

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155776	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2012
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NAME OF PROVIDER OR SUPPLIER SPRINGHILL VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 E SPRINGHILL DR TERRE HAUTE, IN 47802
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F0000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey dates: July 30-31 and August 01-03, and August 07, 2012</p> <p>Facility number: 012188 Provider number: 155776 AIM number: 200958030</p> <p>Survey team: Debra Skinner RN (TC) Teresa Buske RN Mary Weyls RN Laura Brashear RN</p> <p>Census bed type: SNF: 13 SNF/NF: 83 Total: 96</p> <p>Census payor type: Medicare: 25 Medicaid: 51 Other: 20 Total: 96</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 8/9/12 Cathy Emswiller RN</p>	F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Desk Review on or after 8-21-2012. -</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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F0225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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 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 interview and record review, the facility failed to ensure all</p>	F0225	F225 Investigate/Report Allegations/Individuals	08/21/2012			

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	<p>allegations of abuse were reported immediately to the State Survey and Certification Agency (Indiana State Department of Health) for 1 of 1 allegations of staff to resident abuse. (Resident #59)</p> <p>Findings include:</p> <p>1. During interview of Resident #59 on 8/6/12 at 10:06 a.m., the resident indicated she had been here about 3 months. The resident indicated during her stay one night she had asked a CNA to plug in her cell phone as she could not reach the plug due to her hip fracture and non-weight bearing status. She said she heard the CNA [CNA #20] mumble under her breath "old white women and their cell phones." The resident indicated she did tell someone of the incident. The resident then indicated the next night the same CNA was "brusk" when answering her call light and her requesting the bedpan. The resident indicated she had to call the same CNA back to her room for further assistance and the CNA stated to her "you have to realize you need me and you can't be on your light all the time." The resident indicated the next night CNA #20 came into her room with another CNA when she requested a smaller size pillow. The resident</p>		<p>It is the policy of this provider to 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>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All Management staff was educated on 8/21/2012 on reporting allegations of abuse within twenty four (24) hours to the Indiana State Department of Health per the Executive Director.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>Residents that reside at the facility may be affected by alleged deficient practice.</p>				

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	<p>indicated CNA #20 told her she was wasting the other CNA's time looking for a smaller pillow as they only had one size. The resident stated she was "afraid CNA [#20] was going to come back into her room." The resident indicated CNA # 20 was no longer working at facility. The resident indicated she had told staff after the last incident, but could not remember the exact date.</p> <p>During interview with the Director of Nursing on 8/6/12 at 2 p.m., the DON indicated Resident #59 had reported to a day shift CNA on 5/27/12 the incident that occurred on 5/26/12. The DON indicated CNA #20 was terminated on 5/31/12 and had been suspended on 5/27/12. The DON indicated CNA #20 had been terminated for resident abuse/inconsiderate treatment.</p> <p>During interview with the Administrator on 8/7/12 at 9:45 a.m., the Administrator indicated the facility had taken the investigation very serious and CNA #20 had been terminated on 5/31/12. The Administrator indicated there had never been any concerns previously with CNA #20 from any other resident. The Administrator indicated the initial allegation was reported to</p>		<p>Abuse training provided to all staff on 8/21/2012 per the DNS and SDC.</p> <p>Executive Director will ensure all abuse allegations are reported per policy.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <p>Any allegations of abuse will be investigated immediately per the abuse protocol and reported to the ISDH and other entities by the Executive Director, Director of Nursing Services or designee per the policy.</p> <p>Executive Director will ensure all abuse allegations will be reported per policy.</p> <p>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</p> <p>CQI tool Abuse Prohibition and Investigation will be initiated</p>				

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	<p>staff on 5/27/12. The Administrator indicated ISDH had not been made aware of the allegation until 5/31/12.</p> <p>Upon review of investigation of the allegation on 8/7/12 at 9 a.m., documentation indicated ISDH had been notified of the allegation abuse on 5/31/12.</p> <p>During interview with the DON on 8/7/12 at 10:15 a.m., the DON indicated ISDH had not been notified immediately (within 24 hours) of the allegation of staff to resident abuse and the notification was 5/31/12 which included the initial allegation and follow-up.</p> <p>3.1-28(c)</p>		<p>weekly for four weeks and monthly times two months and quarterly for six months. If threshold of 100% is not met an action plan will be developed and presented to the CQI committee. DNS/Designee to monitor.</p>		

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F0226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>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>Based on interview and record review, the facility failed to ensure all allegations of abuse were reported immediately to the State Survey and Certification Agency (Indiana State Department of Health) as directed by the facility's policy and procedure for 1 of 1 allegations of staff to resident abuse. (Resident #59)</p> <p>Findings include:</p> <p>1. During interview of Resident #59 on 8/6/12 at 10:06 a.m., the resident indicated that she had been here about 3 months. The resident indicated during stay one night she had asked a CNA to plug in her cell phone as she could not reach due to hip fracture and non-weight bearing status. She said she heard the CNA [CNA #20] mumble under her breath "old white women and their cell phones." The resident stated she did not tell anyone of the incident. The resident then stated the next night the same CNA was "brusk" when answering her call light and</p>	F0226	<p>F226 Development/Implement Abuse/Neglect, etc Policies.</p> <p>It is the policy of this provider to implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All Management staff was educated on 8/21/2012 on the facility policy regarding reporting allegations of abuse within twenty four (24) hours to the Indiana State Department of Health.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>Residents that reside at the facility may be affected by alleged deficient practice.</p>	08/21/2012			

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	<p>requesting the bedpan. The resident stated she had to call the same CNA back to her room for further assistance and the CNA stated to her "you have to realize you need me and you can't be on your light all the time." The resident stated the next night CNA #20 came into her room with another CNA when requesting a smaller size pillow. The resident indicated CNA #20 told her she was wasting the other CNA's time looking for a smaller pillow as they only had one size. The resident stated she was "afraid CNA [#20] was going to come back into her room." The resident stated that CNA was no longer working at facility. The resident indicated she had told staff after the last incident, but could not remember the exact date.</p> <p>During interview of the Director of Nursing on 8/6/12 at 2 p.m., the DON indicated Resident #59 had reported to a day shift CNA on 5/27/12, of an incident that had occurred on 5/26/12. The DON indicated CNA #20 was terminated on 5/31/12, and had been suspended on 5/27/12. The DON indicated CNA #20 had been terminated for resident abuse/inconsiderate treatment.</p> <p>During interview on 8/7/12 at 9:45</p>		<p>Abuse training provided to all staff on 8/21/2012 per the DNS and SDC.</p> <p>Executive Director will ensure all abuse allegations are reported per policy.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <p>Any allegations of abuse will be investigated immediately per the abuse protocol and reported to the ISDH and other entities by the Executive Director, Director of Nursing Services or designee per the policy.</p> <p>Executive Director will ensure all abuse allegations will be reported per policy.</p> <p>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.</p>				

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	<p>a.m., the Administrator indicated the facility had taken the investigation very seriously, and that CNA #20 had been terminated on 5/31/12. The Administrator indicated there had never been any concerns previously with CNA #20 from any other resident. The Administrator indicated the initial allegation was reported to staff on 5/27/12. The Administrator indicated ISDH (Indiana State Department of Health) had not been made aware of the allegation until 5/31/12.</p> <p>Upon review of the facility's investigation of the resident's allegation on 8/7/12 at 9 a.m., documentation indicated ISDH had been notified of the allegation of staff to resident abuse on 5/31/12.</p> <p>During interview of the DON on 8/7/12 at 10:15 a.m., the DON indicated the ISDH had not been notified immediately (within 24 hours) of the allegation of staff to resident abuse, and that the notification had occurred on 5/31/12, which included the initial allegation and follow-up. The DON indicated the facility's policy and procedure was to notify ISDH within 24 hours of an initial allegation of staff to resident abuse.</p>		<p>CQI tool Abuse Allegation Reporting will be initiated weekly for four weeks and monthly times two months and quarterly thereafter. If threshold of 100% is not met an action plan will be developed and presented to the CQI committee. DNS/Designee to monitor.</p>	

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	<p>Upon review of the facility's current policy and procedure titled "ABUSE PROHIBITION, REPORTING, AND INVESTIGATION" dated February 2010 on 8/7/12 at 9 a.m., documentation indicated "...7. The Executive Director /designee will report all unusual occurrences, which include abuse, within 24 hours of discovery, to the Long Term Care Division of the Indiana State Department of Health . Upon completion of the investigation , which must occur within 5 working days of the reporting of an occurrence, a report of the investigation must be forwarded to the Long Term Care Division of the Indiana State Department of Health ..."</p> <p>3.1-28(a)</p>				

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F0322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation and record review the facility failed to provide appropriate treatment to prevent potential complications associated with a gastrostomy tube for 1 of 1 resident observed who were receiving medications through a gastrostomy tube. [Resident #70]</p> <p>Finding includes:</p> <p>On 8/6/12 at 1:00 p.m. LPN #2 was observed administering medications to Resident #70 through a gastrostomy tube. After preparing the medications LPN #2 attached a piston syringe to the resident's gastrostomy tube. The nurse attempted to aspirate gastric contents with nothing returned. The nurse then removed the piston from the syringe, flushed the tube with water, followed by the medications dissolved in water, and poured additional water in the syringe. As the water was infusing, the nurse</p>	F0322	<p>F 322 NG / Treatment/Services- Restore Eating Skills</p> <p>It is the policy of this provider to ensure that Residents whom are fed by a gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and to restore if possible normal eating skills.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>LPN # 2 was immediately re-educated with demonstration and correct return demonstration per DNS.</p> <p>Resident # 70 was assessed and had no negative outcome from deficient practice.</p> <p>Resident # 70 is receiving appropriate medications and flushes via gastrostomy tube.</p>	08/21/2012			

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	<p>auscultated the resident's abdomen checking for tubing placement.</p> <p>A facility policy titled "Enteral Tube Medication Administration", revised 7/20/11, provided by the Director of Nursing Services [DNS] on 8/6/12 at 2:30 p.m. included but was not limited to, "Place stethoscope over epigastria areas. Attach piston to enteral syringe with 10-20 cc [cubic centimeters] air to enteral tube. Listen while injecting 10-20 cc of air. A whooshing or bubbling sound confirms placement (Note if resistance occurs while checking placement, notify physician). Gently pull back on plunger checking for gastric content. Replace content aspirated (NOTE: Follow physician order for reporting aspiration amounts.) ...</p> <p>The August, 2012 recapitulation of physician's orders included, but were not limited to, "Flush tube prior to and after medication administration with 30 cc water. Check placement of tube every shift..."</p> <p>3.1-44(a)(2)</p>		<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All Residents that reside in the facility, that receive treatment via a gastrostomy tube have the potential to be affected by the alleged deficient practice.</p> <p>All Licensed Nurses were educated on 8/21/2012 on proper procedure for gastrostomy tubes per DNS and SDC. Skills validations were completed for all Licensed Nurses per DNS/SDC.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur.</p> <p>All Licensed Nurses will be educated on proper gastrostomy tube procedure upon hire and quarterly. Skills validations with return demonstrations will be completed.</p> <p>All Licensed Nurses have been educated per the DNS and SDC of proper gastrostomy tube procedure. All Licensed Nurses have completed a skills validation with return demonstration per the</p>		

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			<p>DNS and SDC.</p> <p>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.</p> <p>CQI tool Enteral Nutrition will be initiated weekly for four weeks and monthly times two months and quarterly for six months . DNS/Designee to monitor. Skills Validations for gastrostomy tubes will be completed upon hire and quarterly for Licensed Nurses.</p>		