| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155795 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | (X3) DATE SURVEY COMPLETED 02/11/2014 |
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| NAME OF PROVIDER OR SUPPLIER AVALON SPRINGS HEALTH CAMPUS | | STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SILHAVY ROAD VALPARAISO, IN 46383 | |

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| F000000 | This visit was for the Investigation of Complaint IN00144065.<br><br>Complaint IN00144065-Substantiated. Federal/State deficiencies related to the allegation are cited at F157, F309, and F325.<br><br>Survey dates:<br>February 10 & 11, 2014<br><br>Facility number: 012766<br>Provider number: 155795<br>AIM number: 201051640<br><br>Survey team:<br>Janet Adams, RN, TC<br>Regina Sanders, RN<br>(February 10, 2014)<br><br>Census bed type:<br>SNF: 41<br>SNF/NF: 20<br>Residential: 57<br>Total: 118<br><br>Census payor type:<br>Medicare: 33<br>Medicaid: 14<br>Other: 71<br>Total: 118<br><br>Sample: 5 | F000000 | This plan of correction is submitted by Avalon Springs Health Campus in order to respond to the alleged deficienies sited during the complaint survey which was conducted on February 11, 2014.Preparation or execution of this plan of correction does not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the position of Federal and State law.Please accept this plan of correction as the provider's credible allegation of compliance effective March 13, 2014.Considering the volume, scope, and severity of the alleged deficient practice noted in the CMS-2567, Avalon Springs Health Campus respectfully requests a desk review for this survey. If approved, we would be willing to provide all documentation requested including, but not limited to: education records, policies and procedures, checklists, and forms that have been completed, revised, or implemented as part of this Plan of Correction. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.<br><br>Quality review completed on Febuary 17, 2014, by Janelyn Kulik, RN. | | | |

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| F000157 SS=D | 483.10(b)(11)<br>NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)<br>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).<br><br>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.<br><br>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.<br>Based on record review and interview, the facility failed to ensure the Physician and the resident's Responsible Party were notified of a significant weight loss and a change | F000157 | Physician and Family were notified of resident E's weight loss.Resident C has been discharged from the facility. Other residents have been reviewed for significant weight | 03/13/2014 |

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| | in condition for 1 of 3 residents reviewed for weight loss in the sample of 5 and 1 of 3 residents reviewed for change in condition in the sample of 5.<br>(Residents #C and #E)<br><br>Findings include:<br><br>1. The record for Resident #E was reviewed on 2/10/14 at 12:28 p.m. The resident's diagnoses included, but were not limited to, anxiety, high blood pressure, coronary artery disease, and a history of breast cancer.<br><br>The 12/2013 and 01/2014 weights were reviewed. The weights were recorded as follows:<br>12/17/13- 97.4 pounds<br>01/14/14- 95.4 pounds<br>01/21/14- 92.0 pounds.<br>There were no 2/2014 weights recorded.<br><br>The 2/2014 MAR (Medication Administration Record) was reviewed. There were Physician's orders for the resident to receive Resource 2.0 nutritional supplements 120 ml's (milliliters) orally twice a day. The MAR indicated the Resource was originally ordered on 8/19/13. The | | loss. Those with significant weight loss have both physician and family notifications of the weight loss. Current residents with change of conditions were reviewed for family and physician notification. Current residents with change of conditions all have family and physician notification at this time.Licensed nursing staff will be inserviced by DHS/designee on policy of notifying physician and family timely of significant weight loss as well as any change in a residents conditionDHS/designee will audit change of condition documentation for proper physician and family notification as per regulation 5x weekly x 2 months, then 2x weekly x 2 months, then 1x weekly thereafter until QAA states otherwiseDHS/designee will audit residents with significant weight loss for proper physician and family notification 1x weekly until QAA states otherwiseDHS/designee will bring audits to QAA monthly for review and recommendations as needed x 6 months and then quarterly thereafter until 100% compliance is achieved.March 13, 2014 | |

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| | Resource supplement was signed out as given from 2/1/14 through 2/10/14 "upon rising" and at "dinner time."<br><br>A Nutrition Progress Note was completed by the Registered Dietitian on 1/14/14. The note indicated the resident's current body weight was 95.4 pounds which indicated a 5.6 pound (5.5%) weight loss in the last 30 days. The note also indicated the resident was currently receiving 2.0 supplements 120 ml's twice a day and the resident's BMI (Body Mass Index) was below the desirable range. The RD recommendations included for staff notify the Physician and the resident's family.<br><br>Review of the 1/2014 and 2/2014 Nursing Notes and assessments indicated there was no record of the Physician or the resident's family having been notified of the weight loss.<br><br>The resident's current care plans were reviewed. A care plan initiated on 8/21/13 indicated the resident was at risk for alteration in nutrition and/or hydration related to weight loss. The care plan was last updated on 1/14/14. Interventions | | | |

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| | included to monitor and report weight loss to the Physician.<br><br>When interviewed on 2/10/14 at 1:20 p.m. the Director of Nursing indicated the Physician and the resident's family should have been notified of the above significant weight loss. The Director of Nursing indicated the resident's weight today was 94.4 pounds.<br><br>2. The closed record for Resident #C was reviewed on 2/11/14 at 7:55 a.m. The resident was admitted to the facility on 12/17/13 and was sent to the hospital on 1/6/14. The resident was not readmitted to the facility. The resident's diagnoses included, but were not limited to, syncope, muscle weakness, high blood pressure, depression, neuropathy, and non insulin dependent diabetes mellitus.<br><br>The 12/24/13 MDS (Minimum Data Set) Admission Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was 14. A score of 14 indicted the resident's cognitive patterns were intact. The assessment also indicated the resident required limited assist (resident highly | | | |

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| | involved in activity with staff providing guided maneuvering of limbs) of one person for toileting, dressing, and eating.<br><br>Review of the 12/31/13 Physician orders indicated there was an order written at 4:00 p.m. The noted order indicated staff were to obtain a UA (urinalysis laboratory test) and start neurological checks (assessments to evaluate the neurological status) due to increased confusion.<br><br>The resident's care plans were reviewed. A care plan initiated on 12/26/13 indicted the resident had a diagnosis of hypertension (high blood pressure). Care plan interventions included for staff to observe for signs or symptoms of hypertension and to report any signs or symptoms of hypertension to the Physician.<br><br>Review of the 12/2013 Skilled Nursing Assessment and Data Collection notes indicated a note was completed 12/30/13. The note was completed by the night shift. The note indicated the resident's cognition "remains the same" and had no altered level of consciousness. There were no other Nursing Notes completed on | | | |

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| | 12/30/13. The next Skilled Nursing Assessment and Data Collection note was completed on the 3:00 p.m.- 11:00 p.m. shift on 12/31/13. This note indicate the resident's cognition remained the same. The Nursing notes/comments sections on the 12/31/13 above assessment indicated the and urinalysis was collected and neurological checks were initiated. This section also indicted the resident had a fall at 5:00 p.m. and the Physician was notified.<br><br>A Fall Circumstance, Assessment and Intervention form was initiated on 12/31/13. This form was completed by LPN #3 at 5:00 p.m. The note indicated the resident was found on the floor in the bathroom. The note also indicated the resident had recent increased in weakness to her lower extremities.<br><br>There were no other entries, Nurses Notes, or assessment documented on 12/30/13 or 12/31/13.<br><br>When interviewed via telephone on 2/11/14 at 10:12 a.m., LPN #3 indicated she took care of Resident #C on the evening shift. The LPN indicated the resident's family reported to staff they were in the | | | |

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| | bathroom with the resident and the resident" lost all feeling" and "she can't move." The LPN indicated she and the CNA went to the resident's room and the resident at that time was sitting on the toilet .The LPN at first indicated she did not recall the date the above occurred but did recall it was the day before she obtained the Physician order for neurological checks (12/31/13). The LPN did not indicated if the above was documented in the resident's record. LPN #3 then indicated she did not call the Physician on 12/30/13 when the event was reported as the resident's Physician was not on call and she did not witness the episode the family reported. The LPN indicated she notified the Physician on the following day (12/31/13) to keep him informed of the weakness the family reported and the resident had some confusion. The LPN did not indicate the resident had a fall on 12/31/13.<br><br>The facility policy titled "Physician Notification Guidelines" was reviewed on 2/10/14 at 11:40 a.m. The policy was dated 12/06/2007. The facility Administrator provided the policy and indicated the policy was current. The policy indicated | | | |

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| | the Physician was to be made aware of testing results or a change in condition in a timely manner.<br><br>This Federal tag relates to Complaint IN00144065.<br><br>3.1-5(a)(2)<br>3.1-5(a)(3) | | | |
| F000309<br>SS=D | 483.25<br>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br>Based on record review and interview, the facility failed to ensure non pressure skin conditions were assessed and monitored on an ongoing basis, after changes in the wounds occurred, and concerns related to the residents footwear for 1 of 3 residents reviewed for non pressure skin wounds in the sample of 5.<br>(Resident #C)<br><br>Finding include:<br><br>The closed record for Resident #C was reviewed on 2/11/14 at 7:55 | F000309 | Resident C has been discharged from the facilityThe other residents were reviewed for skin impairment and those with impairment have proper assessment and documentation. There are no other residents with concerns with footwear at this time.DHS/designee will inservice licensed nursing staff on proper skin assessments and monitoring, weekly measurements and proper documentation of non pressure skin wounds.DHS/designee will audit non pressure skin wounds for proper assessment, measurement and documentation 3x weekly x 2 months, then 2x | 03/13/2014 |

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| | a.m. The resident was admitted to the facility on 12/17/13 and was sent to the hospital on 1/6/14. The resident was not readmitted to the facility. The resident's diagnoses included, but were not limited to, syncope, muscle weakness, high blood pressure, depression, neuropathy, and non insulin dependent diabetes mellitus.<br><br>The 12/24/13 MDS (Minimum Data Set) Admission Assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was 14. A score of 14 indicted the resident's cognitive patterns were intact. The assessment also indicated the resident required limited assist (resident highly involved in activity with staff providing guided maneuvering of limbs) of one person for toileting, dressing, and eating. The MDS assessment also indicated the resident had no diabetic ulcers, infections, or other open lesions to her feet.<br><br>A Care Plan initiated on 12/30/13 indicated the resident had cellulitis to the left foot. Care Plan interventions included to monitor for edema, redness, complaints of pain, and red streaking at the site. Other | | weekly x 2 months, then weekly thereafter until QAA states otherwiseDHS/designee will bring audits to QAA monthly for review and recommendations as needed x 6 months and then quarterly thereafter until 100% compliance is achieved.March 13, 2014 | |

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| | interventions included to monitor for and notify the Physician promptly of signs or symptoms of infection.<br><br>A Nursing Admission Assessment & Data Collection form was completed on 12/17/13 at 5:00 p.m. The form indicated pedal (foot) pulses were present on the resident's right and left feet. The form indicted the resident had bruising to the feet bilaterally "possibly d/t (due to) fall before admission." The form also noted the resident had 1+ pitting edema to her bilateral lower extremities. A printed body diagram on the form indicated an abrasion and fluid filled blisters were noted on the resident's feet. There were four sets of measurements written next to the body diagram. The measurements were 7 x 4 cm (centimeters), 3.3 cm x 1 cm, 3.4 cm x 1.4 cm, and 5 cm x 3 cm. The written measurements were not marked on the body diagram itself.<br><br>An skin sheet was initiated on 12/17/13. The sheet indicated the following areas were noted:<br>1. Bruise to top of the right foot measuring 7 cm x 4 cm-purple/blue in color<br>2. Abrasion to the left inner foot measuring 5 cm x 3 cm. | | | |

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| | 3. Fluid filled blister to the top of the left foot measuring 3.4 cm x 1.4 cm, purple in color<br>4. Fluid filled blister to the top of the left foot measuring 3.3 cm x 1cm, purple/red in color.<br>There were no further assessment or measurement of any of the above areas on this skin sheet. The skin sheet indicated there were section for "weekly assessments' of each area to be completed. There were no other skin assessment sheets available to review.<br><br>The 12/2013 Physician orders were reviewed. There was an order written on 12/18/13 to apply Bacitracin (an antibiotic ointment) to the left foot and cover with a dressing daily. There were Physician orders written on 12/24/13 to discontinue the current treatment to the left foot and to start treatment to apply MediHoney to the wound with a nickel size thick padding and cover with Kerlix daily until healed. An order was written on 12/31/13 to discontinue the MediHoney treatment and to begin treatment to rinse the left foot with saline, apply Santyl (a debriding ointment) twice a day and cover with a nickel thick padding and Kerlix wrap until healed. | | | |

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| | A History and Physical note was completed by the Physician on 12/17/13. The note indicated the resident was admitted to the facility after an evaluation and treatment at the hospital for syncope and dehydration. Physical findings on the History and Physical noted the resident had bruising to both of her lower feet.<br><br>The Physician Progress Notes were reviewed. A Progress Note completed on 12/24/13 indicated the resident had a 5 x 5 (no documentation of what the measurement was recorded in) open wound to the left dorsal foot with a hematoma. The note also indicated the left foot wound was to be treated with MediHoney and nickel thick padding, with a Kerlix wrap.<br><br>The 12/31/13 Physician Progress Note indicated there was worsening of color of the left foot wound after leaving shoe on with extended activity. The Progress Note also indicated purulent drainage was noted from the wound. The Progress Note also indicated a 10 x 8 cm eschar (thick, leathery necrotic or devitalized tissue, frequently black or brown in color) area covered | | | |

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| | wound to the left dorsal foot with purulent discharge. The Progress Note also indicated the treatment to the left foot wound was to rinse with foot with normal saline, apply Santyl (a debriding ointment) twice a day with nickel size padding and Kerlix.<br><br>Review of the 12/2013 and 1/2014 Nursing Progress Notes, Change in Condition Notes, Assessments, and Care Plans indicated there was no documentation of any assessment or evaluation of the resident's foot wear related to the above 12/31/13 Physician Progress Note. A Nurses' Note written on 12/24/13 at 8:00 a.m. indicted the Physician was in to see the resident and assessed the left foot and new orders were receive and noted. There was no assessment of the left foot in this entry.<br><br>The Skilled Nursing Assessment and Data Collection forms dated 12/17/13 through 12/31/13 were reviewed and noted as follows:<br><br>12/17/13 (3:00 p.m. - 11:00 p.m.) indicated the Skin Section noted the resident had a bruise. No open lesions, ulcers, or cellulitis area were checked. | | | |

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| | 12/18/13 (7:00 a.m. - 3:00 p.m.) indicated the Skin Section noted the resident had a bruise and blood blister to the top of the left foot. The entry was not checked to show the resident had a dressing, open areas, or ulcers. No assessment or measurement of the above blood blister were noted.<br><br>12/18/13 (3:00 p.m. - 11:00 p.m.) indicated the Skin Section noted the resident had a bruise. The entry indicated the resident had a dressing in place. The entry indicated the resident had no open lesions, ulcers, or cellulitis. There was no documentation of any blisters to the left foot.<br><br>12/18/13 (11:00 p.m. - 7:00 a.m.) indicated the Skin Section noted no areas of any skin impairment were marked and dressings were in place.<br><br>12/19/13 (7:00 a.m. - 3:00 p.m.) indicated the Skin Section noted the resident had a bruise and a blister to the top of the left foot. There was no assessment or measurement of the blister. The section indicated the dressing was checked.<br><br>12/19/13 (3:00 p.m.- 11:00 p.m.) | | | |

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| | indicated the Skin Section noted the resident had bruise present on admission. No ulcers, open lesions or cellulitis were noted. The section noted there was no dressing.<br><br>12/19/13 (11:00 p.m. - 7:00 a.m.) indicated the Skin Section noted the resident had a bruise. No ulcers, open lesions or cellulitis were noted. The section noted there was no dressing.<br><br>12/20/13 (7:00 a.m. - 3:00 p.m.) indicated the Skin Section noted the resident had a blister to the left foot and the dressing was checked. There was no assessment of the blister. No ulcers, open lesions or cellulitis were noted.<br><br>12/20/13 ( 11:00 p.m. - 7:00 a.m.) indicated the Skin Section noted the resident had a skin impairment. The section did not indicate the type of skin impairment present. There was no documentation of any blisters as noted above on the 7:00 a.m. - 3:00 p.m. shift.<br><br>12/21/13 ( 7:00 a.m. -3:00 p.m.) indicated the Skin Section noted the resident had skin impairment. The section did not indicate the type of skin impairment present. The | | | |

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| | section noted to refer to the Skin Sheets for more information such as type, Stage, and location of the skin condition.<br><br>12/22/13 (7:00 a.m.- 3:00 p.m.) indicated the Skin Section noted the resident had skin impairment. The section did not indicate the type of skin impairment present. The section noted to refer to the Skin Sheets for more information such as type, Stage, and location of the skin condition.<br><br>12/23/13 (11:00 p.m. - 7:00 a.m.) indicated the Skin Section noted the resident had skin impairment. The section did not indicate the type of skin impairment or any assessment of the impairment.<br><br>12/26/13 (3:00 - 11:00 p.m.) indicated the Skin Section noted the resident had an open lesion and the dressing was changed. There were no measurements or assessment of the open lesion.<br><br>12/27/13 (11:00 - 7:00 p.m.) indicated the Skin Section noted the resident had an open lesion and the dressing was changed. There were no measurements or assessment of the open lesion. | | | |

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| | 12/28/13 (7:00 a.m. - 3:00 p.m.) indicated the Skin Section noted the resident had an abrasion and the dressing was checked. There were no measurements or assessments of the abrasion.<br><br>12/29/13 (7:00 a.m.- 3:00 p.m.) indicated the Skin Section noted the resident had an abrasion and the dressing was clean, dry, and intact. There were no measurements or assessments of the abrasion.<br><br>12/30/13 (11:00 p.m. - 7:00 a.m.) indicated the Skin Section noted the resident had an abrasion and the dressing was clean, dry, and intact. There were no measurements or assessments of the abrasion.<br><br>12/31/13 (3:00 - 11:00 p.m. ) indicated the Skin Section noted resident had a "Pressure, Stasis, Arterial ulcer. There were no assessments or measurements of the ulcer.<br><br>The Skilled Nursing Assessment and Data Collection forms dated 1/1/14 through 1/5/14 were reviewed and noted as follows:<br><br>1/1/4 (11:00 p.m.- 7:00 a.m.) | | | |

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| | indicated the Skin section noted the resident had an ulcer and no dressing. The entry was not checked to show the dressing was checked or changed.<br>1/2/14 (3:00 p.m.- 11:00 p.m.) indicated the Skin section noted the resident had an open lesion and no dressing. The entry was not checked to show the dressing was checked or changed.<br>1/3/14 (11:00 p.m. - 7:00 a.m.) indicated the Skin section noted the resident had an open lesion and no dressing. The entry was not checked to show the dressing was checked or changed.<br>1/4/14 (7:00 a.m. - 3:00 p.m.) indicated the Skin section noted the resident had an open lesion and cellulitis. The entry indicated a dressing was in place, the dressing was checked, and was dry and intact.<br>1/5/14 (7:00 a.m. - 3:00 p.m.) indicated Skin section noted the resident had an open lesion and cellulitis. The entry indicated a dressing was in place, the dressing was checked, and was dry and intact.<br><br>An Infection Assessment and Review form was initiated on 12/30/13 with not time listed. The | | | |

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| | form indicated the "type of infection" was listed as left foot cellulitis and the symptom listed was left lower extremity redness. The form also indicated the Keflex (an antibiotic) 500 milligrams three times a day for 10 days was ordered. There was no other assessments or descriptions of the left foot completed at the time the 12/30/13 form was initiated. Follow up notes completed on the back page of the 12/30/13 form indicated there was no physical description of the wound or documentation of any symptoms on 12/31/13 11:00 p.m.- 7:00 a.m.- and the 7:00 a.m. to 3:00 p.m. shifts. There was no assessment noted of purulent drainage or eschar.<br><br>A Change in Condition Form was initiated on 12/31/13 at 10:20 a.m. The form indicated the resident's signs/symptoms were increased bilateral foot pain. Physician orders were obtained to change the treatment to the left foot and increase the resident's Neurontin (an oral medication to treat pain) medication to three 300 milligram tablets every night. Follow ongoing shift documentation for the next 72 hours was marked on the back side of the Change in Condition Form. There was no assessment of the | | | |

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| | wound in any of the (9) entries. There was no documentation related to the eschar and purulent drainage as noted in the 12/31/13 Physician Progress Note.<br><br>The resident's hospital records were reviewed on 2/11/14 at 11:20 a.m. The hospital Discharge Summary indicated the resident was admitted to the hospital on 1/7/14 and was discharged on 1/28/14. The Discharge Summary indicated the resident's admitting diagnoses included, but were not limited to," left foot redness and pain, suspected gangrene," and possible sepsis. The resident's discharge diagnoses included, but were not limited to," left foot gangrene, status post amputation." The Discharge Summary also indicated the resident was treated with antibiotics for Pseudomonas (a bacteria) in the wounds.<br><br>The ED (Emergency Department) records indicated the resident arrived on 1/6/14 at 10:25 p.m. The ED records indicated the resident had a left lower extremity wound which was "concerning for osteomyelitis" (a bone infection). The ED note also indicated an arterial ultrasound was to be | | | |

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| | completed to look for gangrene. The ED Physician Physical Exam noted there was an erythematous rash to the left lower extremity with "sloughing" and was mottled and weeping. Emergency Department Admission orders indicated the resident's diagnoses were sepsis with left foot infection, altered mental status, and uncontrolled diabetes.<br><br>The ED Nursing Assessment indicated the resident's skin was hot to touch and exam of the dorsum of the left foot revealed a large wound covering the top of the foot and the left toes were "cool, dusky, and mushy." The assessment also indicated pitting edema and delayed capillary refill was noted to the left lower extremity. This note was dated 1/6/14 at 10:42 p.m.<br><br>The 1/27/14 "Hospitalist Admission Orders" indicated the resident's diagnoses included severe sepsis and probable gangrene of the left foot. The above was signed by the Physician on 1/7/14 at 2:47 a.m.<br><br>An Arterial Doppler test of the lower extremities was completed in the hospital on 1/7/14. The results indicated the severe peripheral vascular disease was noted in the | | | |

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| | right and left lower extremities. Multiple areas of moderate to high grade stenosis were noted in the left superficial femoral artery.<br><br>When interviewed on 2/11/14 at 9:50 a.m., LPN #1 indicated he recalled an issue related to the resident's foot. The resident reported to him something which occurred with therapy. The LPN indicated he talked to someone in Therapy and they confirmed something about rubbing from the top of her shoe. The LPN indicated there was an abrasion to her foot noted. LPN #1 indicated he did not recall which day this occurred but he recalled an incident with the resident's shoe bothering her. The LPN then indicated he took care of the resident on 12/30/13 and 12/31/13 but did not recall seeing the resident's wound that day. The LPN then indicated the above concern with the resident's shoe would have probably been on 12/31/13. The LPN indicated the resident's Physician was here on 12/31/13 and assessed the wound.<br><br>When interviewed on 2/11/14 at 10:25 a.m., Physical Therapy Aide #1 indicated the resident had received Physical Therapy. PT Aide | | | |

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| | #1 indicated she recalled the resident had wounds to her feet. The Aide indicated she did not recall Nursing staff reporting problems with the resident's shoes during therapy. The PT Aide indicated Nursing staff were taking care of the resident's feet.<br><br>When interviewed on 2/11/14 at 8:30 a.m., the Director if Nursing indicated a wound assessment form was initiated on 12/17/13 related the bruising and blisters which were present upon the resident's admission on 12/17/13. The Director of Nursing indicated there were no further entries made on the skin sheet after 12/17/13 and no other wound/skin sheets were available.<br><br>When interviewed on 2/11/14 at 12:30 p.m., the Director of Nursing indicated there was no follow up or documentation related to addressing the resident's shoes or footwear. The Director of Nursing indicated the PTA reported the resident had gone out on a pass around Christmas day and recalled resident stating how she had worn shoes that day.<br><br>The facility policy titled "Pressure/Stasis Wound Condition | | | |

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| | Report Guidelines" was reviewed on 2/10/14 at 11:40 a.m. There was no date on the policy. The facility Administrator provided the policy and indicated the policy was current. The policy indicated a two sided document was to be completed by a RN/LPN . One form was to completed for each impaired area. The form was to be initiated when an area of impairment e.g.: skin tears, rash, excoriation, abrasion, burns, cut, open lesion, bruise and/or surgical wound is identified. Documentation was to included measures of the wounds, exudates, color, odor, wound margins, surrounding tissue, and any objective information about pain. The form was to be updated weekly or with any significant change in the wound, noting the current treatment and medical interventions provided.<br><br>This Federal tag relates to Complaint IN00144065.<br><br>3.1-37(a) | | | |

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| F000325<br>SS=D | 483.25(i)<br>MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE<br>Based on a resident's comprehensive assessment, the facility must ensure that a resident -<br>(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<br>(2) Receives a therapeutic diet when there is a nutritional problem.<br>Based on record review, and interview, the facility failed to ensure dietary interventions recommended by the RD (Registered Dietitian ) were acted upon and implemented in a timely manner for 1 of 3 resident's reviewed for weight loss in the sample of 5.<br>(Resident #E)<br><br>Findings include:<br><br>1. The record for Resident #E was reviewed on 2/10/14 at 12:28 p.m. The resident's diagnoses included, but were not limited to, anxiety, high blood pressure, coronary artery disease, and a history of breast cancer. The resident was receiving Hospice services<br><br>The 12/2013 and 01/2014 weights were reviewed. The weights were recorded as follows: | F000325 | Resident E continues on hospice at this time. Physician and family were notified of current weight and RD's recommendations. Physician did not order RD recommendation due to resident would not benefit from the recommendations at this time.RD recommendations were reviewed for other residents and all have been completed with follow up.DHS/designee will inservice licensed nursing staff on proper and timely follow up of RD recommendations of dietary interventions as per policy.DHS/designee will audit RD recommendations 1x weekly for timely follow up.DHS/designee will bring audits to QAA monthly for review and recommendations as needed x 6 months and then quarterly thereafter until 100% compliance is achieved.March 13, 2014 | 03/13/2014 |

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| | 12/17/13- 97.4 pounds<br>01/14/14- 95.4 pounds<br>01/21/14- 92.0 pounds.<br>There were no 2/2014 weights recorded.<br><br>The 2/2014 MAR (Medication Administration Record) was reviewed. There were Physician's orders for the resident to receive Resource 2.0 nutritional supplements 120 ml's (milliliters) orally twice a day. The MAR indicated the Resource was originally ordered on 8/19/13. The Resource supplement was signed out as given from 2/1/14 through 2/10/14 "upon rising" and at "dinner time."<br><br>A Nutrition Progress Note was completed by the RD (Registered Dietitian) on 1/14/14. The note indicated the resident's current body weight was 95.4 pounds which indicated a 5.6 pound (5.5%) weight loss in the last 30 days. The note also indicated the resident was currently receiving a 2.0 supplement 120 ml's twice a day and the resident's BMI (Body Mass Index) was below the desirable range. The RD recommendations included for staff notify the Physician and the resident's family of the weight loss, | | | |

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| | increase the 2.0 supplement to 240 ml's (4 ounces) twice a day between meals, and to continue weekly weights for closer monitoring.<br><br>Review of the 1/2014 and 2/2014 Nursing Notes and assessments indicated there was no record of of the Physician or the resident's family having been notified of the weight loss .<br><br>The resident's current care plans were reviewed. A care plan initiated on 8/21/13 indicated the resident was at risk for alteration in nutrition and/or hydration related to weight loss. The care plan was last updated on 1/14/14. Interventions included to monitor and report weight loss to the Physician.<br><br>When interviewed on 2/10/14 at 1:30 p.m., RN #1 indicated she was assigned to care for the resident at this time and had taken care of the resident several times in the past. The RN indicated the resident usually took the oral supplement well and unusually consumed 100% of them. RN #1 also indicated the resident was currently receiving 120 ml's of the ordered supplement twice a day upon rising and at dinner time as ordered. | | | |

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| NAME OF PROVIDER OR SUPPLIER AVALON SPRINGS HEALTH CAMPUS | | STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SILHAVY ROAD VALPARAISO, IN 46383 | |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| | When interviewed on 2/10/14 at 1:20 p.m. the Director of Nursing indicated the resident was weighed today and her weight was 94.4 pounds. The Director of Nursing indicated the above RD recommendations to notify the Physician and family, to increase amount and change the time of the administration of the supplement, and to complete weekly weights were not addressed.<br><br>The facility policy titled "Nutrition Recommendation Guideline" was reviewed on 2/10/14 at 1:40 p.m. The policy had a revised date of 2/16/13. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated the suggested discipline was to follow up on the recommendation "in a timely manner."<br><br>This Federal tag relates to Complaint IN001440065.<br><br>3.1-46(a)(1) | | | |