

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155803	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/07/2015
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NAME OF PROVIDER OR SUPPLIER HAMILTON POINTE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 ELI PLACE NEWBURGH, IN 47630
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00180760 and Complaint IN00183607.</p> <p>Complaint IN00180760 Substantiated, no deficiencies related to the allegations are cited.</p> <p>Complaint IN00183607 - Substantiated, Federal/State deficiency related to the allegations is cited at F312.</p> <p>Survey dates: October 5, 6, and 7, 2015</p> <p>Facility number: 012966 Provider number: 155803 AIM number: 201110390</p> <p>Census bed type: SNF: 37 SNF/NF: 57 Residential: 52 Total: 146</p> <p>Census payor type: Medicare: 18 Medicaid: 45 Other: 31 Total: 94</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 0312 SS=D Bldg. 00	<p>Sample: 8</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on October 8, 2015.</p> <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.</p> <p>Based on interview and record review, the facility failed to provide thorough ADL (activities of daily living) care, by failing to thoroughly clean a resident's feet and toes and observing areas of ulceration, for 1 of 6 residents reviewed for ADL care, in a sample of 8. Resident A</p> <p>Findings include:</p> <p>The closed clinical record of Resident A was reviewed on 10/5/15 at 10:15 A.M. Diagnoses included, but were not limited to, peripheral vascular disease and</p>	F 0312	<p>F312 The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1) Immediate actions taken for those residents identified: Resident has discharged from the facility. 2) How the facility</p>	11/06/2015

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	<p>chronic kidney disease.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 5/22/15, indicated Resident A scored a 10 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of one staff for transfer, dressing, and hygiene and bathing. The resident had no pressure, arterial, or venous ulcers.</p> <p>A "Weekly Skin Observation," dated 6/25/15, indicated, "...Edema [swelling] Yes, legs...Foot Observations:...Condition of nails: Thick, Does resident need toenails trimmed? No...."</p> <p>A "Daily Skilled Progress Note," dated 6/27/15 at 9:20 P.M., indicated, "...Needs extensive assist of one for dressing and grooming...Has edema to bilateral lower extremity..." Documentation of any skin ulceration was not present.</p> <p>A "Non-pressure Ulcer Skin Condition Progress Report," dated 6/29/15 at 10:20 A.M., indicated, "Type of Skin Condition: Venous/Stasis Ulcer. Location and description of skin condition...</p> <p>Left toe(s): 2nd toe - 0.7 cm [centimeters] x 0.6 cm - Wound bed covered with</p>		<p>identified other residents: All residents requiring assistance with completion of activities of daily living have the potential to be affected. 3) Measures put into place/ System changes: All residents identified with the potential to be affected by the alleged deficient practice were assessed to ensure that feet/ toes have been thoroughly cleaned. Nursing staff will be inserviced related to providing assistance with and/or completion of thoroughly cleansing and observing of residents' feet/ toes during ADL care. Visual observations of staff completing care tasks and visual observations of residents requiring assistance with activities of daily living will be completed 3 times a week, on each unit, on varying days and shifts, to ensure that residents feet/toes have been thoroughly cleansed and that any concerns have been identified. The Director of Nursing/designee will be responsible for oversight. 4) How the corrective actions will be monitored: The results of these audits will be reviewed weekly times 4, monthly x 2 then quarterly x 1. Further monitoring will be determined by Quality Assurance. 5) Date of compliance: 11/06/2015</p>		

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	<p>slough [yellowish tissue]. Scant serosanguineous [yellowish with small amount of blood] exudate [drainage]...Perwound [sic] [area around wound] intact and red</p> <p>Left toe(s): 3rd toe - 1.3 cm x 1.4 cm - Wound bed covered with slough. Scant serosanguineous exudate...Perwound [sic] [intact and red</p> <p>Left toe(s): 4th toe - 0.5 cm x 0.7 cm - Wound bed covered with slough. Scant serosanguineous exudate...Perwound [sic] [area around wound] intact and red</p> <p>Left toe(s): Great toe x 2: # 1 - 1.5 cm x 1.7 cm - Wound bed covered with slough. Scant serosanguineous exudate...Perwound [sic] intact and red. # 2 - 1.0 cm x 1.2 cm. Wound bed covered with slough. Scant serosanguineous exudate. No odor noted. Perwound [sic] intact and red....Areas initially found on 6/27/15 and were noted as pressure. After further assessment and review be [sic] nurse practitioner, areas noted to be venous/stasis in origin...."</p> <p>A Nurse Practitioner note, dated 6/29/15, indicated, "...Patient presents with Leg Swelling...Wound Infection Left foot; between toes...Skin:...There is erythema [redness] (Left foot; cellulitis noted</p>			

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	<p>around open areas)...Plan: Doxycycline [an antibiotic]...Wound care to lower extremities...."</p> <p>On 10/5/15 at 3:15 P.M., LPN # 1 was interviewed. LPN # 1 indicated she was present when the ulcerations were found. She indicated she saw the ulcerations on the resident's left foot, between each of his toes. She indicated the areas were open and yellow. She indicated she was unsure what caused the ulcerations; she did not see toenails touching his skin at that time. She indicated the resident had a history of vascular disease.</p> <p>On 10/6/15 at 1:30 P.M., LPN # 2 was interviewed. LPN # 2 indicated he was the facility "wound care nurse." He indicated he received a call regarding Resident A's open areas between his toes. He indicated the areas were at the base of the toes, and so he did not think it could have been due to the resident's nails. LPN # 2 indicated he was unsure what caused the open areas, and why the areas weren't observed before they became infected.</p> <p>On 10/6/15 at 3:40 P.M., the Administrator provided a document which indicated the resident received a shower on 6/25/15. The Corporate Nurse indicated at that time that after this incident, the facility could not determine</p>			

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	<p>what caused the areas, but did inservice all staff on proper hygiene and ADL care, including washing between the toes.</p> <p>On 10/7/15 at 10:30 A.M., the Corporate Nurse provided the facility policy, "Personal Hygiene," dated 6/2013. The policy included: "Purpose: To ensure residents receive necessary care and assistance for personal hygiene tasks...Policy: 1. Personal hygiene will be performed 2 times daily in the morning and before bed. 2. Residents will be offered a shower/full bath at a minimum of 2 times a week...3. Nail care will be provided as needed...."</p> <p>This Federal tag relates to Complaint IN00183607.</p> <p>3.1-38(a)(3)(A) 3.1-38(a)(3)(E)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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