

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155802	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/26/2015
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1 SISTERS OF PROVIDENCE SAINT MARY OF THE WO, IN 47876
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F000000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey dates: January 20, 21, 22, 23 and 26, 2015</p> <p>Facility number: 003624 Provider number: 155802 AIM: 200429840</p> <p>Survey Team: Mary Weyls RN TC Laura Brashear RN Vickie Nearhoof RN (January 20, 26, 2015) Geoff Harris RN Jennifer McElwee RN (January 20, 26, 2015)</p> <p>Census bed type: SNF/NF: 65 Residential: 34 Total: 99</p> <p>Census payor type: Medicare: 21 Medicaid: 35 Other: 9 Total: 65</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC</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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F000323 SS=D	<p>16.2-3.1</p> <p>Quality review completed 1-29-15 by Brenda Marshall, RN.</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 observation, interview, and record review, the facility failed to ensure a side rail was properly secured to the bed and failed to ensure a power extension cord was not utilized for 1 of 1 resident reviewed for risk related to environmental hazards (Resident #54).</p> <p>Findings include:</p> <p>1. On 1/21/15 at 2:14 p.m., Resident #54 was observed seated in a recliner in her room. The resident's bed was against the wall with the outside, left side rail in the raised position. The side rail was loose and easily moved.</p> <p>On 1/21/15 at 2:30 p.m., Maintenance staff #1 measured the space between the mattress and side rail. He indicated the space was three and a half inches. The Maintenance staff indicated the side rail</p>	F000323	F-0323 Providence Health Care will ensure the residential environment is free from hazards and accidents. PHC will ensure that all side rails are properly secured to the bed and all power extension cords are reviewed for risk by a maintenance technician and meet the State Fire and Safety Regulations. All rental equipment used by the facility will be reviewed by the maintenance technician on admission to the facility. A record of these inspections will be submitted to the Nurse Unit Manager and Director of Environmental Services. This same procedure will be followed on any electrical equipment and power strip extension cords brought from the outside by resident's family and visitors anytime during the residents stay Daily visual inspections of bed rails and extension cords will be completed	01/27/2015

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	<p>was loose, and tightened the bolt that attached the rail to the bed.</p> <p>On 1/26/15 LPN #1 was interviewed. The nurse indicated the resident's bed was provided by Hospice.</p> <p>On 1/26/15 at 3:13 p.m., the Admission Coordinator indicated a Hospice service provided and set up the bed for the resident and indicated the bed had been utilized since 10/11/14.</p> <p>The resident's side rail assessment, dated 1/12/15, included documentation the resident expressed a desire to have a side rail for safety and/or comfort.</p> <p>A physician's order dated 10/11/14, indicated the resident used 1/2 side rails for bed mobility and positioning.</p> <p>2. On 1/21/15 at 2:14 p.m., Resident #54's room was observed. An extension cord, plugged into an outlet on a table lamp, was used to provide electricity to a compact disc/radio. The table lamp and 4 other electronic devices were plugged into the power strip.</p> <p>On 1/26/15 at 2:30 p.m. with Maintenance staff #2 present, the resident's room was observed. The power strip was utilized for 5 electronic</p>		<p>by housekeepers, certified nurse aides and nurses when performing nursing or cleaning task in the rooms. If loose bed rails are found or extension cords are found with out a inspection sticker, the maintenance department will be notified immediately. The Maintenance technician will inspect the rooms weekly for proper attachment of side rails to the bed and power extension cords. Any power extension cord found that does not meet Fire and Safety Regulation will be removed and replaced with a power extension cord that meets regulations. A file on equipment inspection will be maintained in the office of the Director of Environmental Services.</p>				

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	<p>devices, including a table lamp with an outlet that was used to power a radio. The Maintenance staff indicated he didn't think an extension cord should have been utilized. He indicated a larger power strip should have been used. The Maintenance staff indicated the facility did not have a policy for checking power sources for residents' personal electronics.</p> <p>On 1/27/15 at 4:30 p.m., the Administrator indicated that Maintenance staff #2 was in charge of electrical issues and the policy was to have new electrical items brought in checked over by maintenance staff for safety. The Administrator indicated staff checked all rooms on a daily basis.</p> <p>3.1-45(a)(1)</p>			