLE, IN 46410 |  |   |  |
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|   | <p>follows:</p> <p>7/29/13 at 9:44 p.m. This entry indicated the resident's prealbumin lab result was 5.4 (Low) and the Physician was aware.</p> <p>7/30/13 at 11:50 a.m. This entry indicated the Dietitian was informed of the pre albumin level.</p> <p>7/31/13 at 6:48 p.m. This entry indicated the Dietary changes and recommendations were noted to increase the 2 Cal 120 cc's supplement to three times a day and to add Prostate Profile 30 ml's twice a day to promote improved protein status.</p> <p>When interviewed on 8/16/13 at 11:30 a.m., the Director of Nursing (DON) indicated. The Director of Nursing also indicated residents with new orders are reviewed at daily clinical stand up meeting. The Director of Nursing indicated the Registered Dietitian is in the facility two times a week. The Director of Nursing indicated the Registered Dietitian gives her recommendations to the Unit Managers, DON, and Dietary Managers and the Unit Managers are then to follow up on the recommendations.</p> |   |   |   |  |   |  |

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|  | <p>When interviewed on 8/16/13 at 12:30 p.m., the Director of Nursing indicated there was no additional documentation of the resident's June and July food consumption.</p> <p>When interviewed on 8/16/13 at 3:30 p.m., the Director of Nursing indicated the indicated the Registered Dietitian's first assessment of the resident having a pressure ulcer was on 7/19/13 and her recommendation were to check the resident's pre albumin level and start supplements daily. The Director of Nursing indicated the above RD's recommendations were not addressed until 7/23/13. The Director of Nursing also indicated the Dietitian was not notified of the low prealbumin until 7/30/13 and the resident was sent to the hospital on 8/1/13.</p> <p>This federal tag relates to complaint IN00134062.</p> <p>3.1-4(a)(1)</p> |  |  |  |
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| F000505<br>SS=D   | <p>483.75(j)(2)(ii)<br/>PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS<br/>The facility must promptly notify the attending physician of the findings.<br/>Based on record review and interview, the facility failed to ensure the Physician was notified of an abnormal pre albumin level (Blood Test for nutritional status) in a timely manner for 1 of 3 residents reviewed for notification of laboratory test results in the sample of 5. (Resident #D)</p> <p>Findings include:</p> <p>The closed record for Resident #D was reviewed on 8/16/13 at 9:45 a.m. The resident's diagnoses included, but were not limited to, secondary Parkinson, depressive disorder, cellulitis, muscle weakness, and generalized pain.</p> <p>A Physician's order was obtained, on 7/23/13, to obtain a pre- albumin laboratory test.</p> <p>Laboratory tests results indicated a pre albumin level was collected on 7/24/13. The albumin level was 5.4 (normal level 17.0- 34.) The results were faxed to the facility on 7/25/13. The report indicated the Physician was notified of the results on 7/29/13.</p> | F000505   | <p>F505 The facility failed to ensure the Physician was notified of an abnormal pre albumin level in a timely manner. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. We were unable to correct the alleged deficient practice for resident D How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Order audit was completed to identify any other residents with prealbumin orders in the month of August and to ensure the physician was notified of results.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Licensed staff were retrained on Notification of Change policy and specifically regarding physician notification of abnormal lab results in a timely manner. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Unit managers will complete diagnostic tracking form 5x weekly to ensure timely</p> | 09/15/2013           |   |

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|   | <p>The policy titled "Notification of Change in Resident Health Status" was reviewed on 8/16/13 at 11:30 a.m. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated the Physician was to be notified of the need to alter treatment. The Policy indicated depending upon nursing assessment the notification may be immediate to 48 hours.</p> <p>When interviewed on 8/16/13 at 3:30 p.m., the Director of Nursing indicated the Physician was not notified of the 7/25/13 abnormal albumin level unto 7/29/13.</p> <p>This federal tag relates to Complaint IN00134062.</p> <p>3.1-49(f)(2)</p> |   | notification of physician DNS or designee will randomly review diagnostic tracking audit forms and report results to QA on a monthly basis. By what date the systemic changes will be completed? Sept 15, 2013 |                      |   |