

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155778	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/14/2014
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NAME OF PROVIDER OR SUPPLIER WOODLAND MANOR NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1212 E MAIN ATTICA, IN 47918
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F000000	<p>This visit was for the Investigation of Complaint IN00157740.</p> <p>Complaint IN00157740 substantiated. Federal/state deficiencies related to the allegations are cited at F 221.</p> <p>Survey date: October 14, 2014</p> <p>Facility number: 000323 Provider number: 155778 AIM number: 100288440</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: SNF/NF: 44 Total: 44</p> <p>Census payor type: Medicare: 1 Medicaid: 28 Other: 15 Total: 44</p> <p>Sample: 3</p> <p>This deficiency cited also reflects state findings in accordance with 410 IAC 16.2-3.1.</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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F000221 SS=D	<p>Quality Review was completed by Tammy Alley RN on October 16, 2014.</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on observation, record review and interview, the facility failed to ensure residents had signed consents for the restraints, or had a reduction attempted in the last 6 months for 1 of 2 residents reviewed for physical restraints in a sample of 3 (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 10/14/14 at 1:20 p.m. Her diagnoses included, but were not limited to, anxiety, dementia with behavior disturbance, hypertension, and hyperlipidemia.</p> <p>Resident B was observed in the main dining room on 10/14/14 at 11:15 a.m., asleep in her wheel chair with a lap buddy (cushion placed in front of her and attached to the front of the wheel chair</p>	F000221	Describe what the facility did to correct the deficient practice for each client cited in the deficiency: Resident was identified to have an unwarranted restraint. The restraint was removed from the residents wheelchair. The family of the resident and the physician were notified of the removal of the restraint. A pressure alarm was put into place in the residents wheelchair and bed to help prevent falls in a non-restrained manner. Describe how the facility reviewed all clients in the facility that could be affected by the same deficient practice and state what actions the facility took to correct the deficient practice for any client the facility identified as being affected: The DON and ADON completed an audit of all residents. One resident was identified to have a potential restraint. The potential restraint was a half lap tray attached to residents wheelchair. The tray	11/06/2014

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	<p>arms to prevent her from rising) in place.</p> <p>Resident B was observed on 10/14/14 at 12:20 p.m., finishing her lunch with the lap buddy still in place.</p> <p>A care plan, dated 1/16/14 and last revised 10/4/14, indicated a physical restraint, lap buddy, was to be used to maintain safety. The care plan noted on 4/8/16, an attempt to use a 1/2 lap tray had been attempted but discontinued. Interventions included, but were not limited to, ensure valid consent is on the chart prior to initiating the restraint, evaluate restraint use every quarter and as needed, evaluate and record continuing risks and benefits, alternatives to restraint, need for ongoing use, effectiveness of restraint and less restrictive device. The care plan lacked documentation of any other attempt at restraint reduction.</p> <p>An OT (Occupational Therapy) evaluation, dated 3/20/14, indicated a half tray should be attempted to keep Resident B safe, "according to the aides she only occasionally tries to get up from her w/c (wheel chair)." The record lacked any other OT evaluation for restraint reduction attempt after that date.</p> <p>The record lacked a signed consent for</p>		<p>was removed after notifying family and physician. Describe the steps or systemic changes the facility has made or will make to ensure that the deficient practice does not reoccur: There have been new restraint policies written and are implemented to include new forms with family signature prior to a restraint being implemented. A physicians order will be signed with medical diagnosis prior to implementing a restraint. These new policies are attached. The licensed nursing staff will be in-serviced on the new policies regarding restraints by 11/06/2014. Describe how the corrective actions will be monitored to ensure the deficient practice will not occur again and what quality assurance program will be put into place: The DON or designee will review the initial paperwork upon any new restraint being initiated for proper paperwork and medical need. Any resident having a restraint will be reviewed at each IDT meeting and reviewed at the QA meeting with regards to proper implementation, paperwork, proper reductions and possible elimination.</p>				

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	<p>the use of the lap buddy restraint.</p> <p>During an interview with the DON (Director of Nursing) and ADON (Assistant DON) on 10/14/14 at 5:00 p.m., both indicated there should have been a signed consent on the chart and it should have always been on the chart, but no one could locate the consent for Resident B.</p> <p>A current facility policy, dated 8/25/18, titled "Restraint Policy" was provided by the ADON on 10/14/14 at 4:40 p.m. The policy indicated: "It is the policy of this facility to only use restraints for safety when all other interventions are deemed inappropriate for use.... Assessments will be completed prior to administering a restraining device. Assessments shall include restraints, fall ROM (range of motion), and bed rail rational....Physical restraints may only be added when other interventions such as alarms, cushions, low to floor bed, toileting programs, and bx (behavior) management are not successful or not appropriate for the care of the resident....Continued assessments for use of restraints will proceed quarterly or as indicated for changes with physical restraint elimination assessment.... If a restraint device is indicated a</p>			

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	<p>physician's order will be obtained along with consent from POA of resident, guardian, or resident if in charge of self...."</p> <p>This federal tag relates to Complaint IN00157740.</p> <p>3.1-3(w)</p>				