

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155273	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2013
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NAME OF PROVIDER OR SUPPLIER CYPRESS GROVE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4255 MEDWELL DR NEWBURGH, IN 47630
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F000000	<p>This visit was for the Investigation of Complaint IN00136298. This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00136298: Substantiated. State/Federal deficiencies cited at F314.</p> <p>Survey dates: September 9, 10, 11, 12, 16, 17, 23, 2013.</p> <p>Facility number: 000173 Provider number: 155273 AIM number: 100290920</p> <p>Survey team: Barbara Fowler RN TC 9/9, 9/10, 9/11, 9/16, 9/17, 9/23, 2013 Amy Winger RN 9/9, 9/10, 9/11, 9/16, 9/17, 9/23, 2013 Denise Schwandner RN Diane Hancock, RN 9/9, 9/10, 9/12, 9/16, 9/17, 9/23, 2013 Diana Perry RN 9/9, 9/10, 9/12, 9/16, 9/17, 9/23, 2013 Anna Villain RN 9/9, 9/10, 9/11, 9/12, 9/16, 9/17, 9/23, 2013 Sylvia Martin RN 9/9, 9/10, 9/11, 2013</p>	F000000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report.</p>	
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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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	<p>Census bed type:</p> <p>SNF 10 SNF/NF 70 Total 80</p> <p>Census payor type:</p> <p>Medicare 7 Medicaid 54 Other 19 Total 80</p> <p>Sample 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 30, 2013, by Jodi Meyer, RN</p>				

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident admitted without a pressure blister, developed a pressure blister, in that, a resident admitted to the facility without a pressure blister developed a Stage II pressure blister to the right heel for 1 of 4 residents in a sample of 4. The facility also failed to ensure 2 of 4 residents reviewed for pressure ulcers received timely treatment of the areas after they were assessed, in that orders were not received and/or started for 5-6 days. (Resident C, B, A)</p> <p>Findings include:</p> <p>1. The clinical record of Resident C was reviewed on 09/17/13 at 8:00 a.m. The record indicated Resident C was admitted on 11/13/12 with</p>	F000314	F-314 The Skin Assessments of Resident #A and Resident #B were re-reviewed. Skin Grids had been completed on all areas identified, and treatment orders for all areas were clarified with the attending Physician. Resident #C no longer resides in this facility. A review of all admissions/re-admissions in the past 30 days will be completed to identify any resident that did not have an Admission Assessment in their chart. Skin Assessments will be completed as needed. Skin Grids and appropriate wound care orders will be verified or obtained for all identified areas as needed. Re-education has been scheduled for professional staff regarding the review of transfer orders from the hospital. The nurse on duty at the time of the Admission/re-admission will ensure the Admission Skin Assessment, and the Skin Grids, are completed. Appropriate wound orders for all identified	10/18/2013			

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	<p>diagnoses that included, but were not limited to, Alzheimer's with dementia, h/o (history of) fall, and Right Hip Fx (fracture). The record further indicated Resident C was discharged on 02/17/13.</p> <p>The Admission MDS (Minimum Data Set Assessment) dated 11/20/12 indicated Resident C experienced severe cognitive impairment and required extensive assist of 2 for bed mobility.</p> <p>The Admission Nursing Assessment dated 11/13/12 lacked any documentation Resident C was admitted with skin impairment to the right heel.</p> <p>A Braden Risk Assessment Scale dated 11/13/12 indicated Resident C was a moderate risk for pressure-related skin impairment.</p> <p>A Braden Risk Assessment Scale dated 11/27/12 indicated Resident C was a minimal risk for pressure-related skin impairment.</p> <p>A Skin Grid-Pressure report dated 12/01/12 indicated Resident C experienced a Stage II pressure-related blister to the right heel. The report further indicated the</p>		<p>areas of skin impairment will be verified, clarified or obtained as needed. A review of the Admission/Re-admission orders will be conducted by the Interdisciplinary Team (IDT) on the following day after the Admission/Re-admission occurs, Mon thru Friday, and the Weekend Nurse Supervisor on Sat & Sun to ensure the Admission Skin Assessment, Skin Grids, Skin Integrity Care Plan, and appropriate wound orders are in place.</p> <p>DON/Designee will complete bi-monthly audit to ensure Admission/Re-admission wounds have appropriate assessment, physician orders & documentation. Results of audits will be presented to the Quality Assurance (QA) Committee on a monthly basis for further review and recommendations as deemed appropriate, for at least 6 months or until the QA committee determines the issue has been resolved. Identified non-compliance will result in immediate 1:1 re-education with progressive disciplinary action up to and including termination.</p>		

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	<p>blister was not present on admission. The report further indicated the area of pressure was resolved on 01/01/13.</p> <p>The Nursing notes from 11/13/12 through 12/02/12 were reviewed and lacked any documentation related to pressure relief interventions being implemented for the heels of Resident C.</p> <p>A Care Plan for Skin Impairment dated 11/13/12 lacked any documentation of pressure relief measures being implemented for the heels of Resident C</p> <p>During an interview on 09/23/13 at 10:00 a.m., the ADoN (Assistant Director of Nursing) indicated Resident C had an area of pressure on the right heel that was not present on admission. The ADoN further indicated, at that time, there was no documentation of pressure relief measures being implemented to prevent an area of pressure to the right heel of Resident C.</p> <p>The Policy and Procedure for Pressure Ulcer Prevention/Treatment provided by the DoN (Director of Nursing) on 09/17/13 at 11:39 a.m., indicated, "...At risk (15-18) [minimal</p>			

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	<p>risk]...reduce pressure to heels...Moderate risk (13-14)...reduce pressure to heels..."</p> <p>2. During staff interview of RN #1 on 9/10/13 at 7:40 a.m., she indicated Resident B had pressure ulcers on his heels and outer ankles, admitted with them, and they were using skin prep on them (a topical dressing).</p> <p>On 9/12/13 at 8:00 a.m., Resident B was observed to be in bed on his right side. The right outer foot was resting on the mattress.</p> <p>Resident B's clinical record was reviewed on 9/12/13 at 8:55 a.m. The resident was admitted to the facility on 8/30/13 with diagnoses including, but not limited to, deep vein thrombosis, pulmonary embolus, arthritis, dementia, benign prostatic hypertrophy, urinary retention, chronic kidney disease, congestive heart failure, orthostatic hypotension, and recurrent falls.</p> <p>The Admission Skin Assessment, dated 8/30/13, indicated the resident had areas on the right outer foot and right outer ankle. Documentation of the areas indicated they were, "escar." (sic)</p>			

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	<p>Nurses' notes indicated, on 9/4/13 at 1545 (3:45 p.m.) "New orders for skin prep to (R) [right] lateral foot and ankle..."</p> <p>The Skin Grid - Pressure/venous Insufficiency Ulcer/Other record, initiated 8/30/13, indicated the following information: The wound was present on admission, located on the right ankle, pressure wound, unstageable, 1.0 centimeter long by 1.0 centimeter wide, and "escar (sic)."</p> <p>Documentation on the skin grid on 9/5/13 and 9/9/13 indicated the same measurements and condition of the wound. On 9/10/13, documentation indicated the wound was still unstageable, 1.0 centimeter by 1.0 centimeter by 0.2 cm deep. Comments indicated, "Escar fell off this AM [morning]. Has some depth. Faxed Dr. to [change] tx [treatment] to Bacitracin [antibiotic ointment] and Allevyn [foam dressing]."</p> <p>The resident's record included a care plan, dated 9/5/13, for skin integrity assessment, prevention and treatment. The care plan included, but was not limited to, the following: Identified the resident at risk for skin breakdown, needing frequent turning, maximal remobilization, heels</p>			

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	<p>protected, moisture, nutrition, friction, and shear managed, and pressure-reduction support surfaces needed.</p> <p>Protect elbows and heels if being exposed to friction Position body with pillows and/or other support devices Monitor wound weekly and as needed Provide treatment per MD order</p> <p>The Director of Nurses (DoN) was observed to do treatments to the right lateral foot and right lateral ankle on 9/12/13 at 9:17 a.m. He wore gloves and applied skin prep to the area on the right lateral foot and left it open to air. The area had dark eschar, less than .5 centimeters in diameter. The DoN then removed the old dressing from the right ankle. The area was 1.0 centimeter in diameter, red/pink with yellow slough in the middle of the wound. No glove change or handwashing was completed. He cleansed the area with saline and a gauze pad. He then removed the gloves and washed his hands for less than 5 seconds. New gloves were applied and Bacitracin was applied to the foam dressing and the dressing was applied to the right outer ankle.</p> <p>On 9/16/13 at 3:13 p.m., the DoN was interviewed. He indicated no</p>			

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	<p>treatment orders were obtained until 9/4/13. He indicated the areas had been assessed on admission on 8/30/13, but nothing treated until 9/4/13; "it was missed."</p> <p>3. During a staff interview on 9/10/13 at 10:43 a.m., RN #1 indicated Resident A had a stage 2 pressure ulcer to the left ankle. RN #1 indicated Resident A was admitted to the facility with the wound.</p> <p>On 9/9/13 at 11:54, Resident A was observed lying on his back with his left foot and ankle resting on the mattress.</p> <p>The clinical record for Resident A was reviewed on 9/17/13 at 8:13 a.m. Resident A was admitted to the facility on 4/26/13 with diagnoses including, but not limited to, CVA (cerebral vascular accident) with left - side hemiparesis.</p> <p>The "Admission Skin Assessment," dated 4/26/13, indicated Resident A had a right ankle ulcer measuring 1.5 cm (length) x 1.0 cm (width) x 0.5 cm (depth).</p> <p>On 5/2/13, the "Skid Grid - Pressure /Venous Ulcer Insufficiency / Other" record indicated the right ankle</p>			

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	<p>wound measured 1.5 cm (length) x 1.0 cm (width) x 0.1 cm (depth).</p> <p>A physician's order, dated 5/6/13, was obtained to apply Santyl to necrotic area on resident's right ankle, cover site with foam dressing, and wrap with Kerlix. The dressing was to be changed daily.</p> <p>The clinical record lacked documentation for wound care prior to 5/6/13.</p> <p>Interview with the DoN (Director of Nursing) on 9/23/13 at 9:18 a.m., indicated the facility failed to obtain or start wound care for Resident A on admission.</p> <p>This Federal tag relates to Complaint IN00136298.</p> <p>3.1-40(a)(1)</p>			

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