

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155495	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/13/2014
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NAME OF PROVIDER OR SUPPLIER LAKELAND REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 505 W 4TH ST MILFORD, IN 46542
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F000000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 1-15-14.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Investigation of Complaint #IN00144111 and #IN00144052 completed on 2-13-14.</p> <p>Survey dates: March 11 and 13, 2014</p> <p>Facility number: 00491 Provider number: 155495 AIM number: 100291230</p> <p>Survey Team: Debora Kammeyer, RN-TC Lora Swanson, RN Julie Wagoner, RN</p> <p>Census Bed Type: SNF: 9 SNF/NF: 42 Total: 51</p> <p>Census Payor Type: Medicare : 7 Medicaid: 34 Private: 10 Total: 51</p>	F000000	<p>This plan of correction is submitted by Lakeland Rehabilitation and Healthcare Center in order to respond to the alleged allegations sited during the PSR to the Recertificatoin and State Licensure Survey completed on 1-15-14, and complaint #IN00144111 and #IN00144052. Preparation or execution of this plan of correction does not contsitude admission or agreement by provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State law. Please accept this Plan of Correction as the provider's credible allegation of compliance effective March 20, 2014. Considering the volume, scope, and severity of the alleged deficient practice noted on the CMS-2567, Lakeland Rehabilitation and Healthcare Center respectfully requests a desk review for this survey. If approved, we would be willing to provide all documentation requested including, but not limited to: education records, policies and procedures, checklists, and forms that have been completed, revised, or implemented as part of this Plan of Correction.</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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F000314 SS=D	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on March 17, 2014, by Brenda Meredith, R.N.</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES 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 observation, record review and interviews, the facility failed to ensure pressure ulcer interventions were implemented for 1 of 2 residents with pressure ulcers reviewed in a sample of 3. (Resident #4)</p> <p>Finding includes:</p>	F000314	<p>314 POC(1) Resident # 4 was placed on an air mattress for preventive measure and to assist with treating current wound.(2) All residents with pressure ulcers were reevaluated on 3/17/14, by Director of Healthcare (DHS) to determine that correct interventions were in place. The care plans of all residents with pressure ulcers were audited and updated on 3/19/14 to ensure</p>	03/20/2014

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	<p>1. Resident #4 was observed, on 03/11/14 at 2:37 P.M., lying in her bed, on her back asleep. Two Hospice staff and two facility staff were in the room with the resident. The residents feet were covered with a bedspread but did not appear to be elevated. Interview with Hospice RN #1, indicated she was not aware of any pressure areas for Resident #4. The resident's feet were observed with the assistance of Hospice RN #1. Resident #4 had her legs crossed and both heels were lying directly against the mattress. The inner aspect of the left heel was noted to have a quarter sized open area which appeared almost healed. Hospice RN #1 then reported "dry skin" on the heel to RN #2, a Hospice case manager.</p> <p>Resident #4 was observed on 03/12/14 at 9:15 A.M. lying in her bed with both heels against her bedspread, her legs were also crossed at the ankle with the right inner heel resting on the top of the left foot. There was only one pillow noted underneath the resident's head. There were blue padded boots noted lying in her wheelchair seat along.</p>		<p>correct interventions have been communicated to all members of our team.(3) Nurses and CRCAs have been re- inserviced on implementation of preventative measures and following the interventions on the Care Plan related to pressure ulcers. DHS or designee will audit all residents with pressure ulcers Care Plans weekly to ensure implementation of appropriate preventative measures per the Care Plan. New Care Plan updates will be printed, and placed in a Communication Book for the care givers to review, after review care givers will initial the book to ensure compliance. DHS or designee will audit 5 residents per week with pressure ulcers to ensure interventions are appropriate and in place. DHS or designee will report findings to QAA monthly for 6 months and quarterly thereafter.(4) QAA will monitor monthly for trends and make recommendations to the plan of correction as noted. QAA will monitor for 6 months or until 100% compliance is obtained, and quarterly thereafter.(5) F 314 will be completed by 3/20/14</p>				

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	<p>Observation of the Resident pressure areas, conducted on 03/12/14 at 9:20 A.M. with facility RN #3 indicated the following: The resident's heels were observed and the right outer heel had a nickel sized open area, pink in color, with dried skin surrounding the open area. The left inner heel had an area, slightly larger than a dime which had healed and according to RN #3, felt "hard." RN #3 was queried as to any specific preventative measures that should have been in place to prevent pressure and she indicated maybe the aides could have put a pillow to prop up the resident's legs and feet but nothing else specific was to have been in place. There was no pillow anywhere near the resident's feet. On 03/12/14 at 9:30 A.M., RN #3 indicated she had been mistaken regarding preventative measures and indicated the blue boots that were in her wheelchair should have been on her feet.</p> <p>The clinical record for Resident #4 was reviewed on 03/11/14 at 2:45 P.M. Resident #4 was admitted to the facility on 10/25/10, with diagnoses, including but not limited to, hypertension, dementia, celiac disease, herpes zoster, depressive</p>				

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	<p>disorder, and psychosis.</p> <p>The most recent MDS Quarterly assessment, completed on 02/19/14, indicated the resident had one stage 2 pressure ulcer.</p> <p>The Pressure/Stasis/Arterial/Diabetic Ulcer Assessment forms for Resident #4 indicated the resident had a stage 2 pressure ulcer on her right buttocks which was first noted on 01/20/14. The most recent measurements, completed on 03/10/14, indicated the wound was measuring 0.5 centimeters by 0.5 centimeters and was pink in color. There was also an unstageable pressure ulcer noted on the right outer heel/ankle, which was first noted on 01/20/14. The most recent measurements, completed on 03/10/14, indicated the wound was measuring 0.2 centimeters by 0.2 centimeters and was pink in color. There was also a pressure ulcer noted on 01/20/14 on the resident's left inner heel. The most recent measurements of the left heel wound indicated it was 0.2 centimeters by 0.2 centimeters and was pink in color.</p> <p>Review of the Individual care plans</p>				

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	related to skin, for Resident #4, conducted on 03/11/14, indicated the following interventions: "01/20/14 I have an alteration in my skin integrity r/t [related to] decreased mobility. Observe my wound for s/sx [signs and symptoms] healing/non-healing during wound care/observation. measure any staged or venous ulcers weekly. Report any non-healing wounds to my doctor. Provide me with pressure redistribution products for my bed/chair. Provide me with a weekly skin assessment via a licensed nurse. My goal is to heal my current wound. Please review my interventions by 04/20/14 to determine if any changes are needed...01/20/14 I have skin impairment on both heels. My goal is it will resolve without complications; Please review my interventions by 04/20/14 to determine if any changes are needed. Please treat as doctor order (Sure prep) Please assess my open areas weekly to make sure it is healing. Due skin impairment please make sure I have NO pressure my heels [sic], please float heels while in bed. I have potential for alterations in my skin integrity r/t immobility. Observe my skin during						

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	<p>routine caregiving for acute changes. Provide me with pressure redistribution products for my bed and chair. Due skin impairment please make sure I have NO pressure my heels, please float heels while in bed. Provide me with assist as I need it for bed mobility...Use a draw sheet for turning and repositioning me to decrease the probability of my getting shear or friction injuries. Provide me with a weekly skin assessment via a licensed nurse. My goal is maintain intact skin (sic). Please review this care plan by 02/21/14 to make any changes or updates and to ensure my needs are being met."</p> <p>Review of the Individual Care plan related to skin, on 03/13/14 at 10:00 A.M. indicated an intervention, dated 03/11/14, for " Moonboots to bilateral heels while in bed to alleviate pressure" had been added.</p> <p>Interview with CNA #4, on 03/13/14 at 10:11 A.M., indicated when staff log on to the electronic charting system when their shift starts, it will give them a message if any resident's care plan had been changed. She indicated staff do not always have time to read those</p>						

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	<p>messages at the beginning of their shift. CNA #4 indicated she was not aware of any new care needs for Resident #4 because she had not logged on to the system yet. CNA #4 indicated she had worked this past weekend so the message regarding the update to Resident #4's skin care plan might have come up then, but she did not remember reading any new care messages for Resident #4 over the weekend.</p> <p>Interview with CNA #5, on 03/13/14 at 10:20 A.M., indicated she tries to look at her messages at the beginning of her shift but always makes sure she reads them at some point while working on her shift.</p> <p>Observation of the pressure ulcers for Resident #4, on 03/13/14 at 3:30 P.M., with RN #6, indicated the resident was seated in the beauty shop with her legs dangling. She had anti-embolism stockings on both legs and her shoes were hanging loosely off her feet. RN #6 removed the stockings from the resident's left foot and measured the nickel sized pressure ulcer on the outer aspect of her heel. RN #6 indicated the wound was slightly oval shaped and measured 2.0 centimeters by approximately 2.0 centimeters. RN</p>			

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	<p>#6 indicated she was not sure if the wound had increased in size or had been incorrectly measured on 03/10/14. She indicated she was concerned because the anti-embolism stockings were putting pressure on the toes and top of Resident #4's foot, which was discolored a purple, mottled color around her toes and top of the foot.</p> <p>This deficiency was cited on 1/15/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-40(a)(1)</p>				