

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155280	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/25/2015
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NAME OF PROVIDER OR SUPPLIER  WATERS OF DILLSBORO-ROSS MANOR, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00182677.</p> <p>Complaint IN00182677 - Substantiated. Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey date: September 25, 2015</p> <p>Facility number: 000178 Provider number: 155280 AIM number: 100273840</p> <p>Census bed type: SNF/NF: 79 Total: 79</p> <p>Census payor type: Medicare: 8 Medicaid: 57 Other: 14 Total: 79</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on September 29, 2015.</p>	F 0000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.	
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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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F 0323 SS=D Bldg. 00	<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 prevent an avoidable accident by utilizing improper transfer technique and a wheelchair with a broken brake, which resulted in bilateral femur [thigh bone] fractures to one resident (Resident B), for 1 of 3 residents reviewed for accidents.</p> <p>Findings include:</p> <p>Resident B's clinical record was reviewed on 9/25/2015 at 12:15 p.m. Diagnoses included, but were not limited to, Alzheimer's dementia and osteoarthritis.</p> <p>Resident B's most recent quarterly Minimum Data Set (MDS) assessment, dated 9/8/2015, indicated a Brief Interview for Mental Status (BIMS) score of 11 of 15; indicating she had moderate cognitive impairment. The resident required extensive, 2+ person physical</p>	F 0323	<p>It is the policy of the facility to prevent avoidable accidents by using proper techniques and equipment devices that are in good repair. Resident B is an inpatient in the hospital but is expected to return to the facility. Resident C currently is transferred using proper technique and all equipment used is in good working order. DON/designee immediately began inservicing nursing team member regarding proper transfer technique (emphasis on wheelchair/mechanical lifts) and safety first-never use equipment that is in need of repair. DON/designee will continue inservicing nursing team members and complete inservicing by 10/14/2015. Administrator inserviced Maintenance staff regarding quarterly examination of wheelchairs/mechanical lifts in service, spreadsheet for preventive Maintenance Log that shows wheelchairs and</p>	10/19/2015

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	<p>assist for all transfers and was non-ambulatory.</p> <p>Resident B's "Pocket Worksheet", provided by the Director of Nursing (DON) on 9/25/2015 at 2:16 p.m., indicated, "...# TRANS [transfer]: 2 [people] Hoyer [lift]...."</p> <p>Nurse's Note, dated 9/15/2015 at 9:05 a.m., indicated, "MD [Medical Doctor] in, updated on how res. [resident] sleeping more that [sic] slept all day...."</p> <p>Nurse's Note, dated 9/15/2015 at 10:27, indicated, "Res. states knees still hurt that her pain med did not help much...no redness or increase warmth noted to knees both are swollen per her norm."</p> <p>Nurse's Note, dated 9/15/2015 at 1:29 p.m., indicated, "Dtr [daughter] states no improvement with pain, suggest xray states she can't even move mom['s] knee without he [sic] yelling. MD notified n.o. [new order] to get x-ray...sent to er [Emergency Room]...."</p> <p>Nurse's Note, dated 9/15/2015 at 2:14 p.m., indicated, "[Ambulance service] here to transport...."</p> <p>Resident B's Emergency Department Report, dated 9/16/2015, indicated, "Date</p>		<p>mechanical lifts description/location (if possible)—to be assessed quarterly for function and safety and how staff will notify maintenance of needed repairs. Maintenance staff/designee will inservice team members regarding how to properly submit a work order for wheelchair maintenance and/or mechanical lift maintenance by 10/14/2015. Any staff member who fails to comply with the points of the inservice will be further educated and/or progressively disciplined as indicated. Any resident who resides in the facility and who requires the use of a wheelchair and a mechanical lift for transfers has the potential to be affected by this finding. The DON/Designee will monitor 5 wheelchair/mechanical lift resident transfers 3 days weekly on varying shifts to ensure proper technique and equipment is in good working order. Any concerns will be addressed immediately. Education will take place at that time with progressive discipline to follow as indicated. This monitoring will continue until 4 consecutive weeks of zero negative findings are achieved. Afterwards, weekly monitoring will occur for 3 residents weekly on varying shifts for a period of not less than 6 months. After that, random monitoring will occur ongoing. Maintenance staff/designee will</p>	

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	<p>seen: 9/15/15. Time seen by provider: 1458 [2:58 p.m.]...Patient brought here from the nursing home...for bilateral leg pain and increased weakness. She was found to have bilateral comminuted femur fractures...."</p> <p>Resident B's Department of Radiology Report, dated 9/15/2015, indicated, "...Exam date: 9/15/2015...History/Indications: Bilateral Knee Pain...Findings: Positive findings include: 1. Acute, complete, oblique fracture through the distal shaft of the left femur. The distal femur is laterally displaced. 2. Acute, complete, comminuted fracture of the distal right femur. The fracture is outwardly displaced and could even have a longitudinal component extending into the joint space...6. Minor bilateral greater trochanteric spurring...."</p> <p>The DON was interviewed on 9/25/2015 at 12:38 p.m. She indicated, "The wheelchair brake on the left side apparently had broke. The daughter said it had been broken over the weekend, but she didn't tell anyone. When they went to get her up, the wheelchair rolled back... [Resident B's] legs were under the wheelchair...the nurse and the aide lifted her up and pulled her back. As they did, she complained of bilateral knee pain."</p>		<p>audit all mechanical lifts and resident wheelchair to ensure no needed repairs and repairs will be made if indicated. The maintenance staff will examine all wheelchairs and mechanical lifts at least quarterly ongoing to see that they are in good repair. Repairs will be made and documented as they take place. No equipment known to have a needed repair will be in use. Those items will be removed to a secure designated area until maintenance can repair them. This process will be ongoing. The Administrator will review this wheelchair/mechanical lift log monthly. Note: A maintenance request will be filled out by staff members who find a wheelchair or a mechanical lift that needs repair. The item will be tagged as DO NOT USE until repaired. This process will be ongoing. At the monthly Quality Assurance meetings the results of the monitoring of the transfers being completed by the DON/Designee will be reviewed for any patterns. If necessary, an Action Plan will be written by the committee. The plan will be monitored weekly by the Administrator until resolution. Any concerns will have been addressed as found. Further, at the monthly QA meetings the results of the Preventive Maintenance Log as well as the maintenance requisitions related to wheelchair or mechanical lift repairs will be reviewed. Any</p>	

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	<p>The DON further indicated, "If the wheelchair doesn't lock, they can't transfer. It's not safe."</p> <p>A copy of LPN (Licensed Practical Nurse) # 4's written statement regarding the events of 9/15/2015 was provided by the DON on 9/25/2015 at 12:38 p.m. LPN # 4's statement indicated, "This morning, I assisted [CNA (Certified Nursing Assistant) # 5] to transfer [Resident B] from bed to wheelchair by Hoyer lift...Upon unhooking resident from Hoyer, left side of w/c [wheelchair] moved slightly backward due to left brake being broken, causing resident to slide forward to the very edge of her chair, her knees were noted slightly bent with feet underneath w/c. [CNA # 5] and I lifted resident back in chair by resident's pants at first, then fixed the Hoyer pad underneath her legs better and repositioned her in back in chair. At this time resident started complaining of leg cramps...."</p> <p>A copy of CNA # 5's written statement regarding the events of 9/15/2015 was provided by the DON on 9/25/2015 at 12:38 p.m. CNA # 5's statement indicated, "This A.M. while getting [Resident B] up...[LPN # 4] and I was [sic] in room with Hoyer lift transferring her from bed to wheelchair. Once we got</p>		<p>patterns will be addressed. If needed, an Action Plan will be written by the committee. This plan will be reviewed weekly by the Administrator until resolved.</p>	

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	<p>her to wheelchair and started lowering her the chair move [sic] out from under her on the left side cause [sic] the left brake wouldn't lock so resident was on edge of chair with knees bent back with legs and feet under chair. [LPN # 4] and I had to lift her back by pants...."</p> <p>The Maintenance Director was interviewed on 9/25/2015 at 1:03 p.m. He indicated maintenance inspections are not routinely done on wheelchairs, stating, "Just when something's reported with the hand break or something. Then we just grab the parts and correct it and go on." The Maintenance Director indicated he did not receive a maintenance form or verbal instruction to check Resident B's wheelchair prior to 9/15/2015. He indicated, "They [nursing staff] told us we needed to look at the left brake. The handle was all bent. Instead of sitting in the normal position, it was sitting sideways out away from the wheelchair...it threw the whole geometry off so it wouldn't lock."</p> <p>The Maintenance Director provided a copy of the current Nursing Inspections Policy and Procedure on 9/25/2015 at 1:03 p.m. The policy indicated, "...Quarterly Inspections: ...Wheelchairs: Check for proper operation, upholstery damage, wheels, bearings, wheel locks</p>			

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	<p>and arm rests...."</p> <p>A copy of the current Mechanical Lift Policy and Procedure was provided by the DON on 9/25/2015 at 1:08 p.m. The procedure indicated, "...6. Position sling and attach straps to lift. 7. Move lift to open end of horseshoe base under side of bed or around wheelchair...12. Position wheelchair and lock brakes...."</p> <p>Resident C, who was non-ambulatory and required a Hoyer lift for transfer, was observed during a transfer from his wheelchair to his bed via Hoyer lift on 9/25/2015 at 1:23 p.m. CNA # 1, who was on the right side of the resident, did not lock the right arm brake of Resident C's wheelchair before beginning the transfer. The wheelchair was observed to roll with the Hoyer lift until CNA # 2 pushed the wheelchair back. CNA # 2 indicated the procedure for transferring residents with the Hoyer lift, but did not include locking the brake as part of the procedure. CNA # 1 indicated she should have locked Resident C's right wheelchair arm brake before transferring him with the Hoyer lift.</p> <p>Resident B's daughter and Power of Attorney (POA) was interviewed on 9/25/2015 at 1:42 p.m. She indicated the facility reported to her, "...the one brake</p>			

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	<p>was broke and they didn't realize it. They said her legs went down and bent under the [wheel]chair. Her weight was on the legs and broke the femur in each of her legs". Resident B's daughter indicated she was with her mother five days per week and provided as much care for her mother as she could. The daughter indicated she frequently transferred her mother using the Hoyer lift by herself. She indicated, "The girls [staff] showed me how to hook it up...I never put the brakes on." The daughter indicated she had observed that the left wheelchair brake "was hard to get on", the weekend prior to the incident. She indicated she did not report it to staff because she knew maintenance was not available on the weekend. Resident B's daughter indicated she visited her mother hours after the incident and stated, "She screamed out if you barely touched them. Her legs were laying different and off to the sides. She told them [staff], 'Something's wrong with my legs!'."</p> <p>On 9/25/2015 at 3:05 p.m., the DON indicated there was no additional documentation or nurses notes related to the incident. She indicated the physician "just ran through" and did not see Resident B following the incident.</p> <p>On 9/25/2015 at 3:13 p.m., the DON</p>			

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	<p>indicated use of the Hoyer lift to transfer residents required "two people, always." She indicated Resident B's daughter did use the Hoyer lift to transfer Resident B on her own.</p> <p>LPN # 6 was interviewed on 9/25/2015 at 3:23 p.m. She indicated she was assigned Resident B during day shift on 9/15/2015. LPN # 6 indicated, "The night nurse said she was hollering a lot with her legs. I walked back [to Resident B's room] because I could hear her hollering." LPN # 6 indicated she received report from LPN # 4 that "[Resident B] was a little bit on the edge [of the wheelchair] and they repositioned her." LPN # 6 indicated Resident B was rubbing her knees, stating, "My legs are cramping." LPN # 6 indicated Resident B's physician was in around 9:00 a.m. and she reported to him that Resident B had been in bed all day the day before. LPN # 6 indicated, "I said [to the physician], 'I think she's just stiff.' He [physician] said, 'You're probably right'." LPN # 6 indicated the physician was not asked to evaluate Resident B. LPN # 6 indicated Resident B's daughter routinely transferred Resident B with the Hoyer lift by herself.</p> <p>On 9/25/2015 at 3:35 p.m., the DON indicated the facility did not have a</p>			

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	<p>policy regarding family/non-staff members utilizing lift equipment and/or transferring residents without staff assistance. The DON indicated, "Basically, we granted [Resident B's daughter] the privilege of doing that because she had been primary caregiver before [Resident B] came [to the facility]."</p> <p>This Federal tag relates to Complaint IN00182677.</p> <p>3.1-45(a)(2)</p>			