

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155344	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/30/2014
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 802 US HWY 20 E MICHIGAN CITY, IN 46360
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F000000	<p>This visit was for the Investigation of Complaints IN00152882 and IN00153359.</p> <p>Complaint IN00152882 - Substantiated. Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Complaint IN00153359: Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey dates: July 30 and 31, 2014</p> <p>Facility number: 000236 Provider number: 155344 AIM number: 100287700</p> <p>Survey team: Heather Hite, RN-TC Julie Ferguson, RN Jennifer Redlin, RN</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 25 Medicaid: 49 Other: 6</p>	F000000	<p>The facility requests that this plan of correction be considered its credible allegations of compliance. Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and it also not to be construed as of an admission of interest against the facility, the Administrator or any employee or agents, or any other Individuals who draft or may be discussed in the Plan of Correction. In addition preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusion set forth in this allegation by the survey agency</p> <p>Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of Appeal of this matter solely because of the requirement under State and federal law that mandates submission of the Plan of Correction a condition to</p>	

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>Total: 80</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 7, 2014, by Janelyn Kulik, RN.</p>		<p>Participate in the Title 18 and Title 19 programs. The submission of this plan of correction within this timeframe should in no way be of non-compliance or admission by the facility</p> <p>.This provider is respectfully requesting paper compliance. If accepted, all requested documentation will be provided to ISDH as requested.</p>				
F000323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>Based on record review and interview, the facility failed to ensure supervision was provided and fall interventions were</p>	F000323	<p>1) Resident #B continues on Physical therapy caseload. Prior to the fall, the resident was independent with transfers and</p>	08/22/2014			

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	<p>in place while a resident was showering resulting in a resident falling and obtaining a pelvic fracture, The facility also failed to complete a thorough investigation after the fall for 1 of 3 residents reviewed for falls in a sample of 5. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 7/30/14 at 10:10 a.m. The resident's diagnoses included, but were not limited to, altered mental status, aftercare following joint (hip) replacement, polyneuropathy (numbness and tingling to the extremities), muscle weakness, abnormality of gait, end stage renal disease (with dialysis), diabetes, and syncope (fainting) with collapse.</p> <p>Nursing Progress Notes dated 7/12/14 indicated, "Res (resident) fell this eve (evening) at 8:15 p.m., area to head of 1.0 x 0.1 slight red blood, pressure applied, and scant amt of bleeding noted. Stated to nurse she had 2 surgeries to R (Right) hip previous and needed knee operated on prior to coming here. C/o (complains of) R (right) hip pain. Upon assessment, no rotation noted, legs even in length. Called nurse on call and MD notified, order to send to ER for eval (evaluation). Sister called and notified... Res left LCC (Name</p>		<p>ambulated throughout the facility via use of a walker. The resident had informed the staff, per her sister, that she "did not need any help." Further investigation and discussion was completed on July 24, 2014 via a meeting requested by the resident's sister. Attendees included: the resident, her sister, local ombudsman, Social Service Director, and Nursing Administration. The fall event was specifically discussed and the agreed upon intervention put into place included was the use of a shower chair for the resident. The resident's Care Plan was updated to reflect use of the chair. 2) All other residents regardless of ADL/BIMS score will now require supervision in the shower room. If the resident requests no assistance from staff, staff will remain in the shower room while providing privacy for the resident. Residents with falls will be further investigated and will include witness statements from the direct care associates. The investigation will continue to include causative factors and updated interventions. 3) Nursing Staff will receive in-service education by 8/22/14 by the Staff Development Coordinator (SDC) regarding the provision of supervision during showers for all residents. Staff will also be in-serviced on the need to complete a thorough investigation including the need to obtain necessary witness</p>	

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	<p>of Facility) at 10 p.m. via ambulance...."</p> <p>An Incident Follow-Up & Recommendation Form dated 7/12/14 indicated the following: "Summary of Investigative Facts: Resident was in shower room showering when she fell, she was found on R side. Resident was independent [with] care and ADL's (Activities of Daily Living). Recommendations/ Actions Taken: MD (Physician) & sister notified ... sent to ER, X-rays taken, fx (fractured) pelvis & laceration (cut) head. Res (resident) returned to facility, prn (as needed) q (every) 6 hrs (hours) Norco (pain medicine) ..., PT/OT (Physical Therapy/ Occupational Therapy) orders, toe touch wt (weight) bearing. Follow up: MD, sister notified, safety: low bed only." There was no evidence of any interviews, further investigation, or safety measures for showering indicated in the fall assessment/ investigation. Review of the hospital emergency room MD assessment dated 7/13/14 included: 1. Fractured bones (two) to right pelvis 2. Contusion and sprain, right wrist An initial Fall Risk Assessment after Resident #B's admission on 4/8/14 indicated the resident had 3 falls in the</p>		<p>statements following resident falls. New signs will be posted outside the shower room stating "supervision required" as a visual staff reminder. 4) The fall committee will review each fall and ensure witness statements, causative factors and updated interventions are in place. The Director of Nursing (DON) will conduct an audit of all falls weekly to ensure each fall investigation includes witness statements, causative factors and updated interventions. Audits will continue weekly for 6 months or until 90% compliance has been achieved for 3 consecutive months. Results of this audit will be discussed at the monthly Performance Improvement Meeting and subsequent plans of correction will be developed as indicated.5) To ensure residents are not being left alone in the shower room, the DON or designee will conduct random audits of 7 showers weekly on both shifts on days and evenings (nights does not complete showers) including weekends for the next 3 months and then 4 showers weekly on both shifts including weekends for 3 months until 90% compliance has been achieved consecutively for 3 months. Results of this audit will be discussed at the monthly PI meeting and subsequent plans of correction will be developed as indicated. 6) Date certain is August 22,</p>	

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	<p>last 6 months and the fall risk score of 12 placed the resident at risk for falls.</p> <p>A Physician's Order dated 4/17/14 indicated, "Refer ortho (orthopedic) - eval (evaluate) & tx (treat) R knee laxity (looseness) s/p (after) fall - interfering w/ (with) PT progress."</p> <p>Nursing Assessment Summaries dated 6/22/14 and 7/6/14 both indicated: "Mental Status: alert & oriented with periods of confusion."</p> <p>The Admission Minimum Data Set (MDS) Assessment, dated 4/15/14, indicated the resident needed one person physical assist for bathing. The MDS further indicated a care plan for ADL's would be developed based on the following supporting documentation: admitted from home, hx. (history) of falls; requires supervision to extensive assist with ADL's, transfers and repositioning. A care plan for fall risk will be developed based on impaired balance, urinary incontinence, and a BIMS (Brief Interview for Mental Status) of 6 which indicated moderate cognitive impairment.</p> <p>Review of Resident #B's ADL flow sheets for April, May, June and July 2014 indicated the resident required</p>		2014.	

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	<p>supervision to limited assistance (some physical help provided) with bathing.</p> <p>The resident had current care plans in place for cognition, ADL's, and falls: The care plan for cognition initiated 4/23/14 indicated Resident #B "has the potential to experience cognitive difficulty related to BIMS score that shows moderate cognitive impairment."</p> <p>The ADL care plan initiated 4/23/14 indicated a self-care deficit for bathing requiring limited assistance and a goal of only needing supervision for bathing. Approaches included: "Provide the amount of assistance/ supervision that is needed - contact guarding (having one or two hands on the body to help steady the body or help with balance, but providing no other assistance to perform the functional task) ..."</p> <p>The care plan for falls initiated 4/23/14 indicated Resident #B was "At risk for fall related injury due to: previous fall, fall risk factors present as determined by fall screen relating to disease process/ condition, functional problem - limited to extensive, medication usage, and use of assistive devices - walker, w/c (wheelchair)". Approaches included provide/ observe use of adaptive devices, reinforce safety awareness, and</p>			

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	<p>appropriate footwear.</p> <p>An interview with the Director of Nursing (DoN) in 7/30/14 at 1:10 p.m., indicated the resident was not supervised in the shower at the time of her fall on 7/12/14. "The resident was independent with ADL's, so that was the normal routine."</p> <p>CNA #1 was interviewed on 7/30/14 at 1:20 p.m. and indicated she was familiar with Resident #B's care. She further indicated the resident was fairly private, so when she helped the resident with showering (in a shower chair) now, she would wait on the other side of the curtain in the shower room. She had not assisted the resident with showering before her fall, but had heard no reports of the resident refusing staff to be present in the shower room and had seen no documentation to that effect. CNA #1 also indicated, "All residents here, in my mind, require some type of supervision and are not truly independent or they would be back at home."</p> <p>During an interview with Resident #B's sister on 7/30/14 at 1:35 p.m., she indicated the facility staff had told her the resident "is so independent that they did allow her to go in the shower alone when she said she didn't need help."</p>			

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	<p>A follow up interview with the DoN on 7/30/14 at 3:10 p.m., indicated the resident was wearing flip flops in the shower at the time of her fall which was a concern previously voiced by the resident's sister. She further indicated there were no additional written interviews, statements, other safety assessments or interventions for the fall investigation.</p> <p>Resident #B was interviewed on 7/31/14 at 10:10 a.m. She indicated no staff was present in the shower room at the time of her fall. She had been stepping back to reach the bar on the wall to turn around after completing her shower and "slipped on some soap scum." Resident #B further indicated she was found by another resident "only about 20 seconds" after she fell & the other resident went to get staff to help. She indicated she was not wearing non-skid footwear when she fell. She also indicated she was a private person, but had never specifically asked staff to stay out of the shower room while she was showering. Just prior to the interview, the resident was observed to be seating herself in her wheelchair after using the bathroom and was wearing flat shoes at that time.</p> <p>During an interview with the Nurse</p>			

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	<p>Consultant on 7/31/14 at 10:30 a.m., she indicated no resident should be completely unsupervised in the shower room, especially one with a history of falls and diagnoses such as syncope, a joint replacement, and altered mental status which would add to the risk for falls. There are shower curtains in the shower rooms to provide privacy while still allowing staff to be present and available to help if needed. She also indicated a more complete investigation should have been done including interviews and a safety review with causative factors and updated interventions.</p> <p>This Federal tag relates to Complaint IN00152882.</p> <p>3.1-45(a)(2)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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