

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/06/2016
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47660
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00199738, Complaint IN00201242, and Complaint IN00201368.</p> <p>This visit was done in conjunction with the Post Survey Revisit to the Investigation of Complaint IN00197414 completed on 4/13/16.</p> <p>Complaint IN00199738 - Substantiated. Federal/State findings related to the allegations are cited at F323.</p> <p>Complaint IN00201242 - Substantiated. Federal/State findings related to the allegations are cited at F323.</p> <p>Complaint IN00201368 - Substantiated. Federal/State findings related to the allegations are cited at F323.</p> <p>Survey dates: June 1, 2 and 6, 2016</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Census bed type: SNF/NF: 78</p>	F 0000	<p>Plan of Correction for Good Samaritan Complaint Survey 2016</p> <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 this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after June 20, 2016</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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F 0323 SS=G Bldg. 00	<p>Total: 78</p> <p>Census payor type: Medicare: 7 Medicaid: 54 Other: 17 Total: 78</p> <p>Sample: 10</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on June 7 2016.</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.</p>	F 0323	<p>F323 Free of Accident/Hazards/Supervision/Devices It is the practice of this provider to</p>	06/20/2016	

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	<p>Based on observation, interview, and record review, the facility failed to ensure adequate supervision was provided to prevent falls; failed to ensure a gait belt was utilized to assist a resident with ambulation; utilized alarms in place of supervision, resulting in falls with head lacerations, cerebral bleeding, and a hip fracture, for 3 of 7 residents reviewed for falls, in a sample of 10. (Resident A, Resident D, Resident F)</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident A was reviewed on 6/1/16 at 9:50 A.M. Diagnoses included, but were not limited to, atrial fibrillation and atherosclerotic heart disease.</p> <p>A Significant Change Minimum Data Set (MDS) assessment, dated 12/3/15, indicated the resident scored a 9 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated Resident A required extensive assistance of two+ staff for bed mobility and transfer, and did not ambulate. A test for balance indicated the resident was "Not steady, only able to stabilize with staff assistance" while moving from a seated to standing position, moving on and off the toilet,</p>		<p>provide care/services for highest well being in accordance with State and Federal law.</p> <p>1: What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice?</p> <ul style="list-style-type: none"> · Resident A no longer resides in the facility · Resident D no longer resides in the facility · Resident F fall risks and interventions reviewed by IDT, care plan/profile updated, fall interventions in place. <p>2: How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the alleged deficient practice · All residents with risk for falls have had care plans, profiles, interventions reviewed with all interventions in place and care plan/profile updated accordingly. <p>3: What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · DNS/designee will in-service nursing staff on fall intervention/fall program by June 20, 2016 <p>4: How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be</p>	

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	<p>and surface-to-surface transfer.</p> <p>Resident Progress Notes included the following notations:</p> <p>12/5/15 at 3:13 A.M.: "...Confusion at times. Assist of one with ADL's [activities of daily living] and transfers...Resident non compliant in calling for assistance. Pad alarm in place in bed and w/c [wheelchair]...."</p> <p>12/7/15 at 4:25 A.M.: "Resident attempting to get from bed to w/c without calling for assistance. Staff entered room upon hearing alarm and witnessed resident fall to bottom in a sitting position...Resident now up in w/c with pad alarm in place and 15 min checks...will continue to monitor."</p> <p>12/7/15 at 10:05 A.M.: "IDT [interdisciplinary team] met to review fall event...Prior to fall, resident was in bed...Spoke to resident this morning who stated he was trying to go to the bathroom...IDT recommend to continue pad alarm to bed and w/c along with floor mat at bedside. Encourage resident to call staff for assistance...."</p> <p>12/11/15 at 2:30 A.M.: "...Confusion increasing as witnessed by staff and family. Heavy Assist of one with ADL's</p>		<p>put into place?</p> <p>·DNS/designee will be responsible for the completion of Fall Program CQI tool weekly times 4 weeks, bi-monthly times 2months, monthly times 4 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved, an action plan will be developed.</p> <p>5. Date completion: June 20, 2016</p>	

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	<p>and transfers. Resident transfer ability has declined...non compliant with calling for assistance. Pad alarm in place in bed and w/c. Resident has been folding pad alarm into side of w/c so it will not alarm and getting up without assistance...."</p> <p>12/23/15 at 12:58 P.M.: "...Decision making markedly impaired r/t [related to] disease process. Resident remains on fall precautions including pad alarm to w/c and bed...often non-complaint with safety instructions and often attempts to defeat his pad alarm...."</p> <p>12/24/15 at 7:00 P.M.: "...Resident continues to fold alarm in corner of w/c so it does not alarm when he tries to get up. Pad alarm to floor in place at bedside. Will continue to monitor."</p> <p>12/25/15 at 7:00 P.M.: "Fall in room. Resident found sitting at side of bed on buttocks leaning back against bed with pad alarm sounding...Stated he was trying to get extension cord off the end of the bed...Resident has dementia and is confused...."</p> <p>12/25/15 at 9:55 P.M.: "Resident has fallen attempting to get from his bed to his w/c. Has been confused today per previous RN. This is his second fall today...Has been anxious. Transferring to</p>			

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	<p>ER for laceration to back of his head and will move resident back to his old room by the nurses station upon return to facility."</p> <p>A "Fall Event" dated 12/25/15 at 9:55 P.M., indicated, "Was fall witnessed, No...States he was getting up to his w/c from the bed and lost his balance. Supposed to call for help but is confused at times...Describe injuries...laceration to back of head approx 3.5 cm in length...."</p> <p>Documentation that an alarm was sounding was not found in the clinical record.</p> <p>Resident Progress Notes continued:</p> <p>12/26/15 at 1:00 A.M.: "Resident has returned from ER...He has staples in place to wound he received from falling. Resident has been moved back to his old room by the nurses station...Daughter is happy...states she was worried that he was too far away from nurses station. Pad alarm and floor alarm in place...Explained call light and instructed him to push his button if needing anything and especially if he needs to get up for any reason. States he understands but is forgetful and mostly pleasantly confused...."</p>			

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	<p>A "Fall Event," dated 12/28/15 at 10:20 A.M., indicated, "Was fall witnessed, No...Resident last seen in w/c. Describe the position of the resident when first observed after fall, Face down on floor...Describe location of the fall, In Resident room near heating unit...no difficulty in movement but does state he hurts unable to explain to the nurse due to impaired cognition. Did the resident hit his/her head, Yes...Laceration to R [right] eyebrow 4 cm laceration to R face 3 cm both approximated with steri strips. Knot noted to R forehead raised. Resident sent to ER for Eval [evaluation] and TX [treatment]. Resident states I don't know when asked what happened...."</p> <p>A Hospital History and Physical, dated 12/28/15, indicated, "Admitting Chief Complaint: Repetitive falls, weakness. History of Present Illness: The patient had a fall at the nursing home, was trying to get to the wheelchair, and he turned it over and hit the back of his head on Friday, December 25th. Was transported to the emergency room where a wound on the back of his head was closed with staples, cleaned up, and went back to the nursing home...The patient then again had another fall at the nursing home had a laceration of the right forehead 3 to 4 cm on right brow. Has had a change in</p>			

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	<p>his mental status...He has had recurrent falls over the last several months, but his recent falls have been more intense and more injurious...CT of the head did show a new hematoma [raised bruise]...to the right orbit, acute hemorrhage filling much of the left lateral ventricle with additional hemorrhage in the third and right lateral ventricle...Assessment: Recurrent falls; cerebral bleed inner ventricular; large hematoma of the right periorbital region with laceration; intraventricular hemorrhage...Multiple contusions secondary to his fall, laceration posterior occiput [back of head]...."</p> <p>On 6/2/16 at 10:50 A.M., during an interview with the Director of Nursing (DON), she indicated she was not employed by the facility during this resident's falls. She indicated she did not locate further documentation which indicated if the resident's alarm was sounding or not during the resident's falls.</p> <p>2. The closed clinical record of Resident D was reviewed on 6/1/16 at 1:20 P.M. Diagnoses included, but were not limited to, pneumonia, neuromuscular disease, and vertigo.</p> <p>An annual MDS assessment, dated</p>			

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	<p>4/13/16, indicated the resident scored a 10 out of 15 for cognition. The resident required extensive assistance of two+ staff for transfer, and extensive assistance of one staff for ambulation in room. A test for balance during transitions and walking indicated "Not steady, only able to stabilize with staff assistance" while moving from seated to standing position, walking, turning around, and surface-to-surface transfer. The resident had a history of falls with injury and no injury.</p> <p>Resident Progress Notes included the following notations:</p> <p>4/12/16 at 4:10 A.M.: "This nurse was at med cart, when I heard resident walker bumping into objects in room. Went to see what resident was doing, when out of corner of my eye saw resident going down. Resident landed on buttocks near bathroom. Asked resident if he need [sic] to go to restroom, when resident said yes...Resident did receive skin tear to left elbow region...."</p> <p>4/13/16 at 11:33 A.M.: "Resident found sitting on floor in room in front of restroom door with walker in front of him. When asked what happened resident stated he was trying to open the bathroom door. 1 skin tear noted to left thumb area</p>			

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	<p>cleaned and band aid applied...."</p> <p>4/28/16 at 11:30 A.M.: "Witnessed Fall: Resident observed by another nurse trying to transfer from bed to w/c and slipped forward landing on coccyx seated on floor in front of w/c...resident states his feet slipped...."</p> <p>The resident was transferred to the hospital on 4/29/16 and was admitted with a diagnosis of pneumonia. He returned to the facility on 5/5/16.</p> <p>A Readmission Assessment, dated 5/5/16 at 6:30 P.M., indicated, "...Balance:walking, Not steady, only able to stabilize with human assistance...Upper body weakness, Lower body weakness...Fall history: Has res [resident] had a fall any time in the last month, Yes...Does the resident express a fear of falling , Yes...."</p> <p>A "Fall Event," dated 5/5/16 at 7:25 P.M., indicated, "Resident was taken to the bathroom by CNA and on the way back to bed he was using his walker and the CNA was straightening his O2 [oxygen] tubing and she said his non-slip socks were not on properly and caused him to slip and he fell backward and hit his head on his roommates [sic] W/C...C/O [complains of] pain to right</p>			

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	<p>hip...Small open area to back of his head that had slight bleeding but has since stopped...He was just released from the hospital today and has been on IV fluids and antibiotics. Document any environmental factors observed in area of fall, non-slip socks not on properly. What intervention(s) was put into place to prevent another fall? new socks on, staff to use gait belt and stay behind resident when out of bed...."</p> <p>Progress Notes continued:</p> <p>5/6/16 at 6:00 P.M.: "[Recorded as Late Entry on 05/08/2016 06:45 PM] Witnessed Fall Follow Up: Resident neuro checks per baseline but resident is very fatigued and still complaining of moderate pain to right hip...X-ray ordered for resident with negative results...."</p> <p>5/9/16 at 10:11 A.M.: "Res still c/o R [right] hip. MD notified. CT scan ordered...."</p> <p>5/10/16 at 10:57 A.M.: "CT scan showed right hip fracture. Resident being admitted to [name of hospital]. for surgery...."</p> <p>A hospital History and Physical, dated 5/11/16, indicated, "...presented with a history of FALL AT TRHE [sic]</p>			

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	<p>NURSING HOME...He is being admitted for surgical management of this condition. The indications for this procedure included displaced IT [intertrochanteric] femur [hip] fracture...."</p> <p>On 6/2/16 at 10:50 A.M., during an interview with the Administrator and Director of Nursing (DON), the Administrator indicated that a gait belt was not used on Resident D during his transfer and ambulation. The DON and Administrator indicated that staff should utilize gait belts during transfers. The Administrator indicated Resident D had been "fairly independent" prior to his hospitalization for pneumonia.</p> <p>3. On 6/1/16 at 8:35 A.M., during the initial tour of the locked Alzheimer's Unit, the DON indicated Resident F had a history of falls within the previous 2 months. Resident F was laying in bed at that time.</p> <p>Documentation indicated the resident was treated for a pelvic fracture on 1/5/16.</p> <p>A "Significant Change" MDS assessment, dated 2/24/16, indicated Resident F was unable to complete a brief interview for memory, exhibited inattention and disorganized thinking,</p>			
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	<p>and required extensive assistance of two+ staff for bed mobility and transfer. The MDS assessment indicated the resident did not ambulate, and a test for balance during transitions indicated, "Not steady, only able to stabilize with staff assistance." The resident had fallen since the previous assessment; 2 or more falls with no injury, 2 or more falls with injury, and 1 fall with a major injury.</p> <p>Progress Notes included the following notations:</p> <p>3/2/16 at 10:25 A.M.: "IDT met to review res fall from 03/01/16 at 3:58 pm. Res was sitting in her w/c following another res down the hall, res slid out of w/c landing on the floor, sitting on her buttocks...IDT recommends to sandwich dysom [sic] around pad alarm in w/c...."</p> <p>3/3/16 at 5:44 A.M.: "Res fell attempting to transfer self from bed to bathroom. Res found on buttocks...Res stated ' Bumped head and have to pee.' Generalized redness noted to right side of head...."</p> <p>3/3/16 at 9:37 A.M.: "IDT met to review fall event...Interventions at time of fall were scoop mattress, pad alarm to bed, and toileting program every hour...IDT recommends staff education to review fall prevention interventions...."</p>			

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	<p>3/4/16 at 3:40 P.M.: "Resident was in common area. RN was assisting another resident in restroom. CNA was with another RN in a different residents [sic] room. Resident was trying to stand. Pad alarm sounded alerting RN but I did not get here in time and she was on the floor...."</p> <p>3/7/16 at 10:55 A.M.: "IDT met to review res falls from 03/4/16...and second fall at 03/06/16 at 3:22 pm...Second fall res noted to be sitting in her w/c in the dinning [sic] room. Second resident stated that she slipped out of her chair, res was noted to be laying on her back...IDT recommends to continue PT [physical therapy]...and keep resident busy while res friend is smoking."</p> <p>3/12/16 at 6:49 A.M.: "Heard resident yell out - found resident on floor by nurses station laying on her right side. Two other residents were standing by her - all they could say was that she just fell...Resident alert with confusion."</p> <p>3/14/16 at 10:00 A.M.: "IDT met to review unwitnessed fall event...Pad alarm to bed had sounded...determined that resident had ambulated from her room to the nurse's station with another resident...X-ray results dated 3/12/16"</p>			

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	<p>indicated no evidence of fracture or dislocation to right wrist and pelvis/hips...."</p> <p>An "Fall Event," dated 3/16/16 at 5:13 P.M., indicated, "...Resident was in dining room and was attempting to stand. NA was in dining area and RN was next to far hall when alarm sounded. We were unable to get to resident in time. Resident fell to floor...."</p> <p>3/17/16 at 10:26 A.M.: "IDT met for fall review dated on 03/16/16 at 513 pm. Resident was in dining room attempting to stand, when her alarm sounded. Staff attempted to get to the resident but was unable to get to resident in time. Resident fell to the floor no injuries noted...IDT recommends to continue with anti rollbacks and anti tippers."</p> <p>4/8/16 at 10:27 A.M.: "Resident was standing up from wheelchair and fell on right side. Alarm on but did not sound. Resident alert with confusion...Hospice to replace alarm and wheel chair to be lowered...."</p> <p>4/12/16 at 8:27 P.M.: "Resident was sitting in hallway in front of nurses station. Resident was wearing her gown, gripper socks, and hipsters. Pad alarm was in chair and working</p>			

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	<p>properly...Resident attempted to stand from w/c to place plate on desk when she lost her balance and fell to the floor... Resident did hit her head. Landed on Left side. Left shoulder had some redness noted but faded quickly. Small knot noted to Left side of head...Resident alert with confusion...."</p> <p>4/21/16 at 5:15 A.M.: "Resident was laying in bed resting. Staff in hallway heard a bang come from residents [sic] room. Resident was found sitting in middle of floor. Pad alarm was in bed and on but sound was muffled...Fall was unwitnessed...Dark purple bruising noted to posterior left upper arm. 4 1 cm skin tears and 1 .5 skin tear all on posterior left arm...New Pad alarm applied under resident in bed."</p> <p>4/21/16 at 9:12 A.M.: "IDT met to review res falls from 04/20/16 and 04/21/16. At the time of first fall res was resting in her bed and then was noted to be laying on the floor on her right side next to her bed...During the second fall res was also laying in bed prior to fall and then was noted to be sitting in the floor in the middle of her room...."</p> <p>5/2/16 at 12:47 P.M.: "IDT Fall Review: Resident noted to have an unwitnessed fall on 5/01/16 at 2:15 PM. Prior to fall,</p>			

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	<p>resident was lying in bed. Resident was found fully clothed with hipsters in place on the floor next to the bed...."</p> <p>5/2/16 at 2:19 P.M.: "Resident had a witnessed fall at 1110 am [11:10 A.M.]. Resident was seen sitting in her wheel chair a sleep [sic], when she fell forward out of the chair onto the floor. Resident was laying/sitting on her left side...."</p> <p>On 6/2/16 at 10:50 A.M., during an interview with the DON, she indicated she had only been at the facility for approximately 1 1/2 months. She indicated she realized the facility had numerous falls, and that staff had recently been inserviced. The DON indicated she was trying to decrease the number of alarms used in the facility.</p> <p>On 6/2/16 at 1:00 P.M., the DON provided a "Record of Facility Inservices." An inservice, dated "3/16," indicated, "Discussed [with] staff about making sure alarms and all fall prevention items are in place at the start of each shift." An additional inservice, dated 5/18/16, indicated, "Please please start checking the profiles of each resident, we have had way too many falls because a pad alarm wasn't on, someone transferred someone alone, make sure furniture is where is [sic] should be</p>			

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	<p>placed in the room for the safety of the resident, make sure that call lights are in reach."</p> <p>On 6/2/16 at 1:10 P.M., the Director of Nursing provided the current facility "Fall Management Program," revised 2/2015. The policy included: "It is the policy...to ensure residents residing within the facility will maintain maximum physical functioning through the establishment of physical, environmental, and psychosocial guidelines to prevent injury related to falls...A care plan will be developed at time of admission specific to each resident's fall risk factors. The resident specific care requirements will be communicated to the assigned caregiver utilizing resident profile or CNA assignment sheet...The care plan will be reviewed and updated, as necessary."</p> <p>This Federal tag relates to Complaint IN00199738, Complaint IN00201242, and Complaint IN00201368.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p>			

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

PRINTED: 06/30/2016

FORM APPROVED

OMB NO. 0938-0391

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