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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155331 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 10/04/2012 |
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| NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF VALPARAISO | STREET ADDRESS, CITY, STATE, ZIP CODE 3405 N CAMPBELL RD VALPARAISO, IN 46385 |
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| F0000 | <p>This visit was for the Investigation of Complaint IN00109779.</p> <p>Complaint IN00109779 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: October 3 & 4, 2012</p> <p>Facility number: 000224 Provider number: 155331 AIM number: 100267700</p> <p>Survey team: Kathleen (Kitty) Vargas, RN-TC</p> <p>Census bed type: SNF: 24 SNF/NF: 77 Total: 101</p> <p>Census payor type: Medicare: 32 Medicaid: 53 Other: 16 Total: 101</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> | F0000 | <p>I respectfully request consideration for paper compliance. I will be forwarding additional supportive documentation via fax today (10-9-12) as well. Please reference the attached 2567 as "Credible Allegation of Compliance" for our complaint survey conducted October 3-4, 2012. 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 conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Laws. Please feel free to contact us should you have any questions. Thank you. Amber Janeczko, Executive Director</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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| | Quality review completed on October 4, 2012 by Bev Faulkner, RN | | | |

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| F0323 SS=D | <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. Based on observation, record review, and interview, the facility failed to ensure each resident was free from accidents related to a fall in the resident's bathroom while unsupervised by staff for 1 of 3 residents reviewed for falls in a sample of 3. (Resident #D)</p> <p>Findings include:</p> <p>Interview with LPN #1 on 10/3/12 at 8:55 a.m., during Orientation Tour, indicated Resident #D was considered a falls risk and had recently had a fall.</p> <p>Resident #D was observed seated in a wheelchair on 10/3/12 at 9:55 a.m. The resident had a personal alarm attached to her wheelchair.</p> <p>The record of Resident #D was reviewed on 10/3/12 at 11:45 a.m. The resident was admitted to the facility on 8/31/12. She had diagnoses that included, but were not limited to, dementia, diabetes and hypertension.</p> | F0323 | F3231. Nursing management staff provided immediate re-education to the CNA for resident #D on 9-11-12 (see attachment #1).2. A listing of residents at fall risk who require oversight during toileting was developed (see attachment #2) and as of 10/10/12 used by the DON and/or designees to ensure all required interventions were in place. The DON and designees will review all residents who have fallen in the last thirty days (attachment #4) by 10/12/12 to ensure that appropriate interventions were in place and that care plan/care directive data is current and appropriate. 3. The DON or designee will observe staff caring for a random sampling of four residents identified via the Fall Risk assessment as at fall risk (see attachment #2) five times per week to ensure fall interventions are carried out appropriately. The DON or designee will also audit the Fall Review data and clinical records of all residents with falls weekly (see attachment #3) for six months to ensure appropriate interventions are in place. Education will be provided by the | 10/17/2012 | | | |

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| | <p>There was a form titled, "Falls Risk Evaluation" that had an assessment completed on 8/31/12 for the resident. The assessment indicated the resident had a fall risk score of 26. The form indicated, "To be completed upon admission and quarterly. Evaluate the resident's condition and determine the most appropriate response. When a resident's total score is 10 or more, interventions should promptly be put in place. A resident who scores a 10 or higher is at risk."</p> <p>Interventions to prevent falls were initiated on 8/31/12. There was a Physician's Order, dated 8/31/12, for a sensor mat on the bed and the wheelchair at all times.</p> <p>The Minimum Data Set (MDS) assessment, with an assessment reference date of 9/7/12, was reviewed. The MDS indicated the resident had a Brief Interview for Mental Status (BIMS) score of 2, which indicated severe cognitive impairment. It also indicated the resident required extensive assistance of one staff person with transfers and toileting. The MDS also indicated the resident was assessed to have balance problems with moving on and off the toilet, she was not steady and was only able to stabilize with staff assistance.</p> | | <p>SDC to nursing staff at the facility All-Staff meeting regarding following care planned fall risk interventions by 10/12/12 (see attachment #5). 4. The DON or designee will use the above listing of residents with falls or at fall risk to audit for compliance weekly for six months. Audits are adapted to address the need to increase or decrease the frequency of audits as indicated by the trending data. Results of these audits will be presented at the monthly Quality Improvement meeting by the DON or designee and action plans developed for any negative trends. DATE CERTAIN: 10/17/12THIS IS MY CREDIBLE ALLEGATION</p> | | |

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| | <p>The nursing Progress notes were reviewed. There was an entry, dated 9/11/12 at 1:51 p.m., that indicated, " Called to pt's [patient's] room by CNA [Certified Nursing Assistant], pt. found sitting on the floor. Pt. had been sitting on the commode and began to get up and walk away when she lost her balance and fell, found on her buttocks with her back resting against her bed, legs outstretched in front of her. Denies hitting her head. States, "I know how to walk." Reminded pt. that she is unsafe to be up independently ... Re-educated staff that pt's with alarms are not to be left in bathroom unattended... ."</p> <p>The form titled, "Fall Committee Referral/Assessment Information" indicated the resident had a fall on 9/11/12. The investigation, dated 9/12/12, indicated the contributing factors to the fall were, "impaired balance et [and] gait. Dementia, poor safety awareness." The form indicated the time, date, and the circumstances of the fall were: "9/11/12 1:50 p.m., CNA called nurse to room. Res [resident] sitting on buttocks, back against bed, legs outstretched in front of her. No injuries noted. Prior to fall res had been assisted to bathroom, where CNA then stepped out briefly." The Action Plan indicated, "Therapy referral sent -</p> | | | |

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| | <p>currently on caseload. Pharmacy medication review faxed to pharmacy. N.O. [New Order] for fallguard briefs on at all times. Staff education done to remind staff that no persons with safety devices in place should be left unattended in the bathroom."</p> <p>The form titled, "Witness Interview Form" dated 9/11/12 at 2:00 p.m., was reviewed. The form was completed by CNA #1 and indicated, "put on toilet walked across hall to other room came back and found her on floor [sic]."</p> <p>Interview with the Director of Nursing on 10/3/12 at 1:40 p.m., indicated CNA #1 had left Resident #D unattended in the bathroom. She indicated the resident had been identified as having a high risk for falls and should not have been left alone in the bathroom.</p> <p>This Federal tag relates to Complaint IN00109779.</p> <p>3.1-45(a)(2)</p> | | | | |