

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 02/08/2012
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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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F0000	<p>This visit was for the Investigation of Complaint IN00102336.</p> <p>Complaint IN00102336 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F309.</p> <p>Survey dates: February 7 and 8, 2012</p> <p>Facility number: 000173 Provider number: 155273 AIM number: 100290920</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 13 SNF/NF: 80 Total: 93</p> <p>Census payor type: Medicare: 10 Medicaid: 62 Other: 21 Total: 93</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/13/12 by Jennie Bartelt, RN.</p>	F0000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p> <p>Cypress Grove Nursing and Rehabilitation Center desires this Plan of Correction to be considered the facility's Allegation of Compliance effective March 6, 2012.</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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F0157 SS=D	<p>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 interview and record review, the facility failed to ensure the physician and family were notified of a resident's back pain and a large raised area on the right flank, which resulted in a hospital stay for a right flank abscess, for 1 of 3 residents reviewed for physician notification, in a</p>	F0157	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it	03/06/2012

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	<p>sample of 3. Resident B</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident B was reviewed on 2/7/12 at 12:20 P.M.</p> <p>An "Admission Skin Assessment," dated 6/24/11, indicated there were no raised areas on the resident's back or flank areas.</p> <p>Speech Therapy notes included the following notations:</p> <p>7/14/11, untimed: "Res [resident] seen for cog/comm tx [cognition/communication treatment]. Res. was fixated again on problem - c/o [complains of] pain in the back. Nsg [nursing] notified. Difficult to redirect from this pain. Res. was unsure what was giving him the problem...."</p> <p>7/15/11, untimed: "Res. seen for cog/comm tx. Res. conts. [continues] to be fixated on 'problems.' c/o spot on back 'that hurts.' Nsg notified...."</p> <p>Documentation that nursing notified the physician or family, or did an assessment of the resident's pain or back was lacking in the clinical record.</p> <p>Nurses Notes included the following notations:</p>		<p>is required by the provision of federal and state law. Cypress Grove Nursing and Rehabilitation Center desires this Plan of Correction to be considered the facility's Allegation of Compliance effective March 6, 2012. It is the policy of Cypress Grove to ensure the services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Resident B no longer resides at Cypress Grove Rehabilitation Center. A 100% medical record review to include but not limited to physician's orders, nurses notes, therapy notes, Medication Administration Records (MARs), Treatment Administration Records (TARs) and 24 Hour Status Report sheets for the past 30 days was completed on current in-house residents to identify those residents with a possible change in condition to include but not be limited to unrelieved complaints of pain and raised areas of skin not identified on admission. Physicians and responsible parties were identified as needed. Plans of care were updated as needed to reflect residents current status. The Education & Training Director (ETD)/Designee will provide re-education to licensed personnel on policy and procedure for physician and responsible party notification of change in condition. Utilizing the</p>		

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	<p>7/17/11 at 8:30 A.M.: "...Noted area to [right] flank - as large as my palm - raised - sl [slightly] firm - no warmth/redness or bruising. Unsure what happened - thinks might have hit back on toilet. Denies pain at this time - states area been there x 5 days."</p> <p>A Speech Therapy note, dated 7/18/11 untimed, indicated, "...Complains of back pain...Prognosis for Further Progress: Fair due to onset on new confusion...."</p> <p>Nurses Notes continued:</p> <p>7/19/11 at 3:00 P.M.: "...Area to [right] flank remains non-tender on palpation, [no] redness or warmth...."</p> <p>Documentation of family or physician notification of the area was lacking in the clinical record.</p> <p>A Physical Therapy note, dated 7/19/11 an untimed, indicated, "...Pt. [patient] display [sic] [with] [increased] confusion [with] activities compared to last week."</p> <p>Speech Therapy notes included:</p> <p>7/20/11 untimed: "...Did not recall directions for use [within] few minutes of giving them to him verbally...."</p>		<p>SBAR Physician Communication Tool, the Licensed Nurse will be responsible to notify the physician of identified changes in condition. Responsible party notification will be documented in the resident's nurses notes as well as on the 24 Hour Status Report sheet. Notification of a resident's condition by the therapy staff to the Licensed Nurse will be documented on the 24 hour Status Report Sheet by the reporting therapy staff. Through review of the 24 Hour Status Report sheet and physician orders, the Director of Nursing (DON)/Designee will identify residents having a possible change in condition. The medical record of identified residents will be reviewed by the Interdisciplinary Team (IDT) to ensure the physician and responsible party have been notified and have appropriate documentation to include but not be limited to the Situation/Background/Assessment/Request (SBAR Physician Communication Tool/Progress Note). Review will take place daily times 14 days and 5 times weekly thereafter. Identified non-compliance will result in 1:1 re-education with progressive discipline up to and including termination. Results of audits will be forwarded to the Quality Assurance Committee for review and recommendations as deemed appropriate times 6</p>		

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	<p>7/21/11 untimed: "Res. got lost trying to find the therapy room this am...."</p> <p>A Speech Therapy discharge summary, dated 7/21/11 and untimed, indicated, "Analysis of Functional Outcome/Clinical Impression:...Complains of pain in back. Overall physical and cognitive abilities have declined this week...Complicating factors that prevented the patient from achieving all established goals include new onset of confusion and physical decline with ADL [activities of daily living] performance and with gait/balance...."</p> <p>A Nurses Note, dated 7/22/11 at 1:00 P.M., indicated, "...Reported [by son] that res [resident] was supposed to have been running a temp last noc [night] per staff, replied that what I had been notified of was that res had room overly warm and air conditioning had been adjusted to moderate room temp...."</p> <p>The resident was discharged to an assisted living facility on 7/22/11.</p> <p>A hospital history and physical, dated 7/24/11 at 5:40 P.M., indicated, "...The patient...presents to our ED [Emergency Department] today with complaints of R [right] flank mass...Tender, bigger than 6</p>		months.				

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	<p>inches across and 1 inch high...Family unsure how long it has been there but he had been complaining of back pain for at least a week...Was at NH [nursing home] recently...Associated symptoms: Fever, chills, SOB [shortness of breath], confusion, diarrhea, poor urine output...Temp 101.7...R Flank: soft mass with some inferior erythema [redness] and warmth...About the size of my hand extended...."</p> <p>A hospital discharge summary, dated 7/29/11 at 12:57 P.M., indicated, "...Diagnoses, Abscess, retroperitoneal, Abscess of flank, right, Severe sepsis...Procedures/Interventions/Operations: Incision and drainage of right retroperitoneal and flank abscess....Hospital Course: The patient presented with sepsis picture as well as pain in the right flank...an incision and drainage by [name of physician]...Wound VAC has been applied...still requires rehabilitation and ongoing monitoring as well as intravenous antibiotics...Admission Condition: poor, Discharge condition: good...."</p> <p>On 2/8/12 at 9:10 A.M., during interview with the MDS Coordinator, she indicated she was the Assistant Director of Nursing [ADON] in July 2011, and did not remember hearing that Resident B had a</p>			
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	<p>large raised right flank mass or had complained of right flank pain.</p> <p>On 2/8/12 at 10:20 A.M., the MDS Coordinator indicated the 24 hour report sheets from July 2011, regarding Resident B, did not document the physician had been notified.</p> <p>2. On 2/8/12 at 11:10 A.M., the Director of Nursing provided the current facility policy on "Notification of Resident Change in Condition," revised July 2011. The policy included: "...clinicians will 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 a significant change in the resident's physical, mental, or psychosocial status...If the change in the resident's condition is not crucial or significant...the resident's Physician and family...will be notified at he earliest convenient time during regular business hours...Document in the Nurses Notes the times notification was made and the names of the person(s) to whom you spoke...."</p> <p>This federal tag relates to Complaint IN00102336.</p> <p>3.1-5(a)(2)</p>						

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F0309 SS=G	<p>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 interview and record review, the facility failed to ensure a resident's complaints of back pain and a raised flank mass not present on admission were thoroughly assessed and followed-up, which resulted in a hospitalization for a right flank abscess, for 1 of 3 residents reviewed for a change in condition, in a sample of 3. Resident B</p> <p>Findings include:</p> <p>The closed clinical record of Resident B was reviewed on 2/7/12 at 12:20 P.M.</p> <p>An "Admission Skin Assessment," dated 6/24/11, indicated there were no raised areas on the resident's back or flank areas.</p> <p>A Physician's order, dated 6/24/11, indicated, "Tylenol Ex-Str [extra strength]...Give 2 tables orally as needed...."</p> <p>A Minimum Data Set [MDS] assessment, dated 7/1/11, indicated the resident scored an 11 out of 15 for cognition, with 15 indicating no memory loss, required</p>	F0309	<p>It is the policy of Cypress Grove Rehabilitation Center to provide the necessary care and services to maintain the highest practicable physical mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. Resident B no longer resides at Cypress Grove Rehabilitation Center. A 100% medical record review including but not limited to the 24-Hour Status Report, Physician's Orders and Nurses Notes of current in-house residents was completed to determine residents having a change in condition to include but no be limited to unrelieved complaints of pain and raised areas of skin not identified on admission. The medical record of identified residents will be reviewed by the Interdisciplinary Team to ensure that appropriate assessment, monitoring and follow-up documentation has been completed as required. Review will be completed daily times 14 days and 5 times weekly thereafter. Identified non-compliance with policy and procedure will result in 1:1 re-education with progressive discipline up to and including</p>	03/06/2012			

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	<p>extensive assistance of one staff for bed mobility and transfer, and hygiene and bathing. The MDS assessment indicated there were no skin impairments.</p> <p>Speech Therapy notes included the following notations:</p> <p>7/14/11, untimed: "Res [resident] seen for cog/comm tx [cognition/communication treatment]. Res. was fixated again on problem - c/o [complains of] pain in the back. Nsg [nursing] notified. Difficult to redirect from this pain. Res. was unsure what was giving him the problem...."</p> <p>7/15/11, untimed: "Res. seen for cog/comm tx. Res. conts. [continues] to be fixated on 'problems.' c/o spot on back 'that hurts.' Nsg notified...."</p> <p>Documentation that nursing notified the physician or family, or did an assessment of the resident's pain was lacking in the clinical record.</p> <p>Nurses Notes included the following notations:</p> <p>7/17/11 at 8:30 A.M.: "...Noted area to [right] flank - as large as my palm - raised - sl [slightly] firm - no warmth/redness or bruising. Unsure what happened - thinks might have hit back on toilet. Denies pain</p>		<p>termination. Results of audits will be forwarded to the Quality Assurance Committee for review and recommendations as deemed appropriate times 6 months.</p>				

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	<p>at this time - states area been there x 5 days."</p> <p>A Speech Therapy note, dated 7/18/11 untimed, indicated, "...Complains of back pain...Prognosis for Further Progress: Fair due to onset on new confusion...."</p> <p>Nurses Notes continued:</p> <p>7/19/11 at 3:00 P.M.: "...Area to [right] flank remains non-tender on palpation, [no] redness or warmth...."</p> <p>Documentation of family or physician notification of the area was lacking in the clinical record.</p> <p>A Physical Therapy note, dated 7/19/11 an untimed, indicated, "...Pt. [patient] display [sic] [with] [increased] confusion [with] activities compared to last week."</p> <p>Speech Therapy notes included:</p> <p>7/20/11 untimed: "...Did not recall directions for use [within] few minutes of giving them to him verbally...."</p> <p>7/21/11 untimed: "Res. got lost trying to find the therapy room this am...."</p> <p>A Speech Therapy discharge summary, dated 7/21/11 and untimed, indicated,</p>			
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	<p>"Analysis of Functional Outcome/Clinical Impression:...Complains of pain in back. Overall physical and cognitive abilities have declined this week...Complicating factors that prevented the patient from achieving all established goals include new onset of confusion and physical decline with ADL [activities of daily living] performance and with gait/balance...."</p> <p>A Nurses Note, dated 7/22/11 at 1:00 P.M., indicated, "...Reported [by the son] that res [resident] was supposed to have been running a temp last noc [night] per staff, replied that what I had been notified of was that res had room overly warm and air conditioning had been adjusted to moderate room temp...."</p> <p>The resident's Medication Administration Record [MAR], dated July 2011, indicated the resident did not receive PRN [as needed] pain medication after 7/7/11.</p> <p>The resident was discharged to an assisted living facility on 7/22/11.</p> <p>A hospital history and physical, dated 7/24/11 at 5:40 P.M., indicated, "...The patient...presents to our ED [Emergency Department] today with complaints of R [right] flank mass...Tender, bigger than 6 inches across and 1 inch high...Family</p>			
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	<p>unsure how long it has been there but he had been complaining of back pain for at least a week...Was at NH [nursing home] recently...Associated symptoms: Fever, chills, SOB [shortness of breath], confusion, diarrhea, poor urine output...Temp 101.7...R Flank: soft mass with some inferior erythema [redness] and warmth...About the size of my hand extended...."</p> <p>A hospital discharge summary, dated 7/29/11 at 12:57 P.M., indicated, "...Diagnoses, Abscess, retroperitoneal, Abscess of flank, right, Severe sepsis...Procedures/Interventions/Operations: Incision and drainage of right retroperitoneal and flank abscess....Hospital Course: The patient presented with sepsis picture as well as pain in the right flank...an incision and drainage by [name of physician]...Wound VAC has been applied...still requires rehabilitation and ongoing monitoring as well as intravenous antibiotics...Admission Condition: poor, Discharge condition: good...."</p> <p>On 2/8/12 at 9:10 A.M., during interview with the MDS Coordinator, she indicated she was the Assistant Director of Nursing [ADON] in July 2011, and did not remember hearing that Resident B had a large raised right flank mass or had</p>			
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	<p>complained of right flank pain.</p> <p>On 2/8/12 at 10:20 A.M., the MDS Coordinator indicated the 24 hour report sheets from July 2011, regarding Resident B, did not document further information other than what was documented in the chart.</p> <p>This federal tag relates to Complaint IN00102336.</p> <p>3.1-37(a)</p>			
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