

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155458	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2015
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NAME OF PROVIDER OR SUPPLIER HIGHLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9630 FIFTH ST HIGHLAND, IN 46322
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00184851 and IN00185260.</p> <p>Complaint IN00184851- Substantiated. Federal/State deficiencies relate to the allegations are cited at F157 and F309.</p> <p>Complaint IN00185260- Substantiated. Federal/State deficiencies related to the allegations are cited at F166, F225, and F226.</p> <p>Survey dates: October 26 & 27, 2015</p> <p>Facility number: 000367 Provider number: 155458 AIM number: 100289560</p> <p>Census bed type: SNF/NF: 32 Total: 32</p> <p>Census payer type: Medicare: 7 Medicaid: 17 Other: 8 Total: 32</p> <p>Sample: 5</p>	F 0000		
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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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F 0157 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 26143, on October 28, 2015.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the</p>			

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	<p>resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the Physician and Responsible Party were notified of wound changes and treatment changes for 1 of 3 residents reviewed for wounds in a sample of 5. (Resident #C)</p> <p>Finding includes:</p> <p>The closed record for Resident #C was reviewed on 10/26/15 at 9:51 a.m. The resident's diagnoses included, but were not limited to, coronary artery disease, adult failure to thrive, iron deficiency anemia, high blood pressure and depression.</p> <p>Review of the 7/22/15 MDS (Minimum Data Set) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive patterns were intact. The assessment also indicated the resident required extensive</p>	F 0157	<p>F157: Notify of Changes</p> <p>1. Resident C has been discharged from the facility and requires no further follow up.</p> <p>2. All other residents are at risk for this deficient practice.</p> <p>3. DON, or designee, will educate nurses on the Acute Change In Condition (Identification & Reporting) policy.</p> <p>4. DON, or designee, will complete the change of condition audit 5 times per week to ensure that the physician and the family has been notified of all changes in condition, including changes in treatment orders, for 1 month, then weekly for 1 month, then monthly for 3 months.</p> <p>5. DON, or designee, will report finding to QAPI monthly for 3 months and then quarterly thereafter until substantial compliance is met.</p> <p>POC with addendum in italics</p> <p>F157: Notify of Changes</p> <p>1. Resident C has been discharged from the facility and requires no further follow up.</p> <p>2. All other residents are at risk</p>	11/02/2015			

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	<p>assistance of one staff member for bed mobility, transfers, dressing, and, personal hygiene. The assessment also indicated the resident had an infection of the foot (e.g., cellulitis, purulent drainage) and the application of dressings to the feet were being rendered.</p> <p>A Non-Pressure Skin Condition Record was initiated on 4/7/15. The record indicated an abscess was observed to the side of the resident's 5th toe. The area measured 0.6 cm (centimeters) x 0.6 cm x 0.1 cm. No exudate was noted and the wound bed was macerated. The Physician and Family were notified on 4/7/15 .Ongoing records form 4/15/15 through 8/5/15 were noted as follows:</p> <p>4/15/15: Measurement: 0.6 cm x 0.6 cm. Sections on the report to mark the appearance of the wound bed color, the presence or absence of exudate (drainage), the amount of exudate were not completed.</p> <p>4/22/15 & 4/29/15 No assessment or measurement recorded.</p> <p>5/6/15 Measurement 0.7 cm x 1 cm x 0.1 cm Scant amount of purulent (yellow, gray or green drainage that comes from a</p>		<p>for this deficient practice. <i>DON, or designee, has reviewed the physician orders written in the month of October to ensure all notifications have been made to families. Missing notifications will be made to families and a "late entry" will be made into the nursing notes.</i></p> <p>3. DON, or designee, will educate nurses on the Acute Change In Condition (Identification & Reporting) policy.</p> <p>4. DON, or designee, will complete the change of condition audit 5 times per week to ensure that the physician and the family has been notified of all changes in condition, including changes in treatment orders, for 1 month, then weekly for 1 month, then monthly for 3 months.</p> <p>5. DON, or designee, will report finding to QAPI monthly for 3 months and then quarterly thereafter until substantial compliance is met <i>indicated by no missing notifications x 6 months.</i></p>				

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	<p>wound when infection was present) drainage. Surrounding skin macerated. Center of wound bed was yellow/white in color. Resident expressed a lot of pain to the area.</p> <p>5/13/15 Measurement 0.7 x 1 cm Wound bed yellow. Small amount of purulent drainage. Wound deteriorated.</p> <p>5/20/15 Measurement 0.7 cm x 1 cm No assessment of the wound bed, presence or absence of exudate amount and type noted.</p> <p>6/3/15 Measurement 0.5 cm x 1 cm Wound bed not assessed. Serosanguinous drainage(pink in color due to small red blood cells mixing with clear exudate) (no amount noted) coming from the right foot.</p> <p>6/10/15 Measurement 0.5 cm x 1 cm Wound bed red and yellow, small amount of Serosanguinous exudate.</p> <p>Review of the Nurses' Notes from 4/7/15 through 6/10/15 indicated there was no verification of Physician or family notification of the above wound changes.</p>			

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	<p>The 6/2015 Physician orders were reviewed. An order was written on 6/28/15 to discontinue the 4/7/15 treatment to cleanse the area with normal saline or wound cleanser, pat dry, and cover every (48) hours and prn (as needed) for an abscess. Another Physician order was written on 6/28/15 to cleanse the right foot area with wound cleanser, pat dry, apply Medi- Honey, and cover the area with a dry dressing every 48 hours and as needed.</p> <p>The 6/28/15 & 6/29/15 Nurses' Notes were reviewed. There was no record of the resident's Responsible Party being informed of the changes in the wound and the new Physician orders received.</p> <p>A Physician order was written on 8/8/15 to discontinue the current right foot treatment . An order was written to clean the wound with wound cleanser, pat dry, apply Santyl (an ointment used to deride wounds) with Polysporin (an antibiotic) on a folded gauze to the wound bed, and wrap with Kerlix (gauze) from the toes to the below the knee daily and as needed. There was another Physician order written on 8/8/15 for the resident to receive Keflex (an antibiotic) 250 mg (milligrams) by mouth three times a day for (10) days for a right foot infection.</p>			

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F 0166 SS=D	<p>The 8/8/15 and 8/9/15 Nurses' Notes were reviewed. There was no record of the resident's Responsible Party being informed of the change in the wound and the new Physician orders received.</p> <p>When interviewed on 10/26/15 at 2:50 p.m., the MDS Coordinator indicated the Physician and Responsible Party should have been notified of the changes in the resident's wound. The MDS Coordinator also indicated the Responsible Party should have been notified of the treatment changes.</p> <p>The facility policy titled Acute Change in Condition (Identification & Reporting) was reviewed on 10/26/15 at 12:05 p.m. There was no date on the policy. The Director of Nursing indicated staff were to report any acute change in condition to the attending Physician, the Resident, and the Responsible Party.</p> <p>This Federal tag relates to Complaint IN00184851.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p> <p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO</p>				

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Bldg. 00	<p>RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on record review and interview, the facility failed to ensure grievances voiced at Resident Council meetings were addressed in a timely manner.</p> <p>Finding includes:</p> <p>The minutes from the 9/16/15 Resident Council meeting were reviewed. Two Resident Council Action Forms were completed on 9/16/15 related to grievances voiced at the meeting.</p> <p>The first Resident Council Action Form indicated residents stated they had been left in the bathroom for 30-45 minutes waiting for help. The concern form was given to the Director of Nursing on 9/16/15. The "Department Response" section on the form was first addressed on 10/21/15 by the newly hired Director of Nursing.</p> <p>A second Resident Council Action Form indicated residents wanted to know if snacks could be passed around on the evening shift when the kitchen was closed for the night. This concern had not been addressed as of this date.</p>	F 0166	<p>F166: Right to Prompt Efforts to Resolve Greivances</p> <p>1.A new Director of Nursing has been hired and hasreviewed the Resident Council Action forms from the months of September andOctober and has addressed the grievances.</p> <p>2.All other residents are at risk for thisdeficient practice.</p> <p>3.DON, or designee, will educate staff on the Grievancepolicy and procedure.</p> <p>4.DON, or designee, will complete the Grievancetracking form upon receiving an Action Form or resolving a grievance weekly for1 month, then monthly times 3 months, then quarterly thereafter.</p> <p>5.DON, or designee, will report findings to QAPI monthlyfor 3 months and then quarterly thereafter until substantial compliance is met.</p> <p>POC addendum with corrections in italics</p> <p>F166: Right to Prompt Efforts to Resolve Grievances</p> <p>1.A new Director of Nursing has been hired and hasreviewed the Resident Council Action forms from the months of September and Octoberand has addressed the grievances.</p> <p>2.All other residents are at risk for thisdeficient practice.</p>	11/02/2015	

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	<p>Both of the above Resident Council Action Forms indicated copies were to be forwarded to the Administrator and a Department response was to be completed and returned to the Resident Council. These sections on the above forms were not completed.</p> <p>When interviewed on 10/26/15 at 10:55 a.m., the Activity Director indicated she filled out the 9/16/15 forms and verbally informed the previous Director of Nursing of the residents concerns related to being left in the bathroom for 30-45 minutes. The Activity Director also indicated she left the forms in the Director of Nursing's mailbox.</p> <p>The Activity Director indicated she did the same with the concerns about evening snacks. The Activity Director indicated she was informed on 10/21/15 that the forms had just been found by the new Director of Nursing on 10/21/15 and had not been addressed or acted upon prior to 10/21/15.</p> <p>Continued interview with the Activity Director indicated meetings were held on 10/21/15 and 10/22/15. The Activity Director indicated the 10/22/15 meeting was held after residents voiced concerns they were not invited to the 10/21/15 meeting. The following complaints were</p>		<p>3.DON, or designee, will educate staff on the Grievancepolicy and procedure. <i>4.Allgrievances will be reviewed in the morning staff meeting.</i> DON, or designee, will complete the Grievancetracking form upon receiving an Action Form or resolving a grievance weekly for1 month, then monthly times 3 months, then quarterly thereafter. <i>5.DON,or designee, will report findings to QAPI monthly for 3 months and thenquarterly thereafter until substantial compliance is met indicated by all grievances being addressed and resolved within thetime frame indicated within the facility policy.</i></p>	

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	<p>brought up at the 10/22/15 meeting:</p> <ul style="list-style-type: none"> - coffee on room trays was not hot. - CNA's say they will come right back and then do not come back - CNA's were in the break room or other rooms watching TV - evening and weekend staff not doing their jobs. <p>When interviewed on 10/26/15 at 11:05 a.m., the Director of Nursing and the MDS Coordinator indicated the Resident Council concerns from the 9/16/15 and 10/22/15 meetings should have been reported and addressed at the time of the meetings.</p> <p>The facility policy titled Policy and Procedure Grievances was reviewed on 10/26/15 at 10:00 a.m. The policy was dated 3/1/2010. The Social Service Director provided the policy and indicated the policy was current. The policy indicated Social Service was to review the Resident Council meeting minutes to determine if the complaint being addressed had been previously verbalized. The policy also indicated within 24 hours of receiving a complaint, a decision was to be made by the Administrator and Director of Nursing as to whether the complaint constituted neglect or abuse.</p>			

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F 0225 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00185260.</p> <p>3.1-7(a)(2)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in</p>			

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	<p>progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure an allegation of verbal abuse was reported immediately to the Administrator and investigated in a timely manner for 1 of 1 allegations of Abuse reviewed. (Residents #F and #G) (CNA #1)</p> <p>Finding includes:</p> <p>Resident Council meetings were held on 10/21/5 and 10/22/15. Notes from the 10/22/15 meeting were provided by the Activity Director on 10/26/15 at 10:55 a.m. The notes indicated Resident #G had voiced that she heard CNA #1 telling Resident #F to hurry up eating. Resident #G indicated she felt this was verbal abuse.</p> <p>When interviewed on 10/26/15 at 10:55 a.m., the Activity Director indicated at the 10/22/15 meeting Resident #G reported she had heard CNA #1 telling Resident #F to hurry up eating. Resident</p>	F 0225	<p>F225:Investigate/Report Allegations/Individuals</p> <p>1.Resident F has a diagnosis of dementia and isseverely cognitively impaired and unable to be interviewed. She demonstrates nooutward signs of distress in any way.</p> <p>2.All other residents are at risk for thisdeficient practice.</p> <p>3.DON, or designee, will educate staff on theAbuse policy to better understand the reporting process.</p> <p>4.The Social Service director, or designee, will meetwith interviewable residents 3 times per week times 90 days asking CMS questionQP253 and documenting results on the form.</p> <p>5.SSD, or designee, will report findings to QAPImonthly times 3 months.</p> <p>POC addendum with changes in italics</p> <p>F225:Investigate/Report Allegations/Individuals</p> <p>1.Resident F has a diagnosis of dementia and isseverely cognitively impaired and unable to be interviewed. She</p>	11/02/2015	

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	<p>#G indicated she felt this was verbal abuse. The Activity Director indicated she had not told anyone about Resident #G reporting verbal abuse at the 10/22/15 Resident Council meeting. The Activity Director indicated she had not informed the Director of Nursing or the facility Administrator. The Activity Director indicated the Administrator should have been notified at the time the allegation was made by Resident #G.</p> <p>The record for Resident #F was reviewed on 10/26/15 at 3:05 p.m. The resident's diagnoses included, but were not limited to, dementia, chronic pulmonary disease, and degenerative joint disease.</p> <p>Review of the 9/29/15 Minimum Data Set (MDS) quarterly assessment indicated the resident's cognitive patterns for decision making were severely impaired. The assessment also indicated the resident was dependent on staff for feeding, dressing, and personal hygiene.</p> <p>The 10/2015 Nurses' Notes and Social Service Notes were reviewed. There was no indication of the resident being assessed by Nursing staff or Social Service staff related to the 10/22/15 allegation of verbal abuse.</p> <p>When interviewed on 10/26/15 at 11:05</p>		<p>demonstrates no outward signs of distress in any way.</p> <p>2. All other residents are at risk for this deficient practice. <i>All interviewable residents were interviewed asking the CMS question QP253. All cognitively impaired residents were observed for non-verbal signs of abuse (i.e. increased anxiety, unexplained bruises).</i></p> <p>3. DON, or designee, will educate staff on the Abuse policy to better understand the reporting process.</p> <p>4. The Social Service director, or designee, will meet with interviewable residents 3 times per week times 90 days asking CMS question QP253 and documenting results on the form.</p> <p>5. SSD, or designee, will report findings to QAPI monthly times 3 months <i>and then quarterly thereafter until substantial compliance is met indicated by no reports of abuse discovered by asking CMS question QP253.</i></p>				

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F 0226 SS=D Bldg. 00	<p>a.m., the Director of Nursing and the MDS Coordinator indicated they had not been informed of the above allegation of verbal abuse voiced at the recent Resident Council meeting on 10/22/15. The Director of Nursing indicated the allegation should have been immediately reported to the Administrator and an investigation should have been started.</p> <p>This Federal tag relates to Complaint IN00185260.</p> <p>3.1-28(c) 3.1-28(d)</p> <p>483.13(c) DEVELOP/IMPLMENT 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. Based on record review and interview, the facility failed to follow the facility Abuse Policy and protocol related to the failure to immediately report an allegation of verbal abuse to the Administrator and the failure to initiate an investigated at the time the allegation was made for 1 of 1 allegations of Abuse reviewed. (Residents #F and #G) (CNA's #1)</p>	F 0226	<p>F226: Develop/Implement Abuse/Neglect, Etc Policies 1.Resident F has a diagnosis of dementia and isseverely cognitively impaired and unable to be interviewed. She demonstrates nooutward signs of distress in any way. 2.All other residents are at risk for thisdeficient practice. 3.DON, or designee, will educate staff on theAbuse policy to better understand the reporting process.</p>	11/02/2015

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	<p>Finding includes:</p> <p>Resident Council meetings were held on 10/21/15 and 10/22/15. Notes from the 10/22/15 meeting were provided by the Activity Director on 10/26/15 at 10:55 a.m. The notes indicated Resident #G had voiced that she heard CNA #1 telling Resident #F to hurry up eating. Resident #G indicated she felt this was verbal abuse.</p> <p>When interviewed on 10/26/15 at 10:55 a.m., the Activity Director indicated at the 10/22/15 meeting Resident #G reported she had heard CNA #1 telling Resident #F to hurry up eating. Resident #G indicated she felt this was verbal abuse. The Activity Director indicated she had yet told anyone about Resident #G reporting verbal abuse at the 10/22/15 Resident Council meeting. The Activity Director indicated she had not informed the Director of Nursing or the facility Administrator. The Activity Director indicated the Administrator should have been notified at the time the allegation was made by Resident #G.</p> <p>When interviewed on 10/26/15 at 11:05 a.m., the Director of Nursing and the MDS Coordinator indicated they had not been informed of the above allegation of verbal abuse voiced at the recent</p>		<p>4. The Social Service director, or designee, will meet with interviewable residents 3 times per week times 90 days asking CMS question QP253 and documenting results on the form.</p> <p>5. SSD, or designee, will report findings to QAPI monthly times 3 months.</p> <p>POC addendum with corrections in italics</p> <p>F226: Develop/Implement Abuse/Neglect, Etc Policies</p> <p>1. Resident F has a diagnosis of dementia and is severely cognitively impaired and unable to be interviewed. She demonstrates no outward signs of distress in any way.</p> <p>2. All other residents are at risk for this deficient practice. <i>All interviewable residents were interviewed asking the CMS question QP253. All cognitively impaired residents were observed for non-verbal signs of abuse (i.e. increased anxiety, unexplained bruises).</i></p> <p>3. DON, or designee, will educate staff on the Abuse policy to better understand the reporting process.</p> <p>4. The Social Service director, or designee, will meet with interviewable residents 3 times per week times 90 days asking CMS question QP253 and documenting results on the form.</p> <p>5. SSD, or designee, will report findings to QAPI monthly times 3 months <i>and then quarterly thereafter until substantial</i></p>				

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F 0309	<p>Resident Council meeting on 10/22/15. The Director of Nursing indicated the allegation should have been immediately reported to the Administrator and an investigation should have been started.</p> <p>The facility Abuse and Neglect Policy was reviewed on 10/26/15 at 2:00 p.m. The policy was dated 9/1/2014. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated each resident had the right to be free from abuse and neglect. The policy also indicated all alleged violations involving mistreatment, neglect, or abuse were to be reported to the Administrator immediately. The policy also indicated someone was to be designated to investigate the allegations and report the investigation to the Administrator or designated representative. The Investigation was to include review of medical records and witness interviews.</p> <p>This Federal tag relates to Complaint IN00185260.</p> <p>3.1-28(c) 3.1-28(d)</p>	483.25	<i>compliance is met indicated by no reports of abuse discovered byasking CMS question QP253.</i>		

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SS=D Bldg. 00	<p>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview the facility failed to ensure the necessary treatment and services were provided related to wound assessments not completed and wound changes not addressed for 1 of 3 residents reviewed for wounds in a sample of 5. (Resident #C)</p> <p>Finding includes:</p> <p>The closed record for Resident #C was reviewed on 10/26/15 at 9:51 a.m. The resident's diagnoses included, but were not limited to, coronary artery disease, adult failure to thrive, iron deficiency anemia, high blood pressure and depression.</p> <p>Review of the 7/22/15 MDS (Minimum Data Set) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive patterns were intact. The assessment also indicated the resident required extensive assistance of one staff member for bed</p>	F 0309	<p>F309: Provide Care/Services for Highest Well Being</p> <ol style="list-style-type: none"> 1. Resident C has been discharged from the facility and requires no further follow up. 2. All other residents are at risk for this deficient practice. 3. DON, or designee, will educate nurses on the Skin Management policy to educate nurses on the requirement of ongoing weekly skin assessments. 4. DON, or designee, will audit all wound assessments weekly times 4 weeks, including effectiveness of current treatment orders, and initial each wound assessment sheet to indicate that it has been reviewed. Audits will continue monthly times 3 months. 5. DON, or designee, will report finding to QAPI monthly for 3 months and then quarterly thereafter until substantial compliance is met. POC addendum with corrections in italics <p>F309: Provide Care/Services for Highest Well Being</p> <ol style="list-style-type: none"> 1. Resident C has been discharged from the facility and 	11/02/2015	

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	<p>mobility, transfers, dressing, and, personal hygiene. The assessment also indicated the resident had an infection of the foot (e.g., cellulitis, purulent drainage) and the application of dressings to the feet was being rendered.</p> <p>A Non-Pressure Skin Condition Record was initiated on 4/7/15. The record indicated an abscess was observed to the side of the resident's 5th toe. The area measured 0.6 cm (centimeters) x 0.6 cm x 0.1 cm. No exudate was noted and the wound bed was macerated. The Physician and Family were notified on 4/7/15. Ongoing records from 4/15/15 through 8/5/15 were noted as follows:</p> <p>4/15/15: Measurement: 0.6 cm x 0.6 cm. Sections on the report to mark the appearance of the wound bed color, the presence or absence of exudate (drainage), the amount of exudate were not completed.</p> <p>4/22/15 & 4/29/15 No assessment or measurement recorded.</p> <p>5/6/15 Measurement 0.7 cm x 1 cm x 0.1 cm Scant amount of purulent (yellow, gray or green drainage that comes from a wound when infection was present) drainage.</p>		<p>requires no further follow up.</p> <p>2. Allother residents are at risk for this deficient practice. <i>DON, or designee, has reviewed the wound sheets for the prior two weeksto ensure current treatment orders are effective and that all wound assessmentshave been completed. Any ineffective treatments have been reported to thephysician and any treatment order changes have been reported to families.</i></p> <p>3. DON, or designee, will educate nurses on theSkin Management policy to educate nurses on the requirement of ongoing weeklyskin assessments.</p> <p>4. DON, or designee, will audit all woundassessments weekly times 4 weeks, including effectiveness of current treatmentorders, and initial each wound assessment sheet to indicate that it has beenreviewed. Audits will continue monthly times 3 months.</p> <p>5. DON, or designee, will report finding to QAPImonthly for 3 months and then quarterly thereafter until substantial complianceis met <i>indicated by all wound assessmentsbeing completed weekly, all treatment orders being reported to physician whenineffective and family notifications being made for all changes in treatmentorders.</i></p>	

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	<p>Surrounding skin macerated. Center of wound bed was yellow/white in color. Resident expressed a lot of pain to the area.</p> <p>5/13/15 Measurement 0.7 x 1 cm Wound bed yellow. Small amount of purulent drainage. Wound deteriorated.</p> <p>5/20/15 Measurement 0.7 cm x 1 cm No assessment of the wound bed, presence or absence of exudate amount and type noted.</p> <p>6/3/15 Measurement 0.5 cm x 1 cm Wound bed not assessed. Serosanguinous drainage(pink in color due to small red blood cells mixing with clear exudate), (no amount noted) coming from the right foot.</p> <p>6/10/15 Measurement 0.5 cm x 1 cm Wound bed red and yellow, small amount of Serosanguinous exudate.</p> <p>6/17/15 Measurement 0.5 cm x 1 cm Wound bed red and yellow, small amount of Serosanguinous exudate. No change in wound</p>			

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	6/24/15 Measurement 1 cm x 1 cm Wound bed red and yellow, moderate amount of exudate, wound deteriorated			
	7/1/15 Measurement 1.6 x 2.3 cm x 0.1 cm Wound bed red and yellow, moderate amount of Serosanguinous wound deteriorated. Wound bed 80% slough (necrotic or avascular tissue in the process of separating from viable tissue, Treatment changed on 6/28/15 to MediHoney on 6/28/15.			
	7/8/15 Measurement 0.5 cm x 1 cm Wound bed/tissue not assessed, wound not changed.			
	7/15/15 Measurement 0.5 cm x 1 cm No assessment of the wound bed, presence or absence or exudate, progress of the wound not assessed.			
	7/22/15 Measurement 1 cm x 1 cm No assessment of the wound bed, presence or absence or exudate, progress of the wound not assessed.			
	7/29/15			

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	<p>Measurement 1 cm x 1 cm Minimal to scant drainage, no change in wound</p> <p>8/8/15 Measurement 1.5 cm x 1.5 cm Wound bed red and black Small amount of Serosanguinous drainage, wound not changed.</p> <p>The 4/2015 Physician orders were reviewed. An order was written on 4/7/15 to clean the right fifth toe area with normal saline or wound cleanser, pat dry, and cover every (48) hours and prn (as needed) for an abscess.</p> <p>The 4/2015, 5/2015, and 6/2015 Medication Administration Records were reviewed. The above ordered treatment was signed out as completed every other day from 4/10/15 -6/26/15.</p> <p>The 6/2015 Physician orders were reviewed. An order was written on 6/28/15 to discontinue the 4/7/15 treatment to cleanse the area with normal saline or wound cleanser, pat dry, and cover every (48) hours and prn (as needed) for an abscess. Another Physician order was written on 6/28/15 to cleanse the right foot area with wound cleanser, pat dry, apply Medi- Honey, and</p>			

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	<p>cover the area with a dry dressing every 48 hours and as needed.</p> <p>The 6/2015 Medication Administration Records indicated the above treatments were signed out as completed on on 6/26/15 and 6/30/15. The 7/2015 and 8/2015 Medication Administration Records indicated the above ordered treatment was signed out as completed as ordered 7/1/15-7/31/15 and 8/1/15-8/7/15.</p> <p>A Physician order was written on 8/8/15 to discontinue the right foot treatment ordered above. A new order was written to clean the wound with wound cleanser, pat dry, apply Santyl (an ointment used to deride wounds) with Polysporin (an antibiotic) on a folded gauze to the wound bed, and wrap with Kerlix (gauze)from the toes to the below the knee daily and as needed. There was another Physician order written on 8/8/15 for the resident to receive Keflex (an antibiotic) 250 mg (milligrams) by mouth three times a day for (10) days for an right foot infection.</p> <p>There were no other wound assessment noted in the resident's record between 4/17/15 and 8/12/15. There was no record of the Physician and Responsible Party being notified of any of the above</p>			

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	<p>wound changes between 4/7/15 and 6/28/15 or any additional interventions put into place.</p> <p>The 8/8/15 Nurses' Notes were reviewed. An entry made at 10:30 a.m. indicated the resident had increased pain to the right lateral foot. The wound dressing to the foot was removed and increased swelling, warmth, & dark slough on the wound bed was observed. Hardly able to touch the resident's right lower extremity without complaints of pain. The Physician was called and orders were obtained.</p> <p>An entry made on 8/10/15 at 1:50 p.m. indicated the resident was observed "slugged over" in her wheel chair and refused to eat. The Physician was notified and orders were obtained to send the resident to the hospital.</p> <p>When interviewed on 10/26/15 at 2:30 p.m., the MDS Nurse indicated wound assessments were to be completed weekly. The MDS Nurse also indicated the assessments were to include the type and color of the wound bed, the presence or absence of drainage and the type and amount of any drainage.</p> <p>The facility policy titled "Skin Management " was reviewed on 10/26/15 at 3:35 p.m. The policy had a revised</p>			

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	<p>date of November 2014. The MDS Coordinator provided the policy and indicated the policy was current. The policy indicated residents at risk for or having wounds were to be assessed and provided appropriate treatment to encourage healing. Ongoing monitoring and evaluations were to be provided to ensure optimal outcomes. The policy also indicated lower extremity wounds were to be assessed weekly and status/progress was to documented on the Non Pressure Skin Condition Record.</p> <p>This Federal tag relates to Complaint IN00184851.</p> <p>3.1-37(a)</p>				