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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155526 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 08/18/2014 |
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| NAME OF PROVIDER OR SUPPLIER PERSIMMON RIDGE REHABILITATION CENTRE | STREET ADDRESS, CITY, STATE, ZIP CODE 200 N PARK ST PORTLAND, IN 47371 |
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| F000000 | <p>This visit was for the Investigation of Complaint IN00153614.</p> <p>Complaint IN00153614 Substantiated. Federal/State deficiencies related to the allegations are cited at F323 and F514.</p> <p>Survey dates: August 13, 14, and 18, 2014</p> <p>Facility number: 000148 Provider number: 155526 AIM number: 100275500</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 64 Total: 64</p> <p>Census payor type: Medicare: 8 Medicaid: 39 Other: 17 Total: 64</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</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>Quality review completed by Debora Barth, 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 clinical record review and interview, the facility failed to ensure a resident was transferred safely to prevent a "lowering the resident to the floor" incident resulting in bruising and pain for 1 of 4 residents reviewed for falls in a sample of 4. (Resident #C)</p> <p>Findings include:</p> <p>The clinical record for Resident #C was reviewed on 8/14/14 at 11:45 a.m. Diagnoses for the resident included, but were not limited to, Alzheimer's disease with delusions and behavior disturbances, congestive heart failure, osteoporosis, and myalgia.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 5/10/14, indicated Resident #C was severely cognitively impaired and required the assistance of</p> | F000323 | <p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this plan of Correction as our credible allegation of compliance. F323 1. Resident C no longer resides at facility. 2. Records for residents at risk for falls were reviewed to ensure interventions remain appropriate and staff has access to specific information relative to resident fall interventions. 3. In an effort to ensure ongoing compliance with ensuring residents are transferred safely, Staff re-educated on safe transfers and use of gait belts. Following education, the DON and/or designee will monitor 2 transfers daily, 5 x per week x 1</p> | 09/05/2014 | |

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| | <p>two staff members for transfers and toileting.</p> <p>A fall risk assessment, dated 5/9/14, indicated the resident was at risk for falls due to a history of falls, unsteady gait, weakness, confusion, and non compliance issues.</p> <p>A health care plan problem, dated 5/20/14, indicated the resident was at risk for falls. Interventions for this problem, included, but were not limited to, "keep walker within reach".</p> <p>A nurse's note, dated 5/25/14 at 5:45 a.m., indicated "Summoned to res [resident] bathroom by CNA who states 'I had to ease resident to floor. I tried to stand her and her legs gave out.' Active full ROM [range of motion]. Res states 'I just ache all over.' Assisted to bed. Note pink abrasion on right lower back 1.8 cm [centimeter] long by 0.5 cm wide. Res denies hitting head. CNA states 'she did not hit her head.'...."</p> <p>Subsequent nursing notes indicated the resident's physician and husband were notified of the fall. The resident complained of intermittent pain over the next few days and pain medication was given as needed. She continued to have back pain when being turned and the</p> | | <p>month at varied times on varied shifts on scheduled work days, weekly x 1 month then monthly ongoing to assure safe transfers and proper use of gait belts. Should concerns be noted during these observations, corrective action shall be taken. 4. As a means of quality assurance, the DON and/or designee will report the findings of the transfer monitoring and any corrective actions to the QA committee monthly x 3 months and quarterly thereafter, and revisions made to the plan, if warranted. 5. 9-5-14</p> | |

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| | <p>bruised area on her back was tender to touch.</p> <p>The resident continued to complain of back pain which was severe at times. On 5/27/14 at 8:55 a.m., she indicated the pain was now in the medial mid-thoracic area as well as the bruised area. The physician was contacted on 5/27/14 and an order was received for thoracic and lumbar spine x-rays.</p> <p>The x-rays were completed by the mobile provider on 5/27/14. The x-ray provider indicated he was unable to get "very good shots" due to the resident's body mass and limited mobility. The x-ray report, dated 5/27/14, was negative for fracture and indicated the resident had both lumbar and thoracic arthritis.</p> <p>The DoN and Administrator in Training (AIT) were interviewed on 8/14/14 at 3:30 p.m. Additional information was requested related to the resident being lowered to the floor on 5/25/14. They indicated the CNA had been assisting the resident in the bathroom by himself, he was not using a gait belt at the time of the incident, and the resident's walker was not present for use in the bathroom at the time of the "easing the resident to the floor." They indicated the CNA was no longer employed by the facility.</p> | | | | | | |

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| F000514 SS=D | <p>Review of the current facility policy, dated 9/05, titled "Gait Belt Procedure", provided by the RN Consultant on 8/14/14 at 3:55 p.m., included, but was not limited to, the following:</p> <p>"Purpose: To insure safety in transfer and ambulation. To provide a point of contact and increased support from the staff and prevent injuries to staff and residents who are unable to transfer or ambulate independently.</p> <p>Procedure:...</p> <p>Transfer:</p> <ol style="list-style-type: none"> 1. Explain use of belt to the resident. 2. Place belt snugly around resident's waist and buckle securely...." <p>This federal tag relates to Complaint IN00153614.</p> <p>3.1-45(a)(2)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that</p> | | | |

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| | <p>are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure resident clinical records were complete and accurately documented in regards to resident falls and assessments for 1 of 4 residents reviewed who had multiple falls in a sample of 4. (Resident #E)</p> <p>Findings include:</p> <p>The clinical record for Resident #E was reviewed on 8/14/14 at 1 p.m. Diagnoses for the resident included, but were not limited to, Parkinson's disease, psychotic disorder, and dementia.</p> <p>A recapitulation of physician's orders, dated 5/6/14, indicated the resident had an order for a chair alarm on continuous as nursing measure. The original date of this order was 5/30/12.</p> <p>A nursing note entry, dated 7/10/14 at 7:30 p.m., indicated "Fall occurred, no apparent injuries. MD [medical doctor] and wife notified." This was the only</p> | F000514 | <p>F 514 1. Resident E's chart was reviewed. Licensed Nursing staff were re-educated on accurate, objective and pertinent documentation following a fall. 2. As all residents could be affected, Licensed nursing staff re-educated concerning accurate, objective and pertinent documentation following a fall. 3. As a means to ensure ongoing compliance with documentation of sufficient information regarding observation, assessment and serviced provided, the DON and/or designee will audit nurses' notes of those residents reported to have incurred a fall 5 days per week on scheduled work days in an effort to confirm pertinent, objective and accurate documentation following a fall. Should concerns be noted on these audits, re-education and/or corrective action shall be taken. 4. As a means of quality assurance, the DON and/or designee will report the findings of these audits and re-education/corrective actions taken to the QA committee monthly x 3 months and quarterly</p> | 09/05/2014 | | | |

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| | <p>information documented in regards to the fall.</p> <p>A nursing note entry, dated 7/14/14 at 7:20 p.m., indicated "Fall occurred, laceration approximately 2.2 by 0.3 cm [centimeters] and bruise to left hip 6.4 by 9 cm noted, c/o pain to left hip, unable to bear weight to left side, MD notified-new order received to send to emergency room for further evaluation. Wife aware."</p> <p>The clinical record indicated the resident returned to the facility on 7/15/14 at 12:20 a.m. Hospital x-rays were negative for fractures.</p> <p>A nursing note entry, dated 7/16/14 at 4:15 p.m., indicated "Fall occurred-see incident report, stable at this time. 2 by 1 cm abrasion noted to right knee. MD notified-note new orders. Wife aware." This was the only information documented in regards to the fall.</p> <p>The nursing notes above lacked any information related to where the falls occurred, the placement of the resident on the floor at the time of the fall, vital signs taken at the time of the fall, complaints made by the resident at the time of the fall, and/or whether the resident's alarm was sounding at the time</p> | | thereafter, and revisions made to the plan, if warranted. 5. 9-5-14 | |

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| | <p>of the fall.</p> <p>The DoN was interviewed on 8/18/14 at 10:20 a.m. She reviewed the incident reports and fall investigations related to the above noted falls. She indicated they included information about the resident at the time fall and vital signs taken at the time of the fall. She indicated the resident's alarm was sounding at the time of all three falls noted above. She indicated the information contained on the incident reports and subsequent fall investigations were not part of the resident's clinical record.</p> <p>Review of the current facility policy, dated 1/08, titled "Nursing Department Charting Policy and Procedure" provided by the Administrator on 8/18/14 at 11:55 a.m., included, but was not limited to, the following:</p> <p>"Purpose: To accurately document in an organized manner all pertinent information related to the resident in the nurses' notes and other designated sections of the clinical record....</p> <p>Charting and Assessment Principles</p> <p>The following guidelines should assist the nurse in appropriate documentation for charting.</p> | | | |

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| | <p>*Be complete, concise and factual. *Chart what you hear, see, smell, and touch, not what you think. *Entries must be legible, written or printed in ink and in order of time occurrence. ...*Always chart occurrences and incidents when they happen, giving a snapshot to enhance the portrait of the resident..."</p> <p>This federal tag relates to Complaint IN00153614.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p> | | | | | | |