

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155206	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/10/2012
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NAME OF PROVIDER OR SUPPLIER BROWNSBURG HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1010 HORNADAY RD BROWNSBURG, IN 46112
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F0000	<p>This visit was for a Post Survey Revisit to the Recertification and State Licensure Survey completed on 2/10/2012.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00106190 and IN00106748.</p> <p>Survey Dates: 4/09/12 and 4/10/12</p> <p>Facility Number: 000113 Provider Number: 155206 AIM Number: 100287670</p> <p>Survey Team: Heather Lay, RN - TC Janet Stanton, RN Michelle Hosteter, RN Melanie Strycker, RN (4/9/12)</p> <p>Census Bed Type: SNF: 3 SNF/NF: 109 Total: 112</p> <p>Census Payor Type: Medicare: 12 Medicaid: 79 Other: 21 Total: 112</p>	F0000	Submission of this Plan of Correction shall not constitute or be construed as an admission by Brownsburg Healthcare Center that the allegations contained in the survey report are accurate or reflect accurately the provisions on Nursing Care and services to the residents of Brownsburg Healthcare Center	

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>Sample: 14</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/12/12 Cathy Emswiller RN</p>			

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify a resident's physician and legal representative regarding a resident's complaints of right hip pain for 2 days. The deficient practice</p>	F0157	It is the policy of the facility to notify the resident, the resident's physician and the resident's legal representative of any accident involving the resident which results in injury or any significant	05/04/2012

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	<p>impacted 1 of 1 resident reviewed for lack of physician notification in a sample of 14 residents reviewed. [Resident B].</p> <p>Findings include:</p> <p>1. On 4/9/12 at 2:35 P.M., Resident B's record was reviewed. Diagnoses included, but were not limited to, profound mental retardation, seizure disorder, osteoporosis, contractures, and status post fractured right hip diagnosed on 4/7/12.</p> <p>A "Nurse's Notes" dated 4/6/12, 6:00 A.M., included, but was not limited to, "Res [Resident B] complains of right leg pain, requested to stay in bed..." [Qualified Medication Aide #3]</p> <p>No other documentation for 4/6/12 was located in Resident B's clinical record.</p> <p>A "Nurse's Notes" dated 4/7/12 at 6:00 A.M., included, but was not limited to, "Res [Resident B] continues to complain of right leg pain. Will continue to monitor..." [Qualified Medication Aide #3]</p> <p>A "Nurse's Notes" dated 4/7/12 at 10:00 A.M., included, but was not limited to, "Res [Resident B] complains of right leg pain, doctor faxed..." [QMA #4]</p>		<p>change in the physical, mental or psychosocial status of the resident. Resident #B complained of right leg pain on 4/6/12 when her leg was touched. When assessed by the nurse on 4/6/12, she complained of right foot pain and not leg pain. There were no other complaints made. She has had no injuries or falls prior to the complaint of pain. She does have diagnoses of osteoporosis and osteoarthritis. She complained of pain again on 4/7/12 and x-rays were ordered which revealed a right hip fracture. She was sent to the hospital and admitted. Focused Training for all nurses, QMA's and C.n.A.'s was presented by the Director of Nurses on 4/19/12 and subsequent dates. Topic of this training was policy and procedure related to Notification of Condition communication and the roles of various nursing staff in this notification. Training included return demonstration of competency through post-test administered to all who attended the training. Clinical Nurse Consultant will perform Directed In-service on this topic on May 2, 2012. All residents have the potential to be affected by the alleged practice. New employee orientation and annual in-servicing for all nursing staff will include a training module on Notification of Change. The DON/designee will perform random checks of in-service logs</p>		

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	<p>A "Nurse's Notes" dated 4/7/12 at 3:00 P.M., included, but was not limited to, "No fax return from [Resident's physician]. Called answering service. Res [Resident B] still complaining of back pain as well as pain in the right leg..." [Licensed Practical Nurse #5]</p> <p>A "Nurse's Notes" dated 4/7/12, no time, included, but was not limited to, "New order for x-ray... Family notified..." [Licensed Practical Nurse #5]</p> <p>A "Nurse's Notes" dated 4/7/12 at 7:00 P.M., included, but was not limited to, "Results from x-rays received, positive for right intertrochanteric fracture..." [Licensed Practical Nurse #5]</p> <p>A "Nurse's Notes" dated 4/7/12 at 7:20 P.M., included, but was not limited to, "New order to sent resident to hospital for treatment and evaluation..." [Licensed Practical Nurse #5]</p> <p>A "Nurse's Notes" dated 4/7/12 at 8:15 P.M., included, but was not limited to, "Ambulance here to transport resident to hospital..." [Licensed Practical Nurse #5]</p> <p>No other documentation for 4/7/12 was located in Resident B's clinical record.</p>		to monitor that training has occurred. DON or designee will also perform weekly, random reviews of sample charts to monitor that condition changes have been appropriately documented. All findings will be reported to the Facility Quality Assurance Program monthly until the issue is resolved.				

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	<p>On 4/9/12 at 4:00 P.M., the investigation of Resident B's fracture was requested and any other information related to assessment of Resident B's pain and right leg were requested from the Director of Nursing [DoN] and Administrator.</p> <p>On 4/10/12 at 8:45 A.M. the facility investigation of Resident B's fracture was received from the DoN. At that time, in an interview, the DoN indicated she did not have any further documentation regarding assessment of Resident B's pain or right leg.</p> <p>The facility abuse investigation included, but was not limited to the following:</p> <p>A "Fax/Incident Reporting Form", no date or time, included, but was not limited to, "Name of Resident: [Resident B]... Incident date: 4/7/12 at 7:00 P.M....Brief Description of Incident: Resident [Resident B] has not had any falls or injuries. On 4/7/12, she complained of pain when moved or turned on her right side... No bruising, red areas, etc... Noted complaints of right hip and back pain... Resident always says since admission in 2001 that they dropped me and broke my leg..."</p> <p>A written statement dated 4/9/12 at 7:50 A.M., from CNA #2, included, but was</p>			
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	<p>not limited to, "[Resident B] complained leg hurting when I [CNA #2] went to get her up on Friday [4/6/12] then complained of back pain and didn't want to get up... I told [Qualified Medical Aide #3] [QMA] she [Resident B] complained of pain... she cried when moved her legs..."</p> <p>A written statement dated 4/9/12 at 8:45 A.M., from Certified Nursing Assistant [CNA] #1, included, but was not limited to, "I [CNA #1] had [Resident B] from 7:00 P.M. to 11:00 P.M. on Thursday [4/5/12]. [Resident B] acted like in pain... I had on 11:00 P.M. to 7:00 A.M. on Friday [4/6/12]... complained of pain and hollering didn't want to get up... she [Resident B] had leg tight to her... When I checked it [right leg] on Saturday [4/7/12] it looked funny to me... All she said was ok, ok, it hurts... didn't say what hurt or where it hurt..."</p> <p>The written statement dated 4/9/12 at 12:35 P.M. from LPN #5, included, but was not limited to, "On Friday [4/6/12] [Resident B] wanted to stay in bed... on Saturday [4/7/12] got report and 11:00 P.M. to 7:00 A.M. said [Resident B] complained of pain and couldn't really tell where... I checked her out [7:30 A.M.] and she had right leg turned out and she moved like it hurt then said ok, ok, my</p>			

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	<p>back, my back... faxed [the doctor] for leg pain at 10:00 A.M.... Doctor hadn't called back so called at 3:00 P.M..."</p> <p>A written statement dated 4/10/12, no time, from QMA #3, included, but was not limited to, "Res [Resident B] said ok, ok... I [QMA #3] asked her what and she said her leg... no bruising or nothing wrong with skin... Reported off to 7:00 A.M. to 3:00 P.M. nurse [QMA #4] [on 4/7/12]..."</p> <p>A written statement dated 4/10/12 at 12:00 P.M. from QMA #4 was received from the DoN on 4/10/12 at 12:45 P.M.</p> <p>The written statement included, but was not limited to, "They [nursing staff] told me in report [on 4/7/12] she [Resident B] was having leg pain on 11:00 P.M. to 7:00 P.M. shift [on 4/6/12]...[QMA #4] told Licensed Practical Nurse [LPN] #5 and looked at her right after report around 7:30 P.M., then faxed the M.D... if touched the right leg said it hurts and ok, ok..."</p> <p>The first complaints of right leg pain from Resident B were made on 4/5/12 between 7:00 P.M. to 11:00 P.M. per interview with CNA #1. Resident B's physician was faxed without success on 4/7/12 at 10:00 A.M., then called on 4/7/12 at 3:00</p>						

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	<p>P.M. with receipt of new orders.</p> <p>2. On 4/9/12 at 11:00 A.M., the facility's policy and procedure regarding notification was obtained from the Administrator.</p> <p>The "Significant Change of Condition: Physician Notification" policy and procedure dated 12/3/08, included, but was not limited to, "Policy: The attending physician will be notified of a change in a resident's condition by a licensed staff member as warranted... Responsibility: All licensed nursing personnel... Procedure: Physician notification is to include but is not limited to: Abnormal complaints of pain..."</p> <p>This federal tag relates to Complaint IN00106748.</p> <p>This federal tag was cited on 2/10/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-5(a)(3)</p>						