

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
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NAME OF PROVIDER OR SUPPLIER NEW HARMONIE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 251 HWY 66 NEW HARMONY, IN 47631
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F000000	<p>This visit was for the Investigation of Complaint IN00151938.</p> <p>Complaint IN00151938 - Substantiated, Federal/State deficiencies are cited at F279.</p> <p>Survey dates: July 14 and 15, 2014</p> <p>Facility number: 000555 Provider number: 155370 AIM number: 100267530</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF/NF: 67 Total: 67</p> <p>Census payor type: Medicare: 5 Medicaid: 47 Other: 15 Total: 67</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000		

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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F000279 SS=D	<p>Quality review completed on July 16, 2104 by Jodi Meyer, RN</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p>	F000279	Due to low scope and severity we are requesting a desk review. Please accept this POC as our allegation of compliance effective August 1, 2014. Wandering Care Plan was reviewed and revised	08/01/2014

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	<p>Based on observation, interview, and record review, the facility failed to ensure a care plan was developed with appropriate, individualized interventions for a resident who wandered, for 1 of 3 residents reviewed with care plans, in a sample of 3. Resident C</p> <p>Findings include:</p> <p>On 7/14/14 at 9:25 A.M., during the initial tour, the Director of Nursing (DON) indicated Resident C had fallen recently. Resident C was observed at that time lying in bed, with a sling on her left arm. Bruising was observed around the resident's left eye, and left forehead.</p> <p>The clinical record of Resident C was reviewed. Diagnoses included, but were not limited to, CVA, epilepsy, and vascular dementia.</p> <p>Nurse's Notes included the following notations:</p> <p>6/5/14 at 9:00 A.M.: "...Res [resident] [up] in w/c [wheelchair]...Res has [left] sided weakness D/T [due to] stroke...."</p> <p>6/7/14 at 2:00 P.M.: "[Up] in w/c for meals in easy chair after meals. Wanders in w/c after meal looking for her room...."</p>		<p>for resident C by Interdisciplinary Team to ensure appropriate interventions are in place on 7-16-14Residents with wandering care plans will be reviewed and revised by Interdisciplinary Team to ensure accurate update, interventions and documentation 8-1-14Twenty-four hour report will be reviewed in Daily Operations meeting by Interdisciplinary Care Team daily 5 times per week. Care plans will be reviewed at this time to reflect needed interventions/documentation. Director of Clinical Services will review wandering care plans weekly times 12 weeks and then 1 time monthly for 9 months to ensure accuracy with revisions as needed. Tracking and trending to be noted and brought to Risk Management/Quality Improvement Committee monthly for 12 months for further review and recommendations as warranted.</p>	

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	<p>6/16/14 at 8:00 A.M.: "Alert [and] oriented to person. Unable to locate room gets lost when going or comeing [sic] back to room. Assist of [one] [with] ADL's [activities of daily living] [and] transfers...."</p> <p>A Care Plan indicated: "Problem Onset: 06/16/2014, Wandering. Goal & Target Date, Will remain safe during wandering...Approaches, Explain all procedures prior to start...Anticipate needs. Adminsiter medication as ordered...Consultations as needed. Explain importance of proper food consumption. Provide calm, conducive environment during meal time. Obtain et [and] report lab data...Evaluate effectiveness and side effects...Discuss side effects of drugs with resident/responsible party. Administer medications as prescribed and give PRNs [as needed medications] if pt [patient] reports/exhibits unmanageable levels of anxiety, or psychosis."</p> <p>Interventions which included assisting the resident to locate her room was not found in the clinical record.</p> <p>A Minimum Data Set (MDS) assessment, dated 6/19/14, indicated the resident scored a 4 out of 15 for cognition, with 15 indicating no memory impairment.</p>			

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	<p>The resident had a behavior of wandering "1 to 3 days," and required extensive assistance of two + staff for transfer. The resident required extensive assist of one person for locomotion on and off of the unit. A test for balance while moving from seated to standing position indicated, "Not steady, only able to stabilize with staff assistance."</p> <p>Nurse's Notes continued:</p> <p>6/29/14 at 7:30 P.M.: "Res. was found on the ground in the parking lot by another Res. family member...Assist of 4 staff used along [with] hooyer lift to help Res in w/c. Res has an abrasion to [Right] thumb...abrasion on [left] side of face...hematoma on [left] side of forehead...hematoma [left] elbow...EMS [emergency services] arrived to transfer Res to [hospital] ER for evaluation/diagnosis...."</p> <p>On 7/14/14 at 2:30 P.M., during an interview with CNA # 1, she indicated she was working on 6/29/14. She indicated at approximately 5:00 P.M., one of the residents looked out the dining room window and saw Resident C lying on the ground on the blacktop. She indicated a family member had mistakenly let the resident out the coded front door, and the resident "flipped her</p>			

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	<p>wheelchair."</p> <p>On 7/15/14 at 1:45 P.M., during an interview with the Social Services Director (SSD), she indicated she was the person responsible for developing a care plan for Resident C's wandering. She indicated the resident never wandered into other resident rooms, and had never exit sought prior to the incident on 6/29/14, and she didn't know what she could have done differently, in regard to care plan interventions.</p> <p>This Federal tag relates to Complaint IN00151983.</p> <p>3.1-35(a)</p>			

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

PRINTED: 07/29/2014
FORM APPROVED
OMB NO. 0938-0391

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