

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155670	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/04/2016
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF NEWBURGH	STREET ADDRESS, CITY, STATE, ZIP CODE 5233 ROSEBUD LN NEWBURGH, IN 47630
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00198819.</p> <p>Complaint IN00198819 - Substantiated. Federal/State deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: May 2 and 4, 2016</p> <p>Facility number: 011049 Provider number: 155670 AIM number: 200258520</p> <p>Census bed type: SNF/NF: 87 Total: 87</p> <p>Census payor type: Medicare: 8 Medicaid: 61 Other: 18 Total: 87</p> <p>Sample: 3</p>	F 0000		

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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F 0309 SS=D Bldg. 00	<p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on May 4, 2016.</p> <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</p>			

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	<p>care.</p> <p>Based on interview and record review, the facility failed to ensure an ambulance service was allowed immediate access in the facility and to the resident who required their services, and failed to complete an assessment of the resident and provide a thorough report of the resident's condition to ambulance personnel, for 1 of 3 residents reviewed for transfer to the hospital, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>On 5/2/16 at 9:55 A.M., the 200 North Exit door was observed to have the following sign posted on the door: "Emergency Exit Only. No one is allowed to use this door unless it is an emergency. Ambulances need to use another door for [sic] now on to get in this wing."</p> <p>The clinical record of Resident A was reviewed on 5/2/16 at 10:10 A.M. Diagnoses included, but were not limited to, vascular dementia.</p> <p>Nurse's Notes included the following</p>	F 0309	<p>Resident A has returned from hospital stay with no negative impact from the cited deficiency. No other residents were impacted by the cited deficiency. The emergency use only sign has been removed. Local EMS have been notified to use the front door for all resident transports. All licensed nurses have been retrained on proper emergency response and to direct all EMS personnel to the front door where they will be greeted by a staff member and escorted to the patient room. Licensed Nurses have also been trained on proper reporting of patient status to EMS personnel.</p> <p>All emergencies will be reviewed by the DON or ADON for the next 6 months in the Safety Committee meeting to ensure proper procedures were followed by nursing staff. Any failure to follow outlined procedures will result in retraining and/or disciplinary action up to and including discharge. Findings will be reported monthly for a minimum of six months to the facility QAPI committee for review and recommendation.</p>	05/27/2016			

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	<p>notations:</p> <p>A "SBAR [Situation, Background, Appearance, Review] Communication Form,""dated 4/23/16, indicated, "...more sluggish to respond after 0600 am [6:00 A.M.]...Decreased level of consciousness...Resident sluggish to respond & attempting to open eyes...Primary Care Clinician Notified: [Name] Date 04/23/2016, Time 7:30...Emergency medical transport</p> <p>4/23/16 at 9:35 A.M.: "Went into resident's room @ approx 0715 [7:15 A.M.] and resident very lethargic and would intermittently have light grasp in Left hand upon command and not grasping upon command with Right hand...no verbalization...."</p> <p>4/23/16 at 9:37 A.M.: "At 0730 [7:30 A.M.] Triage called to report condition and new order's [sic] received to send to [name of hospital] to assess d/t [due to] resident being a full code."</p> <p>4/23/16 at 9:39 A.M.: "[Ambulance service] here to transport per cart...."</p> <p>An ambulance dispatch report, dated 4/23/16, indicated the following: "...Pt [patient] lying in bed, with agonal [gaspings, labored breathing]</p>			

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	<p>respirations...History of Present Illness: Staff was unable to tell an accurate history. Only thing they could agree on is that the pt. was given unknown amount of Ativan [an anti-anxiety medication] the night prior...08:19 [8:19 A.M.] Arrive at facility. 08:27 [8:27 A.M.] Arrive at pt...Comment: Staff was unable to tell an accurate history...Unknown PMHx [past medical history], medications, allergies due to short transport time, unable to look through paperwork. Staff was of no help, and claimed to know nothing about the pt, or any of her history...No staff member knows any history or able to tell pt's normal GCS [Glasgow Coma Scale, to determine mental status]. Staff is unable to tell what has happened or when the pt was last seen normal, also unable to tell what pt's normal to self is, despite her being a long term resident at their facility. Upon arrival at [name of facility], we arrived at the entrance to the 200 hall door where we were dispatched too [sic]. Upon gathering our equipment and going to door, we are waved off by staff members, informed it was an emergency exit only now. We then pulled up to the 100 hall door, where staff members waved us back to the 200 door. We informed staff that they told us to come to this door. Staff then attempted a couple of times to open the door, and stated it wouldn't open. We then</p>			

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	<p>responded to the front entrance which was also locked. We were able to open the door by force, and after multiple attempts found our way into the building. Upon entering the facility a staff member came up to us and stated 'slow down, she's fine, she's just not breathing.' When questioned she stated she didn't know what was going on but there was a nurse in the patient's room...Total of 8 minutes to reach the pt after arriving at facility because staff refused to open the original door for us. Upon arrival at pt, patient is found unconscious with agonal respirations, no staff is present, and when they arrived, they get mad at EMS [Emergency Medical Service]...Staff throws us the paperwork and storms out of the room without a proper report as they keep repeating 'I don't know, you'd have to ask night shift.'...."</p> <p>On 5/2/16 at 10:55 A.M., during an interview with LPN # 1 and RN # 1, each indicated they were unsure why the ambulances were not to use the 200 North door anymore. RN # 1 indicated, "I think they want them to use the front door."</p> <p>On 5/2/16 at 11:10 A.M., during an interview with the Maintenance Supervisor, he indicated the front door to the facility could be locked, but that it</p>			

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	<p>was usually not locked. He indicated it was a coded entrance and exit, and that a button could be pushed to enter the facility. He indicated, "All doors will open after 15 seconds." He indicated, "We really don't want the ambulance crew using those side doors, because there is no way to enter from the outside, unless the staff let them in."</p> <p>On 5/2/16 at 11:45 A.M., during an interview with RN # 2, she indicated she was the oncoming nurse on 4/23/16. She indicated she started at 6:00 A.M. She indicated she "didn't really deal with (Resident A)," but that LPN # 2 was the nurse taking care of the resident and transfer. She indicated she did not think there was any issue with the ambulance service. She indicated she thought the ambulance service came in the front door. RN # 2 indicated, "They don't want them using the 200 door anymore. Maybe they couldn't get the 100 door open. I don't know."</p> <p>On 5/2/16 at 1:20 P.M., during an interview with LPN # 3, she indicated she was working the 100 wing on 4/23/16. She indicated, "I just remember (CNA # 1) told me the ambulance driver came to the 100 door and asked for the, resident, so she told him the resident was on the 200 wing and to go to that door." LPN #</p>			

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	<p>3 indicated, "It could have been a new driver. The ambulance usually uses the 200 door or front door."</p> <p>On 5/2/16 at 1:30 P.M., during an interview with LPN # 2, she indicated she was working the morning of 4/23/16. She indicated the resident was slow to respond, so she called triage. She indicated she was unaware of any problem with the ambulance service.</p> <p>On 5/2/16 at 2:00 P.M., during an interview with the Director of Nursing (DON), she indicated she was unaware that there was a sign on the 200 North door for ambulances not to use that door. She indicated she "heard they used the wrong door or something." The DON indicated the facility usually uses a particular ambulance service, and "they always use the front door." She indicated a different ambulance service was called on 4/23/6, and "maybe they didn't know what door to use."</p> <p>This Federal tag relates to Complaint IN00198819.</p> <p>3.1-37(a)</p>			

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

PRINTED: 05/23/2016

FORM APPROVED

OMB NO. 0938-0391

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