

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2014
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NAME OF PROVIDER OR SUPPLIER CHICAGOLAND CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6685 E 117TH AVE CROWN POINT, IN 46307
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F000000	<p>This visit was for the Investigation of Complaint IN00153421.</p> <p>Complaint IN00153421- substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F309.</p> <p>Survey date: August 1, 2014</p> <p>Facility number: 001198 Provider number: 155637 AIM number: 100471000</p> <p>Survey team: Regina Sanders, RN</p> <p>Census bed type: SNF: 16 SNF/NF: 104 Residential: 47 Total: 167</p> <p>Census Payor type: Medicare: 20 Medicaid: 79 Other: 68 Total: 167</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings</p>	F000000	<p>F0000 This Plan of Correction is the center's credible allegation of compliance. 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 revisions of federal and state law.</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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F000157 SS=D	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 4, 2104, by Janelyn Kulik, RN.</p> <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</p>			

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	<p>§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 observation, record review, and interview, the facility failed to notify a resident's physician, related to copious amount of drainage and a foul odor of a cancerous lesion, for 1 of 3 residents reviewed for changes in a skin wound, in a total sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>During an observation on 08/01/14 at 10:45 a.m. with the Wound Nurse and LPN #1 present, Resident #B was in bed, the Wound Nurse removed a wound dressing from the resident's left jaw area. The soiled dressing had blood soaked through to the outer dressing and after the Wound Nurse removed the soiled dressing, the resident was observed with a large growth on the side of his left jaw. The Wound Nurse indicated the area in the center of the growth had dried blood with a blood clot. She indicated there was a small open area in the middle of the growth. The wound continued to seep blood.</p>	F000157	<p>REQUEST DESK COMPLIANCE</p> <p>F Tag 157 – D Survey date 8-1-2014</p> <p>1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>a. One 7/26/14 the physician was notified related to Resident B's purulent drainage from left jaw area and presence of maggots on dressing removed. Orders received at this time.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p>	08/13/2014

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	<p>An Indiana State Department of Health, reported incident, dated 07/27/14, and reviewed on 08/01/14 at 10:15 a.m., indicated on 07/27/14 a dressing was removed from Resident B's left jaw area and maggots were observed under the dressing.</p> <p>During an interview on 08/01/14 at 10:35 a.m., LPN #1 indicated on 07/25/14 she had sat next to the resident at lunch to assist him with his meal and observed a white thick drainage from the resident left jaw area, which had drained from the jaw to the resident's neck. She indicated the drainage had a foul odor. LPN #1 indicated she applied a dressing to the area. She indicated she forgot to call the resident's physician.</p> <p>Resident #B's record was reviewed on 08/01/14 at 11:07 a.m. The resident's diagnoses included, but were not limited to, melanoma of the skin and emphysema.</p> <p>A Weekly Wound Flow Sheet, dated 07/25/14 at 1:51 p.m., indicated the onset date of the area was 07/25/14. the area was the left cheek cancer lesion, which measured 0.5 centimeters (cm) by 0.5 cm, and was draining whitish yellowish pinkish thick drainage with a foul odor. The form indicated the area was cleansed,</p>		<p>a. Residents with wounds were skin checked to assure that wound documentation is accurate, and physician had been notified.</p> <p>b. Chart and resident check indicated that there were no other residents affected.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>a. Nursing staff received re-education by DON and compliance nurse that physician is notified immediately of any changes in wounds and proper documentation for accuracy.</p> <p>4. 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.</p> <p>a. The DON/designee will audit nursing notes of 10% of residents with wound dressings, for appropriate notification of physician, three(3) times per week for one (1) month, then once weekly for total of six months.</p>	

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	<p>a dry dressing applied, and the next shift was notified. The form was signed on 08/01/14 by LPN #1.</p> <p>The Nursing Progress Notes indicated the resident's physician had not been notified of the drainage until 07/26/14 at 9:24 p.m. after the maggots were found on the tumor area.</p> <p>The Physician's Orders, indicated on 07/26/14 at 9:45 p.m., the physician ordered a wound irrigation with normal saline every day and to apply a dry dressing and Clindamycin (antibiotic) 300 mg (milligrams) twice a day.</p> <p>During an interview on 08/01/14, the Director of Nursing indicated, LPN #1 should have notified the physician.</p> <p>A facility policy, dated 05/12/14, received from the Director of Nursing as current, titled, "Change in Condition", indicated, "...Physician/responsible party notifications is (sic) to include...Symptoms of an infectious process...Significant change in resident's physical, mental, or psychosocial status. l. A need to significantly alter the resident's treatment..."</p> <p>This Federal Tag relates to complaint IN00153421.</p>		. Reports of the audits will be reported to the Quality Assurance meeting monthly for six months. If deficiencies are noted the Quality Assurance Committee will develop plans of action to correct and recommend continued monitoring until corrections are effective.	

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F000309 SS=D	<p>3.1-5(a)(2) 3.1-5(a)(3)</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 care. Based on observation, record review, and interview, the facility failed to provide necessary care and services, related to assessments of a draining cancerous lesion, which was found with maggots on the dressing, for 1 of 3 residents reviewed for wounds in a total sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>During an observation on 08/01/14 at 10:45 a.m. with the Wound Nurse and LPN #1 present, Resident #B was in bed, the Wound Nurse removed a wound dressing from the resident's left jaw area. The soiled dressing had blood soaked through to the outer dressing and after the</p>	F000309	<p>REQUEST DESK COMPLIANCE</p> <p>F Tag 309 – D Survey date 8-1-2014</p> <p>1. What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>a. One 7/26/14 the physician was notified related to Resident B's purulent drainage from left jaw area and presence of maggots on dressing removed. Orders</p>	08/13/2014

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	<p>Wound Nurse removed the soiled dressing, the resident was observed with a large growth on the side of his left jaw. The Wound Nurse indicated the area in the center of the growth had dried blood with a blood clot. She indicated there was a small open area in the middle of the growth. The wound continued to seep blood.</p> <p>An Indiana State Department of Health, reported incident, dated 07/27/14, and reviewed on 08/01/14 at 10:15 a.m., indicated on 07/27/14 a dressing was removed from Resident B's left jaw area and maggots were observed under the dressing.</p> <p>During an interview on 08/01/14 at 10:35 a.m., LPN #1 indicated on 07/25/14 she had sat next to the resident at lunch to assist him with his meal and observed a white thick drainage from the resident left jaw area, which had drained from the jaw to the resident's neck. She indicated the drainage had a foul odor.</p> <p>During an interview on 08/01/14 at 10:42 a.m., the Wound Nurse indicated the resident had no prior dressing or treatment to the left jaw area prior to 07/26/14. LPN #1 indicated prior to the dressing applied to the left jaw area on 07/25/14, the resident would pick at the</p>		<p>received at this time.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>a. Residents with wounds were skin checked to assure that wound documentation is accurate and documentation accurate.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>a. Nursing staff received re-education by DON and compliance nurse that physician is notified immediately of any changes in wounds and proper documentation for accuracy.</p> <p>4. 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.</p>	

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	<p>area.</p> <p>Resident #B's record was reviewed on 08/01/14 at 11:07 a.m. The resident's diagnoses included, but were not limited to, melanoma of the skin and emphysema.</p> <p>A Weekly Wound Flow Sheet, dated 07/25/14 at 1:51 p.m., indicated the onset date of the area was 07/25/14. the area was the left cheek cancer lesion, which measured 0.5 centimeters (cm) by 0.5 cm, and was draining whitish yellowish pinkish thick drainage with a foul odor. The form indicated the area was cleansed, a dry dressing applied, and the next shift was notified. The form was signed on 08/01/14 by LPN #1.</p> <p>A Nurses' Progress Note, dated 07/26/14 at 9:24 p.m., indicated, "Copious amount of blood noted on dressing to left side of residents (sic) face. When dressing was lifted, noted beige material (The Director of Nursing indicated the "beige material" were the maggots) with blood drainage present on tumor area. Foul oder (sic) noted. Area was irrigated well with normal saline and dry 4 x 4 dressing applied over area. (Physician's name), family, and hospice notified."</p> <p>There was a lack of documentation in the</p>		<p>a. The DON/designee will audit nursing notes of 10% of residents with wound dressings for wound assessment three(3) times per week for one (1)month, then once weekly for total of six months.</p> <p>. Reports of the audits will be reported to the Quality Assurance meeting monthly for six months. If deficiencies are noted the Quality Assurance Committee will develop plans of action to correct and recommend continued monitoring until corrections are effective.</p>	

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	<p>resident's record to indicate the area and drainage had been assessed from 07/25/14 at 1:51 p.m. through 07/26/14 at 9:24 p.m.</p> <p>The Nursing Progress Notes indicated the resident's physician had not been notified of the drainage until 07/26/14 at 9:24 p.m. after the maggots were found on the tumor area.</p> <p>The facility investigation, dated 07/27/14, indicated the following interviews: on</p> <p>07/25/14 evening shift, the nurse observed the dressing, there was no order to change the dressing, so the dressing was not removed on the evening shift.</p> <p>07/25/14 night shift, the nurse observed a dressing on the resident's left jaw, there was no drainage on the dressing and no order to change the dressing so it was not removed.</p> <p>07/26/14 day shift, the nurse observed a dressing on the resident's left jaw, there was no order to change a dressing, the nurse was unaware why the dressing was there, and the nurse had not changed the dressing.</p> <p>07/26/14 evening shift, the nurse went into the resident's room, the room had an</p>			

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	<p>odor, observation of the left jaw dressing indicated the resident had copious amount of drainage on the dressing and on the resident's gown. The nurse started to remove the dressing and observed live maggots on the tumor area, the area was cleansed and the physician was notified.</p> <p>The Physician's Orders, indicated on 07/26/14 at 9:45 p.m., the physician ordered a wound irrigation with normal saline every day and to apply a dry dressing and Clindamycin (antibiotic) 300 mg (milligrams) twice a day.</p> <p>The Nurses' Progress Notes further indicated"</p> <p>07/27/14 at 3:50 a.m.-"Moderate drainage noted on facial dressing. Area was cleansed and new ABD (abdominal pad) was placed..."</p> <p>07/27/14 at 8:55 a.m.- "...copious amount of bloody drainage noted. Beige material remains to site..."</p> <p>07/27/14 at 10:07 p.m.-"...Dressing to wound on left cheek area is dry and intact..."</p> <p>07/28/14 at 2:21 a.m.-"Dressing to wound on L (left) cheek clean, dry & intact. No drainage noted..."</p>			

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	<p>07/28/14 at 12:35 p.m.-(Physician's name) updated on wound to left cheek. New orders received and noted for Dakens (diluted bleach solution to kill germs) every shift.."</p> <p>A Weekly Wound Flow Sheet, dated 07/28/14 at 1:49 p.m., indicated the left jaw growth had a moderate amount of bloody drainage with a slight odor and no tan matter was noted.</p> <p>There was a lack of documentation to indicate an assessment of the wound and the maggots from 07/27/14 at 8:55 a.m. through 07/28/14 at 1:49 p.m.</p> <p>During an interview on 08/01/14, the Director of Nursing indicated the LPN #1 should have notified the physician.</p> <p>The facility investigation, dated 07/27/14, indicated the following interviews:</p> <p>07/27/14 evening shift, the nurse observed the dressing and the dressing had not been removed. to assess the area for maggots.</p> <p>07/27/14 night shift, there was no indication the dressing had been removed to assess the area for maggots.</p>			

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	<p>During an interview on 08/01/14 at 1:28 p.m., the Director of Nursing indicated when the Nurses' had documented beige or tan material, this was the maggots. She indicated there was no follow up on the maggots on 07/27/14 evening or night shift. She indicated she had not seen a full assessment of the area until 07/28/14 when the Wound Nurse completed her assessment at 1:49 p.m. She indicated there should have been assessments.</p> <p>A facility policy, dated 05/12/14, received from the Director of Nursing as current, titled, "Change in Condition", indicated, "...Physician/responsible party notifications is (sic) to include...Symptoms of an infectious process...The nurse will document in the clinical record. Documentation and assessment will be ongoing until condition has stabilized..."</p> <p>This Federal Tag relates to Complaint IN00153421.</p> <p>3.1-37(a)</p>				