

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155508	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/09/2012
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NAME OF PROVIDER OR SUPPLIER TRANSCENDENT HEALTHCARE OF BOONVILLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 725 S SECOND ST BOONVILLE, IN 47601
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F0000	<p>This visit was for the Investigation of Complaints IN00112382 and IN00113255.</p> <p>Complaint numbers: IN00112382 - Substantiated. Federal/state deficiencies related to the allegations are cited at F514. IN00113255 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: August 8, 9, 2012</p> <p>Facility number: 000451 Provider number: 155508 AIM number: 100266240</p> <p>Survey team: Diane Hancock, RN TC</p> <p>Census bed type: SNF 6 SNF/NF 54 Total 60</p> <p>Census payor type: Medicare 10 Medicaid 35 Other 15 Total 60</p>	F0000		

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: 8</p> <p>Transcendent Healthcare of Boonville was found to be in substantial compliance with 42 CFR Part 483 Subpart B in regarding to the Investigation of Complaints IN00112382 and IN00113255.</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/13/12 by Suzanne Williams, RN</p>			
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F0514 SS=A	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that 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 clinical records were accurately documented, for 1 of 8 sampled residents, in that a Qualified Medication Aide [QMA] signed off treatments she indicated she had not done and the licensed nurse responsible for the treatments did not sign them off. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's clinical record was reviewed on 8/8/12 at 1:40 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's dementia, atrial fibrillation, and diabetes mellitus.</p> <p>Resident B's treatment record had the following treatments documented as</p>	F0514	<p>Boonville "A" form</p> <p>F514 It is the practice of this facility to assure that QMAs operate within the scope of practice guidelines and document completion of orders only that they are allowed to complete. <i>The correction action taken for those residents found to be affected by the deficient practice include:</i> Resident #B no longer has any treatments as identified in the Form A. No treatments are being initialed by the QMA that are not within the scope of practice. <i>Other residents that have the potential to be affected have been identified by:</i> All residents have been reviewed. The treatments initialed are completed by the staff member that</p>	08/16/2012

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	<p>completed by QMA #2:</p> <p>5/29/12 order, open area right upper hip, cleanse with normal saline, pat dry, apply hydrogel to wound bed, cover with bordered foam dressing every day and as needed, initialed by QMA #2 on 6/2 and 6/3/12.</p> <p>5/29/12 order, open area to right lower hip cleanse with normal saline, pat dry, apply hydrogel to wound bed, cover with bordered foam dressing every day and as needed, initialed by QMA #2 on 6/2 and 6/3/12.</p> <p>6/11/12 order, cleanse open areas to right hip with normal saline and apply barrier cream. Cover with foam dressing daily and as needed, initialed by QMA #2 on 6/13/12</p> <p>6/15/12 order, cleanse open area to right hip with normal saline, pat dry, apply collagen to wound bed with hydrogel, cover with foam dressing daily and as needed, initialed by QMA #2 on 6/16 and 6/17/12.</p> <p>6/18/12 order, cleanse open area to right hip with normal saline, pat dry, apply small amount of hydrogel to wound bed, cover with bordered foam dressing every day and as needed, initialed by QMA #2</p>		<p>completed the task. The QMA is not completing treatments that are not within the scope of practice.</p> <p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</p> <p>The QMAs will be in-serviced related to the QMA scope of practice. The in-service will also include that QMAs are only to initial treatments that they have completed. Please see monitoring systems below.</p> <p>The corrective action taken to monitor performance to assure compliance through quality assurance is:</p> <p>A Performance Improvement Tool has been initiated that will be utilized that will randomly review 5 residents (if applicable) that has had a QMA providing services. The audit tool will assure that there are no treatments being completed by the QMA that is outside of their scope of practice. The Director of Nursing, or designee, will complete this audit weekly x3, then monthly x3 and quarterly x3. Any negative findings will be immediately addressed. The Quality Assurance Committee will review the tool at the scheduled meeting following the completion of the tool with recommendations as needed. If negative findings have been identified, recommendations will include additional training and more frequent monitoring.</p> <p>The date the systemic changes will</p>		

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	<p>on 6/19, 6/20, and 6/21/12.</p> <p>QMA #2 was interviewed on 8/8/12 at 2:05 p.m. She indicated she did not treat open areas, "I never do them." "I must have signed without looking." "I should have crossed them all out."</p> <p>LPN #2, who was working on the same unit as QMA #2, was interviewed on 8/8/12 at 2:20 p.m. She indicated QMA #2 "cannot do wound treatments." She did not indicate why the documentation had not been corrected.</p> <p>This Federal tag relates to Complaint IN00112382.</p> <p>3.1-50(a)(2)</p>		<p>be completed: August 16, 2012</p>		