

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155670	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/23/2015
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF NEWBURGH	STREET ADDRESS, CITY, STATE, ZIP CODE 5233 ROSEBUD LN NEWBURGH, IN 47630
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00189160.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00189160- Substantiated. State deficiency cited at F 9999.</p> <p>Survey dates: December 16, 17, 21, 22, & 23, 2015.</p> <p>Facility number: 011049 Provider number: 155670 AIM number: 200258250</p> <p>Census bed type: SNF/NF: 88 Total: 88</p> <p>Census Payor type: Medicaid: 59 Medicare: 12 Other: 17 Total: 88</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC</p>	F 0000		

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 9999 Bldg. 00	<p>16.2-3.1.</p> <p>Quality review completed by #02748 on December 29, 2015.</p> <p>3.1-13 Administration and Management (g) The administrator is responsible for the overall management of the facility but shall not function as a department, for example, director of nursing or food service supervisor, during the same hours, The responsibilities of the administrator shall include, but are not limited to, the following: (1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any: (D) major accidents If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number (317) 383-6144) of the division.</p>	F 9999	<ol style="list-style-type: none"> No further incidents of accident with injury have occurred. All events for the last 60 days will be reviewed by the Clinical Nurse Consultant on 1/13/16 to ensure that no other events were documented that were not reported according to the guidelines. The department leaders were all retrained 12/22/15 on the Incident Reporting Policy by the clinical consultant. All licensed staff will receive education to be completed by 1/17/16 by the Staff Development Coordinator related to the reporting guidelines. The Clinical consultant will review all events for 3 months to ensure proper reporting has occurred. Results of these observations reviews will be reported monthly by the Director of 	01/18/2016

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	<p>This State rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report a major accident for 1 of 4 residents reviewed for falls. A resident had a fall that resulted in an injury which required sutures. (Resident C)</p> <p>Findings include:</p> <p>On 12/21/15 at 3:16 p.m., Resident C's clinical record was reviewed.</p> <p>The [Name of Facility] Nursing Assessment for [Name of Resident], indicated the resident had a fall on 12/11/15 at 2:00 p.m. The Assessment indicated the resident had self reported a fall and the left elbow was bleeding. The Assessment further indicated the elbow had been cleansed to be assessed, a deep laceration which had bled quite a bit and pressure was applied. The Assessment indicated the wound had been covered with a non-stick dressing and a pressure dressing had been applied until the emergency room could place sutures to stabilize the wound.</p> <p>The Physician's Telephone Orders, dated 12/11/15 at 2:10 p.m., indicated it to send</p>		<p>Nursing or designee to the facility Quality Assurance and Performance Improvement committee monthly for at least six months to ensure continued compliance and for review and recommendation.</p> <p>5. 1/18/16</p>	

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	<p>the resident to the Emergency Room for sutures to a deep cut to the left elbow for a fall.</p> <p>The Hospital Emergency Room Visit Note indicated the resident had been seen on 12/11/15 for a fall with a laceration.</p> <p>On 12/21/15 at 4:11 p.m., the DON indicated Resident C had a fall on 12/11/15 that resulted in a skin tear to the left elbow that required sutures.</p> <p>On 12/21/15 at 4:30 p.m., the DON indicated the fall with injury had not been reported.</p> <p>This State finding was related to Complaint IN00189160.</p> <p>3.1-13(g)(1)(D)</p>			