STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155153	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTHWIN	20531 DARDEN RD SOUTH BEND, IN 46637

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This survey was for the Investigation of Complaint IN00142013. Complaint IN00142013-Unsubstantiated due to lack of evidence. Unrelated deficiency is cited. Survey dates: February 10 & 12, 2014 Facility number: 000073 Provider number: 155153 AIM number: 100288820 Survey team: Honey Kuhn, RN Census bed type: SNF/NF: 134 Total: 134 Census payor type: Medicare: 24 Medicaid: 90 Other: 20 Total: 134 Sample: 3 This deficiency reelects state findings cited in accordance with 410 IAC 16.2.	F000000	This plan of correction also represents the facility's allegations of compliance. The following combined plan of correction and allegations of compliance is submitted solely because it is required by law and is not an admission to any of the alleged deficiencies or violations. Furthermore, none of the actions taken in this plan of correction are an admission that additional steps should have or could have been taken by the facility to prevent the alleged deficiency. These steps are only included because a plan of correction is required by law. The facility was in compliance with all licensure and certification requirements at the time of the survey and disputes that any alleged deficiency or violation existed.	

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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	Quality Review completed on February 18, 2014, by Brenda Meredith, R.N.			
F000323 SS=G	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, record review and interviews, the facility failed to ensure the safety of a resident during repositioning in bed, resulting in the resident falling and fracturing his (R) (right) hip. This deficiency affected 1 of 1 residents in a sample of 3 who were reviewed for falls. (Resident "D") Findings include: The record of Resident "D" was reviewed on 02/101/14 at 10:45 a.m. Resident "D" was admitted to the facility on 05/18/11 with diagnoses including, but not limited to, cardiovascular disease, CVA (stroke), (L) (Left) hemiplegia (inability to fully use left arm and leg), dementia, depression and chronic pain.	F000323	It is the practice of Healthwin to ensure a safe environment and to ensure that each resident receives adequate supervision and assistance devices to prevent accidents.What corrective action(s) will be accomplished for the resident found to have been affected by the deficient practice? Resident D's care plan has been reviewed to assure appropriate care practices that assure safety of the resident. CNA #1 and CNA #3 will receive additional training on care and safety with turning and repositioning and assistance while giving care.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.All residents that require extensive assistance have been identified and their care plans reviewed. The facility has reinstated the practice of providing informational	03/14/2014

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	Review of the resident's "Progress Notes" indicated: "01/20/14 0858 [8:58 a.m.] At 0725 [7:25 a.m.], this nurse was called to room (number) found resident lying on floor next to bed. Resident c/o [complained of] pain to (R) hip. External rotation noted to (R) leg. ROM [Range Of Motion] to (L) [Left] leg present. Resident unable to move (R) leg...." The family and physician were notified and the resident was sent to the Emergency Room. The resident was transferred back to the ECF (Extended Care Facility: nursing home) the same day with no surgical interventions done. Review of the ACF (Acute Care Facility: Hospital) record indicated: "01/20/14 Radiology Report: EXAM: AP pelvis and right hip. INDICATION: Fracture...IMPRESSION: There is abnormal contour of the right hip favoring a right femoral neck fracture with at least mild degree of impaction..." "EMERGENCY ROOM REPORT; 01/20/14 1643 [4?43 p.m.] ...CLINICAL COURSE: The patient had right hip fracture which showed a positive femoral neck fracture,		assignment sheets for the nursing assistants. This will be used as a reference to remind the nursing assistants of the care needs required for safe bed mobility and other care items. An in-service will be held for all CNA's to review techniques of safety with bed mobility including turning and repositioning and safety during delivery of care.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.Informational Assignment sheets are being reinstated for all units to assist the staff in specific information regarding resident care and safety practices. Observational audits will be conducted during supervisor rounds to assure compliance with safe bed mobility practices. An in-service training session will be held to review safety measures and techniques with bed mobility. The training on CNA Informational Assignment sheets, safety measures and techniques with bed mobility will be on-going training and will be added to all staff upon orientation, with nursing staff competencies, and as needed.How the corrective action(s) will be monitored to ensure the deficient practice will not recur. What Quality assurance program will be put into place.Audits will be conducted on a weekly basis, observing care practices with all	

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	nondisplaced or impacted. ...At this time discussion with [Physician's name] and family, family noticed the patient is a very poor surgical candidate and question whether can handle nonsurgically...[Physician's name] looked at the films, stating ...there is the possibility can try to treat it nonsurgically, but if there is any displacement with movement in transfer that there might be a long term issue with pain control..." On 2/12/14 at 1:45 p.m., the resident was observed sleeping in his bed with enabler bars in the up position. (Enabler bars: short bars, measuring approximately 20 inches in length located near the head of the bed. The bars are to enable residents to reposition & turn in bed with ease.) Review of Care Plans for Resident "D" indicated: Focus: "FALL RISK POTENTIAL R/T [Related/To]: Date Initiated: 05/08/13..Revision on 09/26/2013 ...Is at risk for injury d/t [due/to] hx [history] of falls, (L) hemiparesis, use of pain/antidepressant meds...Poor safety awareness and [name] tends to scoot self around causing poor position. Goals: [Name] will be free of injury		residents. These audits will be conducted every week for the next three months and results reported to the QI committee on a quarterly basis. Audits will continue monthly thereafter until reaching a threshold of 98% compliance.What date the systematic changes will be completed.All systematic changes will be completed by 3/14/14.	

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	from falls. [Name] will be provided safe environment to decrease risk of injury r/t falls. Interventions...Initiated: 05/08/13 Revision on 01/24/14 ...INTERVENTIONS:...4. MOBILITY-TRANSFER STATUS-BEDREST...." The "Quarterly MDS" (Minimum Data Set: a tool used for resident care planning) for Resident "D", prior to the fall and dated 12/09/13, was reviewed. The MDS indicated Resident "D" required extensive assistance of 2 or more for "Bed mobility-how resident moves to and from the lying position, turns side to side, and position body while in bed or alternative sleep furniture." In addition, the resident required extensive assist of 1 for bathing, dressing and toileting. The resident was totally dependent for transfers from the bed to chair. On 02/11/14, at 1:00 p.m., the Administrator provided a copy of the facility's fall investigation, dated 1/20/14. The report indicated: "...This resident is a Hoyer lift, 250 pound resident with the limited ability to assist with some simple tasks such as holding the side rail during care/repositioning, ...while			

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	providing AM [morning] care, she had rolled resident over to his left side. Resident was holding the side rail with his right hand. Resident is able to provide some assistance in positioning himself using the side rail...." The facility's Administrator, CCO (Chief Clinical Officer-RN), DNS (Director Nursing Services), and 2 CNA's who provided care for Resident "D" on 01/20/14 were interviewed. The CCO, during interview on 02/10/14 at 9: 30 a.m., indicated the CNA's have a cardex system to reference resident needs and receive a verbal report from nurses at the start of their shift to address any resident changes. The Administrator indicated staff have permanent assignments to provide continuity of care. During the survey, each staff member interviewed indicated the Resident "D" was a 1A (Assist of 1) for repositioning and turning in bed prior to the fall. The DNS was interviewed on 02/10/14 at 1:40 p.m. The DNS indicated Resident "D" required 2A (assist of 2 staff) for transfers from the bed and 1A (assist of 1) when turning in bed.			

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	CNA #3 was interviewed on 02/10/14 at 1:50 p.m. CNA #3 indicated Resident "D" required 1A when turning in bed and would hold onto the "siderail" [enabler]. CNA #3 indicated on 01/20/14, she was providing care while the resident was on his (L) side. Resident "D" let go of the siderail and reached towards his bedside stand, which was not unusual, and rolled out of bed onto the floor. CNA #3 indicated CNA #5 had checked to see if she needed assistance, which she did not believe she did, and then stepped out of the room. CNA #5 was interviewed on 02/10/14 at 2 p.m. CNA #5 indicated she had entered the room to see if Resident "D" was ready to get up using the Hoyer lift (A mechanical device to enable safe transfers from bed to chair.) CNA #5 indicated CNA #3 was completing A.M. care, while Resident "D" was on his (L) side & holding onto the siderail. CNA #5 indicated this was usual for the resident and he only required 1A when turning side to side. CNA #5 indicated she stepped out of the room and shortly thereafter heard the resident fall. CNA #5 returned to			

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	the room to assist in the resident's care. 3.1-45(a)(2)			