

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155781	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/25/2014
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NAME OF PROVIDER OR SUPPLIER MORNINGCREST NURSING AND MEMORY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 915 S 27 ST SOUTH BEND, IN 46615
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F000000	<p>This survey was for the Investigation of Complaint IN00156089.</p> <p>Complaint IN00156089 - Substantiated. No deficiencies related to the allegations area cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: September 25, 2014</p> <p>Facility number: 012199 Provider number: 155781 AIM number: 200989880</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF: 7 Total: 7</p> <p>Census payor type: Medicare: 1 Other: 6 Total: 7</p> <p>Sample : 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	F 0000 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. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance	

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 October 1, 2014, by Brenda Meredith, R.N.</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> <p>Based on record review and interviews, the facility failed to ensure Care Plans addressed the need for assistance for a resident who required supervision and extensive assistance of 1 (one) during transfers and toileting for 1 of 1 residents reviewed for Care Plans in a sample of 3. (Resident "B")</p> <p>Finding includes:</p>	F000279	<p>F-279</p> <ul style="list-style-type: none"> ·The DON/Designee will complete 100% audit of all care plans and ensure that all medical diagnosis and current problems have been care planned. Date of compliance 10/10/2014 ·Therapy will complete 100% screening of all residents for mobility and transfer assistance. Date of compliance by October 31, 2014, and quarterly 	10/31/2014

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	<p>Record review for Resident "B", completed on 09/25/14 at 11:00 a.m., indicated the resident was admitted to the facility with diagnoses including, but not limited to, osteoarthritis, bilateral lower extremity edema, diabetes, Parkinson's disease, dementia, and glaucoma. The quarterly MDS assessment (Minimum Data Set-a tool to assist in patient care needs), dated 08/14/14, indicated the cognitively impaired resident required extensive assist of one for transfers and toileting. The MDS assessment indicated Resident "B's" balance was unsteady and the resident only was able to stabilize with staff assistance, when moving on and off of the toilet.</p> <p>The Progress Notes indicated: "08/23/14 8:41 a.m. Notified by CNA that resident had fallen. Was in bathroom and CNA exited room to get w/c [wheel/chair] and heard a noise. Turned around to bathroom area to observe resident on the floor on her back with head against door frame. The nurse moved residents head away from the door frame and observed a copious amount of bright red drainage from back of head. Attempted to assess residents pain level but resident was alert but non responsive. Instructed CNA to go call 911 while this nurse obtained vitals...resident transported to [hospital name] via</p>		<p>thereafter.</p> <ul style="list-style-type: none"> ·The DON/Designee to complete new fall assessments and pain assessments on all residents. Date of compliance October 31, 2014. ·The DON/Designee will complete 100% audit of CNA care guides (pocket worksheets) and update transfer and mobility status based on therapy evaluations. Date of compliance October 31, 2014. ·Therapy will provide Nurse/CNA in-service on transfers and use of gait belt with skills validation while providing resident care. Date of compliance October 31, 2014 and during newly hired employee orientation process. ·Director of Nursing/Designee will provide Nurse/CNA in-service on fall prevention. Date of compliance October 10, 2014 and quarterly thereafter. ·Director of Nursing/Designee will provide Nurse in-service on documentation, 24 hour report, and change in condition documentation. Date of compliance October 31, 2014. ·The DON/Designee will report in morning clinical meeting any fall or change in condition noted on 24 hour report. Date of compliance October 10, 2014. ·The DON/Designee will institute a falling star program with fall prevention education provided to residents. Re in-service all Staff on current 		

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	<p>ambulance at 0345 [3:45 a.m.]"</p> <p>"08/23/14 4:11 p.m. Upon return from ER incision measured 4.2 cm [centimeters] X 0.1 cm with 5 staples intact to back of the head...."</p> <p>A Care Plan, titled "Falls", dated 11/04/13, indicated: "Problem: [Resident's name] is at risk for falling R/T [Related/To] impaired cognition = [equals] poor safety awareness, incontinent, decreased mobility. Goal: ...Will reduce the risks of falls with injury thru preventative interventions thru next review. Target Date: 11/25/2014." The care plan did not address the resident's needs for assistance.</p> <p>A Care Plan, titled, "ADL [Activities Daily Living] Functional/Rehabilitation Potential", dated 11/02/13, indicated: "Problem: [Resident name] has self care deficit r/t to impaired cognition and decreased mobility. Goal: Resident will be appropriately groomed and dressed with assistance from staff QD [every day] thru next review. Target Date: 11/25/2014." The care plan did not address resident's need for assistance.</p> <p>The DNS (Director of Nursing Services) was interviewed on 09/25/14 at 10:30 a.m. The DNS indicated the Resident</p>		<p>Residents. Date of compliance October 31, 2014 and thereafter for new employees as part of their orientation/ New residents by Social Service director as part of initial interview.</p> <ul style="list-style-type: none"> ·The DON/Designee to complete 100% audit of all fall interventions in place to ensure accuracy and compliance. Date of compliance October 31, 2014. ·The MDS Coordinator and or DON/Designee will review 3 resident care plans and pocket worksheets weekly x 4 then Monthly x 3 and Quarterly thereafter with findings to be discussed in monthly QA meeting. Date of compliance October 31, 2014. 				

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F000323 SS=G	<p>requires an extensive assist of 1 for transfers and toileting.</p> <p>3.1-35(a) 3.1-35(b)(1)</p> <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 interviews, the facility failed to ensure a resident received supervision to prevent a fall during toileting and sustained a laceration to the back of the head requiring emergency care and 5 staples. This affected 1 of 3 residents reviewed for falls. (Resident "B")</p> <p>Finding includes:</p> <p>Record review for Resident "B", completed on 09/25/14 at 11:00 a.m., indicated the resident was admitted to the facility with diagnoses including, but not limited to, osteoarthritis, bilateral lower extremity edema, diabetes, Parkinson's disease, dementia, and glaucoma. The quarterly MDS (Minimum Data Set-a</p>	F000323	<p>F-323</p> <ul style="list-style-type: none"> ·The MDS Coordinator will in-service all nursing staff on ADL documentation. Date of Compliance October 31, 2014. ·Therapy will complete 100% assessment of functional mobility of each resident to ensure accuracy. Date of compliance October 31, 2014. ·The MDS coordinator and or DON/ Designee will audit ADL charting for nursing on an ongoing weekly basis for accuracy, then quarterly updates thereafter. Date of compliance October 31, 2014 and quarterly thereafter. ·The DON/Designee will establish a Quality Assurance (QA) committee to review 	10/31/2014	

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	<p>tool to assist in patient care needs) assessment, dated 08/14/14, indicated the cognitively impaired resident required extensive assist of one for transfers and toileting. The MDS assessment indicated Resident "B's" balance was unsteady and the resident only was able to stabilize with staff assistance, when moving on and off of the toilet.</p> <p>Review of Progress Notes indicated: "08/23/14 8:41 a.m. Notified by CNA that resident had fallen. Was in bathroom and CNA exited room to get w/c [wheel/chair] and heard a noise. Turned around to bathroom area to observe resident on the floor on her back with head against door frame. The nurse moved residents head away from the door frame and observed a copious amount of bright red drainage from back of head. Attempted to assess residents pain level but resident was alert but non responsive. Instructed CNA to go call 911 while this nurse obtained vitals...resident transported to [hospital name] via ambulance at 0345 [3:45 a.m.]"</p> <p>"08/23/14 4:11 p.m. Upon return from ER incision measured 4.2 cm [centimeters] X 0.1 cm with 5 staples intact to back of the head...."</p> <p>Review of a Care Plan, titled "Falls",</p>		<p>Performance Improvement (PI) plans monthly for compliance. Date of compliance October 31, 2014.</p> <ul style="list-style-type: none"> ·The MDS Coordinator will report to monthly QA/PI committee the progress and status of audits. Date of Compliance October 31, 2014 and monthly thereafter. ·The MDS Coordinator and or DON/Designee will validate all CNA/Nursing staff with ADL documentation. Monthly x 3 with any update education, MDS will complete quarterly. Date of Compliance October 31, 2014. ·Therapy and or the DON/Designee will complete random checks of resident transfer and gait belt use weekly x 4, monthly x 4 then Quarterly thereafter. ·The DON/Designee will report transfer skills audit compliance in quarterly PI. Nursing staff will be in-serviced on expectation of transfer skills and compliance. Date of compliance October 31, 2014. 	

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	<p>dated 11/04/13, indicated: "Problem: [Resident's name] is at risk for falling R/T [Related/To] impaired cognition = poor safety awareness, incontinent, decreased mobility. Goal: ...Will reduce the risks of falls with injury thru preventative interventions thru next review. Target Date: 11/25/2014." The care plan did not address the resident's needs for assistance.</p> <p>The DNS (Director of Nursing Services) was interviewed on 09/25/14 at 10:30 a.m. The DNS indicated the Resident requires an extensive assist of 1 for transfers and toileting.</p> <p>3.1-45(a)(2)</p>						