

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  11/05/2013
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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 a Post Survey Revisit (PSR) to the Investigation of the Complaint Number IN000136298, completed on 9/23/13.</p> <p>This survey was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey, completed 9/23/13.</p> <p>Complaint Number: IN000136298, not corrected</p> <p>Survey Dates: 11/4/13, 11/5/13</p> <p>Facility Number: 000173 Provider Number: 155273 AIM Number: 100290920</p> <p>Survey Team: Barbara Fowler, RN, TC Diane Hancock, RN Denise Schwandner, RN</p> <p>Census Bed Type: SNF: 12 SNF/NF: 65 Total: 77</p> <p>Census Payor Type: Medicare: 8 Medicaid: 46 Other: 23</p>	F000000		
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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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	<b>Total: 77</b>			
	This deficiency reflect state findings cited in accordance with 410 IAC 16.2 Quality review completed on 11/8/13, Jodi Meyer, RN			

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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 1 of 4 residents with pressure sores, in a total sample of 12, received treatment and services to promote healing and prevent infection, in that all areas were not monitored; and treatments were not done as ordered. (Resident #4)</p> <p>Finding includes:</p> <p>Resident #4 was observed to be seated in a reclining geri-chair in the hallway across from the nurses' station on 11/4/13 at 3:00 p.m. The resident was observed to have a cast on his left lower leg. The left large toe was deep purple in color on the distal aspect.</p> <p>Resident #4's clinical record was reviewed at 3:30 p.m. on 11/4/13.</p>	F000314	<p>1. Treatment orders were reviewed and treatments applied as ordered for Resident #4</p> <p>2. 100% skin assessment of all residents was completed to ensure areas of skin impairment are identified. The interdisciplinary team reviewed all records of residents identified to ensure there are appropriate treatment orders and that Skin grids are completed, and appropriate treatment orders are transcribed to the Treatment Administration Record and carried out as ordered.</p> <p>3. A "Directed In-service" will be held with the professional staff on the facility's policy and procedures concerning wound management.</p> <p>4. Audits will be done daily by the Director of Nursing/Designee of the Treatment Administration Records to ensure treatments are being carried out according to the physicians' orders. Audits will be conducted daily for 4 weeks, then</p>	12/02/2013			

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	<p>The record indicated he was being weighed on 9/29/13; they heard popping sounds from his lower leg and he fell. Fractures were found in his left tibia (lower leg bone) and ankle. A cast was placed on the resident following the fractures.</p> <p>On 10/23/13 at 4:30 p.m., the resident returned from an appointment at the orthopedic physician. the following orders were received: "1) dc [discontinue] (L) [left] leg cast. 2) Rsd [resident] to be non weight bearing to (L) LE [lower extremity]. 3) Rsd to have brace to (L) knee. May remove for cleaning [and] skin [check]. [Check] for skin integrity Q [every] shift."</p> <p>The following orders were also received: "1) Skin prep to (L) heel ankle area sore [with] Allevyn [foam dressing] change every other day. 2) Skin prep to (L) ball of foot near big toe then cover area [with] Allevyn every other day. 3) Skin prep to (L) little toe every other day. 4) Skin prep to (L) big toe every other day."</p> <p>There were two "Skin Grid -</p>		<p>2 times a week for 3 months, then monthly for 6 months. Skin assessments of all residents will be carried out monthly times 4 months by the Director of Nursing /Designee to ensure all areas of skin impairment have treatment orders as appropriate and orders have been transcribed to the Treatment Administration Record and appropriate documentation to ensure treatments are completed is in place. Identified non-compliance will result in 1:1 education up to and including termination. Identified trends will be reviewed in the QA monthly meetings times 6 months and quarterly times 2 quarters.</p>	

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	<p>Pressure/Venous Insufficiency Ulcer/Other" forms available for review. Both indicated each area was identified on 10/23/13 as follows: Left back of heel, type of wound indicated "other, cast friction," length 3.0 centimeters (cm), width 3.2 cm, depth 0.3 cm, color black. Left inner foot at toe, "other, cast friction," length 2.2, width 2.3, depth 0.0, color pink</p> <p>On 10/29/13, the areas were documented as follows: Left back of heel, stage N/A (not applicable), length 3.0 cm, width 3.2 cm, depth 0.1 cm, color red/yellow, "area improving. Beginning to seal over. [No] s/s [signs/symptoms] infection." Left inner foot at toe, stage N/A, length 2.2, width 2.3, depth 0.0, color red/yellow, [no] s/s infection.</p> <p>There were no skin grids for the left little toe or the left big toe areas.</p> <p>A clinical review note, dated 11/1/13, indicated the following, "[Clinical Review] r/t [related to] fall 10/30/13 [no time]. Res. [resident] seated in w/c [wheelchair] [and] for unknown reason tipped forward from w/c onto his knee. Suspected re-injury of (L) leg fx [fracture] led to res. being sent</p>			

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	<p>to ER [Emergency Room] for eval. [evaluation]. Res. returned with cast to (L) LE. To follow up with ortho MD r/t leg. At this time, res. seating has been [changed] to recliner with pressure-reducing cushion (Geri-chair). Due to wound that developed under previous cast, attempt to expedite change to better cast with possible....Transport arranged for [local transportation company] to take pt. to [local orthopedic office] urgent care today. [Name of Occupational Therapist] to accompany resident."</p> <p>Review of the November, 2013 Treatment Record indicated the treatments dated 10/23/13 had been continued into November. All treatments to the pressure areas were documented as done on 11/1/13. None were documented for 11/3/13. In the space for 11/4/13, illegible writing was observed on the treatment record.</p> <p>Agency RN #2 was interviewed at 4:30 p.m. on 11/4/13. She indicated she had been at the facility on 11/1/13 when the resident returned with the cast. She indicated there were windows cut into the cast so the areas could be treated. She indicated she "wasn't sure if everyone knew it</p>						

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	<p>or not," but she thought RN #1 knew it. She proceeded to do the treatments to the areas at that time.</p> <p>The ball of the left foot was observed, after a piece of the cast was removed, to have a round area, 2.5 by 2.0 cm, dark brown in color, eschar. A dry dressing was removed from the area; no date was on the dressing. The large toe was observed to be dark purple-black in color 2.5 cm in diameter. The little toe had a 0.5 cm blackened area on the side of it. The left heel was observed after a piece of the cast was removed. It was a larger dark brown area, 3.0 to 3.5 cm in diameter. There was some redness around the area at that time.</p> <p>On 11/5/13 at 8:15 a.m., the lack of tracking of all areas, and the lack of treatment over the past weekend was reviewed with the Administrator and Corporate Nurse Consultant. At 8:35 a.m. the Director of Nurses (DoN) and Nurse Consultant were observed removing the cast windows and dressings to assess the areas.</p> <p>At 11:00 a.m. on 11/5/13, RN #1 was queried as to what the illegible writing on the Treatment Record on 11/4/13 said. She indicated she had written it</p>			

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	<p>and it said "checked cast." She further indicated she could not see the area on the ball of the foot because of the cast, but the area on the heel had a window and she had treated it on 11/4/13. She was unaware of the cast window over the ball of the foot.</p> <p>The DoN indicated on 11/5/13 at 4:45 p.m., he had not seen skin grids for the large toe and the small toe areas.</p> <p>The skin grid form had a form date of 07/13. The instructions included, but were not limited to, "one site per page," and "complete weekly."</p> <p>This Federal Tag relates to Complaint Number IN000136298.</p> <p>3.1-40(a)(2)</p>			