

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155724	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/07/2014
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NAME OF PROVIDER OR SUPPLIER WOODBIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 602 WOODBRIDGE AVE LOGANSPORT, IN 46947
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 31 and April 1,2,3,4 and 7, 2014</p> <p>Facility number: 003691 Provider number: 155724 AIM number: 200456230</p> <p>Survey team: Bobette Messman, RN-TC Rita Mullin, RN Holly Duckworth, RN (April 1,2,3,4 and 7, 2014) Maria Panteleo, RN (April 1,2,3,4 and 7, 2014)</p> <p>Census bed type: SNF: 32 SNF/NF: 18 Residential: 19 Total: 69</p> <p>Census payor type: Medicare: 23 Medicaid: 17 Other: 29 Total: 69</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on April 13, 2014, by Brenda Meredith, R.N. 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p>	F000000	The facility wishes to request desk compliance. Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	
F000314 SS=D				

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>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review, interview and observation, the facility failed to prevent the development of stage II Pressure Ulcers on a resident's heels for 1 of 2 residents reviewed for Pressure Ulcers (Resident #105).</p> <p>Findings include:</p> <p>The clinical record of Resident #105 was reviewed on 4/3/14 at 9:50 a.m. Diagnoses included but were not limited to, post right hip fracture repair, high blood pressure, hypothyroidism, macular degeneration, diabetes and triple-vessel disease. Resident #105 was admitted on 2/27/14.</p> <p>An "Assessment Review and Consideration," dated 2/27/14, indicated Resident #150 was at risk for skin breakdown due to mobility impairment and recent surgery. "An individualized care plan has been initiated to address the above risk factors and minimize the risk of skin breakdown."</p> <p>A "Nursing Admission Assessment," dated 2/27/14, indicated Resident #105 did not have any skin problems on her heels and had a "Skin Plan of Care" with the following interventions: turn and reposition for comfort</p>	F000314	<p>1. For Resident #150 cited in the survey, the areas noted had received treatment orders and the resident was placed on a specialty mattress prior to survey. Resident was observed during survey with no further effects noted. 2. All residents with potential skin breakdown according to the admission assessment were observed for proper preventative measures. No concerns were noted. 3. All licensed nursing staff were reeducated on the facility policy and procedure Pressure Prevention Guidelines. Director of Health Services or designee will make rounds per hall daily x 60 days; then 5x/week x 60 days; then 3x/week x 60 days and document (See attached Pressure Prevention Monitoring Tool) to ensure preventative measures are in place for residents with pressure ulcers or identified as high risk for skin breakdown. 4. The Director of Health Services or designee will report the findings to the QA Committee</p>	05/02/2014

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	<p>and with care, use lift sheet to reposition in bed, ensure adequate hydration, observe labs and administer medications per physician order.</p> <p>A Nursing note, dated 3/5/14 at 2:00 p.m., indicated "open area noted to [left] buttock 3.8 cm [centimeter] x 1.5 cm referred to wound nurse for evaluation et [and] tx [treatment]." This was the day after the resident had been sent out of the facility for a blood transfusion.</p> <p>A Care Plan, dated 3/7/14, indicated the following: "...I use a pressure reducing mattress to help prevent skin breakdown. My nurse needs to check my skin weekly...."</p> <p>A Nursing note, dated 3/8/14 at 12:30 a.m., indicated "New order received from [name of physician] via signed fax. 1. skin prep to bilat [bilateral] heels QD [everyday]. 2. Do mini mental status exam."</p> <p>A Treatment Administration Record, dated for the month of March 2014, indicated the skin prep was applied to the residents heels on March 8th and 10th. The treatment was not marked as having been done on the 9th and held on the 11th.</p> <p>A Nursing note, dated 3/11/14 at 8:30 a.m., indicated "Called to res [resident] room. [left] heel blister bleeding open 6 cm x 4 cm. Res stated must have bumped it on the bed. But stated started bleeding last eve [evening]. blister area to [right] heel not open. partial Stage II to [left] heel. [name of physician] faxed for tx orders. [right] heel remains blistered 4 cm x 5 cm. Current tx is skin prep...."</p>		monthly x 6 months or until 100% compliant.	

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	<p>A Nursing note, dated 3/11/14 at 4:20 p.m., indicated "Refer to surgeon for eval [evaluation] of left heel ulcer...."</p> <p>A Nursing note, dated 3/13/14 at 1:45 a.m., indicated "Oxi mat speciality mattress to bed, document weekly...z-flow when in bed to float heels...."</p> <p>A Care Plan , dated 3/13/14, indicated "I need to have my heels floated on pillows when at rest...."</p> <p>A Pressure Ulcer Assessment, dated 3/12/14, indicated the left heel Stage II pressure Ulcer was 5.5 cm x 3.5 cm. On 3/19/14 the area was 5.8 cm x 4 cm x less than 0.1 cm.</p> <p>A Pressure Ulcer Assessment, dated 3/12/14, indicated the right heel Stage II pressure Ulcer was 4 cm x 4 cm. On 3/19/14 the area was 4.5 cm x 4.5 cm. and on 3/26/14 the area was 4 cm x 3 cm x less than 0.1 cm.</p> <p>A Nursing note, dated 3/21/14 at 11:15 p.m., indicated "Res to [name of physician] ...Surgery...for debridement both heels...." Surgery was done on 3/25/14.</p> <p>During an interview with the wound Nurse, on 4/3/14 at 9:30 a.m., she indicated the resident had developed areas on her heel that were blisters and that the resident likes to spend time in bed. "The areas started as blisters and were Stage II. Last week the heels were debrided and we can't change the dressing until she sees the doctor on 4/11/14. She was put on a specialty mattress and has been put on a z-flo for the heels."</p>			

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F000329 SS=D	<p>During an interview with LPN #1, on 4/3/14 at 10:44 a.m., she indicated she had found Resident #105's reddened heels on 3/8/14 and notified the doctor and he started the skin prep treatment. On 3/11/14, " I was called to the resident's room when she was assisted to the bathroom, her heel was bleeding and she has been going for weekly debridement of her heels.</p> <p>3.1-40(a)(1) 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to ensure that a gradual dose reduction (GDR) was completed for 1 of 5</p>	F000329	1. Resident #50 cited in the survey was observed and no adverse effects were noted. Facility received a physician order on 04/04/2014 to discontinue the	

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	<p>residents reviewed for unnecessary medications (Resident #50).</p> <p>Findings include:</p> <p>A record review for Resident #50 was completed on 4/3/14 at 9:54 a.m. Diagnoses included, but were not limited to, Parkinson's disease, stroke, depression, and dementia with delusions. Resident #50 was originally admitted to the facility on 7/15/2009.</p> <p>A physician's order, dated April 2014, indicated Resident #50 took FazaClo (anti-psychotic) 12.5 mg orally at bedtime for Parkinson/Hallucinations.</p> <p>A "Note To Attending Physician/Prescriber," dated 8/16/2010, indicated Resident #50 had been taking FazaClo 12.5 mg q HS (every day at bedtime) since 10/27/2009.</p> <p>A careplan, revised 7/30/2013, indicated that (name of a behavioral health facility) evaluated Resident #50 in 2010. (Name) determined FazaClo was at the least therapeutic dose, therefore "...the pharmacy here at WB [WoodBridge] doesn't review for further GDR...."</p> <p>A physician's progress note, dated August 14, 2013, indicated "...FazaClo effective - no hallucinations."</p> <p>A Resident First Conference note, dated 2/13/2014, indicated no behaviors were exhibited and hallucinations had ceased.</p> <p>No documentation of hallucinations by Resident #50 was found in the resident's record for the review period of 3/2013 through 3/2014.</p>		<p>use of the cited medication. 2. All other residents with psychotropic medication orders were reviewed for GDR with no concerns noted. 3. SSD was reeducated to the policy and procedure Guidelines for: Psychotropic Medication Usage and Gradual Dose Reductions. SSD will consult with the physician annually to review documented clinically contraindicated Gradual Dose Reductions and document in the residents medical record. SSD will monitor new orders and new admissions Monday-Friday through our Clinical Care Meeting and will update the Psychoactive GDR tool (see attached GDR Monitoring Tool) as necessary along with the Pharmacy Review monthly and report any concerns to the Director of Health Services or designee. 4. Director of Health Services or designee will report any findings to the QA Committee monthly x 6 months or until 100% compliant.</p>	

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	<p>A facility policy, titled "Psychotropic Medication Usage and Gradual Dose Reductions," dated August 2013, indicated "...Regular review for continued need, appropriate dosage, side effects, risks and/or benefits will be conducted...Efforts to reduce dosage or discontinue psychotropic medications will be ongoing, as appropriate...Gradual dose reduction must be attempted annually...unless medically contraindicated...Gradual dose reductions will be documented on the GDR circumstance form...will be filed in the assessment section of the medical records...."</p> <p>During an interview with the Director of Resident Services on 4/3/2014 at 2:08 p.m., she indicated physician documentation from 2010 stated that the resident was on the lowest therapeutic dose. Therefore, no further GDRs were being recommended.</p> <p>During an interview with LPN #3 on 4/4/2014 at 9:55 a.m., she indicated that, to her knowledge, Resident #50 had not had any hallucinations over the past 2 years. She indicated that behaviors were not tracked daily. Behavioral sheets were filled out only if the resident had a behavior and it would be noted on a change of condition form.</p> <p>During an interview with the consultant pharmacist on 4/4/2014 at 9:16 p.m., he indicated FazaClo was prescribed for hallucinations for Resident #50. The pharmacist indicated he had a note in his computer system, dated 9/28/11, that indicated the resident had failed previous dose reduction attempts with FazaClo and was on the lowest therapeutic dose. The pharmacist indicated he had no</p>			

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R000000	<p>communication with the physician during 2013. The pharmacist indicated he did not have any paper documentation of a failed GDR and that he had not suggested any GDRs for FazaClo in 2013.</p> <p>A "Psychoactive & Sedative/Hypnotic Utilization By Resident" form from the consultant pharmacist, dated 11/1/2013 - 11/8/2013, contained a comment, dated 9/28/2011, which indicated "...12.5 mg - resident on minimum dose. used for parkinsonism and hallucinations."</p> <p>3.1-48(b)(2)</p>	R000000		
R000117	<p>The following residential findings were cited in accordance with 410 IAC 16.2-5.</p> <p>410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum</p>		<p>The facility wishes to request desk compliance. Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p>	

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	<p>of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions.</p> <p>Based on record review and interview the facility failed to ensure staff met requirements of Cardio Pulmonary Resuscitation (CPR) and First Aid training and certification. This deficient practice affected 28 of 39 shifts reviewed.</p> <p>Findings include:</p> <p>Record Review completed on 4/4/14 at 2:00 p.m. indicated multiple shifts from Saturday, March 22, 14 through Thursday, April 3, 14 were not staffed with CPR and First Aid certified staff. The dates and shifts included were:</p> <p style="padding-left: 40px;">March 22, 2014, all three shifts , no coverage</p> <p style="padding-left: 40px;">March 23, 2014, all three shifts, no coverage</p> <p style="padding-left: 40px;">March 24, 2014, day and night shift, no coverage</p> <p style="padding-left: 40px;">March 25 2014, day and night shift, no coverage</p>	R000117	<p>1. All residents observed with no adverse effects noted. 2. All residents observed with no adverse effects noted. 3. During survey, CPR/First Aid certification began and continued through 04/18/2014. Sufficient staff now CPR/First Aid certified to cover 24 hours per day. CPR/First Aid trainings will be conducted at least 2 x annually in order to ensure 24 hours of coverage. Certifications will be monitored by Human Resources through Monthly review and any identified concerns will be documented and reported to the Executive Director or designee. 4. The Executive Director or designee will report any findings to the QA Committee monthly x 6 months or until 100% compliant.</p>	05/02/2014

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R000246	<p>March 26,2014, day and night shift, no coverage March 27,2014, day and night shift, no coverage March 28,2014, day and night shift, no coverage March 29,2014, day and night shift, no coverage March 30,2014, day and night shift, no coverage March 31,2014, day and night shift, no coverage April 1,2014, day and night shift, no coverage April 2,2014, day and night shift, no coverage April 3,2014, day and night shift, no coverage</p> <p>During an interview with ADON (Assistant Director of Nursing) on 4/4/14 at 2:00 p.m., she indicated she was aware that there were shifts that were not covered by staff with CPR/First Aid certification.</p> <p>410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.</p> <p>Based on record review and interview, the facility failed to ensure a QMA (Qualified Medication Aide) obtained authorization from</p>	R000246	<p>1. Residents #119 and #123 were discharged prior to survey. 2. All other residents were observed with no adverse effects noted. 3. All QMA's were</p>	

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	<p>a licensed nurse prior to administering PRN (as needed) medications. This deficient practice affected 2 of 7 resident charts reviewed for QMA prior authorization of PRN medications in a sample of 7. (Residents #119 and #123)</p> <p>Findings include:</p> <p>1. Record review for Resident #119 was completed on 4/7/14 at 9:30 a.m., PRN Medication Tracking record indicated Resident #119 received on 2/25/14 at 11:30 a.m. and on 3/19/14 at 11:30 a.m. Ibuprofen (a pain medication) 400 mg (milligram) orally. PRN Medication Tracking record indicated medication given by QMA #5. Documentation was lacking to indicate authorization by licensed staff had been obtained prior to administration of the medication.</p> <p>2. Record review for Resident #123 completed on 4/7/14 at 1:00 p.m., PRN Medication Tracking record indicated Resident #123 received on 1/12/14 at 9:15 a.m., Mucinex (an expectorant) 600 mg ER tablet orally. Resident's chart indicated medication given by QMA #5. Documentation was lacking to indicate authorization by licensed staff had been obtained prior to administration of the medication.</p> <p>During an interview with LPN #4 on 4/7/14 at 10:40 a.m., she indicated the authorization by licensed staff should be documented either on the PRN Medication Tracking record or the Medication Administration record (MAR).</p> <p>During an interview with QMA #6 on 4/7/14 at 11:00 a.m., she indicated during orientation to the facility she was instructed to document</p>		<p>reeducated to the policy and procedure Administration of PRN Medications Guideline and the Indiana QMA Scope of Practice. AL unit manager will monitor PRN medication administration 5 x weekly and report any concerns to the Director of Health Services or designee. 4. Director of Health Services or designee will report any findings to the QA Committee monthly x 6 months or until 100% compliant.</p>	

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	<p>authorization of medication administration of PRN medication.</p> <p>Review on 4/7/14 at 10:40 a.m. of a facility policy dated 12/10, titled " Medication Administration" indicated "... PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication."</p>			