

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155214	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/07/2015
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NAME OF PROVIDER OR SUPPLIER ST ANTHONY HOME - CROWN POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 203 FRANCISCAN DR CROWN POINT, IN 46307
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F000000	<p>This visit was for the Investigation of Complaint IN00161660.</p> <p>Complaint IN00161660-Substantiated. Federal/State deficiency related to the allegation is cited at F323.</p> <p>Survey date: January 7, 2015</p> <p>Facility number: 000120 Provider number: 155214 AIM number: 100274780</p> <p>Survey team: Regina Sanders, RN, TC</p> <p>Census bed type: SNF: 25 SNF/NF: 142 NCC: 1 Total: 168</p> <p>Census payor type: Medicare: 27 Medicaid: 97 Other: 44 Total: 168</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>St. Anthony Home ("the provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this POC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and / or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services ("CMS"), the state of Indiana or any other entity; or (2) to serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis.</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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F000323 SS=G	<p>-3.1.</p> <p>Quality review completed on January 9, 2015, by Janelyn Kulik, RN.</p> <p>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 record review and interview, the facility failed to ensure a resident received adequate supervision to prevent a fall, related to a resident who was a high risk for falls, was left unattended in the bathroom and fell. The resident received a head laceration and hematoma, which required sutures and an admission into the hospital, for 1 of 4 residents reviewed for accidents and hazards, in a total sample of 5. (Resident #F)</p> <p>Findings include:</p> <p>Resident #F's record was reviewed on 01/07/15 at 12 p.m. The resident's diagnoses included, but were not limited to, dementia and hypertension.</p>	F000323	<p>1.1 Nurse immediately assessed Resident #F on 12/9/14. Resident sent to hospital for evaluation. Physician and family were notified.</p> <p>1.2 An inservice was completed with involved CNA by the Unit Nurse Manager / designee. CNA verbalized understanding of the need to not leave a fall risk resident unattended while in the bathroom. CNA also verbalized understanding of need to use the call light when assistance is needed.</p> <p>1.3 Director of Staff Development / designee re-inserviced nursing staff regarding the adverse effects of leaving high fall risk residents with safety alarms unattended while in the bathroom, as well as</p>	01/16/2015	

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	<p>A Fall Risk Screening Tool, dated 10/02/14, indicated the resident was a high risk for falls with a score of 13 (score of 10 or above represents high risk).</p> <p>A 14-Day Minimum Data Set Assessment, dated 10/15/14, indicated the resident's cognition was severely impaired, required limited assistance with ambulation in the room, extensive assistance with toilet use, required staff assistance with moving from seated to standing position and walking, and had no falls since admission into the facility.</p> <p>A care plan, dated 10/22/14, indicated the resident was a fall risk, was unaware of safety needs, and had fallen on 10/25/14, 12/04/14, and 12/09/14. The interventions included, 10/25/14-sensor pad at all times and 12/04/14-Velcro self releasing lap buddy to the wheelchair.</p> <p>A CNA Care Card, dated 10/03/14, indicated the resident was a fall risk, required assistance of one for elimination and mobility and had a sensor pad at all times.</p> <p>A Nurses' Note, dated 12/09/14 at 1:23 a.m., indicated, "12:30 a.m., CNA was assisting res. (resident) to the BR</p>		<p>using the call light when assistance is needed. Unit Nurse Managers / designees developed and will implement graphic signage for the bathrooms of high fall risk residents with safety alarms to serve as a visual reminder to staff to call for assistance. Unit Nurse Managers / designees enhanced method of documenting on the care cards related to residents who have been identified as a high fall risk and have safety alarms to include that they will not be left unattended while in the bathroom. Unit Nurse Manager / designee is conducting two random audits weekly for three (3) months to ensure involved CNA is meeting resident needs. Unit Nurse Managers / designees will interview a random sampling of five (5) associates per unit on all shifts per week to ensure associates are aware expectation to not leave high fall risk residents with safety alarms unattended while in the bathroom, and to use the call light when assistance is needed for nine (9) months. Unit Nurse Managers / designees will complete five (5) random rounds per unit per week to ensure the needs of residents identified as high fall risk with safety alarms are being met for nine (9) months.</p> <p>1.4 DON / designee will report audit findings to the QAPI committee monthly for nine (9) months beginning January 2015.</p>		

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	<p>(bathroom) et (and) res. was sitting on toilet et lost her balance et fell off of toilet hitting her head. Upon writers assessment mod. (moderate) amt. (amount) of bright red blood to (R) (right) side of back of res. head with laceration...12:40 a.m. (Physician's Name) notified of fall. Order received to sent res. to ER via 911..."</p> <p>A Nurses' Note, dated 12/09/14 at 3:22 a.m., indicated the resident had been admitted into the hospital.</p> <p>A CT Scan of the head, dated 12/09/14, indicated the resident had a hematoma in the right posterior thalamus (part of the brain), which measured, 1.2 cm (centimeters) x 1.1 cm x 1.0 cm. and a small right parietal scalp hematoma.</p> <p>A Physician's Note, dated 12/09/14, indicated the resident had a small right scalp laceration from the fall and had staples on the small high parietal laceration.</p> <p>A Physician's Note, dated 12/09/14 at 6:33 p.m., indicated the resident was in the Intensive Care Unit at the hospital with a head injury due to the fall. The Physician indicated the resident had fallen many times and the diagnoses included, open head injury, traumatic</p>		<p>The QAPI committee will monitor data presented for any trends, and determine if further monitoring / action is necessary for continued compliance. 1.5 Systemic changes will be completed by 1/16/15.</p>	

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	<p>intracerebral hemorrhage, scalp laceration with superficial hematoma, and falls.</p> <p>The resident was discharged from the hospital back to the facility on 12/10/14.</p> <p>A Non-Pressure Skin Condition Report, dated 12/10/14, indicated the resident returned with 3 cm long laceration on the right side of the head, which had two stitches.</p> <p>The facility's follow up investigation of the fall on 12/09/14, dated 12/16/14, indicated on 12/09/14 at 12:30 a.m., the CNA responded to the resident's safety alarm sounding and observed the resident attempting to get out of bed. The CNA assisted the resident to the bathroom and while sitting on the toilet the resident lost her balance and fell onto the floor. The CNA indicated she was obtaining an incontinent brief from the resident's closet (located in the resident's room, not in the bathroom) and could not reach the resident in time. The follow up indicated the care plan had been updated with the intervention not to leave the resident unattended in the bathroom.</p> <p>During an interview on 01/07/15 at 1:45 p.m., the Director of Nursing (DoN) indicated the CNA was in the resident's</p>			

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	<p>room at the time of the fall, but was not in the bathroom. She indicated the CNA was getting a brief out of the closet at the time of the fall. The DoN indicated the CNA should have put the call light on for assistance. The DoN indicated, the staff have been re-educated after the fall, not to leave fall risk residents alone in the bathroom.</p> <p>This Federal Tag relates to complaint IN00161660.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p>			