

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155215	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/23/2013
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NAME OF PROVIDER OR SUPPLIER PLAINFIELD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CLARKS CREEK RD PLAINFIELD, IN 46168
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F000000	<p>This visit was for the Investigation of Complaint IN00141321, Complaint IN00141411, and Complaint IN00141521.</p> <p>Complaint IN00141321 Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00141411 Unsubstantiated due to lack of evidence. Unrelated deficiencies are cited at F323.</p> <p>Complaint IN00141521 Unsubstantiated due to lack of evidence.</p> <p>Survey dates: December 17, 18, 23, 2013</p> <p>Facility number: 000121 Provider number: 155215 AIM number: 100290940</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF: 7 SNF/NF: 102 Total: 109</p> <p>Census payor type:</p>	F000000		

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=D	<p>Medicare: 13 Medicaid: 85 Other: 11 Total: 109</p> <p>Sample: 14</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 01/02/2014 by Brenda Marshall Nunan, 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 interview and record review, the facility failed to ensure ensure recommended supervision level to prevent a fall resulting in a right frontal scalp hematoma for 1 of 3 sampled residents (Resident C).</p> <p>Findings include:</p> <p>Resident C's closed clinical record was reviewed, on 12/17/13 at 12:45 p.m., and indicated the resident had</p>	F000323	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the the deficient practice? Resident C was under the care of Hospice and has passed away.How other residents having the potential to be affected buy the same practice will be identified and what corrective action(s) will be taken?All residents have the potential to be affected by this practice. All resident care plans have been</p>	01/20/2014			

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	<p>diagnoses which included, but were not limited to, end stage Lewy body dementia, Parkinson's disease, seizure disorder, and falls.</p> <p>Review of Resident C's most recent admission MDS assessment, dated 11/15/13, indicated the resident was severely cognitively impaired, needed extensive assist of 1 person for bed mobility, extensive assist of 2 persons for transfers, and was a hospice resident.</p> <p>Review of Nurse's Notes, dated 09/29/13 at 7:25 p.m., indicated the resident "fell from her gerichair in her room... hematoma on Rt.(right) forehead. Res. (Resident) c/o (complained of) headache, M.D. was notified...."</p> <p>Review of a Transfer Form, dated 09/29/13, to IU West Hospital, indicated Resident C had fallen out of her wheelchair, had a hematoma to the right side of her head, and had complained of pain.</p> <p>Review of hospital records, dated 09/29/13 at 5:05 p.m., indicated, "The patient presents following fall and 79-year-old Caucasian female with a history of end-stage Lewy dementia, metastatic cancer of</p>		<p>reviewed and updated to be resident specific and appropriate. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? All nursing staff have been inserviced regarding the need for reviewing the assignment sheet for the residents in their care. 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? All accidents/incidents are reviewed daily by the Fall Committee to determine the root cause and ensure that appropriate interventions are care planned, and these interventions are communicated to the staff. Quality Assurance will review accidents/incidents monthly in an ongoing process to reduce residents risk factors for significant injuries. By what date the systemic changes will be completed. The systemic changes will be completed by January 20, 2014.</p>				

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	<p>unknown primary, who resides at a nursing home presents to the ER (Emergency Room) after an unwitnessed fall. Patient was on the ground for possibly up to 10 minutes. She was noted to the right frontal scalp hematoma but denies any new pain to the family are made... The fall was described as out of the wheelchair. The location where the incident occurred was at a nursing home. Location: Right frontal scalp hematoma. The character of symptoms is swelling...."</p> <p>X-ray results, dated 09/29/13, indicated, "Right frontal scalp hematoma without evidence of acute intracranial abnormalities...."</p> <p>Interview with the Administrator and Director of Nursing, on 12/18/13 at 4:30 p.m., indicated the resident was left in her room alone in her gerichair by an aide.</p> <p>Review of the Incident/Accident Report, dated 09/29/13 at 3:30 p.m., indicated the resident in the room with Resident C had reported the resident needed assistance as she had fallen onto the floor. The nurse reported he observed Resident C lying on the floor in front of her</p>			

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	<p>gerichair on her right side with the her right arm bent under her torso, and the resident's right side of forehead resting on the floor with noted swelling and hematoma. There was bruising to right hand, the second, third, and fourth fingers. Resident C complained of headache and an ice pack was applied to right forehead. The doctor and family were notified. The new intervention was to educate the CNAs on use of checking assignment sheets - make sure resident isn't left alone in her room in gerichair.</p> <p>Review of the CNA's assignment sheet, dated 09/27/13, indicated for Resident C, was "...Fall Risk,... supervision in w/c (wheelchair) at all times...."</p> <p>This federal deficiency is related to Complaint IN00141321 and Complaint IN00141411.</p> <p>3.1-45(a)(2)</p>				