

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155254	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/03/2016
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NAME OF PROVIDER OR SUPPLIER  SUGAR CREEK REHABILITATION AND CONVALESCENT CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 5430 W US 40 GREENFIELD, IN 46140
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 26, 27, 28, and 29, 2016 and February 1, 2, and 3, 2016</p> <p>Facility number: 000157 Provider number: 155254 AIM number: 100274720</p> <p>Census bed type: SNF/NF: 51 Total: 51</p> <p>Census payor type: Medicare: 6 Medicaid: 33 Other: 12 Total: 51</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3-1.</p> <p>Quality review completed by 30576 on February 10, 2016.</p>	F 0000	<p>This plan of correction is to serve as Sugar Creek Nursing and Rehab's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by SugarCreek Nursing and Rehab or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>We respectfully request a paper review of this plan of correction.</p>	
F 0223 SS=D Bldg. 00	<p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</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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	<p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure a resident was free from verbal abuse for 1 of 4 resident investigations reviewed for abuse. (Resident #3)</p> <p>Findings include:</p> <p>On 2/03/2016 at 10:10 a.m., an investigation of an allegation of staff to resident abuse was provided by the Administrator, dated 8/20/15 at 2:01 p.m. The investigation indicated: "...Brief description of incident...Facility staff observed RN #8 arguing with [Name of Resident #3], resident while in the main dining room. [Name of Resident #3], resident, stated that she continuously asked [RN 8] for her afternoon medications, and that [RN #8] became upset and was verbally aggressive with [Name of Resident #3], resident, then refused to administer [Resident #3] her medications. Type of injury: 8/20/15 None. Immediate action taken: 8/20/15 [Resident #3] was assisted to her room by nursing staff immediately, [RN #8] was</p>	F 0223	<p>This plan of correction is to serve as Sugar Creek Nursing and Rehab's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by SugarCreek Nursing and Rehab or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a paper review of this plan of correction.</p> <p>F223 FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>What corrective actions will be accomplished for those residents</p>	02/29/2016

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	<p>immediately suspending (sic) pending investigation. Preventive measures taken: 8/20/15 [Resident #3] will be monitored for psychosocial well being. MD notified with no new orders. Family notified. Investigation initiated. Follow up: Follow up added - 8/20/15 upon further investigation, no other residents have similar complaints about this staff member or any others. [RN #8] will be terminated."</p> <p>A statement written by RCNA #9, and dated 8/20/15, indicated: "As I was walking down the hall to a patients room I saw [Resident #3] waiting by the nurses cart. The nurse was in the dining room with another patient. I asked [Resident #3] what she was up to and she said she was waiting on her medicine. She said this nurse is something else. I've been waiting on my medicine for hours, this is the second time she's done this. I told her I was sorry and she said she knows there is nothing I can do about it. I told her I was sorry anyways (sic) and I hope she gets it soon. Then I walked into the resident's room next to where the cart was parked. I was doing restorative with a patient in their room when I heard a commotion in the hallway. I realized it was the nurse [RN #8] and the resident [Resident #3] arguing. I heard the nurse say "do not talk to me like that it is</p>		<p>found to have been affected by the practice? Resident #3 has passed away. How you will identify other residents havingpotential to be affected by the same practice and what corrective action will be taken? All residents will be questioned on the subject ofabuse; verbal, physical, neglect or misappropriation of funds. What measures will be put into places or whatsystematic changes you will make to ensure that the practice does not reoccur? All employees will be in-serviced on the facility'spolicy and procedure on abuse. All new employees will continue to receivein-servicing on the facility's policy for Abuse as a part of their orientation. How the corrective actions will be monitored toensure the practice will not reoccur? Administrator or designee will ask ten resident onthe subject of abuse 2 times per week for 8 weeks, 1 time per week for 8 weeksand 2 times per month for 2 months. Date of Compliance: 02/29/2016</p>				

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	<p>abuse" the resident responded with "I'm the resident I'm the one being abused". The resident asked the nurse what her title was and she responded that she was a RN. The resident stated "so am I" and the nurse said "no you are not". The nurse told the resident that she was not going to give her the medicine if she wanted it she could get it from management. She proceeded to tell the resident that she needed to get away from her. As I walked into the doorway I saw that another nurse had come to intercede."</p> <p>A statement written by Housekeeper #10, and dated 8/20/15, indicated: "[name of Resident #3] got upset after lunch with [RN #8], because she didn't have her meds ready. I was cleaning the dining room when the 2 ladies started shouting at each other and [RN #8] threatened her if she didn't back away from the nurse's cart. The shouting continues until [LPN # 14] showed up and [Resident #3] calmed down almost instantly."</p> <p>A statement written by LPN #14, and dated 8/25/15, indicated: "Housekeeper [#16 ] came to the office requesting that the DON/ADON come around and help him with [Resident #3]. I told him that both of them are doing an interview. But, I have a great report with her. I told</p>			

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	<p>him that I will stop and get a box of tissue for her. Then I will be right there. As I came upon [Resident #3] and [RN #8] standing at the cart. I asked what was going on. [Resident #3] spoke up and said "She's horrible shes been waiting over an hour for her medication. [RN #8] stated "I don't know what her deal is." So, I asked if she had her medication ready. [RN #8] said I do. I asked why hadn't she given it to her. She [RN #8] told me that I will not. I'm waiting on a manager. I told her well, I am a manager/nurse, give me her medication and I will give it to her. [Resident #3] took her medication and I walked with her to her room. That's when she told me that she [RN #8] had yelled at her and told her that she was rude. I tried to calm her down. Saw [Administrator] and asked if she could come in [and] speak with her and she did."</p> <p>A "Termination Form" was provided with the investigation, and indicated RN #8 was terminated on 9/1/15, her last day worked was 8/20/15, the reason for termination was performance and conduct, and she was not eligible for re-hire. The Administrator indicated RN #8 had been suspended immediately and then terminated after the investigation.</p> <p>A Policy and Procedure for "Abuse &amp;</p>			

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F 0226 SS=D Bldg. 00	<p>Neglect Policy", with an effective/revised date of 9/1/14, was provided by the Business Office Manager on 2/2/16 at 2:58 p.m. The policy included, but was not limited to, "Each resident has the right to be free from abuse, neglect, and misappropriation of resident property...This policy applies to all employees..."Verbal abuse" is the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm, staying (sic) things to frighten a resident, such as telling a resident that (s)he will never be able to see his/her family again..."Mental abuse" includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation..."Neglect" is the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness...."</p> <p>3.1-27(a)(1) 3.1-27(a)(3) 3.1-27(b)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement</p>			

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	<p>written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to implement their policy related to verbal abuse for 1 of 4 resident investigations reviewed. (Resident #3)</p> <p>Findings include:</p> <p>On 2/03/2016 at 10:10 a.m., an investigation of an allegation of staff to resident abuse was provided by the Administrator, dated 8/20/15 at 2:01 p.m. The investigation indicated: "...Brief description of incident...Facility staff observed RN #8 arguing with [Name of Resident #3], resident while in the main dining room. [Name of Resident #3], resident, stated that she continuously asked [RN 8] for her afternoon medications, and that [RN #8] became upset and was verbally aggressive with [Name of Resident #3], resident, then refused to administer [Resident #3] her medications. Type of injury: 8/20/15 None. Immediate action taken: 8/20/15 [Resident #3] was assisted to her room by nursing staff immediately, [RN #8] was immediately suspending (sic) pending investigation. Preventive measures taken: 8/20/15 [Resident #3] will be</p>	F 0226	<p>This plan of correction is to serve as Sugar Creek Nursing and Rehab's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by SugarCreek Nursing and Rehab or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a paper review of this plan of correction.</p> <p>F226 DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the practice? Resident #3 has passed away. How you will identify other residents having potential to be affected by the same practice and what corrective action will be</p>	02/29/2016

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	<p>monitored for psychosocial well being. MD notified with no new orders. Family notified. Investigation initiated. Follow up: Follow up added - 8/20/15 upon further investigation, no other residents have similar complaints about this staff member or any others. [RN #8] will be terminated."</p> <p>A statement written by RCNA #9, and dated 8/20/15, indicated: "As I was walking down the hall to a patients room I saw [Resident #3] waiting by the nurses cart. The nurse was in the dining room with another patient. I asked [Resident #3] what she was up to and she said she was waiting on her medicine. She said this nurse is something else. I've been waiting on my medicine for hours, this is the second time she's done this. I told her I was sorry and she said she knows there is nothing I can do about it. I told her I was sorry anyways (sic) and I hope she gets it soon. Then I walked into the resident's room next to where the cart was parked. I was doing restorative with a patient in their room when I heard a commotion in the hallway. I realized it was the nurse [RN #8] and the resident [Resident #3] arguing. I heard the nurse say "do not talk to me like that it is abuse" the resident responded with "I'm the resident I'm the one being abused". The resident asked the nurse what her</p>		<p>taken? All residents will be questioned on the subject of abuse; verbal, physical, neglect or misappropriation of funds. What measures will be put into places or what systematic changes you will make to ensure that the practice does not reoccur? All employees will be in-serviced on the facility's policy and procedure on abuse. All new employees will continue to receive in-servicing on the facility's policy for Abuse as a part of their orientation. How the corrective actions will be monitored to ensure the practice will not reoccur? Administrator or designee will ask ten resident on the subject of abuse 2 times per week for 8 weeks, 1 time per week for 8 weeks and 2 times per month for 2 months. Date of Compliance: 02/29/2016</p>		

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	<p>title was and she responded that she was a RN. The resident stated "so am I" and the nurse said "no you are not". The nurse told the resident that she was not going to give her the medicine if she wanted it she could get it from management. She proceeded to tell the resident that she needed to get away from her. As I walked into the doorway I saw that another nurse had come to intercede."</p> <p>A statement written by Housekeeper #10, and dated 8/20/15, indicated: "[name of Resident #3] got upset after lunch with [RN #8], because she didn't have her meds ready. I was cleaning the dining room when the 2 ladies started shouting at each other and [RN #8] threatened her if she didn't back away from the nurse's cart. The shouting continues until [LPN # 14] showed up and [Resident #3] calmed down almost instantly."</p> <p>A statement written by LPN #14, and dated 8/25/15, indicated: "Housekeeper [#16 ] came to the office requesting that the DON/ADON come around and help him with [Resident #3]. I told him that both of them are doing an interview. But, I have a great report with her. I told him that I will stop and get a box of tissue for her. Then I will be right there. As I came upon [Resident #3] and [RN</p>			

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	<p>#8] standing at the cart. I asked what was going on. [Resident #3] spoke up and said "She's horrible shes been waiting over an hour for her medication. [RN #8] stated "I don't know what her deal is." So, I asked if she had her medication ready. [RN #8] said I do. I asked why hadn't she given it to her. She [RN #8] told me that I will not. I'm waiting on a manager. I told her well, I am a manager/nurse, give me her medication and I will give it to her. [Resident #3] took her medication and I walked with her to her room. That's when she told me that she [RN #8] had yelled at her and told her that she was rude. I tried to calm her down. Saw [Administrator] and asked if she could come in [and] speak with her and she did."</p> <p>A "Termination Form" was provided with the investigation, and indicated RN #8's last day worked was 8/20/16, she was terminated on 9/1/15, the reason for termination was performance and conduct, and she was not eligible for re-hire. The Administrator indicated RN #8 had been suspended immediately and then terminated after the investigation.</p> <p>A Policy and Procedure for "Abuse &amp; Neglect Policy", with an effective/revised date of 9/1/14, was provided by the Business Office Manager on 2/2/16 at</p>			

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F 0253 SS=D Bldg. 00	<p>2:58 p.m. The policy included, but was not limited to, "Each resident has the right to be free from abuse, neglect, and misappropriation of resident property...This policy applies to all employees..."Verbal abuse" is the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm, staying (sic) things to frighten a resident, such as telling a resident that (s)he will never be able to see his/her family again..."Mental abuse" includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation..."Neglect" is the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness...."</p> <p>3.1-28(a)</p> <p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to provide clean wheelchairs and a floor mattress for 2 of</p>	F 0253	This plan of correction is to serve as Sugar Creek Nursing and Rehab's credible allegation of compliance. Submission of this	02/29/2016			

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	<p>30 residents observed for resident care equipment. (Resident #25 and #26)</p> <p>Findings include:</p> <p>1. Resident #25's record was reviewed on 2/2/16 at 2:37 p.m. His diagnoses documented on his Admission Record printed 2/3/16, included but were not limited to, restlessness and agitation, anxiety, dementia with behavioral disturbance, depressive disorder, and deaf.</p> <p>Resident #25's admission Minimum Data Set (MDS) assessment dated 11/17/15, indicated he rarely/never understood others. He was severely impaired in his cognitive daily decision making skills. He required extensive assistance of 2 persons for transfer, bed mobility, eating, toileting, and personal hygiene. He did not walk and utilized a wheelchair for mobility. He had impairment in both of his upper and lower extremities. He was incontinent of his bowel and bladder.</p> <p>On 1/27/16 at 12:13 p.m., Resident #25 was observed lying in bed. He had a blue mattress lying on the floor next to the open side of his bed. Large dark stains were visible on the mattress. His wheelchair positioned in his bedroom had a thick blue pressure relieving cushion on</p>		<p>plan of correction does not constitute an admission by SugarCreek Nursing and Rehab or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a paper review of this plan of correction.</p> <p>F253 HOUSEKEEPING &amp; MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the practice? Resident 25/26 wheelchairs and mattresses were cleaned. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken? All residents have the potential to be affected by this deficient practice. All Certified Nursing Aides and licensed nurses will be educated on facility policy for cleaning wheelchairs. All Housekeeping Staff will be educated on facility policy for</p>	

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NAME OF PROVIDER OR SUPPLIER  SUGAR CREEK REHABILITATION AND CONVALESCENT CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 5430 W US 40 GREENFIELD, IN 46140		
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	<p>the wheelchair seat with an alarm pad underneath the cushion. Underneath the alarm pad, the wheelchair seat had scattered dirt and chunks of food debris visible. A white smeared substance was visible on the right arm panel of the wheelchair armrest.</p> <p>On 1/29/16 at 10:42 a.m., Resident #25 was observed lying on the mattress on the floor next to the open side of his bed. The mattress was covered with a clean fitted sheet. His wheelchair positioned in his bedroom had a thick blue pressure relieving cushion on the wheelchair seat with an alarm pad underneath the cushion. Underneath the alarm pad, the wheelchair seat had scattered dirt and chunks of food debris visible. A large dried substance approximately the size of a half dollar was visible on the wheelchair seat cushion. The white smeared substance was still visible on the right arm panel of the wheelchair armrest.</p> <p>On 1/29/16 at 2:12 p.m., Resident #25 mattress on the floor next to the open side of his bed was observed to have large dark wet looking stained areas.</p> <p>On 2/1/16 at 11:13 a.m., Resident #25 was observed sitting up on his mattress on the floor next to the open side of his bed. Large dark stained areas were</p>		<p>cleaning mattresses. What measures will be put into places or what systematic changes you will make to ensure that the practice does not reoccur? Nursing staff will clean wheelchairs per schedule; NOC shift cleans wheelchairs for residents that received showers that day. DON or designee will audit and record results. Housekeeping staff will clean mattresses per schedule; every resident receives a deep cleaning once per week including the mattress and PRN for soiled mattresses. Administrator or designee will audit and record results. How the corrective actions will be monitored to ensure the practice will not reoccur? DON or designee will audit and record results for ten wheelchairs 2 times per week for 8 weeks, 1 time per week for 8 weeks, and 2 times per month for 2 month. Results will be reviewed during QA meeting monthly. Administrator or designee will audit and record results for ten mattresses 2 times per week for 8 weeks, 1 time per week for 8 weeks and 2 times per month for 2 month. Results will be reviewed during QA meeting monthly. Date of Compliance 2/29/16</p>		

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	<p>visible on the mattress. His wheelchair positioned in his bedroom had a large white smeared substance on top of the seat cushion and dried food looking substance on the front of the seat cushion. He had an alarm pad underneath the seat cushion and underneath the alarm pad, the wheelchair seat had scattered dirt and chunks of food debris visible. The white smeared substance was still visible on the right arm panel of the wheelchair armrest.</p> <p>On 2/1/16 at 11:25 a.m., CNA #1 indicated she believed night shift CNA's were responsible to clean the residents wheelchairs and seat cushions. She indicated Housekeeping Staff cleaned the residents mattresses's. She indicated Resident #25's floor mattress and wheelchair were dirty and needed cleaned.</p> <p>On 2/1/16 at 11:33 a.m., Housekeeping Staff #14 indicated Housekeeping Staff cleaned the residents mattresses monthly as part of a deep clean and as needed. She indicated she had already cleaned Resident #25's room and he was on the mattress on the floor, so she hadn't cleaned it. Resident #25 often spilled things on his mattress and it needed cleaned often.</p> <p>2. Resident #26's record was reviewed on</p>			

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	<p>1/3/16 at 4:30 p.m. His diagnoses listed on his February 2016 Physician's recapitulation orders indicated but were not limited to, dementia, anxiety, depression, debility, and chronic back pain.</p> <p>Resident #26's quarterly MDS assessment dated 12/3/15, indicated he was understood and had the ability to understand others. He was moderately impaired in his cognitive daily decision making skills. He required supervision for bed mobility, transfer, walking, dressing, eating, toileting, and personal hygiene. He utilized a wheelchair for mobility.</p> <p>On 1/26/16 at 2:20 p.m., Resident #26's wheelchair was positioned in his bedroom. He had a thick pressure relieving cushion on his wheelchair seat and underneath the cushion the wheelchair seat was scattered with dirt and large amounts of debris.</p> <p>On 2/1/16 at 3:30 p.m., Resident #26 was observed seated on the side of his bed. His wheelchair positioned next to his bed had a thick pressure relieving cushion on his wheelchair seat and underneath the cushion the wheelchair seat was scattered with dirt and a large amount of debris.</p>			

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F 0280 SS=D Bldg. 00	<p>On 2/1/16 at 3:35 p.m., CNA #2 indicated the night shift CNA's cleaned the residents wheelchairs. She indicated the wheelchair seat was dirty and she would take the wheelchair and clean it and would also clean the wheelchair footrests because they were dirty.</p> <p>3.1-19(f)</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review and interview the facility failed to revise a care plan for a resident for use of denture cream and intermittent refusal to wear eyeglasses (Resident #11), and failed to include</p>	F 0280	This plan of correction is to serve as Sugar Creek Nursing and Rehabilitation credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Sugar Creek Nursing and Rehab or its management company that	02/29/2016	

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	<p>participation of residents families in the care plan conferences. (Resident #22 and Resident #29) This affected 3 of 22 residents reviewed for care plan revision and participation in care conferences.</p> <p>Findings include:</p> <p>1. Resident #11's record was reviewed on 2/1/2016 at 11:01 a.m. Physician's recapitulation orders, dated 1/1/16 through 1/31/16, indicated diagnoses that included, but were not limited to, depression with anxiety, mild mental retardation, high blood fats, seizures, gastro esophageal reflux disease, restless leg syndrome, diabetes, bipolar disorder, personality disorder, difficulty in walking, and chronic airway obstruction.</p> <p>A quarterly minimum data set (MDS), dated 12/28/15, indicated Resident #11 was severely impaired in cognitive skills for daily decision making, did not walk, used a wheel chair, had no dental problems, required extensive assist of one person for hygiene and bathing, and did not wear glasses.</p> <p>A care plan, initiated 5/21/15, indicated a focus for "[Resident #11] has potential for oral/dental health problems r/t (related to) he wears a partial and has his natural teeth. Some are chipped." Also a</p>		<p>theallegations contained in the survey report are a true and accurate portrayal ofthe provision of nursing care and other services in the facility, nor does thissubmission constitute an agreement or admission of the survey allegations. Werrespectfully request a paper review of this plan of correction.</p> <p>F 280 RIGHT TO PARTICIPATEPLANNING CARE-REVISE CP The resident has the right,unless adjudged incompetent or otherwise found to be incapacitated under thelaws of the State, to participate in planning care and treatment or changes incare and treatment. A comprehensive care plan must be developed within 7 daysafter the completion of the comprehensive assessment; prepared by aninterdisciplinary team, that includes the attending physician, a registerednurse with responsibility for the resident, and other appropriate staff indisciplines as determined by the resident's needs, and, to the extentpracticable, the articipation of the resident, the resident's family or theresident's legal representative; and periodically reviewed and revised by ateam of qualified persons after each assessment.</p> <p>What corrective actions will be accomplished forthose residents</p>	

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	<p>focus, initiated 11/13/14, indicated: "[Resident #11] denies oral pain/any mouth issues during oral care, but will verbalize to the dentist that he is having mouth pain. Goal: Will minimize the level of infection, or bleeding in the oral cavity by/through review date. [Resident #11] will have no mouth issues or complaints of pain through his next review. Interventions: Encourage [Resident #11] to express any mouth issues when needed or if occur. Encourage [Resident #11] to see the dentist. Guardian declines lower teeth to be extracted. Observe/document/report to MD PRN (as needed) s/sx (signs or symptoms) of oral/dental problems needing attention: Pain in gums, toothache, palate), abscess, debris in mouth, lips cracked or bleeding, teeth missing, loose, broken eroded, decayed, tongue (black, coated, inflamed, white, smooth), ulcers in mouth, lesions. Offer staff to assist mouth as per ADL (activities of daily living) personal hygiene."</p> <p>During an interview, on 2/27/16 at 11:08 a.m., Resident #11 indicated his upper dentures slip down and he has his own natural bottom teeth. He said he reported this to the nurse and she got him some denture cream that "sometimes" helped.</p>		<p>found to have been affected by the practice? Resident 22 has passed away. Resident 29 had care conference on 2/8/16 at 10 AM. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken? All residents have the potential to be affected by this deficient practice. Care plan invitations will be sent to the family weekly according to the MDS schedule. Social Services Director will make a copy of the invitation and place in the chart under Social Services. What measures will be put into place or what systematic changes you will make to ensure that the practice does not reoccur? Social Service Director educated on Care Plan Invitation Policy. An audit will be conducted and recorded for care plan invitations. How the corrective actions will be monitored to ensure the practice will not reoccur? Administrator or designee will audit five care plan invitations 1 times per week for 16 weeks and 2 times per month for two months. Results will be reviewed during QA meeting monthly.</p> <p>Date of Compliance: 02/29/2016 This plan of correction is to serve as Sugar Creek Nursing and Rehab's credible allegation of</p>				

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	<p>During an observation, on 2/01/2016 at 1:00 p.m., Resident #11 was observed eating lunch. His dentures could be heard clicking with his lower teeth as he chewed, and could be observed slipping down when he ate or spoke.</p> <p>During an interview, on 2/03/2016 at 3:02 p.m., CNA #12 indicated she could find his toothbrush, toothpaste and mouthwash but could not find any denture cream.</p> <p>During an interview, on 2/03/2016 at 2:54 p.m., LPN #3 indicated the CNAs are supposed to clean his teeth morning and night and he has denture cream that is supposed to be used when he gets up in the morning.</p> <p>A care plan, initiated on 4/8/2014, indicated: "[Resident #11] has severely impaired visual function is blind in the left eye. He wears glasses. Goal: Will minimize his risk for optimal quality of life within limitation imposed by visual function through the review date. Interventions: Assess vision quarterly and prn (as needed). Refer to Optometrist quarterly and prn. Ensure appropriate visual aids are available to support the resident's participation in activities."</p>		<p>compliance. Submission of this plan of correction does not constitute an admission by Sugar Creek Nursing and Rehabor its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a paper review of this plan of correction.</p> <p>F 280 RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each</p>				

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	<p>An inventory sheet, initiated when the resident was admitted, indicated he was admitted with eyeglasses.</p> <p>During an observation, on 2/1/16 at 10:55 a.m., Resident #11 was lying on his bed watching TV, and his glasses were beside him on the bed. Resident #11 indicated he has trouble seeing out of his eyeglasses, didn't need glasses when he last saw the optometrist and then he put his glasses on.</p> <p>During an interview, on 2/03/2016 at 3:20 p.m., the MDS coordinator indicated Resident #11 "does and doesn't wear his glasses", and at the time of the assessment he wasn't wearing them. She indicated she would make sure the care plan was updated.</p> <p>2. Resident #22's record was reviewed on 2/2/16 at 11:08 a.m. His diagnoses documented on his January 2016 Physician's recapitulation orders included but were not limited to, Parkinson's disease, dementia, anxiety, depression, and hard of hearing.</p> <p>Resident #22's quarterly MDS assessment dated 12/3/15, indicated he was usually understood and he sometimes understood others. He was severely impaired in his cognitive daily decision making skills. He required total assistance of 1 person</p>		<p>assessment.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the practice? Resident #11 CP was revised to reflect visual aids and top dentures.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken? All residents who have visual aids and/or oral dental needs have the potential to be affected by this deficient practice. An audit will be conducted and recorded for all visual aids and oral/dentures needs. Care plans will be updated to reflect accurate use.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not reoccur? DON or designee will audit and record visual and oral/CP for accuracy and the device is in place. CPs will be updated as needed.</p> <p>How the corrective actions will be monitored to ensure the practice will not reoccur? DON or designee will audit and record results for ten visual aids and oral/dentures needs 2 times per week for 8 weeks, 1</p>	

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	<p>for bed mobility, transfer, dressing, toileting, and personal hygiene. He required extensive assistance of 1 person for eating. He did not walk and utilized a wheelchair for mobility.</p> <p>The last invitation documentation available in Resident #22's record for his spouse to attend his care conference was dated 6/3/15.</p> <p>The facility was unable to provide documentation any of Resident #22's family had been invited to attend his care plan conferences after 6/3/15.</p> <p>An interview with Resident #22's spouse on 1/28/16 at 10:12 a.m., indicated she had not been invited to attend a care plan conference for several months.</p> <p>3. Resident # 29's record was reviewed on 2/3/16 at 10:07 a.m. His diagnoses documented on his January 2016 Physician's recapitulation orders included but were not limited to, chronic obstructive pulmonary disease, diabetes, depression, and dementia with behaviors.</p> <p>Resident #29's quarterly MDS assessment dated 12/3/15, indicated he usually understood others. He was severely impaired in his cognitive daily decision making skills. He required extensive</p>		<p>time per week for 8 weeks, and 2 times per month for 2months. Results will be reviewed during QA meeting monthly.</p> <p>Date of Compliance: 02/29/2016</p>		

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	<p>assistance of 2 persons for bed mobility and transfers. He required total assistance of 1 person for dressing, toileting, and personal hygiene. He required extensive assistance of 1 person for eating. He did not walk and utilized a wheelchair for bed mobility.</p> <p>The last invitation documentation available in Resident #29's record for his spouse to attend his care conference was dated 5/26/15.</p> <p>The facility was unable to provide documentation any of Resident #29's family had been invited to attend his care plan conferences after 5/26/15.</p> <p>An interview with Resident #29's spouse on 1/27/16 at 1:56 p.m., indicated she had not been invited to attend a care plan conference for approximately a year.</p> <p>An interview with the Social Service Designee on 1/29/16 at 4:59 p.m., indicated she was new to the facility in September 2015. She indicated she had not had an official meeting with any of the resident's family's yet. She indicated she needed to start fresh with all the residents in the facility. She indicated she was responsible to initiate the care plan conference meetings.</p>			

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	<p>The "Care Plans - Comprehensive" policy and procedure provided by the Director of Nursing (DON) on 2/3/16 at 5:30 p.m., indicated the following: "Policy Statement - An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. 1. Our facility's Care Planning/Interdisciplinary Team, in coordination with the resident, his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain. 2. The comprehensive care plan is based on a thorough assessment that includes, but is not limited to, the MDS. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change. 3. Each resident's comprehensive care plan is designed to:</p> <p>a. Incorporate identified problem areas; b. Incorporate risk factors associated with identified problems; c. Build on the resident's strengths; d. Reflect the resident's expressed wishes regarding care and treatment goals; e. Reflect treatment goals, timetables and objectives in measurable outcomes; f. Identify the professional services that are responsible</p>			

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	<p>for each element of care: g. Aid in preventing or reducing declines in the resident's functional status and/or functional levels; h. Enhance the optimal functioning of the resident by focusing on a rehabilitative program; and i. Reflect currently recognized standards of practice for problem areas and conditions...."</p> <p>The "Resident/Family Participation - Assessment/Care Plans" policy and procedure provided by the DON on 2/3/16 at 5:30 p.m., indicated the following: "Policy Statement - Each resident and his/her family members are encouraged to participate in the development of the resident's comprehensive assessment and care plan. Policy Interpretation and Implementation - 1. The resident and his/her family, and/or legal representative (sponsor), are invited to attend and participate in the resident's assessment and care planning conference... 3. A seven (7) day advance notice of the care planning conference is provided to the resident and interested family members. 4. The Social Services Director or designee is responsible for contacting the resident's family and for maintaining records of such notices..."</p> <p>3.1-35(b)(1) 3.1-35()(2)(B)</p>			

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NAME OF PROVIDER OR SUPPLIER  SUGAR CREEK REHABILITATION AND CONVALESCENT CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 5430 W US 40 GREENFIELD, IN 46140
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F 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to follow a care plan for oral care (Resident #11), failed to have a physician's order for dialysis (Resident #19), failed to follow a care plan for a bed alarm (Resident #22), and failed to follow physician's orders for med pass (supplement) (Resident # 22). This affected 3 residents who met the criteria for careplans and physician's orders.</p> <p>Findings include:</p> <p>1. Resident #11's record was reviewed on 2/1/2016 at 11:01 a.m. Physician's recapitulation orders, dated 1/1/16 through 1/31/16, indicated diagnoses that included, but were not limited to, depression with anxiety, mild mental retardation, high blood fats, seizures, gastro esophageal reflux disease, restless leg syndrome, diabetes, bipolar disorder, personality disorder, difficulty in walking, and chronic airway obstruction.</p> <p>A quarterly minimum data set (MDS),</p>	F 0282	<p>This plan of correction is to serve as Sugar Creek Nursing and Rehab's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by SugarCreek Nursing and Rehab or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a paper review of this plan of correction.</p> <p>F282 SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the practice? Resident #11 received oral care on 2/3/16 and continues to</p>	02/29/2016

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	<p>dated 12/28/15, indicated Resident #11 was severely impaired in cognitive skills for daily decision making, did not walk, used a wheel chair, had no dental problems, required extensive assist of one person for hygiene and bathing, and did not wear glasses.</p> <p>A care plan, initiated 5/21/15, indicated a focus for "[Resident #11] has potential for oral/dental health problems r/t (related to) he wears a partial and has his natural teeth. Some are chipped." Also a focus, initiated 11/13/14, indicated: "[Resident #11] denies oral pain/any mouth issues during oral care, but will verbalize to the dentist that he is having mouth pain. Goal: Will minimize the level of infection, or bleeding in the oral cavity by/through review date. [Resident #11] will have no mouth issues or complaints of pain through his next review. Interventions: Encourage [Resident #11] to express any mouth issues when needed or if occur. Encourage [Resident #11] to see the dentist. Guardian declines lower teeth to be extracted. Observe/document/report to MD PRN (as needed) s/sx (signs or symptoms) of oral/dental problems needing attention: Pain in gums, toothache, palate), abscess, debris in mouth, lips cracked or bleeding, teeth missing, loose, broken eroded, decayed,</p>		<p>receive oral care twice a day on a daily basis.</p> <p>All residents had the potential to be affected by this deficient practice. An audit will be conducted of all residents for oral care CPs.</p> <p>What measures will be put into places or what systematic changes you will make to ensure that the practice does not reoccur? All nursing staff will be in-service on the facility's policy for oral care. DON or designee will audit and record results for oral care of residents.</p> <p>How the corrective actions will be monitored to ensure the practice will not reoccur? The DON or designee will audit ten residents for completed oral care 2 times per week for 8 weeks, 1 time per week for 8 weeks and 1 time per week for 2 months. Results will be presented in QA meeting monthly.</p> <p>Date of Compliance: 2/29/2016 This plan of correction is to serve as Sugar Creek Nursing and Rehab's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Sugar Creek Nursing and Rehab or its management company that the allegations contained in the survey report are a true and</p>	

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	<p>tongue (black, coated, inflamed, white, smooth), ulcers in mouth, lesions. Offer staff to assist mouth as per ADL (activities of daily living) personal hygiene."</p> <p>During an observation, on 2/03/16 at 10:56 a.m., Resident #11 had food visible around his mouth below the lower left side of his lip. He had a large amount of debris in his lower teeth.</p> <p>During an interview, on 2/3/16 at 2:46 p.m., CNA #13 indicated they can get him to brush his teeth once in a while but he usually won't brush his teeth.</p> <p>During an interview, on 2/03/2016 at 2:54 p.m., LPN #3 indicated the CNAs are supposed to clean his teeth morning and night and he has denture cream that is supposed to be used when he gets up in the morning.</p> <p>During an interview, on 2/03/2016 at 3:02 p.m., CNA #12 looked in Resident #11's room and indicated she could find his toothbrush, toothpaste and mouthwash but could not find any denture cream. Resident #11 was seated in a wheel chair at that time, and had debris on his upper plate and small amount of debris on his lower natural teeth.</p>		<p>accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a paper review of this plan of correction.</p> <p>F282 SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. What corrective actions will be accomplished for those residents found to have been affected by the practice? Resident #22 has passed away. How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken? All residents with an alarm have potential to be affected by this deficient practice. An audit was conducted for every resident that has a bed or wheelchair alarm and their care plans were updated. What measures will be put into place or what systematic changes you will make to ensure that the practice does not reoccur? DON or designee will audit and record results for alarms. DON or designee will verify the</p>	

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	<p>2. Review of Resident #19's record on 2/2/16 at 10:15 a.m., indicated she was admitted 10/6/15. Her diagnoses included, but were not limited to, hypertension, depression, neuropathic pain, hyperlipidemia, chronic pruritis, constipation and end stage renal disease.</p> <p>Review of Resident #19's physician's recapitulation orders dated 2/1/16 through 2/29/16, indicated "Diet: regular salt and potassium restricted diet, no bananas, oranges, orange juice, limit potatoes 1 serving, limit milk 1/2 cup daily. No fluid restriction."</p> <p>A physician's order for hemodialysis was not found in Resident #19's record.</p> <p>Pre and post dialysis weight, blood pressure, pulse, and temperature were documented on Resident #19's communication forms for December 2015 and January 2016.</p> <p>On 2/3/16 at 1:45 p.m., an interview with the Director of Nursing (DON) indicated she could not find a Physician's order for hemodialysis.</p> <p>A care plan for Resident #19 was in place for dialysis with appropriate focus, goals and interventions.</p>		<p>order, the CP and visualize the actual device inplace. How the correctiveactions will be monitored to ensure the practice will not reoccur? DON or designee willaudit and record results for ten alarms 2 times per week for 8 weeks, 1 timeper week for 8 weeks, and 2 times per month for 2 month. Results will be reviewed during QA meetingmonthly. Date of Compliance:2/29/2016 This plan of correction is toserve as Sugar Creek Nursing and Rehab's credible allegation of compliance.Submission of this plan of correction does not constitute an admission by SugarCreek Nursing and Rehab or its management company that the allegationscontained in the survey report are a true and accurate portrayal of theprovision of nursing care and other services in the facility, nor does thissubmission constitute an agreement or admission of the survey allegations. Werrespectfully request a paper review of this plan of correction.</p> <p>F282 SERVICES BY QUALIFIEDPERSONS/PER CARE PLAN The services provided or arrangedby the facility must be provided by qualified persons in accordance with eachresident's written plan of care.</p> <p>What corrective actions will be</p>		

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	<p>Review of a document provided by the Administrator on 2/3/16 at 10:40 a.m., titled "Nursing Policy and Resource Manual" indicated</p> <p>"Policy: Hemodialysis, Care of Residents Purpose: The facility provides residents with safe, accurate, and appropriate care, assessments and interventions to improve resident outcomes.</p> <p>Admission and General Care: 1. Review and ensure orders upon admission are received for follow up dialysis center appointments..."</p> <p>3. Resident #22's record was reviewed on 2/2/16 at 11:08 a.m. His diagnoses documented on his January 2016 Physician's recapitulation orders included but were not limited to, Parkinson's disease, left intertrochanteric fracture, and dementia.</p> <p>Resident #22's quarterly MDS assessment dated 12/3/15, indicated he was usually understood and he sometimes understood others. He was severely impaired in his cognitive daily decision making skills. He required total assistance of 1 person for bed mobility, transfer, dressing, toileting, and personal hygiene. He required extensive assistance of 1 person for eating. He did not walk and utilized a wheelchair for mobility.</p>		<p>accomplished for those residents found to have been affected by the practice?</p> <p>Resident #19 has an order for dialysis in place.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken?</p> <p>At the time of this Plan of Correction, there is one other resident that are on dialysis. Resident #19 and the one other resident have a MD order for dialysis. All licensed nurses will be in-serviced on the facility policy related to dialysis services and MD orders.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not reoccur?</p> <p>DON and ADON or designee will audit new admission for dialysis and MD order.</p> <p>How the corrective actions will be monitored to ensure the practice will not reoccur?</p> <p>The DON and ADON or designee will audit all new admissions for dialysis and a MD order x 6 months for accuracy. Results will be presented in QA meeting monthly.</p> <p>Date of Compliance: 2/29/2016 This plan of correction is to serve</p>	

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	<p>A physician's order for Resident #22 dated 11/13/15, indicated the following: His current Med Pass would be discontinued and he would start Med Pass 120 milliliters (ml) 3 times a day.</p> <p>Resident #22's January physician recapitulation order initiated 3/27/14, indicated the following order: He would receive 60 ml of Med Pass 60 ml by mouth 3 times a day.</p> <p>Resident #22's Medication Record for January 2016 indicated he had received 60 ml of Med Pass by mouth 3 times a day and most often consumed 100%.</p> <p>A Nutrition Progress Note for Resident #22 dated 1/19/16, indicated he received Med Pass 120 ml 3 times a day.</p> <p>A plan of care for Resident #22 initiated 1/21/15, indicated the following: "Bed/chair alarm. Check placement of alarm q (every) shift, check and replace PRN (as needed) batteries q month on the 15th."</p> <p>On 1/29/16 at 3:02 p.m., Resident #22 was observed lying in bed. His clip alarm was observed hanging on the back of his wheelchair positioned in his bedroom and not on Resident #22.</p>		<p>as Sugar Creek Nursing and Rehab's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by SugarCreek Nursing and Rehab or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a paper review of this plan of correction.</p> <p>F282 SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the practice? Resident # 22 has passed away.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken? All resident who have an order for a supplement are at risk from this deficient practice. An audit of all resident having a MD order for</p>	

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	<p>On 1/29/16 at 3:06 p.m., LPN #6 indicated the clip alarm should be attached to Resident #22 and not hanging on his wheelchair.</p> <p>On 2/3/16 at 3:47 p.m., the DON indicated she was unable to locate any documentation the Resident had ever received 120 ml of Med Pass 3 times a day according to the order written to increase his Med Pass from 60 ml to 120 ml on 11/13/15.</p> <p>The "Care Plans - Comprehensive" policy and procedure provided by the DON on 2/3/16 at 5:30 p.m., indicated the following: "Policy Statement - An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. 1. Our facility's Care Planning/Interdisciplinary Team, in coordination with the resident, his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain. 2. The comprehensive care plan is based on a thorough assessment that includes, but is not limited to, the MDS. Assessments of residents are ongoing and care plans are revised as information about the resident</p>		<p>supplements was completed and documented.</p> <p>What measures will be put into places or what systematic changes you will make to ensure that the practice does not reoccur? All licensed nurses educated on transferring supplements to the MAR and/or filling out dietary communication form. DON or designee will audit supplement orders for accuracy. How the corrective actions will be monitored to ensure the practice will not reoccur? DON or designee will audit and record results for ten residents for supplement orders 2 times per week for 8 weeks, 1 time per week for 8 weeks, and 2 times per month for 2 month. Results will be reviewed during QA meeting monthly.</p> <p>Date of Compliance: 2/29/2016</p>				

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F 0312 SS=D Bldg. 00	<p>and the resident's condition change. 3. Each resident's comprehensive care plan is designed to: a. Incorporate identified problem areas; b. Incorporate risk factors associated with identified problems; c. Build on the resident's strengths; d. Reflect the resident's expressed wishes regarding care and treatment goals; e. Reflect treatment goals, timetables and objectives in measurable outcomes; f. Identify the professional services that are responsible for each element of care; g. Aid in preventing or reducing declines in the resident's functional status and/or functional levels; h. Enhance the optimal functioning of the resident by focusing on a rehabilitative program; and i. Reflect currently recognized standards of practice for problem areas and conditions...."</p> <p>3.1-35(g)(2)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview, observation, and record review, the facility failed to ensure a resident, totally dependent on staff for bathing, received necessary services to maintain good grooming related to soiled</p>	F 0312	This plan of correction is to serve as Sugar Creek Nursing and Rehab's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by SugarCreek Nursing and Rehab	02/29/2016	

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	<p>fingernails. This affected 1 of 3 residents reviewed for grooming. (Resident #11)</p> <p>Findings include:</p> <p>Resident #11's record was reviewed on 2/01/2016 at 11:01 p.m. Physician's recapitulation orders, dated 1/1/16 through 1/31/16, indicated diagnoses that included, but were not limited to, depression with anxiety, mild mental retardation, high blood fats, seizures, gastro esophageal reflux disease, restless leg syndrome, diabetes, bipolar disorder, personality disorder, difficulty in walking, and chronic airway obstruction.</p> <p>A quarterly minimum data set (MDS), dated 12/28/15, indicated Resident #11 was severely impaired in cognitive skills for daily decision making, did not walk, used a wheel chair, and required extensive assist of one person for hygiene and bathing.</p> <p>A care plan, initiated on 4/8/2014, indicated: "Has an ADL (activities of daily living) self care performance deficit. Showers per preference. Goal: Will be at a decreased risk for a decline in personal hygiene, toilet use through the review date. Interventions: Encourage the resident to participate to the fullest extent possible with each interaction.</p>		<p>or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a paper review of this plan of correction.</p> <p>F312 ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the practice? Resident #11 received nail care on 2/3/16 and continues to receive nail care on a daily basis.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken? All residents have the potential to be affected by this deficient practice. All nursing staff will be in-serviced on the facility's policy for nail care.</p> <p>What measures will be put into place or what systematic</p>	

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	<p>Encourage the resident to use call light to call for assistance.</p> <p>Observe/document/report to MD PRN (as needed) any changes, any potential for improvement, reasons for self-care deficit, expected course, declines in function. Bathing: The resident requires 1 staff participation with bathing. Encourage resident to participate with bathing routine."</p> <p>During an observation, on 1/27/2016 at 11:15 a.m., Resident #11's fingernails were different lengths and had a dark substance underneath.</p> <p>During an observation, on 2/01/2016 at 10:55 a.m., his fingernails were soiled with a brown/yellow substance under the nails on both hands and his left hand nails were longer than his right hand nails.</p> <p>During an interview, on 2/02/2016 at 2:06 p.m., Resident #11 was observed as he sat in his wheel chair in his room, dressed in street clothes, and indicated he doesn't get assistance with cleaning his fingernails, and with dressing like he is supposed to. His fingernails were observed to have a brownish yellow substance underneath most of the nails and his nails were different lengths and jagged.</p>		<p>changes you will make to ensure that the practice does not reoccur? DON or designee will audit and record resultsof nail care.</p> <p>How the corrective actions will be monitored toensure the practice will not reoccur? The DON or designee will audit tenresidents for completed nail care 2 times per week for 8 weeks, 1 time per weekfor 8 weeks and 1 time per week for 2 months. Results will be presented in QAmeeting monthly.</p> <p>Date of Compliance: 02/29/2016</p>	

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	<p>During an observation, on 2/03/2016 at 10:56 am., Resident #11 was seated in a wheel chair in the hallway. His nails are different lengths with some long and jagged and a dark substance underneath the nails. When asked if he knew how long it had been since someone cleaned and clipped his nails he said "it's been a long time."</p> <p>During an interview, on 2/03/2016 at 2:46 p.m., CNA #13 indicated Resident #11 doesn't like to take showers, he isn't mean, he just refuses; he just says 'no thank you'. The nurse does the nails; trims and cleans the nails and they get what they can in the shower.</p> <p>During an interview, on 2/03/2016 at 2:53 p.m., LPN #3 indicated it is the nurse's responsibility to trim the nails, and the CNA or nurse can clean them. She indicated some days he won't let anyone touch his nails.</p> <p>A policy and procedure for: "Care of Fingernails/Toenails" was provided by the Administrator on 2/3/16 at 4:06 p.m. The policy included, but was not limited to, "Purpose: The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections...General guidelines: 1. Nail</p>			

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F 0323 SS=D Bldg. 00	<p>care includes daily cleaning and regular trimming. 2. Proper nail care can aid in the prevention of skin problems around the nail bed...4. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin...Documentation...6. If the resident refused the treatment, the reason(s) why and the intervention taken...."</p> <p>3.1-38(a)(3)(E)</p> <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, interview and record review, the facility failed to transfer a resident safely with the assistance of 2 staff to prevent accidents, for 1 of 3 residents reviewed for accidents, of 7 who met the criteria for accidents. (Resident # 25)</p> <p>Findings include:</p> <p>Resident #25's record was reviewed on 2/2/16 at 2:37 p.m. His diagnoses documented on his Admission Record printed 2/3/16, included but were not</p>	F 0323	<p>This plan of correction is to serve as Sugar Creek Nursing and Rehab's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by SugarCreek Nursing and Rehab or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a paper</p>	02/29/2016	

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	<p>limited to, restlessness and agitation, anxiety, dementia with behavioral disturbance, depressive disorder, hypertension, deaf, epilepsy, and closed intracapsular fracture of the right femur.</p> <p>A Fall Risk Assessment for Resident #25 dated 11/10/15, indicated he was a high risk for falls.</p> <p>Resident #25's admission Minimum Data Set (MDS) assessment dated 11/17/15, indicated he rarely/never understood others. He was severely impaired in his cognitive daily decision making skills. He required extensive assistance of 2 persons for transfer, bed mobility, eating, toileting, and personal hygiene. He did not walk and utilized a wheelchair for mobility. He had impairment in both of his upper and lower extremities. He was incontinent of his bowel and bladder. He had a history of falls.</p> <p>A Quarterly Nursing Assessment for Resident #25 dated 1/27/16, indicated he required assistance of 2 person for transfers and ambulation.</p> <p>On 1/29/16 at 11:02 a.m., CNA #1 was observed placing Resident #25's house slipper on both feet. Resident #25 was grabbing at CNA #1 breast and abdomen and trying to bite her arms. She placed a</p>		<p>review of this plan of correction.</p> <p>F323 FREE OF ACCIDENTHAZARDS/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.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the practice? Resident #25 will be transferred according to his CP.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken? All residents requiring transfers have the potential to be affected by this deficient practice. An audit of all residents' CPs and MDS for accuracy for transfers will be completed and recorded. All nursing staff will be educated on safety with transfers.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not reoccur? DON or designee will audit MDS/CP for accuracy and</p>	

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	<p>gait belt around Resident #25's waist while he was seated on a mattress on the floor. CNA #1 pulled Resident #25 to his feet with with his legs crossed. After standing, Resident #25 was bent over at the waist with his head near her chest. She walked Resident #25 approximately 6 feet while he was bent over at the waist and his head resting on her chest. He had his arms on her sides near her breast and abdomen. CNA #1 was able to pivot Resident #25 and sat him down in his wheelchair. He was making a chomping motion with his teeth and continued to grab at CNA #1. When CNA #1 was queried if Resident #25 was normally transferred with 1 staff, she stated "it just depends on how combative he is." She indicated sometimes he had to be transferred with the assistance of 2 staff.</p> <p>On 2/2/16 at 3:20 p.m., CNA #7 indicated her CNA Assignment Sheet told her how a resident was to be transferred. She indicated Resident #25 required 2 person assist for transfers due to his combativeness. CNA #7 provided an observation of her CNA Assignment Sheet which indicated Resident #25 required 2 staff for transfers.</p> <p>The "Safe Lifting and Movement of Residents" policy and procedure provided by the Director of Nursing on 2/3/16 at</p>		<p>visualize transferring occurring.</p> <p>How the corrective actions will be monitored to ensure the practice will not reoccur? The DON or designee will audit ten residents MDS and CPs for accuracy 2 times per week for 8 weeks, 1 time per week for 8 weeks and 1 time per week for 2 months. Results will be presented in QA meeting monthly.</p> <p>Date of Compliance: 02/29/2016</p>		

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F 0441 SS=E Bldg. 00	<p>5:30 p.m., indicated the following: "Policy Statement - In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation - Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents... 4. Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices...."</p> <p>3.1-45(a)(2)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and</p>			

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	<p>corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation and interview, the facility failed to ensure proper sanitation procedures for cleaning 2 of 2 contaminated, reusable blood glucose meters to prevent potential exposure to communicable diseases for 16 of 16 residents reviewed for blood glucose monitoring. . (Resident #64, #37, #20, #44, #45, #54, #19, #66, #10, #4, #27, #5, #6, #63, #11, and #31)</p> <p>Findings include:  On 2/1/16 at 12:43 p.m., LPN #3 was observed cleaning a blood glucose meter after using the meter to test Resident #10's blood sugar. Resident #10 resided</p>	F 0441	<p>This plan of correction is to serve as Sugar Creek Nursing and Rehab's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by SugarCreek Nursing and Rehab or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in the facility, nor does this submission constitute an agreement or admission of the survey allegations. We respectfully request a paper review of this plan of correction.</p> <p>F441 INFECTION CONTROL, PREVENT SPREAD, LINENS</p>	02/29/2016

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	<p>on the east unit of the facility. LPN #3 cleaned the glucose meter with a sterile alcohol prep pad. LPN #3 indicated the facility had 1 glucose meter for the residents on the east unit and 1 for the residents on the west unit. She indicated the nursing staff used to use Sani-Wipes to clean the glucose meters but all she had available now to clean the glucose meters were the sterile alcohol prep pads.</p> <p>On 2/1/16 at 12:48 p.m., LPN #4 was observed standing near the medication cart on the west unit. She indicated she had 1 glucose meter she used for all the residents on the west unit. LPN #4 indicated she used sterile alcohol prep pads to clean the glucose meter. She indicated she had worked at the facility approximately 5-6 months and never had any Sani-Wipes available on her cart. She provided an observation of her medication cart storage area and no type of disinfectant wipes were available.</p> <p>On 2/1/16 at 3:15 p.m., the Director of Nursing (DON) provided a list of residents who received blood glucose testing. The list provided indicated there were 5 resident on the west unit and 11 residents on the east unit who received blood glucose testing.</p> <p>On 2/1/16 at 4:42 p.m., the DON</p>		<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected kin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>		

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	<p>indicated herself and the Assistant Director of Nursing were responsible for the facility's Infection Control program. She indicated she believed the nursing staff used Sani-Wipes to clean the glucose meters. She indicated Human Resource staff ordered the Sani-Wipes.</p> <p>On 2/1/16 at 4:46 p.m., Human Resource Staff #5 indicated she was responsible for ordering the facility's supplies. She indicated she had never been informed to order disinfectant wipes to clean the glucose meters.</p> <p>The "Microdot Xtra" factory recommendations provided by the DON on 2/1/16 at 5:42 p.m., indicated the following: "Cleaning Your Meter ...Microdot Meter Disinfecting Guideline: To disinfect the meter, dilute 1 mL of household bleach (5%-6% sodium hypochlorite solution) in 9 mL of water to achieve a 1:10 dilution (final concentration of 0.5%-0.6% sodium hypochlorite). The solution can then be used to dampen a paper towel (do not saturate the towel). Then use the damped towel to thoroughly wipe down the meter. Please note that there are commercially available 1:10 bleach wipes from a variety of manufactures."</p> <p>The "Nursing Policy and Resource</p>		<p>What corrective actions will be accomplished for those residents found to have been affected by the practice? All licensed nursing staff were educated on the proper method to clean the glucometers per facility policy.</p> <p>How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken? At the time of this Plan of Correction, there are 16 residents getting accuchecks.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the practice does not reoccur? DON or designee will audit by witnessing nursing staff disinfection of glucometer.</p> <p>How the corrective actions will be monitored to ensure the practice will not reoccur? The DON or designee will witness and audit five glucometer disinfections 2 times per week for 8 weeks, 1 time per week for 8 weeks and 1 time per week for 2 months. Results will be presented in QA meeting monthly.</p> <p>Date of Compliance : 2/29/2016</p>	

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	<p>Manual" provided by the DON on 2/1/16 at 2:58 p.m., indicated the following: "Policy: Glucometer Disinfection. Purpose: The purpose of this procedure is to provide guidelines for the disinfection of capillary-blood sampling devices (Glucometers) to prevent transmission of blood borne diseases to residents and employees. "Resident -care devices (e.g., electronic thermometers or glucose monitoring devices) may transmit pathogens if devices contaminated with blood or body fluids are shared without cleaning and disinfecting between uses for different residents... Recommended Disinfectant Wipe: Gluco Chlor - 10. Cleanse the glucometer with the disinfectant wipe. 11. Discard disinfectant wipe in waste receptacle. 12. Allow device to air dry for minimum of five (5) minutes or per manufacturer recommendations. 13. Wash hands or use alcohol gel as appropriate. Guidelines: ...Assign separate glucometers to individual residents. If glucometers are shared, the device must be cleaned and disinfected between each patient use...."</p> <p>3.1-18(a)</p>			