

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155214	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2013
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NAME OF PROVIDER OR SUPPLIER ST ANTHONY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 203 FRANCISCAN DR CROWN POINT, IN 46307
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F0000	<p>This visit was for the Investigation of Complaint IN00123217.</p> <p>Complaint IN00123217-Substantiated. Federal/state deficiency related to the allegation cited at F 323.</p> <p>Survey dates: January 28 & 29, 2013</p> <p>Facility number: 000120 Provider number: 155214 AIM number: 100274780</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: SNF: 35 SNF/NF: 135 NCC: 8 Total: 178</p> <p>Census payor type: Medicare: 39 Medicaid: 92 Other: 47 Total: 178</p> <p>Sample: 6</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC</p>	F0000	<p>St. Anthony Home ("the provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and / or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services ("CMS"), the state of Indiana or any other entity; or (2) to serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.</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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	16.2. Quality review completed on January 30, 2013, by Janelyn Kulik, RN.			

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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 record review and interview, the facility failed to provide adequate supervision to prevent accidents for residents at risk for falls related to sensor alarms not initiated as ordered by the Physician for 1 of 3 residents reviewed for falls in the sample of 6. (Resident #D)</p> <p>Findings include:</p> <p>The closed record for Resident #D was reviewed on 1/28/13 at 11:00 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure, chronic kidney disease, arthritis, asthma, atrial fibrillation (an irregular heart beat), high blood pressure, and endocarditis (a cardiac infection).</p> <p>Review of the 1/11/13 admission Physician orders indicated there were orders written for the resident to have a sensor pad (pad which alarms when a resident moves off the pad) in place to the the bed, wheel chair and</p>	F0323	<p>1.1 Regarding Resident D, record for Resident D is closed (resident no longer resides in facility). 1.2 Unit Nurse Managers / designees reviewed all residents at risk for falls related to safety devices to ensure all were implemented per physician order. 1.3 Director of Staff Development / designee reeducated licensed staff related to implementing sensor alarms / safety devices upon receiving a physician order. Midnight licensed staff / designees will audit new admission physician orders and new physician orders daily to ensure safety devices are implemented and transcribed to the TAR. Unit Nurse Managers / designees will review new admission physician orders and new physician orders five (5) times per week for eight (8) weeks and then monthly for an additional six (6) months to ensure safety devices are transcribed to the TAR. Unit Nurse Managers / designees will perform random safety device checks for placement on five (5) residents per unit weekly for eight (8) weeks and then monthly for</p>	02/28/2013	

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	<p>recliner chairs at all times.</p> <p>The 1/2013 Treatment Record was reviewed. The Treatment Record indicated orders were written on 1/15/13 for the resident to have a sensor pad to the chair and a sensor pad to the bed. The above treatments were first signed out on 1/15/13. The Physician orders written on 1/11/13 were not listed on the Treatment Record prior to 1/15/13.</p> <p>Review of the 1/12/13 Fall Risk Screening Tool indicated the resident displayed intermittent confusion, required the use of assistive devices, and was receiving medications identified as possible risk factors. The Fall Risk Screening Tool also indicated the resident had 1 or 2 disease conditions listed as predisposing factors for fall risk. The resident's total score was (11). The Fall Risk Screening Tool indicated a score of 10 or higher represented a high risk for falls and a prevention protocol was to be initiated immediately.</p> <p>The 1/2013 Clinical Notes were reviewed. An entry made on 1/15/13 at 1:47 p.m. indicated the resident's family was called for the resident and the family indicated the resident had</p>		<p>an additional six (6) months beginning the week of 2/11/13, to ensure compliance. These random audits will include all shifts.</p> <p>1.4 The DON / designee will report audit findings to the Quality Assurance (QA) Committee monthly for six (6) months with the next meeting held in February 2013. The QA Committee will monitor data presented for any trends, and determine if further monitoring/action is necessary for continued compliance.</p> <p>1.5 Systemic changes will be completed by 2/28/13.</p>		

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	<p>called them during the night and stated he fell during the night and "picked himself up." A head to toe assessment was completed by Nursing and a deep purple bruising was observed under the resident's right axilla (area under the armpit area) area. The entry also indicated the Physician was notified of the bruising.</p> <p>Two Non-Pressure Skin Condition Reports were initiated on 1/15/13. The first report indicated the resident was observed with a purple bruise to the posterior right flank (side) area and the bruise measured 6 cm (centimeters) x 2 cm. The second report indicated the resident was observed with a deep purple bruise to the anterior right flank area and this bruise measured 4 cm x 3 cm.</p> <p>An Incident Report Summary dated 1/15/13 at 12:00 p.m. was reviewed. The Incident Report Summary indicated the resident stated he fell during the night and "picked himself up" and did not notify the staff. The resident was assessed and two purple discolorations were noted under the resident's right axilla area. The facility Preventative Action Plan/Recommendations section indicated Nursing staff were to remind</p>			

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	<p>the resident of the importance of calling for assistance and not to get up unassisted. Other plans/recommendations were for a sensor pad to be added to the resident's bed and chair to notify staff when the resident was getting up unassisted.</p> <p>When interviewed on 1/28/13 at 11:35 a.m., the Director of Nursing indicated the resident's first fall was an unwitnessed fall on 1/15/13. The Director of Nursing indicated the resident informed his family that he was going to the bathroom and he fell on the way back. The Director of Nursing indicated the resident was assessed by staff and two areas of discoloration were observed under the resident's arm pit area. The Director of Nursing indicated alarms were not in place at this time as the resident was ambulatory. The Director of Nursing indicated alarms were put into place after this first fall on 1/15/13.</p> <p>When interviewed on 1/28/13 at 3:05 p.m., the Director of Nursing indicated there were Physician orders written on 1/11/13 for the resident to have sensor pads to the bed, wheelchair, and the recliner chair.</p>			

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	<p>When interviewed on 1/29/13 at 10:20 a.m., the Director of Nursing indicated the sensor pad alarms ordered on 1/11/13 were initiated on 1/15/13.</p> <p>This federal tag related to Complaint IN00123217.</p> <p>3.1-45(a)(2)</p>				