

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155100	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/10/2012
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NAME OF PROVIDER OR SUPPLIER GARDEN VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 NORTON LN BEDFORD, IN 47421
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F0000	<p>This visit was for the Investigation of Complaint IN00115992.</p> <p>Complaint IN00115992 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-312 and F-282.</p> <p>Survey date: 09/10/12</p> <p>Facility number: 000040 Provider number: 155100 AIM number: 100274460</p> <p>Survey team: Sharon Whiteman RN</p> <p>Census bed type: SNF: 10 SNF/NF: 132 Total: 142</p> <p>Census payor type: Medicare: 14 Medicaid: 118 Other: 10 Total: 142</p> <p>Sample: 04</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	Preparation and submission of this plan of correction does not constitute an admission or agreement by Garden Villa of the conclusions of this survey. We respectfully submit this plan of correction as proof of our compliance with State and Federal regulations, and per the laws that mandate the submission of this plan of correction.	

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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	Quality review 9/17/12 by Suzanne Williams, RN			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure nursing staff followed the plan of care while performing incontinence care for 2 of 4 residents reviewed for rashes in the sample of 4. (Resident #A and Resident #D).</p> <p>Findings Include:</p> <p>1. On 09/10/12 at 10:20 a.m. RN #1 and QMA #2 were observed to toilet Resident #A. QMA #2 was observed to remove a wet brief. Resident #A was observed to have blotchy red areas on her bottom and 8 circular red areas. The areas were not open. QMA #2 was observed to wash and rinse the resident's bottom, but did not dry the resident's bottom nor cleanse the resident's perineal area.</p> <p>Review of Resident #A's clinical record on 09/10/12 at 1:50 p.m. indicated the following: A care plan dated 08/22/12 with a target date of 09/31/12 indicated, "Scatched areas to groin (self inflicted) d/t [due to] dermatitis (sic)....Keep skin clean and</p>	F0282	<p>This facility does provide services per qualified persons in accordance with each resident's written plan of care.1. Care plans for residents A and D were reviewed and revised as needed.2. All residents with incontinent care plans have been reviewed and revised as needed. 3. (a)CNA's in-serviced on incontinent care and policies. (b)Incontinent care audits will continue 3 x's weekly on random shifts x's four weeks, if 100% compliant, audits will be reduced to 3 x's monthly, x's 3 months. If these remain 100% compliant, these audits will be reduced to prn.4. Audit results will be reviewed per the QA committee monthly x's 3 months, and additional training will be provided as needed. 5. Systemic changes by 9-26-12</p>	09/26/2012			

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	<p>dry...."</p> <p>A care plan dated 08/03/12 with a target date of 09/03/12 indicated, "Dermatitis (According to Tabor's 16th Edition Cyclopedic Medical Dictionary, dermatitis is an "inflammation of skin evidenced by itching, redness, and various skin lesions) to buttocks. Area to resolve [symbol for without] complications....Keep skin clean and dry...." "Resolved" was hand written on the care plan.</p> <p>A care plan dated 09/03/12 with a target date of 09/30/12 indicated, "Dermititis (sic) to lower back/buttocks. Areas to resolve [symbol for without] complications....Keep skin clean et dry...."</p> <p>A physician's re-write order, dated September 2012, indicated the resident had diagnoses which included, but were not limited to, dementia - acute psychotic episodes, non-insulin dependent diabetes, and overactive bladder. The re-write order included an order, dated 06/29/12, for Calazime-Nystop (barrier cream/anti-fungal ointment) to be applied to Resident #A's right buttock area every shift until resolved.</p> <p>A physician's telephone order, dated 09/03/12, indicated, "1. Cont [Continue]</p>				

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	<p>current tx [treatment] to buttocks Calyzime (sic) (skin repair) 2. Caz cream to buttocks BID [twice daily] & prn [as needed] [symbol for times] 10 days. 4. May be seen by [Name of wound doctor] for buttocks."</p> <p>A "Wound Progress Note/Reassessment" sheet, dated 09/04/12, indicated the wound doctor was at the facility on that day and attempted to assess the resident's skin but she refused assessment.</p> <p>A copy of a "Skin Condition Report" was provided by Unit Manager #3 on 09/10/12 at 11:10 a.m. The report indicated on 09/03/12 that Resident #A had "unmeasurable" red areas to her buttocks. The report indicated on 09/10/11 that Resident #A had "red raised areas" that were being treated with "CALZ" (Calazime) cream.</p> <p>2. On 09/10/12 at 11:50 a.m. CNA #4 and QMA #2 were observed to provide incontinence care for Resident #D. CNA #4 was observed to removed urine saturated sweat pants and urine soaked brief. CNA #4 was observed to cleanse Resident #D's bottom only. CNA #4 was not observed to wash the resident's perineum area. The resident was observed to have reddened inner buttocks and a reddened area to her right lower</p>						

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	<p>buttocks.</p> <p>Review of Resident #D's clinical record on 09/10/12 at 1:55 p.m. indicated the following:</p> <p>A care plan with an initiated date of 04/18/11 and a most recent target date of 11/25/12, indicated, "Potential for impaired skin integrity/pressure ulcers related to: bowel and bladder incontinence, requires staff assistance for bed mobility, transfers and ADLs [activities of daily living]....Provide peri-care after each incontinent episode....."</p> <p>A physician's re-write order, dated September 2012, indicated Resident #D had diagnoses which included, but were not limited to, dementia with behaviors and diabetes mellitus. The physician's re-write order included an order for Calazime Cream to be applied to Resident #D's buttocks every shift until healed. This order was dated 02/21/12.</p> <p>A nurse's note, dated 08/22/12 at 12:15 p.m., indicated, "Order received for Calazime mixed [symbol for with] Nystop (antifungal) powder to open areas pubic area [symbol for times] 14 d [days]."</p> <p>A nurse's note, dated 09/02/12 at 3:00</p>						

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	<p>p.m., indicated, "Cont [Continue] to treat 2 raised reddened areas on pubic area [symbol for with] Calazime mixed [symbol for with] Nystop powder. Resident scratches areas & keeps irritated..."</p> <p>Interview of RN #1 on 09/10/12 at 8:30 a.m. indicated some residents did have some rashes, redness, and raised areas which the Wound Doctor identified as dermatitis. RN #1 indicated the areas had improved.</p> <p>A nurse's note, dated 09/03/12 at 9:00 p.m., indicated, "N.O. [New Order] (1) Medrol Dose packet (anti-inflammatory) - give as directed for rash. (2) Kenalog lotion 0.4% (anti-inflammatory lotion) BID [twice daily] to rash [symbol for times] 10 days."</p> <p>A "Wound Progress Note/Reassessment," dated 09/04/12, indicated the Wound Doctor assessed the resident's reddened areas and indicated areas were dermatitis, were improving, and he agreed with the current treatment.</p> <p>A "Skin Condition" report was provided by Unit Manager #3 on 09/10/12 at 11:10 a.m. The report indicated Resident #D had a red "bottom" on 08/06/12, 08/13/12, 08/20/12, 08/27/12, 09/03/12, and</p>			

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	<p>09/10/12. The report indicated Calazime cream was the treatment on 08/06/12 through 09/03/12. The 09/10/12 assessment indicated Resident #D's bottom was slightly red.</p> <p>This Federal tag relates to Complaint IN00115992.</p> <p>3.1-35(g)(2)</p>			

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F0312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview, and record review, the facility failed ensure 2 of 4 residents reviewed for rashes in the sample of 4 received thorough and complete incontinence care. (Resident #A and Resident #D)</p> <p>Findings Include:</p> <p>1. On 09/10/12 at 10:20 a.m. RN #1 and QMA #2 were observed to toilet Resident #A. QMA #2 was observed to remove a wet brief. Resident #A was observed to have blotchy red areas on her bottom and 8 circular red areas. The areas were not open. QMA #2 was observed to wash and rinse the resident's bottom, but did not dry the resident's bottom nor cleanse the resident's perineal area.</p> <p>Review of Resident #A's clinical record on 9/10/12 at 1:50 p.m. indicated the following: An MDS [Minimum Data Set] assessment, dated 06/21/12, indicated Resident A was cognitively impaired, required extensive assistance of staff for</p>	F0312	<p>This facility does provide the necessary services to maintain good nutrition, grooming, and personal and oral hygiene to all dependent residents. 1. CNA's were immediately re-educated on the incontinence care policy. 2. (a)Others identified per review of incontinence care plans. (b)CNA's in-serviced on incontinence care policy, and audits completed.3. Audits will continue 3 times weekly on random shifts x's 4 weeks. If 100% compliant, audits will be reduced to 3 x's monthly x's 3 months. If 100% compliant, reduced to pm. If audits are not 100% compliant, immediate education will be provided and audits increased as needed.4. All audit results will be reviewed per the QA committee monthly x's 3 months. Additional training will be provided as needed.5. 9-26-12</p>	09/26/2012	

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	<p>toileting, and was frequently incontinent of urine.</p> <p>A care plan, dated 08/22/12 with a target date of 09/31/12, indicated, "Scatched areas to groin (self inflicted) d/t [due to] dermititis (sic)....Keep skin clean and dry...."</p> <p>A care plan, dated 08/03/12 with a target date of 09/03/12, indicated, "Dermatitis (According to Tabor's 16th Edition Cyclopedic Medical Dictionary, dermatitis is an "inflammation of skin evidenced by itching, redness, and various skin lesions) to buttocks. Area to resolve [symbol for without] complications....Keep skin clean and dry...." "Resolved" was hand written on the care plan.</p> <p>A care plan, dated 09/03/12 with a target date of 09/30/12, indicated, "Dermatitis (sic) to lower back/buttocks. Areas to resolve [symbol for without] complications....Keep skin clean et dry...."</p> <p>A physician's re-write order, dated September 2012, indicated the resident had diagnoses which included, but were not limited to, dementia - acute psychotic episodes, non-insulin dependent diabetes, and overactive bladder. The re-write order included an order, dated 06/29/12,</p>						

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	<p>for Calazime-Nystop (barrier cream/anti-fungal ointment) to be applied to Resident #A's right buttock area every shift until resolved.</p> <p>A physician's telephone order, dated 09/03/12, indicated, "1. Cont [Continue] current tx [treatment] to buttocks Calyzime (sic) (skin repair) 2. Caz cream to buttocks BID [twice daily] & prn [as needed] [symbol for times] 10 days. 4. May be seen by [Name of wound doctor] for buttocks."</p> <p>A "Wound Progress Note/Reassessment" sheet, dated 09/04/12, indicated the wound doctor was at the facility on that day and attempted to assess the resident's skin but she refused assessment.</p> <p>A copy of a "Skin Condition Report" was provided by Unit Manager #3 on 09/10/12 at 11:10 a.m. The report indicated on 09/03/12 that Resident #A had "unmeasurable" red areas to her buttocks. The report indicated on 09/10/11 that Resident #A had "red raised areas" that were being treated with "CALZ" (Calazime) cream.</p> <p>2. On 09/10/12 at 11:50 a.m. CNA #4 and QMA #2 were observed to provide incontinence care for Resident #D. CNA #4 was observed to removed urine</p>						

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	<p>saturated sweat pants and urine soaked brief. CNA #4 was observed to cleanse Resident #D's bottom only. CNA #4 was not observed to wash the resident's perineum area. The resident was observed to have reddened inner buttocks and a reddened area to her right lower buttocks.</p> <p>Review of Resident #D's clinical record on 09/10/12 at 1:55 p.m. indicated the following:</p> <p>A care plan with an initiated date of 04/18/11 and a most recent target date of 11/25/12, indicated, "Potential for impaired skin integrity/pressure ulcers related to: bowel and bladder incontinence, requires staff assistance for bed mobility, transfers and ADLs [activities of daily living]....Provide peri-care after each incontinent episode....."</p> <p>A quarterly MDS [Minimum Data Set] assessment, dated 06/02/12, indicated Resident #D was cognitively impaired, frequently incontinent of urine, and required extensive assistance from staff with hygiene and grooming.</p> <p>A physician's re-write order, dated September 2012, indicated Resident #D had diagnoses which included, but were</p>			

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	<p>not limited to, dementia with behaviors and diabetes mellitus. The physician's re-write order included an order for Calazime Cream to be applied to Resident #D's buttocks every shift until healed. This order was dated 02/21/12.</p> <p>A nurse's note, dated 08/22/12 at 12:15 p.m., indicated, "Order received for Calazime mixed [symbol for with] Nystop (antifungal) powder to open areas pubic area [symbol for times] 14 d [days]."</p> <p>A nurse's note, dated 09/02/12 at 3:00 p.m., indicated, "Cont [Continue] to treat 2 raised reddened areas on pubic area [symbol for with] Calazime mixed [symbol for with] Nystop powder. Resident scratches areas & keeps irritated..."</p> <p>Interview of RN #1 on 09/10/12 at 8:30 a.m. indicated some residents did have some rashes, redness, and raised areas which the Wound Doctor identified as Dermatitis. RN #1 indicated the areas had improved.</p> <p>A nurse's note, dated 09/03/12 at 9:00 p.m., indicated, "N.O. [New Order] (1) Medrol Dose packet (anti-inflammatory) - give as directed for rash. (2) Kenalog lotion 0.4% (anti-inflammatory lotion) BID [twice daily] to rash [symbol for</p>			

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	<p>times] 10 days."</p> <p>A nurse's note, dated 09/04/12 at 11:30 a.m., indicated, "...Alert to self. Unable to voice wants/needs...[Name of Wound Doctor] evaluated skin areas [symbol for with] no new orders."</p> <p>A "Wound Progress Note/Reassessment," dated 09/04/12, indicated the Wound Doctor assessed the resident's reddened areas and indicated areas were dermatitis, were improving, and he agreed with the current treatment.</p> <p>A "Skin Condition" report was provided by Unit Manager #3 on 09/10/12 at 11:10 a.m. The report indicated Resident #D had a red "bottom" on 08/06/12, 08/13/12, 08/20/12, 08/27/12, 09/03/12, and 09/10/12. The report indicated Calazime cream was the treatment on 08/06/12 through 09/03/12. The 09/10/12 assessment indicated Resident #D's bottom was slightly red.</p> <p>A copy of a letter was provided by the Administrator on 09/10/12 at 11:00 a.m. The letter indicated, "[Name of Physician] We have had 4 residents with red areas on their back and hip areas. We had [name of Wound Doctor] assess them yesterday and he as diagnosed them with dermatitis. Housekeeping has cleaned the bathrooms,</p>						

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	<p>washed out window sills, sprayed curtains with disinfectant, washed beds with disinfectant, swept and mopped floors and took all plants out of the affected residents rooms and cleaned their carpet. An exterminator has also been contacted and will be in today to inspect the rooms of those residents. If you have any questions please let me know." This letter was dated 09/05/12 and was signed by the ADON [Assistant Director of Nursing].</p> <p>A policy titled "Perineal Care" was provided by the facility on 09/10/12 at 2:50 p.m. The policy had a revision date of January 2002. The policy indicated, "....Purpose: The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition....For a female resident: Wet washcloth and apply soap or skin cleansing agent...Wash perineal area, wiping front to back....Separate labia and wash area downward from front to back....Continue to wash the perineum moving from inside outward to and including thighs, alternating from side to side, and using downward strokes. Do not use the same washcloth or water to clean the urethra or labia...Gently dry perineum....Rinse perineum thoroughly in same direction, using fresh water and a clean</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155100	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/10/2012
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NAME OF PROVIDER OR SUPPLIER GARDEN VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 2111 NORTON LN BEDFORD, IN 47421
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	<p>washcloth....Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks. Do not reuse the same washcloth or water to clean the labia....Rinse thoroughly....Dry thoroughly."</p> <p>This Federal tag relates to Complaint IN00115992.</p> <p>3.1-38(a)(2)</p>			