

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155236	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/09/2016
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NAME OF PROVIDER OR SUPPLIER  AVON HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4171 FOREST POINTE CIRCLE AVON, IN 46123
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00206324 and IN00206610.</p> <p>Complaint IN00206324 - Substantiated. Federal/State deficiency related to the allegations is cited at F328.</p> <p>Complaint IN00206610 - Substantiated. No deficiencies are cited related to the allegations.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: August 8 and 9, 2016</p> <p>Facility number: 000141 Provider number: 155236 AIM number: 100283860</p> <p>Census bed type: SNF/NF: 101 SNF: 2 Residential: 20 Total: 123</p> <p>Census payor type: Medicare: 13 Medicaid: 75 Other: 15</p>	F 0000		

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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F 0323 SS=D Bldg. 00	<p>Total: 103</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662 on August 11, 2016.</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. Based on observation, interview, and record review, the facility failed to implement an approach to address falls in accordance with the plan of care for 1 of 3 residents reviewed for fall interventions ( Resident G).</p> <p>Finding includes:</p> <p>On 8/9/16 at 11:45 a.m., with LPN #7, Resident G was observed. The resident was seated in a Broda (positioning) chair</p>			F 0323	<p>With this plan of correction, we respectfully request paper compliance for this survey. Corrective action: the scoop mattress was added to the resident G's bed per plan of care Other residents affected: An audit has been completed for all residents at risk for fall that has a scoop mattress in their plan of care. Residents identified have been visually reviewed to ensure in place. No other residents were identified Systematic changes: An audit of all residents with fall</p>		09/08/2016

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	<p>in his room. The resident's bed was observed with a Media 4800 air flow mattress. The LPN indicated it did not appear to have bolsters.</p> <p>Resident G's clinical record was reviewed on 8/9/16 at 10:00 a.m. A Minimum Data Set (MDS) admission assessment, dated, 6/27/16, did not complete a brief interview for mental status. The resident was assessed as moderately independent in decision making, required extensive assistance of one for bed mobility and total assistance of two for transfers, unable to determine fall history.</p> <p>Documentation was noted in a nursing note, dated 6/30/16 at 5:48 a.m., "Resident fell out of bed. Found sitting on the side of the bed. Resident stated he had been trying to scratch his back."</p> <p>A nursing note, dated 7/19/16 at 1:20 a.m., indicated the resident had been found on the floor with an unwitnessed fall. The resident had not been able to give a description of what had happened. A Certified Nursing Assistant (CNA) found the resident when doing rounds. The resident had been reminded to use the call light after assisted to bed. The fall had been reviewed by the Interdisciplinary team at 10:35 a.m. The care plan was revised to contact Hospice</p>		<p>interventions has been completed to ensure 100% compliant as indicated on plan of care. HFA conducted a falls in-service for IDT team which included reviewing the fall, review of immediate intervention for effectiveness, placement of intervention and IDT summary note. Falls will be addressed in daily clinical/IDT meeting to review the fall and interventions (5 days/week, excluding holidays). DON/designee will write a follow up IDT note on each fall on an ongoing basis. The resident's plan of care will be updated upon each intervention. DON/designee will follow up with resident by the end of the same work day to ensure intervention is in place. Results of the identified intervention for the fall, will be brought to the clinical/IDT meeting the following day for review (Falls Intervention Worksheet audit tool attached). Monitoring: All falls will be monitored in daily clinical/IDT (5 days/week, excluding holidays) ongoing. Falls intervention implementation results will be brought monthly to QA (6 months minimum) on an ongoing basis to ensure compliance, unless otherwise determined by the QA committee. Date of completion: 9.8.16</p>		

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F 0328 SS=D Bldg. 00	<p>to add bolsters to the bed.</p> <p>On 8/9/16 at 12:04 p.m., the Director of Nursing (DON) provided a care plan for the resident. The plan addressed the problem of at risk for falls related to history of falls, and visual deficit. An approach included, but was not limited to, "A bolster mattress will be used to remind me of my bed boundaries." Initiated on 7/19/16.</p> <p>On 8/9/16 at 12:06 p.m. LPN #8 indicated she had contacted Hospice on July 19 for the bolsters, and followed up again about a week later, and would contact them again for the device.</p> <p>3.1-45(a)(2)</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. Based on observation, record review, and interview, the facility failed to maintain an oxygen treatment to a resident to</p>	F 0328	<p>Corrective action: Facility is unable to correct due to resident B no longer resides in the facility. Other residents affected: A 100%</p>	09/08/2016

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	<p>ensure oxygen saturation percentages were within normal range resulting in hypoxia (absence of enough oxygen in the blood to sustain bodily functions) for 1 of 3 residents reviewed for oxygen therapy (Resident B).</p> <p>Finding includes:</p> <p>Resident B's closed, clinical record was reviewed on 8/8/16 at 11:30 a.m. An admission date was noted of 7/6/16. Diagnoses included, but were not limited to, dyspnea, pneumonia with Methicillin-resistant Staphylococcus aureus, (MRSA) chronic obstructive pulmonary disease (COPD) and sleep apnea.</p> <p>Medications ordered for the resident included, but were not limited to, Ipratropium-Albuterol (bronchodialater) Nebulizer treatment 3 ml (milliliter) four times a day. Documentation on the Medication Administration Record (MAR) included the times given, and documented results of oxygen saturation with each administration. An order for oxygen was not noted.</p> <p>A plan of care, dated 7/6/16, addressed the problem of pneumonia related to MRSA. Interventions included, antibiotics as ordered, respiratory</p>		<p>audit has been completed for residents with oxygen to ensure that oxygen treatments were maintained per physician order. Systematic changes: An in-service has been completed for nursing staff on obtaining, transcribing and administering oxygen according to the physician order. The DON/designee will complete an audit for residents receiving oxygen to ensure a physician order has been placed and to check oxygen stats every shift. DON/designee will conduct random oxygen checks 3x/week x 4 weeks, then bi-weekly x 4 weeks, then weekly x 4 weeks, then monthly x 3 months to ensure compliance (audit tool attached). ADON/designee will review obtained oxygen saturations to ensure they fall within the physician parameters during daily clinical/IDT meeting (5 days/week, excluding holidays). IDT/QA team will determine if additional checks will be necessary following the 6 month review. Monitoring: All findings of the oxygen audit(s) will be brought to monthly QA no less than 6 months to ensure compliance. IDT/QA team will determine if additional checks will be necessary following the 6 month review. Date of completion: 9.8.16</p>				

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	<p>medications as ordered, check oxygen saturation levels as needed, encourage fluids, report and observe for changes in respirations, observe for fever, chills, cough, purulent sputum and edema, intravenous care plan, lung sound assessments.</p> <p>A nursing narrative note, dated 7/8/16 at 1:24 p.m., documented "Narrative: wife came to staff reporting pt [patient] saturations running low when taken with self owned pulse ox (oxcimeter) finger probe. staff [sic] reported to nurse, nurse took sat [saturation] reading at 87%, nurse checked oxygen tank and found it half full and lowered to 4L [liters], at 6 a.m. tank was set on 6L when disconnected from CPAP [continuous positive airway pressure] apparatus and nasal cannula was attached and placed on pt. Nurse turned O2 back up to 6L and sats maintained above 92 % with no further ocurance [sic] or complaints."</p> <p>A nursing note, dated 7/10/16 at 4:22 p.m., documented "narrative: @ [at] approx. [approximately] 1300 [1:00 p.m.] pt began experiencing severe sob [shortness of breath]. Pt was hypoxic. O2 [oxygen] sats 46%. No oxygen flowing from tank. Reapplied O2 at 6L NC [nasal cannula]. Pts wife arrived at this time. Wife is POA [power of attorney]."</p>						

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	<p>She indicated he was NOT a full code and she did not wish to send pt out to hospital. Notified [name] [nurse practitioner] No post form on file. Pt stabilized at this time O2 sats 91% 6LNC. Pulse 98, Resp 22, Pt now alert. Will continue to monitor."</p> <p>Daily documentation of the resident's oxygen saturations from 7/6/16 to 7/11/16 ranged from a one time reading of 89% on 7/11/16 to 96%.</p> <p>On 8/8/16 at 12:00 p.m. the Director of Nursing (DON) was interviewed. She indicated it was abnormal to utilize liquid oxygen in the resident's room. She indicated the facility used high flow oxygen concentrators. She indicated she tried to maintain two in the facility. If not available, staff were to contact the oxygen supplier and it could have been brought right in. She indicated she was made aware of the situation the next day and ordered a high flow concentrator for the resident. She indicated the nurse that had been providing the care had changed the liquid tank after it had been found empty.</p> <p>On 8/8/16 at 1:30 p.m., the DON provided hospital discharge instructions, dated 7/6/16, which included, but were not limited to, "Wear oxygen at as [sic]</p>			

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	<p>ordered by your doctor 3-4 all the time. Wear CPAP with oxygen when napping or sleeping." The DON provided daily skilled nursing notes. The assessment for 7/8/16 at 12:38 p.m. indicated the resident had dyspnea, labored breathing, shortness of breath on 6 liters of oxygen.</p> <p>On 8/8/16 at 2:15 p.m., the DON indicated the resident did not have a physician's order for the oxygen or for the amount to be provided. She indicated the oxygen had been initiated on admission, based on discharge information from the hospital prior to entry.</p> <p>On 8/8/16 at 1:35 p.m., the DON provided a facility policy titled "Respiratory Oxygen Therapy General Standard," revised 7/2012. The policy included, but was not limited to, "General Standards: 1. Oxygen is administered in accordance with a physician's order and on an emergency bases."</p> <p>A facility policy titled "Nursing-Respiratory-Oxygen Safety," revised 7/2012 included, but was not limited to, "Oxygen Safety 1. DEFINITION A.. Oxygen is a prescribed drug and must have a Physician's order which outlines the therapy needed, including liter flow, duration, and type of device for administrations...."</p>			

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	<p>On 8/9/16 at 4:00 p.m. The DON provided a policy titled "Nursing-Administrative-Admission of Resident, 1/2012" The policy indicated, "...Routine Admission: 10. Notify the physician of the admission and verify admitting orders..." The DON indicated either she or the Assistant Director of Nursing along with another nurse would conduct an audit soon after admission. She indicated it had recently been implemented to provide accuracy of physician's orders. She indicated that had not been done for Resident B.</p> <p>On 8/9/16 at 10:45 a.m., with LPN #8 the liquid oxygen storage tanks were observed. The tanks had an indicator light to check the amount of oxygen remaining. The LPN indicated if needed the oxygen supplier could be called and high flow concentrators would be quickly brought in.</p> <p>This Federal tag relates to complaint IN00206324.</p> <p>3.1-47(a)(6)</p>						