

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/26/2013
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NAME OF PROVIDER OR SUPPLIER SPRING MILL MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 W 86TH ST INDIANAPOLIS, IN 46260
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F000000	<p>This visit was for the Investigation of Complaint IN00136811.</p> <p>This visit was in conjunction with the Post Survey Revisit to the investigation of complaints IN00131445, IN00131970, and IN00133446 completed on August 1, 2013.</p> <p>Complaint IN00136811-Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F225, F226, F309, and F325.</p> <p>Survey dates : September 24, 25, and 26, 2013.</p> <p>Facility Number: 000074 Provider Number: 155154 AIM Number: 100290050</p> <p>Survey team : Michelle Hosteter, RN</p> <p>Census bed type : SNF : 19 SNF/NF : 101 Total : 120</p> <p>Census payor type : Medicare : 26 Medicaid : 67</p>	F000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests a face to face Informal Dispute Resolution for F157, F309, F225, F226, and F325. This provider all respectfully requests a Desk Review in Lieu of a Revisit and that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Review on or after October 11, 2013.</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>Other : 27 Total : 120</p> <p>Sample : 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on September 30, 2013.</p>				

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F000157 SS=G	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure nursing staff notified a physician in a timely fashion regarding a significant change of condition resulting in</p>	F000157	This provider would like to respectfully request a face to face Informal Dispute Resolution. F157 Notify of changes It is the practice of this provider to immediately inform the resident,	10/11/2013

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	<p>sepsis and gangrene, for 1 of 5 residents reviewed for notification of physician in a sample of 5. (Resident D)</p> <p>Findings include:</p> <p>The record for Resident D was reviewed on 9/25/13 at 9:45 A.M. Diagnoses included, but were not limited to, diabetes, two strokes, depression, and vascular dementia.</p> <p>The SBAR (Situation Background Assessment Recommendations) Tool dated 9/6/13 at 1:23 A.M., indicated, "...Assessment...Resident had 1 blister intact on medial lower left extremity, 1 blister open on lateral lower left extremity, 1 blister intact on big toe. Resident lower left extremity had discoloration which is black/necrotic and cold to touch...."</p> <p>The progress notes for 9/6/13 at 8:53 A.M., indicated, "...Resident had fluid filled blisters on lower left extremities and one that is open. Medial lower left extremity 1 intact fluid filled blister/Nursing(SIC) 1.4 cm(centimeter) x 0.9 cm, lateral lower left extremity open 3.4 cm x 2.6 cm, big toe lower left extremity intact fluid filled blister 0.8 cm x 0.8 cm. Lower left extremity is ischemic (lacking</p>		<p>consult with the resident's physician, and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status; a need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident D no longer resides at the facility How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Pull statement from last POC and put in the as the first sentence. Residents with a change of condition have the potential to be affected by the alleged deficient practice. Licensed staff will be educated on notifying the physician in a timely manner of Change of Condition by October 11, 2013 by the DNS/designee.The DNS/Designee will audit all residents with a change of condition within the last 30 days to ensure physician was notified timely. DNS/Designee is notified of each resident having a change of condition during the weekdays</p>				

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	<p>blood flow), cold to touch, and had no pedal or popliteal pulse. Physician called two times throughout night with no reply back at 1:42 A.M., and 2:34 A.M. Resident son called and message left for him to call facility. 8:55 A.M. Physician returned call and new order received to send resident to emergency room for evaluation and treatment...."</p> <p>The hospital emergency room report dated 9/6/13 indicated, "...positive for gangrenous changes to left forefoot, positive for edema, positive dorsal and lateral and mid foot blisters, foot is cold, pulses unpalpable...."</p> <p>The hospital history and physical dated 9/6/13 at 4:15 P.M., indicated, "...Skin...left foot black, cold doppler pulse...Impression/Assessment: 1. Left gangrenous foot-exam finding synthesis of gangrene of left foot. Patient is now septic...."</p> <p>In an interview on 9/26/13 at 2:30 P.M., with the Director of Nursing Services and the Executive Director, the Director of Nursing Services indicated the physician was not notified soon enough and another staff should have been called in the middle of the night when the significant change had occurred.</p>		<p>and on weekends and holidays to ensure timely Physician notification. DNS/Executive Director is notified as necessary. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur. Residents Change of condition is reviewed in the morning interdisciplinary team meeting for resident change of condition and for timely physician notification. DNS/designee reviews the Facility Activity Report in the Interdisciplinary Team Meeting for documentation to support that physician was notified in a timely manner. The DNS/Designee is notified of acute change in condition during the weekends and on weekends and holidaysto ensure physician will be notified in a timely manner. Licensed staff will be educated on notifying physicians of resident change of condition in a timely manner by October 11, 2013 by the Director of Nursing Services/designee. Noncompliance may result in employee education and /or disciplinary action up to and including termination. DNS/Designee to monitor compliance for timely physician notification. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place A Change of Condition CQI tool will be utilized weekly x</p>				

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	This Federal tag relates to Complaint IN00136811. 3.1-5(a)(2)		4, monthly x 6, and quarterly thereafter. If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. Data will be submitted to the CQI Committee for review and follow up. Compliance date: October 11, 2013		

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to ensure the investigations for allegations of abuse were thorough and complete for 1 of 2 residents reviewed for alleged allegations of abuse in a sample of 6. (Resident D)</p> <p>Findings include:</p> <p>The record for Resident D was reviewed on 9/25/13 at 9:45 A.M. Diagnoses included, but were not limited to, diabetes, two strokes, depression, and vascular dementia.</p> <p>A request was made to the Administrator on 9/25/13 at 2:00 P.M. for investigations of abuse or neglect for Resident D.</p> <p>The investigation of abuse dated 9/4/13 for the initial report indicated on the evening of 9/3/13 the room mate of Resident D indicated aides had brought Resident D back to the room and were rough while transferring him from the chair to the</p>	F000226	<p>This facility would like to respectfully request a face to face Informal Dispute Resolution.</p> <p>F226 Investigation/Report/Allegations The Facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or a misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident D no longer resides in the facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All Residents have the potential to be affected by the alleged deficient practice. Staff</p>	10/11/2013			

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	<p>bed. The resident was unable to identify the particular staff members he was speaking of.</p> <p>The interview forms for the staff members were not dated and did not include the time the interviews were completed.</p> <p>The interviews of the staff that were identified as the potential staff working during the time of the alleged incident were incomplete due to a staff member being terminated for other reasons, prior to her being able to be interviewed.</p> <p>In an interview with the Executive Director on 9/26/13 at 10 A.M., she indicated she did not know all of the dates and times interviews of staff were done.</p> <p>This Federal tag relates to Complaint IN00136811.</p> <p>3.1-28(d)</p>		<p>educated on initiating and completing abuse investigations Executive Director/DNS Designee by October 11, 2013. ED/Designee will review all abuse investigations within the last 30 days to ensure date and time ED was notified, date and time employee interviews were conducted, and the title of the employee interviewed is included in the investigation. Resident Event Investigation Questionnaire revised noting staff titles, dates and times of interviews, and date and time ED was notified. ED/DNS reviews the all abuse investigation to ensure they are completed. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?Resident Event Investigation Questionnaire revised noting staff titles, dates and times of interviews, and date and time ED was notified. ED/DNS reviews the all abuse investigations to ensure they are completed. Staff will be educated on initiating and completing abuse investigations by October 11, 2013. ED/DNS will monitor for compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? An Abuse Prohibition and Investigation CQI will be utilized weekly x 4, monthly x 6, and quarterly thereafter. The CQI</p>		

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			committee will review the data collected. If a 100% threshold is not achieved, an action plan will be developed. Compliance date: October 11, 2013	

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F000309 SS=G	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, record review and interview, the facility failed to ensure timely treatment to a change in skin condition for 1 of 1 residents reviewed for non pressure wounds and for failure to ensure treatment of pain . (Resident D and Resident F) Resident D was admitted to the hospital with sepsis and gangrene to his left extremity.</p> <p>Findings include:</p> <p>1. The record for Resident D was reviewed on 9/25/13 at 9:45 A.M. Diagnoses included, but were not limited to, diabetes, two strokes, depression, and vascular dementia.</p> <p>The SBAR (Situation Background Assessment Recommendations) Tool dated 9/6/13 1:23 A.M. indicated, "...Assessment...Resident had 1 blister intact on medial lower left extremity, 1 blister open on lateral lower left extremity, 1 blister intact on big toe. Resident lower left extremity</p>	F000309	<p>This facility would like to respectfully request a face to face Informal Dispute Resolution. F 309 Provide Care/Services For Highest Well Being Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care Resident D no longer resides in the facility. Resident F receives a pain assessment before each dressing change and as needed. Staff will observe for signs of verbal/nonverbal signs of pain during ADL care. Resident's Care Plan has been updated.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents with a change of condition have the potential to be affected by the alleged deficient practice. All residents receiving dressing changes and ADL care have the potential to be affected by the alleged deficient practice.</p>	10/11/2013			

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	<p>had discoloration which is black/necrotic and cold to touch...."</p> <p>The progress notes for 9/6/13 at 8:53 A.M., indicated, "...Resident had fluid filled blisters on lower left extremities and one that is open. Medial lower left extremity 1 intact fluid filled blister/Nursing(SIC) 1.4 cm(centimeter) x 0.9 cm, lateral lower left extremity open 3.4 cm x 2.6 cm,, big toe lower left extremity intact fluid filled blister 0.8 cm x 0.8 cm. Lower left extremity is ischemic (lacking blood flow), cold to touch, and had no pedal or popliteal pulse. Physician called two times throughout night with no reply back at 1:42 A.M., and 2:34 A.M. Resident son called and message left for him to call facility. 8:55 A.M., Physician returned call and new order received to send resident to emergency room for evaluation and treatment...."</p> <p>The hospital emergency room report dated 9/6/13 indicated, "...positive for gangrenous changes to left forefoot, positive for edema, positive dorsal and lateral and mid foot blisters, foot is cold, pulses unpalpable...."</p> <p>The hospital history and physical dated 9/6/13 at 4:15 P.M., indicated, "...Skin...left foot black, cold doppler</p>		<p>DNS/Designee will audit all weekly assessments and documentation of residents with dressing changes within the last 30 days to ensure that any noted verbal/non verbal signs of pain were addressed. DNS/Designee is notified of each resident having a change of condition during the weekdays and on weekends and holidays to ensure timely Physician notification. Nurses will be notified of verbal/non verbal signs of pain identified during ADL care via reporting to the nurse immediately. Nurses will monitor for verbal/non verbal signs of pain identified during a dressing change. Identified pain will be treated by nurses as needed by using medication or other modalities. Licensed staff will be educated on notifying the physician of change of condition in a timely manner by October 11, 2013 by the DNS/designee. All nursing staff will be educated on identifying verbal and nonverbal signs of pain by October 11, 2013 by the DNS/Designee. ED is notified as necessary. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. DNS/designee reviews the Facility Activity Report in the Interdisciplinary Team Meeting for documentation to ensure that physician was notified in a timely manner. Nurses will conduct a weekly assessment on each</p>		

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	<p>pulse...Impression/Assessment: 1. Left gangrenous foot-exam finding synthesis of gangrene of left foot. Patient is now septic...."</p> <p>In an interview on 9/26/13 at 2:30 P.M., with the Director of Nursing Services and the Executive Director, the Director of Nursing Services indicated the significant change in the skin area was not addressed soon enough. She also indicated if the physician was not able to be reached, another staff should have been called in the middle of the night when the significant change had occurred.</p> <p>2. The resident review for Resident F was completed 9/26/13 at 10:15 A.M. Diagnoses included, but were not limited to, end stage dementia, Alzheimer and weight loss.</p> <p>The Minimum Data Set Assessment dated 9/16/13 indicated the resident was not able to be interviewed as resident unable to be understood and was severely cognitively impaired.</p> <p>The progress notes dated 8/24/13 indicated Resident F had developed an unstagable area on her coccyx.</p> <p>The shower sheets for Resident F were reviewed. The shower sheets</p>		<p>resident to identify any verbal/non verbal signs of pain. Nurses will conduct a pain assessment prior to initiating dressing care to identify verbal/non verbal signs of pain. Nurses will be notified of verbal/non verbal signs of pain identified during ADL care via reporting to the nurse immediately. Identified pain during ADL care will be treated by nurses as needed by using medication or other modalities. Identified pain during weekly assessment will be treated by nurses as needed by using pain medication or other modalities. DNS/Designee will audit all weekly assessments and documentation of residents with dressing changes within the last 30 days to ensure that any noted verbal/non verbal signs of pain were addressed. Identified pain during ADL care will be treated by nurses as needed by using medication or other modalities. Identified pain prior to dressing change andthrough weekly assessments andwill be treated by nurses as neededby using pain medication or other modalities. DNS/Designee will review all weekly assessments to ensure that all noted signs of verbal/non verbal signs of pain are addressed. DNS/Designee will review all documentation of residents receiving a dressing change to ensure all noted signs of verbal/ non verbal signs of pain are addressed. Licensed staff will</p>		

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	<p>indicated, "9/12/13 ...open area...Comments Signs of pain when washing buttocks..."</p> <p>An observation of the resident during wound care on 9/26/13 at 1:50 P.M., was done with the Director of Nursing Services (DNS) LPN #2 and Certified Nursing Aide #3.</p> <p>LPN #2 was cleaning the residents wound when Resident F moaned. LPN # 2 responded by indicating she understood the wound cleanser was cold. The resident moaned again as she was rolled from her side to her back. The resident was observed having a furrowed brow. LPN #2 responded to the resident's moan by indicating to the resident she was almost done.</p> <p>In an interview on 9/26/13 at 2:00 P.M., with LPN #2, who was also the Unit Manager for the 200 unit, she indicated was not sure what the nurses were doing for pre treating or treating the resident's pain for her wound.</p> <p>LPN #2 upon reviewing the Medication Administration Record indicated the resident had not received any as needed medication for the month of September.</p>		<p>be educated on notifying physicians of resident change of condition in a timely manner by October 7, 2013 by the Director of Nursing Services/designee. Nursing staff will be educated on identifying verbal and nonverbal signs of pain by October 7, 2013 by the DNS/designee. Noncompliance may result in employee education and /or disciplinary action up to and including termination. DNS/Designee to monitor compliance for timely physician notification. DNS/Designee to monitor weekly assessments and dressing change documentation for identified verbal/non verbal signs of pain. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place A Change of Condition CQI tool will be utilized weekly x 4, monthly x 6, and quarterly thereafter. A Pain CQI tool will be utilized weekly x 4, monthly x 6, and quarterly thereafter. If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. Data will be submitted to the CQI Committee for review and follow up. Compliance date: October 11, 2013</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/26/2013
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	<p>The Medication Administration Record for September indicated the resident had Roxanol 0.25 milliliters underneath the tongue every two hours as needed for shortness of breath or pain, Tylenol 500 milligrams every eight hours as needed for pain, and Tylenol 650 milligrams by rectum every four hours as needed for fever or pain. The resident had not received any as needed medications for pain all month.</p> <p>In an interview with the DNS on 9/26/13 at she indicated if she observed a resident moaning during a wound treatment she would expect the nurse after performing treatment to check and see if the resident had received any pain medications.</p> <p>The pain management policy dated 1/03, indicated, "...<u>Non-interviewable resident</u> The pain management program will be determined based upon staff observation of non-verbal signs of pain as follows: NON-VERBAL SOUNDS (crying, whining, gasping, moaning, or groaning)...FACIAL EXPRESSIONS (grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth)...."</p>			

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	<p>This Federal tag relates to Complaint IN00136811.</p> <p>3.1-37(a)</p>			
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