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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15A014 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>01/30/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>VERNON MANOR CHILDRENS HOME | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1955 S VERNON ST<br>WABASH, IN 46992 |
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| F0000 | <p>This visit was for the Investigation of Complaint #IN00123021.</p> <p>Complaint #IN00123021-Substantiated. Federal deficiencies related to the allegation are cited at F328 and F353.</p> <p>Survey dates: January 29th and 30th, 2013</p> <p>Facility number: 000274<br/>Provider number: 15A014<br/>AIM number: 100271660</p> <p>Survey team:<br/>Shelley Reed, RN</p> <p>Census bed type:<br/>NF: 92<br/>Total: 92</p> <p>Census by payor type:<br/>Medicaid: 92<br/>Total: 92</p> <p>Sample: 12</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora</p> | F0000 | <p><b>F382 The results of monitoring will be reviewed by the Administrator and reviewed by the QA team monthly as well as quarterly. Monitoring will continue for 6 months and may be reduced in frequency of monitoring when outcomes demonstrate no opportunities to improve or 100% compliance. However, frequency of monitoring will increase if deficiencies or opportunities to improve are noted. Monitoring will continue for a minimum of monthly for 1 year, and will be included in the corporate calendar review process with annual review each quarter due to the high risk and high volume related to medication administration. Monitoring will be reported through facility QA monthly with review and reporting details of opportunities to improve along with action plan development. QA summary as well as quarterly QA statistics and action plan progress will be submitted for regional corporate team review</b></p> |  |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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|  | Barth, RN. |  |  |  |
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| F0328<br>SS=E   | <p>483.25(k)<br/>TREATMENT/CARE FOR SPECIAL NEEDS<br/>The facility must ensure that residents receive proper treatment and care for the following special services:<br/>Injections;<br/>Parenteral and enteral fluids;<br/>Colostomy, ureterostomy, or ileostomy care;<br/>Tracheostomy care;<br/>Tracheal suctioning;<br/>Respiratory care;<br/>Foot care; and<br/>Prostheses.</p> <p>Based on interview and record review, the facility failed to provide the necessary medical services related to tracheostomy care for 6 of 14 residents in the facility who have tracheostomies. (Resident #A, B, C, D, E and F)</p> <p>Findings include:</p> <p>During an interview on 1/29/12 at 12:15 p.m., Respiratory Therapist #1 indicated the facility has been reusing the inner cannula for the Portex #6 tracheostomy for 6 residents. She indicated the facility has been unable to purchase the inner cannula's since before Christmas because of a back order issue with the company. She indicated the inner cannula's are supposed to be used one time, changed daily and replaced with new inner cannula's. She indicated she has been cleaning the inner cannula's</p> | F0328   | F238 Treatment for Special Needs This facility assures residents receive proper treatment and care for special services such as tracheotomy care. <u>Action taken for resident's #A, B, C, D, E, and F.</u> Other health care providers were contacted as well as the Portex #6 supplier regarding options for providing inner cannula care. The physician of resident #A, B,C,D,E and F approved cleaning and reuse of inner cannula ,as well as changing the tracheostomy tube to a comparable product if applicable. A Shiley tracheostomy product is available with similar inner and outer diameter however the tube length is either shorter or longer. Shiley tracheostomy tube was trialed for resident # B , however the residents did not tolerate the tracheostomy tube evidenced bu facial expression and movement indication the appearance of discomfort and/or frequent plugging if the tracheostomy tube | 02/22/2013  |  |   |  |

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|   | <p>with a tracheostomy kit and reinserting them until they can receive their shipment.</p> <p>Review of a current facility policy dated 4/1/12 titled "Tracheostomy Care" which was provided by the Director of Nursing on 1/29/13 at 9:30 a.m., indicated the following:</p> <p>"Procedure:<br/>28. Dispose of the onetime inner cannula and replace with new cannula and lock in place. If reusable cannula, quickly clean the inside and outside of the inner cannula with brush. Hold the cannula over the basin with sterile gloved hand and pour saline over the cannula to remove hydrogen peroxide. Replace inner cannula and lock in place."</p> <p>3.1-47(a)(4)</p> |   | <p>Shiley #6 and #4 tubes. Residents # A,C,D,and E were assessed however were not candidates for the Shiley product due to size with Shiley being to short , too long and/or inappropriate outer diameter. The supplier of Portex #6 tracheostomy, Smith Nephew, informed the facility they could not control the delay in delivery of inner cannulas due to manufacturer issues and assured this facility the inner cannulas would be available. This facility contacted other facilities within the corporation and obtained two cartons of inner cannulas. When the inner cannula inventory neared depletion the process of cleaning and reusing the inner cannula was implemented. The facility policy has been revised to include cleaning of the inner cannula for reuse when a replacement inner cannula is not readily available. Residents are monitored for signs or symptoms of respiratory distress or infection with no findings. Current inventory of Portex #6 inner cannulas supports disposing of inner cannulas when changed rather than washing and reusing. Facility will continue to order Portex Size #6 inner cannulas until a minimum of 3 month inventory is maintained in the facility inventory continuously. Attachments: A.- documentation of health care providers contacted and their</p> |                      |   |

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|   |  |   | <p>process .</p> <p>B.- copy of the email from, Customer Service Representative, Smiths Medical North America. Monday, February 04, 2013 regarding ITEM# 526060 CLEANING</p> <p>C.- revised policy for trach care</p> <p>D-copy of inner cannula invoices <u>Identification and corrective action for other residents with the potential to be affected:</u></p> <p>Residents utilizing Portex #6 tracheotomy tube with inner cannula have the potential to be affected . Those residents are residents identified in the survey as #A,B,C, D, E, and F. The facility policy has been revised to include cleaning of the inner cannula for reuse when a replacement inner cannula is not readily available. <u>Measures to prevent recurrence.</u> When possible and with physician direction, Portex#6 tracheotomy will be replaced with a different tracheotomy product as applicable to the resident .The facility policy has been amended to include action when a new inner cannula is not readily available. <u>How will the facility monitor and who is responsible:</u></p> <p>Tracheotomy care will be monitored to assure infection prevention technique during tracheotomy care. The Respiratory Therapist and purchasing manager will notify the administrator any time tracheotomy supplies do not</p> |                      |   |

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|   |  |   | arrive when anticipated or are back ordered.  |                      |   |

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| F0353<br>SS=C   | <p>483.30(a)<br/>SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on interview and record review, the facility failed to provide sufficient nursing and CNA staff to meet the needs of residents related to basic care, potentially affecting 92 of 92 resident who reside in the facility.</p> <p>Findings include:</p> <p>During an interview on 1/29/13 at 9:45 a.m., Resident #G indicated the facility is short staffed and he will often have to ask and initiate care because the facility does not have</p> | F0353   | <p>This facility has sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident, as determined by individual assessment and individual plan of care. <u>Action taken for resident's alleged to be affected.</u> No residents were affected by the alleged deficient CNA staffing. <u>Identification and corrective action for other residents with the potential to be affected:</u> All resident have the potential to be affected.</p> | 02/22/2013           |   |

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|   | <p>enough people to provide care. He indicated his care is good when he does receive it, but will often have to ask and continually remind staff of his needs</p> <p>During an interview of 1/29/13 at 10:40 a.m., RN #2 indicated the facility is short of staff and it has been an issue in the facility.</p> <p>During an interview on 1/29/13 at 10:48 a.m., CNA #4 indicated the facility is short of staffing.</p> <p>During an interview on 1/29/13 at 12:00 p.m., CNA #5 indicated the facility is short of staffing.</p> <p>During an interview on 1/29/13 at 12:05 p.m., CNA #6 indicated there is a lack of staff in the facility.</p> <p>During an interview on 1/29/13 at 12:30 p.m., Resident #K indicated the facility is short staffed. He indicated his care is good, but he feels like they need more help.</p> <p>During an interview on 1/29/13 at 3:30 p.m., LPN #7 indicated staffing has been an on going issue and the facility will not increase staff until the census is at least 100 residents.</p> |   | <p>Residents are monitored for signs or symptoms of infection, skin integrity, and psychosocial well being by all staff including physicians, nursing staff, social service , and other members of the Interdisciplinary Team as well as other providers such as day service, school, and therapists.</p> <p>There has been no indication of decline or adverse outcomes related to the care and services provided such as appearance or grooming, infection prevalence, weight changes, skin wounds, or mental status change. <u>Measures to prevent recurrence.</u> Retention efforts include implementation of ongoing communication meetings between management and nursing staff to promote staff cohesiveness, team work, and attendance and promote staff retention. Weekly reporting to corporate staff of retention, promotion and customer service development programs within the facility. The DON is notified when a nursing position is vacant due to staff call-in and the charge nurse is unable to fill the vacancy . The DON reviews to assure all options are attempted for replacing nursing staff who call off and assure appropriate assignments to meet the individual resident needs. The name and time schedule of the nursing management team member or replacement staff assigned to fill in for call-offs will be noted on the daily staffing</p> |                      |   |

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|   | <p>During an interview on 1/29/13 at 4:35 p.m., CNA #8 indicated the facility is sometimes short of staff.</p> <p>During an interview on 1/30/13 at 9:10 a.m., CNA #9 indicated the care for each CNA can be from 14-18 residents. She indicated because of the short staffing, showers and care is often skipped because they have too many residents to care for.</p> <p>During an interview on 1/30/13 at 9:23 a.m., LPN #10 indicated the facility is not staffed appropriately and it has been an on going issue.</p> <p>During an interview on 1/30/13 at 10:30 a.m., LPN #11 indicated the are not enough staff for care and they have "call-ins" daily.</p> <p>During an interview on 1/30/13 at 11:08 a.m., CNA #12 indicated the residents are not receiving the care they need because of short staffing and high resident loads.</p> <p>During an interview on 1/30/13 at 12:00 p.m., CNA #13 indicated staffing is a huge concern and 14 residents is too large of patient load. She indicated the staff are all burned out from the work load and often call in sick because they are all tired. She</p> |   | <p>sheet located at each nurse's station. Staff recruitment efforts include newspaper and radio ads, promoting word of mouth recruitment, utilization of internet for posting positions and monitoring internet sites for potential applicants. The facility follows the corporate attendance program disciplinary process to promote staff attendance . Attachments: E.-staffing form with notation: Document the persons name and time assigned to fill in for vacant positionsF. - Newspaper G.- Attendance policy <u>How will the facility monitor and who is responsible</u>: The DON is responsible for assuring sufficient staffing to meet the resident needs and reporting staffing concerns to the administrator. The DON is notified when a nursing position is vacant due to staff call-in and the charge nurse is unable to fill the vacancy . The DON reviews to assure all options are attempted for replacing nursing staff who call off and assure appropriate assignments to meet the individual resident needs. The DON will monitor to assure sufficient staffing, documentation of staff assignment / fills in and or reassignment when vacancies occur and report the staffing patter to the IDT during the Morning Management Team meeting . Staffing turnover, position vacancies, opportunities for staffing pattern changes</p> |   |  |   |  |

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|   | <p>indicated the management staff do not ever help with actual daily care. She indicated showers and baths are not getting done twice a week because you can only do as much as possible in the hours you are at work.</p> <p>During review of January daily staffing schedules on 1/30/13 at 2:30 p.m., which was provided by the DoN on 1/30/13 at 1:48 p.m., indicated from January 1st thru January 29th, 65 staff members either called in sick or failed to show up for their scheduled shift. On two occasion, January 15th and 18th, replacement staff was provided on the evening shift.</p> <p>During review on 1/30/13 at 2:00 p.m., the Minimum Response Query Report, which was provide by Lorie Thomas, MDS support on 1/30/13 at 10:30 a.m. indicated the following: 1 of 93 residents are independent, 4 of 93 residents require only supervision, 7 of 93 residents require extensive assistance, 30 of 93 residents require one person physical assistance, 55 of 93 require two person physical assistance and 76 of 93 are totally dependent on staff care.</p> <p>3.1-17(a)</p> |   | related to individual resident needs are reviewed in the week day managers clinical meeting and are reported and reviewed by the QA committee monthly and reported to the corporate management team. |                      |   |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/08/2013

FORM APPROVED

OMB NO. 0938-0391

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