STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	155152		05/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTICELLO HEALTHCARE	1120 N MAIN ST MONTICELLO, IN 47960

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00198979 and IN00199625. Complaint IN00198979 - Substantiated. Federal/State deficiency related to the allegations are cited at F314. Complaint IN00199625 - Substantiated. Federal/State deficiency related to the allegations are cited at F314. Survey dates: May 5 & 6, 2016 Facility number: 000072 Provider number: 155152 AIM number: 100287440 Census bed type: SNF: 9 SNF/NF: 80 Total: 89 Census Payor type: Medicare:16 Medicaid: 51 Other: 22 Total: 89 Sample: 7	F 0000	Monticello Health Care respectfully requests a desk review in lieu of an site revisit	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	These deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 32883 on 5/10/16.			
F 0314 SS=D Bldg. 00	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.			
	Based on record review and interview the facility failed to ensure a resident's pressure ulcer was assessed and monitored for changes, after the area was found by the resident's Physician, for 1 of 3 residents reviewed for pressure ulcers in a total sample of 7. (Resident #B) Finding includes:	F 0314	F- 314-Treatment/Svcs to Prevent/Heal Pressure Sores **What corrective action(s) willbe accomplished for those residents found to have been affected by thedeficient practice?** ·Resident #B was no longer a resident ofthe facility at the time of the complaint survey. ·Full facility skin assessment	05/19/2016

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	Resident #B's record was reviewed on 05/05/16 at 9:55 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure, peripheral vascular disease, and hypertension. The Admission Minimum Data Set assessment, dated 03/24/16, indicated the resident required extensive assistance for bed mobility, transfers, and hygiene, was a risk for pressure ulcers and had no pressure ulcers. A care plan, dated 3/14/16, indicated the resident was a risk for pressure ulcers. The interventions included weekly skin assessments and notify the Physician of abnormal findings. A Nurses' Weekly Summary, dated 3/31/16 at 11:19 a.m., indicated the resident had no areas of skin integrity alterations. A Nurses' Progress Note, dated 3/31/16 at 3:31 p.m., indicated the resident had gone to a Physician's visit due to left foot discomfort and edema, and returned with Physician's Orders for heel protectors to be on at all times. The Physician's Progress Note, dated 3/31/16, indicated, "...c/o (complains of)		completedby 5/10/2016 to verify status of all known skin issues and identify anyresidents with new skin issues ·Full facility audit to review physicianprogress notes or consults for the assessment of new conditions and to ensurethat treatment plans are updated as necessary. **How will you identify otherresidents having the potential to be affected by the same deficient practiceand what corrective action will be taken?** ·All residents who have pressure soreswhich require assessment and monitoring have the potential to be affected bythe alleged deficient practice. ·All residents who require assessment andmonitoring for skin conditions are followed in weekly wound rounds and in theNutrition at Risk meeting. ·The Care Plans and Profiles for all residentswho require assessment and monitoring for skin issues have been reviewed andupdated to reflect any changes. ·All residents who have received progressnotes or consults that assess new conditions have the potential to be affectedby the alleged deficient practice. ·Full facility audit completed to review physician progress notes or consults for the assessment of new conditions and ensure they	

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	pain & swelling of LLE (left lower extremity). Some swelling RLE (right lower extremity)...stage II (partial thickness loss of skin layers that presents clinically as an abrasion, blister or shallow crater) decubitus (L) (left) heel...Heel protection..." A Physician's Order, dated 3/31/16, indicated an order for heel protectors at all times. The Treatment Administration Record (TAR), dated 3/2016, indicated the heel protectors had been initiated on 3/31/16. A Nursing Weekly Summary, dated 4/6/16, indicated the resident had no areas of skin integrity alterations. The Shower Report forms dated 4/7/16 and 4/8/16, indicated there were no skin concern areas marked. A Physician's Progress Note, dated 4/8/16, indicated, "...Recheck decubitus (L) heel...Heel c/ (with) blister 6 x 5 cm (centimeter). no s&s (signs and symptoms) of infection...Decubitus (L) heel continues. Heel protection @ (at) all times..." A Physician's Order, dated 4/15/16, indicated, heel protectors at all times.		are incorporatedin the plan of care. Treatment plansupdated as necessary. ·Director of Nursing and/or designee to audit physician progress notes or consults on new conditions daily. Audit tool will be completed daily to track that physician progress notes or consults for the assessment of new conditions have been reviewed and treatment plan updated. **What measures will be put intoplace or what systemic changes you will make to ensure that the deficientpractice does not recur?** ·Director of Nursing and/or designee to audit physician progress notes or consults daily for assessment of new conditions. Audit tool will be completed daily to track that physician progress notes or consults have been reviewed for assessment of new conditions and treatment plan updated. ·Weekly skin assessment audit tool putinto place to track the weekly skin assessments for all residents. ·An in-service will be completed by theDirector of Nursing and/or designee by May 17, 2016, or prior to returning towork for Nurse Management Staff regarding use of the skin assessment audittool. ·An in-service will be completed by theDirector of Nursing and/or designee by May 17, 2016, or	

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	A Nursing Weekly Summary, dated 4/12/16 at 4:30 p.m., indicated the resident had no skin integrity alterations. A Nursing Weekly Summary, dated 4/20/16, indicated the resident had no skin integrity alterations. The Shower Report forms indicated: 4/11/16 - no skin alterations were marked on the form and the comment section indicated, "no new issues". 4/14/16 - no skin alterations were marked on the form. 4/18/16 - no skin alterations were marked on the form and the comment sections indicated, "no new concerns". 4/21/16 - open area and redness was checked and the comment section indicated, "open area on left heel". A Weekly Update Skin Events form, dated 4/21/16, indicated the resident had a new stage II area to the left heel, which measured 4.5 cm by 3 cm with pink or red tissue and the Physician ordered Optifoam to the heel every three days (pressure dressing).		prior to returning towork for Nursing Staff regarding the skin management program and assessment andmonitoring residents for wounds. ·An in-service will be completed by theDirector of Nursing and/or designee by May 19, 2016, or prior to returning towork for charge nurses regarding review of physicians progress notes orconsults for the assessment of new conditions. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e.,what quality assurance program will be put into place?** ·Director of Nursing and/or designee to audit physician progress notes or consults daily for the assessment of newconditions. Audit tool will be completed daily to track that physician progress notes or consults have been reviewed for assessment of new conditions. ·Weekly skin assessment audit tool in place to track the weekly skin assessments for all residents. ·CQI audit tools “Wound Assessment”, will be utilized by the Director of Nursing and/or designee to monitor compliance. Audits will be completed weekly X 4 weeks,monthly X 2 months, and quarterly thereafter for at least two quarters. ·Results of Audit tools will be presentedto the CQI Committee	

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	A Nurses' Note, dated 4/22/16 at 12:23 p.m., indicated the resident had a fluid filled blister on the left heel. The TAR, dated 4/2016, indicated the heel protectors were on the resident at all times. There was no assessment of the left heel area on the Weekly Skin Events or Nurses' Progress Notes from 3/31/16 through 4/21/16. A Hospital Emergency Room Physician's Note, dated 4/25/16 at 4:24 p.m., indicated the resident's chief complaint was a wound infection of the left heel. The note indicated the resident had received wound care but the area continued to get worse. A Hospital Wound Assessment, dated 4/25/16, indicated the resident had a left heel wound on admission which was a stage II. An addendum to the note, dated 4/26/16, by a second Registered Nurse, indicated, the left heel was unstagable, not a stage II because of slough (covering over the wound) and unable to see the wound bed. A Wound/Ostomy Progress Note, dated 4/26/16, indicated the left heel was 3.4 cm by 4 cm with 40% black and green		monthly to review for compliance and follow-up. Identified noncompliance may result in staff re-education and/or disciplinary action. ·If threshold of 95% is not achieved, an action plan will be developed to achieve desired threshold. Data will be submitted to the CQI committeefor review and follow up. Compliance date: May 19, 2016	

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	slough, periwound was pink with old dry blister and the area had purulent drainage. During an interview on 5/5/16 at 1:50 p.m., the North/West Unit Manager indicated a CNA had found the area on the resident's left heel during a shower. She indicated the resident's heels were soft on 3/31/16. She indicated the resident had no open area on the heel until 4/21/16. During an interview on 5/5/16 at 2:10 p.m., the North/West Unit Manager indicated the first time she was aware of the area on the left heel was on 4/2/16. The Director of Nursing indicated the Nurses were supposed to read the Physician's Progress Notes for updates on the residents. A facility policy, dated 1/2016, titled, "Skin Management Program", received from the Administrator as current, indicated, "...Residents will have a skin assessment completed no less than weekly by the licensed nurse in an effort to assess overall skin condition, skin integrity, and skin impairment...Any skin alterations noted by direct care givers during daily care and/or shower days must be reported to the licensed nurse for further assessment..."			

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	This Federal Tag relates to complaints IN00198979 and IN00199625. 3.1-40(a)(2)			