

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155803	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/14/2013
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NAME OF PROVIDER OR SUPPLIER  HAMILTON POINTE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 ELI PLACE NEWBURGH, IN 47630
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F000000	<p>This visit was for the Investigation of Complaint IN00139195 and Complaint IN00139317.</p> <p>Complaint IN00139195 - Substantiated, Federal/State deficiencies related to the allegations are cited at F514.</p> <p>Complaint IN00139317 - Unsubstantiated, due to lack of evidence.</p> <p>Survey dates: November 13 and 14, 2013</p> <p>Facility number: 012966 Provider number: 155803 AIM number: 201110390</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 32 SNF/NF: 49 Residential: 52 Total: 133</p> <p>Census payor type: Medicare: 30 Medicaid: 20</p>	F000000	<p>This Plan of Correction is prepared and executed because it is required by the Provisions of State and Federal regulations. The Village at Hamilton Pointe maintains that each deficiency does not jeopardize the health and safety of the residents, not is it of such a nature as to limit our capability to provide adequate care.</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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	<p>Other: 83 Total: 133</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 15, 2013 by Jodi Meyer, RN</p>				

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F000514 SS=D	<p>483.75(I)(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 interview and record review, the facility failed to ensure clinical records were complete and accurate regarding a resident's skin condition upon transfer to a hospital, and inaccurate documentation regarding completing a wound assessment, for 1 of 4 residents reviewed for documentation regarding wounds, in a sample of 4. Resident B</p> <p>Findings include:</p> <p>The closed clinical record of Resident B was reviewed on 11/13/13 at 12:40</p>	F000514	<p>1. Unable to correct for Resident B, it occurred in the past.2. All resident transfers occurred in the past and paperwork is unable to be corrected. 3. Licensed staff will be reeducated by the Director of Nursing or Designee regarding complete and accurate documentation of skin assessment upon transfer to the hospital. This reeducation will be completed by November 25, 2013.4. The Director of Nursing or Designee will audit the Transfer/Discharge Skin Assessment on each transfer of resident daily for seven (7) days then 5 times per week for two (2) weeks and weekly for three (3) weeks. The results of these audits will be reviewed by the Quality Assurance Committee for a minimum of three (3) months and until the Quality Assurance Committee ascertains continuous</p>	11/26/2013	

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	<p>P.M.</p> <p>Progress Notes included the following notations:</p> <p>10/30/13 at 10:50 A.M.: "Call received from [physician name] for an update on current condition. Gave update on resident currently having slurred speech, difficulty swallowing, incontinent episodes, decreased blood pressure and blood sugars...MD stated to send to emergency room at this time and he would notify that he was on the way."</p> <p>A Transfer/Discharge Report, dated 10/30/13 at 11:02 A.M., included: "...Usual Level of Functioning, Resident normally assist of 1 with transfers, self feed alert [with] mild confusion." The resident's skin condition was not documented.</p> <p>A "Weekly Skin Observation," dated 10/30/13 at 1:00 P.M., indicated: "Does the resident have any of the following: Open Areas, Yes. Res [resident] has open area to coccyx that was addressed today by wound care nurse."</p> <p>Documentation of the wound care nurse regarding the open area was not found in the clinical record.</p>		<p>compliance. If at any time a concern is identified, a Quality Assurance Committee meeting will be held to review concerns for further recommendations as needed.</p>				

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	<p>Hospital clinical records were reviewed on 11/14/13 at 8:20 A.M.</p> <p>A "Wound Evaluation," dated 10/31/13 at 1:04 P.M., indicated, "Spoke [with] [LPN # 1] at [name of facility] re documented PU [pressure ulcer] on adm [admission] to [name of hospital]. States had been notified by nursing tech yesterday of wound on buttock [with] some bloody drainage just prior to transport to [name of hospital]. Had been doing preventative measures d/t [due to] patient's history of PU during prior admission there."</p> <p>An "Wound/Skin Evaluation," dated 10/31/13 at 2:58 P.M., indicated, "Right buttock has 4.5 cm x 6 cm area and left buttock had 6.5 cm x 3.5 cm area extending into deep gluteal fold, which are open due to what appears to be maceration and possible shearing. Wound beds are pink, had been incontinent but now has foley catheter in place."</p> <p>On 11/14/13 at 10:35 A.M., LPN # 2 was interviewed. LPN # 2 indicated he was the facility's "wound care nurse." He indicated he thought Resident B had redness on his buttocks, but had no open areas. LPN</p>			
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	<p># 2 indicated he never assessed any open areas on Resident B.</p> <p>On 11/14/13 at 11:00 A.M., LPN # 1 was interviewed. LPN # 1 indicated the hospital had called her and asked her what treatment Resident B was receiving on his open areas. LPN # 1 indicated she told the hospital that the resident's skin had been red, and open areas had been found just prior to the resident being transferred to the hospital. LPN # 1 indicated she filled out the transfer sheet and did not document information regarding the resident's skin on the transfer sheet.</p> <p>On 11/14/13 at 2:00 P.M., during interview with the Administrator, Director of Nursing [DON], and Assistant Director of Nursing, the DON indicated the current transfer sheets did not have a specific area for skin documentation. The DON indicated the facility was going to implement a new transfer sheet, which would prompt the nurse to identify skin conditions.</p> <p>The DON also indicated the nurse filling out the "Weekly Skin Observation" on 10/30/13, LPN # 3, was on maternity leave. The DON indicated LPN # 3 probably thought</p>						

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	<p>that LPN # 2 had assessed the wound. The DON indicated LPN # 3 should not have filled out the Weekly Skin Observation at that time, because the resident was at the hospital.</p> <p>This Federal tag relates to Complaint IN00139195.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			