

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A011	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2013
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NAME OF PROVIDER OR SUPPLIER ESPECIALLY KIDZ HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 2325 S MILLER ST SHELBYVILLE, IN 46176
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Dates of Survey: February 6-13, 2013</p> <p>Facility number: 000273 Provider number: 15A011 AIM number: 100267870</p> <p>Survey team: Beth Walsh, RN-TC Karina Gates, BHS Courtney Mujic, RN Gloria Bond, RN (February 11, 12, 13, 2013)</p> <p>Census bed type: NF: 125 Total: 125</p> <p>Census payor type: Medicaid: 124 Other: 1 Total: 125</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review 2/14/13 by Suzanne Williams, RN</p>	F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please find enclosed the plan of correction. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>	

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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F0323 SS=D	<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 ensure side rails with 7 1/2 inches by 7 1/4 inches of space between rails were covered to prevent a resident from potential entrapment for 1 of 2 residents reviewed for side rail use. (Resident #48) The facility also failed to identify a potentially hazardous headrail on a bed for 1 resident randomly observed. (Resident #111).</p> <p>Findings include:</p> <p>1. The clinical record for Resident #48 was reviewed on 2/11/13 at 11:00 a.m.</p> <p>The diagnoses for Resident #48 included, but were not limited to: profound mental retardation with language involvement, visually impaired, acquired cerebral palsy with agitation, Rett Syndrome, and stereotypic movement disorder with self-injurious behavior.</p> <p>A 2/5/13 physician's order indicated,</p>	F0323	<p>1. Resident # 48 had a siderail cover placed on her siderail immediately upon discovery. Resident # 111 placed in a low bed per physician's order with a headrail that met the FDA guidance. The bed previously supplied by the family has been removed, with permission of the responsible party. 2. All residents have the potential to be affected, thus, the following corrective actions were taken. All siderails/headrails were measured to ensure that FDA guidance is met. If the siderail measurement was greater than the guidance, the rails were double bagged to ensure that the rails were safely covered to prevent entrapment at all times, even if the outer set is removed for laundering. The nursing staff was instructed if one set is removed, they are to place the second covering on immediately. All headrails in the facility meet the FDA guidance. 3. All nursing staff was educated on the importance of siderail/headrail entrapment and ensuring that siderail covers are placed on the siderail and headrails. (See attachment A). Newly hired employees will be</p>	02/13/2013			

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	<p>"Side rails up x 2 while in bed for bed mobility."</p> <p>The 12/12/12 Side Rail Screen indicated Resident #48 used "2 full rails" and "Provides tactile bed boundaries for residents with sensory deficits or poor muscle coordination to prevent accidental roll outs."</p> <p>An observation of Resident #48 lying in bed with both full side rails up was made on 2/11/13 at 12:25 p.m. There were no covers over either rails, leaving all rails fully exposed.</p> <p>On 2/11/13 at 3:20 p.m., another observation of Resident #48 lying in bed with both full side rails up and fully exposed was made with the Administrator. The Administrator measured the space between the rails with a white ruler at 7 1/2 inches by 7 1/4 inches on the bottom portion of Resident #48's full side rails and 7 inches by 7 3/4 inches on the top portion of Resident #48's full side rails. At this time, the Administrator stated, "There should be a bag on these. I have bags for all these bed rails for this type of bed. I'll go get it." A few minutes later, the Administrator came back with white mesh side rail covers to fit over Resident #48's side rails. QMA (Qualified Medication</p>		<p>educated on this practice during the orientation process/training.</p> <p>4. The administrator or his designee will twice a day conduct rounds on varied shifts to ensure that all siderails needing to be covered are double bagged daily times four weeks, weekly times four weeks, then two times a week for two months, then quarterly times two quarters to ensure continued compliance. (See attachment B) Findings of these audits will be reviewed during facility's quarterly Quality Assurance and Assessment meeting and plan of action adjusted accordingly, if warranted.</p>		

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	<p>Aide) #4 and CNA (Certified Nursing Assistant) #5 began to put the white mesh side rail covers on Resident #48's side rails.</p> <p>During an interview with CNA #6 on 2/13/13 at 10:45 a.m., she indicated she made sure a resident was not in the bed when she took side rail covers off of a bed to be laundered. She indicated she then took the side rail covers to housekeeping and asked housekeeping to bring them back after being laundered. She stated, "No one has ever told me to replace them right away."</p> <p>During an interview with CNA #7 on 2/13/13 at 10:45 a.m., she indicated she was never told to replace side rail covers immediately after removing them.</p> <p>During an interview with the Administrator on 2/13/13 at 12:30 p.m., he indicated he was never able to figure out who took the side rail covers off Resident #48's bed on 2/11/13, but that he did find out that it was Resident #48's family who put her back in her bed without the side rail covers on. In regard to what CNAs are supposed to do after removing side rail covers from a resident's bed, he stated, "They</p>				

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	<p>should be replacing them with new bags right away. We began in-servicing all staff on this on Monday evening. We know they can't just take the bags off and rely on the person who puts the resident back in bed to make sure the bags are on. Staff may not be the one to put the resident back in bed, like in this situation. The CNAs shouldn't even leave the room after taking the bags off, without first putting new bags on."</p> <p>2. Resident #111's record was reviewed on 2/11/2013 at 2:00 p.m. Diagnoses included, but were not limited to, Rett syndrome, seizure disorder, declining muscle tone, weakness, profound mental retardation, cerebral palsy with agitation, and aphasia.</p> <p>Observation of Resident #111's room on 2/11/2013 at 12:15 pm indicated she had a day-bed style bed with white metal rails on three sides. The bed had a full-length rail flush against the wall. The ends of the bed, where the resident's head and feet would go, had spaces that appeared to be too wide, causing a potential entrapment hazard. The spaces between the rails were roughly v-shaped, in that they were smaller at the bottom of the bed, and they gradually became larger toward the</p>			

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	<p>top of the rail.</p> <p>An interview with the Administrator on 2/11/2013 at 1:50 pm indicated Resident #111 has had this bed since she was admitted approximately three years ago. He indicated it was a comfort object, it's her "princess bed" and she was very attached to it when she was first admitted. She may not be as attached to it now, as her disease process is debilitating. Initially, her parents were adamant about her having it in the facility for her comfort, to keep her surroundings as home-like as possible. The Administrator indicated he thought they may be more willing now to be open to changing the bed out if that is what is needed. The Administrator indicated he did not think the resident was physically able to move her body in such a way that she would get her head stuck in between the siderails due to her declining physical mobility.</p> <p>Dimensions of the bed rail, provided by the Administrator on 2/12/2013, indicated the widest opening between the rails at the head of the bed measured 8 inches across.</p> <p>A MD order dated 2/12/2013 indicated, "may use low bed."</p>						

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	<p>A care plan, created on 2/12/13, indicated, "Problem: low bed to provide a safe environment and maintain highest level of functioning. Goal: Resident does not require siderails. In low bed with mat placed on floor beside bed. Resident will have no injury from low bed thru next review. Interventions: 1. Position mat as close to side of bed on floor as possible. 2. Watch for getting out of bed onto floor on own. 3. Notify MD/family of any changes in status requiring different type of bed."</p> <p>During observation on 2/12/13 at 3:38 pm, the resident was in her new low bed. She was sitting in bed rocking back and forth, and did not appear to be in any distress.</p> <p>The <u>Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment-Guidance for Industry and FDA Staff</u>, issued March 10, 2006, indicates the FDA (Food and Drug Administration) recommends openings within the rail, between rail supports, under the rail or next to a single rail support and between the rail and mattress should be small enough to prevent the head from entering or being entrapped. The " Hospital Bed Safety WorkGroup</p>			

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	(HBSW) " and the " International Electrotechnical Commission (IEC) " along with the FDA recommend the space be less than 4 ¾ inches. 3.1-45(a)(1)				