

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155712	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2013
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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 12, 13, 14, 15, 18, 19, and 20, 2013</p> <p>Facility number: 003342 Provider number: 155712 AIM number: 200403740</p> <p>Survey team: Sunny Jungclaus, RN TC Diana Sidell, RN Jennifer Carr, RN (November 12, 13, 14, 15, 18, and 19, 2013) Julie Dover, RN (November 12, 13, 14, and 15, 2013)</p> <p>Census Bed Type: SNF: 22 SNF/NF: 38 Residential: 26 Total: 86</p> <p>Census Payor Type: Medicare: 14 Medicaid: 24 Other: 48 Total: 86</p> <p>Residential Sample: 6</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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	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 29, 2013 by Cheryl Fielden RN</p>				

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F000250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview and record review, the facility failed to meet the needs of a resident who was grieving following the loss of his roommate, for one resident who met the criteria for social services. (Resident #35)</p> <p>Findings include:</p> <p>RN #1 indicated on 11/12/13 at 1:20 p.m., that Resident #35's roommate passed away prior to the initial tour at 10:45 a.m., the same day.</p> <p>During multiple observations on 11/12/12, 11/13/12 and 11/14/13, Resident #35's door was open and he was observed lying down on his bed. The bed of his deceased roommate was observed with 3 large, clear plastic bags full of clothing covering the length of the bed and 7 pair of shoes stacked at the foot of the bed.</p> <p>Resident #35 was interviewed on 11/13/13 at 2:45 p.m., in his room. The resident was observed to have a</p>	F000250	Resident #35's roommate's family was contacted and residents' belongings were removed from the room, in a respectful manner, per his family's instructions. The facility has identified that all residents with a roommate could potentially be affected by this practice. All staff will be re-educated on the Policy and Procedure of Post Mortem Care of Personal Belongings, and additionally, reviewed during new employee orientation. Please find an attached copy of inservice content and check off list. Social Service Director and/or their designee will monitor compliance with Policy and Procedure as warranted, for Post Mortem care of Person Belongings. They will report their findings to the QA Committee on a monthly basis for 6 months.	12/20/2013	

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	<p>flat affect and indicated, "I've had better days." When asked if it bothered him that his deceased roommate's things were still in his room in plain sight, Resident #35 indicated, "Yes. Very." When asked how it made him feel to see his roommate's things stacked on the bed, he indicated, "Like I said, I've had better days."</p> <p>When interviewed regarding post mortem care on 11/13/13 at 2:59 p.m., RN #2 indicated, "We just wait for family to pick it up. I'm not sure how long we give them. Sometimes it's more upsetting for the roommate to see the stuff leaving."</p> <p>The Director of Social Services was interviewed on 11/15/13 at 10:55 a.m. She indicated, "I talked to him (Resident #35) every day. I didn't know there was an issue...I didn't ask him specifically if his (roommate's) things bothered him...". She further indicated that the facility routinely leaves personal items in resident rooms following their death until family has a chance to retrieve them, "as a courtesy to the family...unless we need the room." She indicated, "If we need the room, we'll let the family know...Housekeeping will bag it up and we've moved it here to the</p>			

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	<p>(Social Services) office before."</p> <p>The Director of Social Services provided a copy of the "Guidelines for Post Mortem Care" on 11/15/13 at 11:22 a.m., and it was reviewed at that time. The policy included, but was not limited to, "...Pack and give all belongings to the resident family. (Note: If the resident's family cannot pick up the personal belongings at the time of death, store such items until the family members can do so.)...."</p> <p>Resident #35's Social Progress Notes were provided by the Social Services Director on 11/15/13 at 11:36 a.m., and reviewed at that time. The most recent entry, dated 11/13/13, indicated, "Writer notified via 24 hour report that Res. (resident) had been tearful. Res. (resident) roommate [sic] passed away yesterday...This writer spoke with Res. (resident) today who did verbalize missing roommate [sic]...."</p> <p>3.1-34(a)</p>				

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F000272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on observation, interview and record review, the facility failed to provide a comprehensive assessment to include oral/dental Status for 1 of</p>	F000272	A full dental exam was done by PrimeSource dentist on 11/26/13. An annual MDS assessment will be done by 12/13/2013 to reflect current oral/dental status. All residents with their natural teeth	12/20/2013

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	<p>30 residents reviewed for comprehensive assessments. (Resident #8)</p> <p>Findings include:</p> <p>Resident #8's chart was reviewed on 11/15/13 at 9:53 a.m. Diagnoses included, but were not limited to, anemia, hypertension, hyperlipidemia and chronic obstructive pulmonary disease.</p> <p>A quarterly Minimum Data Set (MDS) Assessment, dated 8/28/13, indicated Resident #8 was moderately impaired in her attention, orientation, and ability to register and recall new information. MDS quarterly Assessments for 5/19/13 and 8/28/13 were both blank for the "Oral/Dental Status" section. A Dental Referral Form, dated 9/5/13, indicated that the referral was made at Resident #8's request. A Dental Exam note, dated 9/5/13, indicated, "Discussed with patient her option of complete maxillary denture/lower partial denture. Referral written today for extraction of non-restorable teeth...."</p> <p>On 11/13/13 at 10:23 a.m., Resident #8 was observed to be missing at least 4 upper front teeth, 3 lower front teeth, and several back teeth.</p>		<p>will have oral/dental assessment done by 12/20/2013 by nursing administrative staff or designees. An inservice will be given to all nursing staff, relating to oral assessments, documentation, and reporting of findings from assessments to the appropriate nursing staff. Audits will be conducted monthly and randomly by the MDS Support staff or their designee, and the results of those audits will be reported to the QA Committee monthly.</p>				

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	<p>During an interview with Resident #8 on 11/15/13 at 10:13 a.m., she indicated, "I really need dentures. We didn't know when we were little and didn't look after our teeth...our parents didn't know. Now we know, It's up to us." She further indicated that she was admitted to the facility with multiple teeth missing.</p> <p>The MDS Coordinator was interviewed on 11/18/13 at 5:18 p.m., regarding the lack of documentation under Oral/Dental Care on either of Resident #8's Minimum Data Sets. She indicated that she relies on both nursing assessments and her own resident assessments to complete the Minimum Data Sets. She stated, "It's not coded correctly."</p> <p>3.1-31(c)(9)</p>				

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F000323 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.</p> <p>A. Based on observation, interview and record review, the facility failed to ensure that a resident's side rail was securely affixed to the bed for 1 of 5 residents reviewed for accidents. (Resident #80)</p> <p>B. Based on record review and interview, the facility failed to ensure a resident was free from falls for 1 of 4 residents who fit the criteria for falls. (Resident #110)</p> <p>Findings include:</p> <p>A. On 11/13/13 at 10:59 a.m., Resident #80's left full side rail (length of the bed), was observed to be detached from the hinge at the head (top end) of the bed and resting on the floor. The left full side rail swung easily away from the head of the bed, with no increased risk for entrapment noted. Exposed C-shaped brackets on either side of the head of the bed posed increased risk of injury. Resident #80 was not in bed at the</p>	F000323	<p>The bed rail on Resident #80's bed was replaced immediately upon notification of status on the rail. A new bed with new bed rails was taken to the resident room. On 11-14-2013, an audit was conducted by the Director of Plant Operations and his designee, of all beds in the campus. All bed rails were found to be without defects. A monthly audit of all beds and bed rails in the campus will be completed by the Dir. of Plant Operations or his designee. An inservice will be conducted for all staff to instruct them in the proper use of the Work Order system that is in place, and how and when to report any broken or defective equipment in the campus, who to report those issues to, and when and how to remove the broken/defective equipment from use by a resident. The Director of Plant Operations or his designee will monitor the systems weekly for 4 weeks, and then monthly for 5 months, and will report the findings to the QA Committee monthly for 6 months. Staff were re-educated immediately regarding care plan for Resident #110 - that she was a 2 person</p>	12/20/2013			

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	<p>time of the observation and was confirmed to be engaged in an activity in the common area.</p> <p>During an observation and interview at Resident #80's bedside, with the Director of Health Services (DHS), on 11/14/13 at 11:53 a.m., the resident's left full side rail was off the hinge and resting on the floor. The resident was not in her room during the observation. The DHS indicated, "This was her bed when she came. I do not know why it's like this." When asked to observe whether or not the left full side rail would fit properly into the hinge, the DHS indicated, "Yeah, it looks like it won't...let me find out about it." She further indicated that she did not know how long the side rail had been broken and would have Maintenance check Resident #80's bed.</p> <p>On 11/14/13 at 12:13 p.m., the DHS indicated, "I just want to let you know that we changed the bed out and just started an audit of every bed in the facility."</p> <p>On 11/15/13 at 9:32 a.m., a copy of the "Guidelines for Bed Safety" was provided by the MDS Coordinator and reviewed at that time. The policy included, but was not limited to,</p>		<p>assist with transfers. The Kiosk was checked for updated information and found to be correct, in that the resident was listed as a 2 person transfer. An audit of the Kiosk and the plan of care, to determine if residents are 1 or 2 person transfer/assist will be done by 12-20-2013, and staff will be re-educated and new staff will be instructed during their orientation, regarding how to find the information in the Kiosk. DHS (Director of Health Services) and /or her designee will monitor 5 transfers/assists per week for four weeks, and then two transfers/assists per week for 4 weeks, and then 1 transfer/assist per week for 4 months. Audits will be monitored by the DHS or designee and results reported to the QA Committee monthly.</p>		

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	<p>"Inspect all hospital bed frames, bed side rails and mattresses as part of a regular safety program to identify potential areas of possible entrapment...."</p> <p>During an interview with the Director of Plant Operations (DPO) on 11/15/13 at 10:25 a.m., he indicated that he regularly inspects each resident's room every 6 weeks. He further indicated that he did not know how long Resident #80's left side rail had been broken and that he relies heavily on housekeeping and other staff to fill out works orders for notification of broken equipment. The DPO indicated that he had not received a work order for Resident #80's broken side rail.</p> <p>B. Resident #110's record was reviewed on 11/14/13 at 1:55 p.m. The record indicated Resident #110 was admitted with diagnoses that included, but were not limited to, diabetes mellitus type 2, high blood pressure, coronary artery disease, ischemic cardiomyopathy, high blood fats, gastroesophageal reflux disease, diabetic retinopathy, peripheral vascular disease, anxiety, osteoarthritis, carpal tunnel syndrome, weakness on the right side, defibrillator, and left bundle branch block (heart block).</p>				

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	<p>A "Nursing Admission Assessment & Data Collection", dated 10/25/13, indicated Resident #110 required extensive assist of two for transfers, assist of two for ambulation, used a wheel chair, and was alert and oriented. A "Mobility and ADL (Activities of daily living) Plan of Care" was included with the assessment, and indicated, but was not limited to; the resident required transfers with assist of two, provide assist of one with ADLs, observe weight bearing status for decline/improvement, and observe for decline in ADL status.</p> <p>Nurse's notes, dated 10/28/13 at 7:30 p.m., indicated: "Daughter and staff assisting res (resident) to bed when lowered to floor - slid. [No] injuries. Moves all extremities. Lowered to floor @ 6:50 p. Notified MD @ this time."</p> <p>A care plan, dated 11/4/13, indicated "...I have recently been to the hospital due to a fall at home and right-sided weakness...." A care plan, dated 11/06/13, indicated: "...At present I require ext[ensive] to total assist of 2 with transfers. I am currently non-ambulatory. I rely on a wheelchair and staff assist for my locomotive needs...I am at risk for falls r/t (related to) recent fall r/t poor muscle strength, recent cva with right hemiplegia (one sided weakness). I have incontinence of urine</p>						

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	<p>and rely on the staff for assistance of 2 with all transfers and bed mobility...."</p> <p>Nurse's notes, dated 11/9/13 at 1:30 p.m., indicated: "CNA summoned this nurse to res. rm (room), noted res. on buttocks on floor beside bed. CNA had to assist res to floor during moving from w/c [to] bed. Denies any pain or discomfort. MAE (moves all extremities) per usual."</p> <p>A "Fall Circumstance Assessment and Intervention", dated 11/9/13, indicated Resident #110 was lowered to the floor on 11/9/13 while being transferred by one CNA. The resident had no injuries and a new intervention was put in place to use 2 staff to transfer.</p> <p>During an interview, on 11/18/13 at 4:48 p.m., the MDS coordinator indicated the CNA's "should have used two to transfer" Resident #110.</p> <p>A policy for "Falls Management Program Guidelines", with a revised date of 3/2008, was provided by the Minimum Data Set Assessment Coordinator on 11/15/13 at 9:32 a.m. The policy included, but was not limited to; "Purpose: Trilogy Health Services (THS) strives to maintain a hazard free environment, mitigate fall risk factors and implement preventative measures. THS</p>						

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	<p>recognizes even the most vigilant efforts may not prevent all falls and injuries. In those cases, intensive efforts will be directed toward minimizing or preventing injury. Definition: A fall is considered to be: 'an unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred." Procedure...b. Care plan interventions should be implemented that address the resident's risk factors...."</p> <p>3.1-45(a)(2)</p>			

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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274
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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, interview, and record review, the facility failed to adequately monitor symptoms for effectiveness of antipsychotropic medication treatment, and provide for gradual dose reduction for the antipsychotropic medication for 1 of 5 residents reviewed for unnecessary medications. (Resident #24)</p> <p>Findings Include:</p>	F000329	Resident #24 had a Gradual Dosage Reduction (GDR) completed on 11-27-2013, and Zolofit is being titrated to eventually discontinue the medication, per recommendation and approval of physician. All residents that are taking a psychotropic medication have been audited to ensure that no other residents were found to be affected by any deficient practice. All residents on psychotropic medications will be reviewed monthly by the Social Service Director (SSD) or her designee to	12/20/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155712		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/20/2013	
NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274			
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	<p>Clinical record for Resident #24 was reviewed on 11/15/2013 at 10:36 a.m. The record indicated that the resident was admitted to the facility 04/26/2011 with diagnoses that include but are not limited to: anemia, cerebrovascular disease, high blood pressure, frequent urinary tract infections, osteoporosis, allergic rhinitis, history of left total hip replacement, Atrial fibrillation, chronic pain syndrome, chronic lower extremity edema, peripheral vascular disease, advanced dementia, gastroesophageal disease, diastolic dysfunction/heart failure, and congestive heart failure.</p> <p>An order was written on 09/22/2012 for Zoloft 25mg tablet, give 1 tablet orally once daily for anxiety and picking skin.</p> <p>An 11/14/2013 interdisciplinary care team care plan was reviewed for: "concern of picking @ (at) skin, worried expression, anxious appearance, and history (history) of tearful episodes R/T (related to) anxiety. Goals included: provision of a supportive empathetic environment with 1 on 1 support from staff, newspaper daily and word puzzles. Interventions included: 1. Support my efforts to: participate in things I enjoy</p>		determine if GDR is indicated. Results will be reported to the QA Committee monthly for 6 months.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155712		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/20/2013	
NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274			
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	<p>such as reading the newspaper and doing word puzzles. 2. Discuss with my coping strategies with me - suggest teach others as needed. 3. Encourage my family/friends to assist as needed - teach methods to increase my coping skills. 4. Provide me with psychological/mental health services. Provide for these services if agreed upon by me/my responsible party and if ordered by physician. 5. Discuss with me my feelings, reminiscence, issues. 6. Psych (psychological) services in place thru (name)."</p> <p>Review of "(name) Pharmacy Medication Regimen Review" pharmacist progress notes form for 10/22/2012 indicated, that the behavior management committee had suggested for an increase with Zoloft but that the MD declined to increase the dose. No gradual dose reduction pharmacist review/recommendation information for Zoloft was found. No behavior review form was found in Resident #24's clinical record.</p> <p>A facility "Request for Gradual Dosage Reduction" form, dated 10/17/2012, directed to Resident #24's family doctor indicated, a request to increase Zoloft to 50mg every day due to still picking at skin.</p>						

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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274		
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	<p>The response from the family doctor indicated, "I don't think increasing this med (medication) would change this behavior. Family doctor further noted, "Polypharmacy is not a good thing in this age group."</p> <p>Review of (name) Psychological Service's Behavioral Medicine/Progress Note from 12/13/2013 indicated, "...today I observed 5 areas on her face in various stages of healing some red and open I asked her what the sores were and she said "oh I do that when I am nervous" I asked her what she was nervous about and she said she didn't know. When asked about her mood she said it was better now that she feels some better, denies currently feeling depressed... Will recommend to PCP (primary care physician) to consider Neurontin 100mg PO (by mouth) BID (twice a day) for off label anxiety therapy."</p> <p>During an interview with RN #4 on 11/15/2013 at 11:43 a.m., RN #4 also reviewed Resident #24's clinical record and indicated that she did not find any gradual dose reduction review/recommendation for Zoloft and that the last psychological services review was 12/2012. She also indicated that resident #24 is coming</p>				

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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274			
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	<p>up for behavior team 6 month review this next week.</p> <p>At 11:50 a.m., on 11/15/2013, RN #4 indicated that she had talked with the DSS who indicated that since Resident #24 is stable with her issues that she is only seen annually by the psychological service. RN #4 also indicated that they don't use ongoing behavior forms if the resident has a plan of care in place.</p> <p>A social services note dated 01/28/2013 indicated that Resident #24 was picking at skin and being sad/tearful and a depression screen was done which showed no signs or symptoms of depression. A note dated 05/01/13 indicated no picking skin behavior noted.</p> <p>A 08/29/2012 care plan meeting noted that son was concerned about resident #24 picking her face.</p> <p>Review of nurses notes indicated no documentation for Resident #24's behavior for picking at face/skin.</p> <p>On 11/18/2013 at 10:24 a.m., Resident #24 was observed in her room in her wheelchair by her bed with a tissue in her hand and was dabbing at a red spot on her chin.</p>						

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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274			
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	<p>Observation was also made of two other red spots on her chin and a red spot on her nose.</p> <p>During an interview with LPN #5 on 11/18/2013 at 11:07 a.m., LPN #5 indicated that the documentation for Resident #24's behavior of picking at face/skin would be done by the CRCA's (Certified Resident Care Associate) in the computer kiosk.</p> <p>During an interview with the DSS (Director of Social Services) on 11/18/2013 at 11:40 a.m., the DSS indicated that the behavior committee make notes and have a form for requesting to the doctor for gradual dose reduction but they don't keep an ongoing gradual reduction form. She further indicated that Resident #24 is scheduled this Wednesday for a behavior review and that they will be reviewing need to keep this resident on the Zoloft as it is not at a therapeutic level, and has not shown thus far that it is helping with the face picking behavior.</p> <p>On 11/18/2013 at 12:20 p.m., the DSS indicated that there is no current clinical record documentation for resident #24's face picking behaviors though the behavior is continuing.</p>						

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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274		
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	<p>A policy for "Guidelines for Care Plan development" was provided by the MDS (minimum data set assessment) Coordinator 11/19/2013 at 4:00 p.m. Information in the guideline included: "Purpose: To ensure care plans are developed to communicate resident preferences and care needs...3. Pertinent date should be communicated to the nursing assistant and nurses by entry into the Care Tracker resident profile. 7. The care plan shall be updated as preferences and needs change...".</p> <p>A policy for "Psychotropic Medication Usage and Gradual Dose Reductions" was provided by DHS (Director of Health Services) on 11/20/2013 at 11:36 a.m. The policy indicated, but was not limited to, "...3. Efforts to reduce dosage or discontinue psychotropic medications will be ongoing, as appropriate. 4. A gradual dose reduction (GDR) will be attempted for two (2) separate quarters (with at least one month between attempts) per the physician's recommendation. gradual dose reduction must be attempted annually thereafter, unless medically contraindicated...6. Gradual dose reductions will be documented on the GDR Circumstance form. The circumstance form will be filled in the</p>				

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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274		
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	<p>assessment section of the medical records. 7. Reviews of medication use will be conducted by the consultant pharmacist monthly and will: Monitor psychotropic drug use in the campus to ensure that medications are not used in excessive doses or for excessive duration...Notify the physician and the nursing staff whenever a psychotropic medication is due for review...9. Non-pharmacological interventions (such as behavioral interventions) are to be considered and used when indicated, instead of or in addition to, medications. a. Attempted non-pharmacological intervention will be documented on the PRN (as needed) Medication Administration Form."</p> <p>3.1-48(a)(3)</p>				

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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274			
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F000371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation and interview, the facility failed to ensure food was stored under sanitary conditions in that water condensation leaked and then froze to boxes of food in a walk in freezer. This had the potential to affect 59 of 60 residents who resided in the facility.</p> <p>Findings include:</p> <p>During an observation, on 11/12/13 at 10:40 a.m., with Cook #3, the walk in freezer was observed to have a fan on the center back wall/ceiling of the freezer. Drops of water were frozen on the bottom part of the fan, and on the ceiling to the right and left of the fan. A chunk of ice about three inches by three inches laid on the floor. Cook #3 said she didn't know why the condensation was there. The water had dripped and froze on two boxes under the fans; one box of biscuit dough and one box of hush puppies.</p>	F000371	All affected food in walk in freezer was examined for damage from leak. Two cases of french fries were slightly damaged and were disposed of. None of them had been opened or served to Residents. Indiana Technical Service (ITS), a Commercial Kitchen Equipment Service company, was called in to repair the 3 wire defrost termination and fan delay. Defective part was replaced and ITS checked to ensure the operation of the walk in was proper working order. ITS will return by 12-17-2013 to re-check the operation of the walk in, and ensure that everything is still working properly. The Director of Plant Operations (DPO) and/or the Director of Food Service (DFS) or their designee will monitor the walk in freezer daily, 5 days per week for 4 weeks, and then weekly for 5 months. DFS or his designee will monitor the cleaning schedule for the walk in freezer to ensure routine cleaning is completed in a timely manner. The findings of all audits will be reported to the Safety Committee in QA monthly.	12/20/2013			

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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274			
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	<p>During an observation on 11/18/13 at 2:34 p.m., with the Director of Food Services, the walk in freezer was observed to have a frozen condensation in large water droplet shapes, on the ceiling on both sides of the fan. Water had dripped along a covered pipe and formed an icicle under the fan. A box of crinkle cut fries and a box of biscuit dough had ice frozen on the outsides of the boxes from the dripping water. The Director of Food Services indicated the Director of Plant Operations had told him the ice was caused by leaving the door open when food was brought in, and it was supposed to be wiped down after that but it hasn't been.</p> <p>During an interview on 11/19/13 at 11:25 a.m., the Director of Plant Operations indicated the ice in the walk in freezer was caused when the door to the freezer is propped open while they are stocking the freezer. He said the ceiling is supposed to be wiped down to prevent the ice from forming, but it isn't being wiped down.</p> <p>3.1-21(i)(3)</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155712	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2013
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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274
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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274		
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F000428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on observation, interview, and record review, the facility failed to adequately monitor symptoms for effectiveness of antipsychotropic medication treatment, and provide for gradual dose reduction for the antipsychotropic medication for 1 of 5 residents reviewed for unnecessary medications. (Resident #24)</p> <p>Findings Include:</p> <p>Clinical record for Resident #24 was reviewed on 11/15/2013 at 10:36 a.m. The record indicated that the resident was admitted to the facility 04/26/2011 with diagnoses that include but are not limited to: anemia, cerebrovascular disease, high blood pressure, frequent urinary tract infections, osteoporosis, allergic rhinitis, history of left total hip replacement, Atrial fibrillation, chronic pain syndrome, chronic lower extremity edema, peripheral vascular</p>	F000428	Resident #24 had a Gradual Dosage Reduction (GDR) completed on 11-27-2013, and Zoloft is being titrated to eventually discontinue the medication per the MD recommendation and approval. All residents on psychotropic medications have been audited to ensure that no other residents were found to be affected by any deficient practice. To ensure compliance for GDR guidelines, the SSD or her designee, along with the Consultant Pharmacist will generate a list every month of residents due for a GDR consideration. Both lists will be reconciled during the GDR/Behavior Meeting. All results will be reported to the QA Committee monthly for 6 months.	12/20/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155712	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2013
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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274
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	<p>disease, advanced dementia, gastroesophageal disease, diastolic dysfunction/heart failure, and congestive heart failure.</p> <p>An order was written on 09/22/2012 for Zoloft 25mg tablet - give 1 tablet orally once daily for anxiety and picking skin.</p> <p>An 11/14/2013 interdisciplinary care team care plan was reviewed for: "concern of picking @ (at) skin, worried expression, anxious appearance, and history (history) of tearful episodes R/T (related to) anxiety. Goals included: provision of a supportive empathetic environment with 1 on 1 support from staff, newspaper daily and word puzzles. Interventions included: 1. Support my efforts to: participate in things I enjoy such as reading the newspaper and doing word puzzles." 2. Discuss with my coping strategies with me - suggest teach others as needed. 3. Encourage my family/friends to assist as needed - teach methods to increase my coping skills. 4. Provide me with psychological/mental health services. Provide for these services if agreed upon by me/my responsible party and if ordered by physician. 5. Discuss with me my feelings, reminiscence, issues. 6. Psych</p>			

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NAME OF PROVIDER OR SUPPLIER COVERED BRIDGE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W TIPTON ST SEYMOUR, IN 47274		
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	<p>(psychological) services in place thru (name)."</p> <p>Review of "(name) Pharmacy Medication Regimen Review" pharmacist progress notes form for 10/22/2012 indicated, that the behavior management committee had suggested for an increase with Zoloft but that the MD declined to increase the dose. No gradual dose reduction pharmacist review/recommendation information for Zoloft was found. No behavior review form was found in Resident #24's clinical record.</p> <p>A facility "Request for Gradual Dosage Reduction" form, dated 10/17/2012, directed to Resident #24's family doctor indicated, a request to increase Zoloft to 50mg every day due to still picking at skin. The response from the family doctor indicated, "I don't think increasing this med (medication) would change this behavior. Family doctor further noted, "Polypharmacy is not a good thing in this age group."</p> <p>Review of (name) Psychological Service's Behavioral Medicine/Progress Note from 12/13/2013 indicated, "...today I observed 5 areas on her face in various stages of healing some red</p>				

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	<p>and open I asked her what the sores were and she said "oh I do that when I am nervous" I asked her what she was nervous about and she said she didn't know. When asked about her mood she said it was better now that she feels some better, denies currently feeling depressed... Will recommend to PCP (primary care physician) to consider Neurontin 100mg PO (by mouth) BID (twice a day) for off label anxiety therapy."</p> <p>During an interview with RN #4 on 11/15/2013 at 11:43 a.m., RN #4 also reviewed Resident #24's clinical record and indicated that she did not find any gradual dose reduction review/recommendation for Zoloft and that the last psychological services review was 12/13/2012. She also indicated that resident #24 is coming up for behavior team 6 month review this next week.</p> <p>At 11:50 a.m. on 11/15/2013, RN #4 indicated that she had talked with the DSS who indicated that since Resident #24 is stable with her issues that she is only seen annually by the psychological service. RN #4 also indicated that they don't use ongoing behavior forms if the resident has a plan of care in place.</p>			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>A social services note dated 01/28/2013 indicated that Resident #24 was picking at skin and being sad/tearful and a depression screen was done which showed no signs or symptoms of depression. A note dated 05/01/13 indicated no picking skin behavior noted.</p> <p>A 08/29/2012 care plan meeting noted that son was concerned about resident #24 picking her face.</p> <p>On 11/18/2013 at 10:24 a.m., Resident #24 was observed in her room in her wheelchair by her bed with a tissue in her hand and was dabbing at a red spot on her chin. Observation was also made of two other red spots on her chin and a red spot on her nose.</p> <p>During an interview with the DSS (Director of Social Services) on 11/18/2013 at 11:40 a.m., the DSS indicated that the behavior committee make notes and have a form for requesting to the doctor for gradual dose reduction but they don't keep an ongoing gradual reduction form. She further indicated that Resident #24 is scheduled this Wednesday for a behavior review and that they will be reviewing need to keep this resident</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155712	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2013
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	<p>on the Zoloft as it is not at a therapeutic level, and has not shown thus far that it is helping with the face picking behavior.</p> <p>A policy for "Psychotropic Medication Usage and Gradual Dose Reductions" was provided by DHS (Director of Health Services) on 11/20/2013 at 11:36 a.m. The policy indicated, but was not limited to, "...3. Efforts to reduce dosage or discontinue psychotropic medications will be ongoing, as appropriate. 4. A gradual dose reduction (GDR) will be attempted for two (2) separate quarters (with at least one month between attempts) per the physician's recommendation. gradual dose reduction must be attempted annually thereafter, unless medically contraindicated...6. Gradual dose reductions will be documented on the GDR Circumstance form. The circumstance form will be filled in the assessment section of the medical records. 7. Reviews of medication use will be conducted by the consultant pharmacist monthly and will: Monitor psychotropic drug use in the campus to ensure that medications are not used in excessive doses or for excessive duration...Notify the physician and the nursing staff whenever a psychotropic</p>			
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	<p>medication is due for review...9. Non-pharmacological interventions (such as behavioral interventions) are to be considered and used when indicated, instead of or in addition to, medications. a. Attempted non-pharmacological intervention will be documented on the PRN (as needed) Medication Administration Form."</p> <p>A policy for Pharmacy Medication Monitoring and Management was provided by the DHS on 11/20/13 at 11:36 a.m. The policy included but was not limited to, "In order to optimize the therapeutic benefit of medication therapy and minimize or prevent potential adverse consequences, facility staff, the attending physician/prescriber, and the consultant pharmacist perform ongoing monitoring for appropriate, effective, and safe medication use...Procedures A.8) The medication regimen is re-evaluated periodically to determine whether prolonged or indefinite use of a medication is indicated. a. Prescribers, facility staff, and consultants document progress towards, maintenance of, or regression from therapeutic goals. b. If the resident's condition has not responded to treatment or has declined despite treatment, the</p>						

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	<p>resident is evaluated to determine whether the medication should be discontinued or the dosing should be altered."</p> <p>3.1-25(i)</p>			