

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155482	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/24/2013
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NAME OF PROVIDER OR SUPPLIER KENDALLVILLE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1802 E DOWLING ST KENDALLVILLE, IN 46755
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F000000	<p>This visit was for the Investigation of Complaints IN00136655 and IN00138294.</p> <p>Complaint IN00136655 Substantiated. No Federal/ State deficiencies related to the allegations are cited.</p> <p>Complaint IN00138294 Substantiated. Federal/ State deficiencies related to the allegations are cited at F157, F282, F309, F314, and F514.</p> <p>Survey dates: October 21, 23, and 24 2013</p> <p>Facility number: 000529 Provider number: 155482 AIM number: 100267140</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF/NF: 36</p>	F000000	F000Submission of this plan of correction does not constitute an admission by Kendallville Manor or their Management companies that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement of the survey allegations. In lieu of a revisit we respectfully request a Desk Review.	

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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	<p>Total: 36</p> <p>Census payor type:</p> <p>Medicare: 6</p> <p>Medicaid: 27</p> <p>Other: 3</p> <p>Total: 36</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on October 25, 2013 by Randy Fry RN.</p>			

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) 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).</p> <p>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.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review the facility failed to ensure the physician was notified of changes to a wound for 1 of 3 residents reviewed</p>	F000157	F157 483.10(b)(11) Notify of changes (Injury/Decline/Room,Etc.) I. Resident H is no longer in the facility.II. All residents in facility have the potential to be affected	11/23/2013			

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	<p>for wounds in a sample of 4 (Resident #H)</p> <p>Findings include:</p> <p>Resident # H's record was reviewed 10-21-2013 at 2:45 PM. Resident #H's diagnoses included but were not limited to: peripheral artery disease, cellulitis and dementia.</p> <p>A physician's progress note dated 6-14-2013 indicated Resident #H had increased edema and some skin sloughing on the top of her right foot.</p> <p>Nurse's notes dated 6-15-2013 at 3:25 PM indicated Resident #H had a new 1x1 centimeter fluid filled blister on her right anterior foot. There was no note the physician was notified of the change in this area.</p> <p>There were no further notes from the physician regarding the open area until documented in progress notes dated 6-17-2013, when the measurement of the area was 8.9 x 4.8 x 0.1 centimeters.</p> <p>In an interview on 10-23-2013 at 2:45 PM, LPN #3 indicated the physician should have been notified of the changes in the area when they were noted.</p>		<p>by this practice. III. All Licensed Staff will be In-serviced by 11-8-13 on notification of changes. (Attach 2)IV. The DON or her designee will conduct random sample of audits of 5 resident charts which will be reviewed weekly for 4 weeks, then monthly thereafter to insure that the notifications have been completed. Results of these audits are being reported in the facility QA Committee Meeting for additional recommendations as necessary. (attachment 3)V. November 23, 2013</p>		

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	<p>A current policy titled Change in a Resident's Condition or Status dated 4-2012 provided by the Director of Nursing on 10-24-2013 at 9:45 AM indicated " 1. The nurse will notify the resident's Attending Physician or on call physician when there has been: j. to notify the physician of changes in the resident's condition."</p> <p>This Federal tag relates to complaint IN00138294.</p> <p>3.1-5(a)(2)</p>				

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F000282 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 interview and record review the facility failed to ensure treatments were completed as ordered for 1 of 3 residents reviewed for wound treatment in a sample of 4. (Resident #J)</p> <p>Findings include:</p> <p>1. Resident #J's record was reviewed 10-24-2013 at 9:06 AM. Resident #J's diagnoses included, but were not limited to: high blood pressure, diabetes, and respiratory failure.</p> <p>Resident #J's Treatment Administration Record (TAR) dated September 2013 indicated a Duoderm was applied to Resident #J's coccyx area on 9-9-2013.</p> <p>A physician's order dated 9-10-2013 indicated to apply the Duoderm to Resident #J's coccyx area every 3 days and as needed if soiled.</p> <p>Nurse's notes dated 9-9-2013 did not indicate the Duoderm had been</p>	F000282	F282 483.20(k)(3)(iii) Services by qualified persons/per care plan. Resident J had chart reviewed and verified order was obtained and appropriate for area noted in Sept. Med. Director was notified by DON of gaps in September Tars.II. All residents in facility have the potential to be affected by this practice. III. Implemented and In-serviced Nursing Staff on the "Pressure Ulcer/Skin Tear Checklist" (attachment 2) The IDT plan team has been reeducated on the facility's policy's regarding. The IDT team conducts reporting pressure ulcers/skin tears to physician/family daily clinical meetings to include new pressure ulcers/skin tears in which charts will be brought to meeting and reviewed for compliance with notifications. In addition IDT will review treatment ordered as well as evaluate prior treatments that may need dc'd. IV. The DON or her designee will conduct random sample of audits of 5 resident's charts which will be reviewed weekly for 4 weeks, then monthly thereafter to insure that the notifications have been completed. Results of these audits are being reported in the	11/23/2013			

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	<p>applied, or the physician notified about the change in treatment until 9-10-2013 at 10 AM.</p> <p>In an interview on 10-24-2013 at 9:30 AM, LPN #1 indicated the facility should have called the physician before changing the treatment.</p> <p>A physician's order dated 9-4-2013 indicated to apply Xenaderm ointment to affected area twice daily. There was no discontinue order written for the Xenaderm.</p> <p>Resident #J's TAR dated September 2013 for the application of Xendaderm to coccyx twice daily had signatures for 6A-6P on 9-6, 8, 9, 10, 11, 12, 14, 21, 22, 24, 26, 27, 28, and 29 and for 6P-6A on 9- 4 through 9-21, and 9-24 through 9-30, 2013.</p> <p>A 5-day MDS dated 10-7-2013 indicated Resident #J had a Basic Interview for Mental Status score of 15, which indicated Resident #J was interviewable.</p> <p>In an interview on 10-24-2013 at 9:34 AM, Resident #J indicated the facility finished the cream and had not put any cream on since they started the Duoderm pad the first part of September.</p>				<p>facility QA Committee Meeting for additional recommendations as necessary. (attachment 3)V. November 23, 2013 VI. On 9-9-13, nurse entered nursing note indicating "faxed Dr. Corbin for new order to OA's on coccyx et waiting on reply". Tars will indicate nurse initiated duoderm to coccyx. (Attachment 4, 5, and 6)</p>		

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	<p>In an interview on 10-24-2013 at 9:36 AM, LPN #2 indicated the Xenaderm should have been discontinued or the order clarified after the Duoderm was started.</p> <p>This Federal tag relates to complaint IN00138294.</p> <p>3.1-35(g)(2)</p>			

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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.</p> <p>Based on interview and record review the facility failed to follow their policy and procedure concerning skin assessment for 1 of 3 residents reviewed for wounds in a sample of 4 (Resident #H)</p> <p>Findings include:</p> <p>Resident # H's record was reviewed 10-21-2013 at 2:45 PM. Resident #H's diagnoses included but were not limited to: peripheral artery disease, cellulitis and dementia.</p> <p>A physician's progress note dated 6-14-2013 indicated Resident #H had increased edema and some skin sloughing on the top of her right foot.</p> <p>Nurse's notes dated 6-15-2013 at 3:25 PM indicated Resident #H had a new 1x1 centimeter fluid filled blister on her right anterior foot. There was no note the physician was notified of this change in the area.</p>	F000309	<p>F309 483.25 Provide Care/Services for Highest Well BeingI. Resident H is no longer in facilityII. All residents in facility have the potential to be affected by this practice. III. All licensed staff will be in-serviced by 11-8-13 on notification of changes and Pressure Ulcer/Skin Tear sheet. (attachment 2)IV. The DON or her designee will conduct random sample of audits of 5 weekly skin assessments and the Weekly Wound Report which will be reviewed for 4 weeks, then monthly thereafter to insure that the skin assessments have been completed. Results of these audits are being reported in the facility's QA Committee Meeting for additional recommendations as necessary. (attachment 3)V. November 23, 2013</p>	11/23/2013	

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	<p>There were no further notes regarding the size or characteristics of the area until documented by the wound nurse on 6-17-2013, when the measurement of the area was 8.9 x 4.8 x 0.1 centimeters.</p> <p>In an interview on 10-23-2013 at 2:45 PM, LPN #3 indicated the area should have been assessed at least daily to reflect the changes in the area.</p> <p>A current policy titled Weekly Skin Check dated 11-2011 provided by the Director of Nursing on 10-23-2013 at 2:10 PM indicated "2. the nurse shall complete the Skin Assessment form indicating any new areas of abnormality."</p> <p>This Federal tag relates to complaint IN00138294.</p> <p>3.1-37(a)</p>						

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on interview and record review the facility failed to ensure treatments were completed as ordered for 1 of 3 residents reviewed for wound treatment in a sample of 4. (Resident #J)</p> <p>Findings include:</p> <p>Resident #J's record was reviewed 10-24-2013 at 9:06 AM. Resident #J's diagnoses included, but were not limited to: high blood pressure, diabetes, and respiratory failure.</p> <p>Resident #J's Treatment Administration Record dated September 2013 indicated a Duoderm was applied to Resident #J's coccyx area on 9-9-2013.</p> <p>A physician's order dated 9-10-2013</p>	F000314	F314 483.25(c) Treatments/Svcs to Prevent/Heal Pressure Sores!. Resident J had chart reviewed and verified order was obtained and appropriate for area noted in Sept. Med. Director was notified by DON of gaps in September Tars.II. All residents in facility have the potential to be affected by this practice. III. Implemented and In-serviced Nursing Staff on the "Pressure Ulcer/Skin Tear Checklist" (attachment 2)IV. The DON or her designee will conduct random sample of Mars/Tars daily for 4 weeks, then monthly thereafter to insure that the notifications have been completed. Results of these audits are being reported in the facility QA Committee Meeting for additional recommendations as necessary. (attachment 3)V. November 23, 2013	11/23/2013	

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	<p>indicated to apply the Duoderm to Resident #J's coccyx area every 3 days and as needed if soiled.</p> <p>Nurse's notes dated 9-9-2013 did not indicate the Duoderm had been applied, or the physician notified about the change in treatment until 9-10-2013 at 10 AM.</p> <p>In an interview on 10-24-2013 at 9:30 AM, LPN #1 indicated the facility should have called the physician before changing the treatment.</p> <p>A physician's order dated 9-4-2013 indicated to apply Xenaderm ointment to affected area twice daily. There was no discontinue order written for the Xenaderm.</p> <p>Resident #J's TAR dated September 2013 for the area of Xenaderm to coccyx twice daily had signatures for 6A-6P on 9-6, 8, 9, 10, 11, 12, 14, 21, 22, 24, 26, 27, 28, and 29 and for 6P-6A on 9- 4 through 9-21, and 9-24 through 9-30, 2013.</p> <p>A 5-day MDS dated 10-7-2013 reflected a Basic Interview for Mental Status score of 15, which indicated Resident #J was interviewable.</p> <p>In an interview on 10-24-2013 at 9:34</p>						

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	<p>AM, Resident #J indicated the facility finished the cream and had not put any cream on since they started the Duoderm the first part of September.</p> <p>In an interview on 10-24-2013 at 9:36 AM, LPN #2 indicated the Xenaderm should have been discontinued or clarified after the Duoderm was started.</p> <p>This Federal tag relates to complaint IN00138294.</p> <p>3.1-40(a)(2)</p>				

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F000514 SS=D	<p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure Treatment Administration Records were completed accurately for 1 of 3 residents reviewed in a sample of 4 (Resident #J)</p> <p>Findings include:</p> <p>Resident #J's record was reviewed 10-24-2013 at 9:06 AM. Resident #J's diagnoses included, but were not limited to: high blood pressure, diabetes, and respiratory failure.</p> <p>A physician's order dated 9-4-2013 indicated to apply Xenaderm ointment to affected area twice daily. There was no discontinue order written for the Xenaderm.</p>	F000514	F514 483.75(I)(1) Res. Records Complete/Accurate/Accessible. Resident J had chart reviewed and verified order was obtained and appropriate for area noted in Sept. Med. Director was notified by DON of gaps in September Tars.II. All residents in facility have the potential to be affected by this practice. III. Implemented and In-serviced Nursing Staff on the "Pressure Ulcer/Skin Tear Checklist" (attachment 2) The IDT plan team has been reeducated on the facility's policy's regarding. The IDT team conducts reporting pressure ulcers/skin tears to physician/family daily clinical meetings to include new pressure ulcers/skin tears in which charts will be brought to meeting and reviewed for compliance with notifications. In addition IDT will review treatment ordered as well	11/23/2013	

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NAME OF PROVIDER OR SUPPLIER KENDALLVILLE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1802 E DOWLING ST KENDALLVILLE, IN 46755		
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	<p>Resident #J's TAR dated September 2013 for the area of Xenaderm to coccyx twice daily had signatures for 6A-6P on 9-6, 8, 9, 10, 11, 12, 14, 21, 22, 24, 26, 27, 28, and 29 and for 6P-6A on 9- 4 through 9-21, and 9-24 through 9-30, 2013.</p> <p>In an interview on 10-24-2013 at 9:34 AM, Resident #J, who was identified as interviewable on the 5 day MDS dated 10-7-2013 with a Basic Interview for Mental Status score of 15, indicated the facility finished the cream and had not put any cream on since the first part of September.</p> <p>In an interview on 10-24-2013 at 9:36 AM, LPN #1 indicated the staff should have not signed for treatments not completed.</p> <p>A current policy titled Change in Condition or Status dated 4-2012 provided by the Director of Nursing on 10-24-2013 at 9:45 AM indicated "5. The nurse will record in the resident record any changes in treatments."</p> <p>3.1-50(a)(2)</p>		<p>as evaluate prior treatments that may need dc'd. IV. The DON or her designee will conduct random sample of audits of Mar/Tars which will be reviewed daily for 4 weeks, then monthly thereafter to insure that the notifications have been completed. Results of these audits are being reported in the facility QA Committee Meeting for additional recommendations as necessary. (attachment 3)V. November 23, 2013</p>		