

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155269	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/12/2016
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NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00204015, IN00204223 and IN00206983.</p> <p>Complaint IN00204015 - Unsubstantiated due to a lack of evidence.</p> <p>Complaint IN00204223 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00206983 - Substantiated. Federal/State deficiencies related to the allegations are cited at F514.</p> <p>Survey dates: August 11 and 12, 2016.</p> <p>Facility number: 000169 Provider number: 155269 AIM number: 100267100</p> <p>Census bed type: SNF: 9 NF: 2 SNF/NF: 125 Total: 136</p> <p>Census payor type: Medicare: 17 Medicaid: 101</p>	F 0000	<p>8/30/16 – To Whom It May Concern: On August 11 - 12, 2016 a complaint survey was conducted at East Lake Nursing & Rehabilitation. Attached is the plan of correction for tag F514. 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. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit. Thank you for your time and consideration, Martin Lebbin Executive Director East Lake Nursing and Rehabilitation</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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F 0514 SS=D Bldg. 00	<p>Other: 18 Total: 136</p> <p>Sample: 7</p> <p>This deficiency also reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on August 18, 2016.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure staff documented family notification when a resident required a gastrostomy tube (g-tube) change for 1 of 3 residents reviewed for a change in condition. (Resident B).</p>	F 0514	<p>F514 – Records –Complete/Accurate/Accessibl e It is the practice of this provider to maintain clinical records on each resident in accordance with acceptable professional standards and practices that are complete; accurately documented; readily accessible;</p>	09/06/2016

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	<p>Finding includes:</p> <p>The clinical record for Resident B was reviewed on 08-11-16 at 11:00 A.M. The clinical record indicated Resident B was admitted to the facility on 05-05-16. The diagnoses included, but were not limited to, gastrostomy status, cellulitis of abdominal wall, type 2 diabetes mellitus with diabetic chronic kidney disease, type 2 diabetes mellitus with diabetic neuropathy.</p> <p>A Minimum Data Set assessment, dated 05-12-16, indicated that Resident B had a feeding tube.</p> <p>A physician's order, dated 07/23/16, indicated "... May replace g-tube [a feeding tube, tube inserted through the abdomen that delivers nutrition directly to the stomach] with [sic] new g-tube 16 Fr. [french] /15 ml [milliliter] now and prn [as needed]...."</p> <p>A nurse's progress note, dated 08-02-16, indicated "... G-tube change with audible air bolus placement verified...."</p> <p>A nurse's progress noted, dated 08-02-16, indicated "...Resident G-Tube was changed this morning d/t [due to] it was leaking really bad, g-tube placement verified by 2 nurses and flushes well...."</p>		<p>and systematically organized and to ensure staff document family notification when a resident requires a gastrostomy tube (g-tube) change. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B was discharged from the facility prior to the survey. Resident B did not experience any negative outcomes related to the deficient practice. 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 have the potential to be affected by this finding. The nurse management team reviewed all current resident medical records, from August 1, 2016, to ensure family notifications were documented. This information will be reviewed with the Interdisciplinary team, if discrepancies are noted the appropriate corrections will be implemented. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Nursing staff will be in-serviced by the CEC/Designee on or before 8/30/16 regarding proper documentation of family notification. A change of condition report will be run and reviewed by the IDT team to ensure family</p>				

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	<p>On 08-12-16 at 2:45 P.M., an interview was conducted with LPN (Licensed Practical Nurse) # 1. LPN #1 indicated he attempted to call the family related to the G-Tube change but was unable to get ahold of the power of attorney. He indicated he should have documented his attempts to notify the family but did not do so.</p> <p>On 08-12-16 at 2:50 P.M., an interview was conducted with the Director of Nursing Services (DNS). The DNS indicated family notification should be documented in the residents clinical record.</p> <p>On 8-12-16 at 2:50 P.M., the DNS provided the policy titled "Resident Change of Condition," revised on 1/2015, and indicated this was the policy currently used by the facility. The policy indicated "...3. Routine Medical Change...c. If unable to reach the physician or family/responsible party, all calls to physicians or exchanges and family/responsible party requesting callbacks will be documented in the medical record..."</p> <p>This Federal tag relates to Complaint IN00206983.</p>		<p>notification is documented. The nurse management team reviewed all current resident medical records, from August 1, 2016, to ensure family notifications were documented. This information will be reviewed with the Interdisciplinary team, if discrepancies are noted the appropriate corrections will be implemented. Howthe 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; To ensure compliance, the DNS/Designee is responsible for the completion of the "Change of Condition" CQI tool – weekly times 4 weeks and monthly for 6 months. The results of these audits will be reviewed by the CQIcommittee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. Findings will be submitted to theCQI Committee for review and follow up. By what date the systemic chances will be completed: Compliance date: 9/6/16</p>				

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