

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155655	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/26/2013
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NAME OF PROVIDER OR SUPPLIER PEABODY RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 400 W SEVENTH ST NORTH MANCHESTER, IN 46962
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F000000	<p>This visit was for the investigation of Complaint IN00139746.</p> <p>Complaint IN00139746 - Substantiated. Federal deficiencies related to the allegations are cited at F157.</p> <p>Survey date: November 26, 2013</p> <p>Facility number: 000485 Provider number: 155655 AIM number: 100291190</p> <p>Survey team: Shelley Reed, RN</p> <p>Census bed type: SNF: 12 NF: 22 SNF/NF: 110 NCC: 11 Residential: 99 Total: 254</p> <p>Census payor type: Medicare: 13 Medicaid: 101 Other: 140 Total: 254</p> <p>Sample: 4</p>	F000000		
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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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	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed by Debora Barth, RN.</p>				

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was contacted when there was a large, new bruise noted for 1 of 4 residents reviewed for</p>	F000157	<p>1. The resident affected discharged from the facility prior to the survey. The physician had been notified of multiple bruises upon admission. 2. All residents have the potential to be affected.</p>	12/14/2013	

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	<p>physician notification in a sample of 4. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident (B) was reviewed on 11/26/13 at 8:45 a.m.</p> <p>Diagnoses for the Resident (B) included, but were not limited to, congestive heart failure, lack of coordination, aphasia, fall risk and heart murmurs.</p> <p>The most recent Minimum Data Set (MDS) assessment, dated 10/28/13, indicated Resident (B) had moderate cognitive impairment. Resident (B) received the following Activates of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-limited assistance with one person assist, dressing-extensive assistance with two person assist and hygiene and bathing-extensive assistance with two person assist. Resident (B) was transferred by a stand-assist lift.</p> <p>During record review, Resident (B) was admitted to the facility on 10/21/13 following a hospital admission 10/17/13-10/21/13. The initial skin assessment sheets</p>		<p>Complete body assessments were completed by 11/29/13 by licensed nurses on all residents. There were no findings that did not already have appropriate physician notification completed. 3. The policy for physician notification was reviewed with no modifications made at this time. All nurses will be inserviced on the policy for physician notification by 12/14/13 to ensure all are aware of the steps to follow to maintain compliance. 4. The Director of Nursing or designee will audit M-F for one month and weekly for 6 months and ongoing thereafter until 100% threshold is achieved. The QAPI committee will oversee compliance with the DON or designee having responsibility of reporting.</p>		

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	<p>indicated Resident (B) was admitted with several bruises on her left shin, right and left lower leg, right hip, elbow, hand and arm. Resident (B) had a 1.0 cm x 1.8 cm skin tear to the left shin.</p> <p>During a therapy transfer on 10/23/13, Resident (B) swung her right leg out and struck the wheelchair pedal causing a 2.5 cm x 3.6 cm skin tear and 9 cm x 6 cm hematoma. Steri-strips were applied and the physician was notified. An X-ray was taken of her tibia and fibula which returned negative for fractures.</p> <p>During a weekly skin assessment on 10/26/13, Resident (B) was observed to have a bruise to her right lower hip that measured 11 cm x 12 cm. Review of the clinical record indicated the physician was not notified of the bruise.</p> <p>During an interview on 11/26/13 at 3:10 p.m., the DoN indicated the facility reported all bruises that measured over 10 cm x 10 cm. She indicated she was unsure why no additional documentation existed related to the bruise observed on 10/26/13 or why the bruise had not been reported to the physician.</p>				

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	<p>Review of a current facility policy dated 1/25/10, titled "Incident Investigation", which was provided by the Director of Nursing on 11/26/13 at 3:10 p.m., indicated the following:</p> <p>"Policy: The facility shall investigate all incidents to attempt to identify root causes and implement measures to prevent recurrence.</p> <p>INVESTIGATION PROCEDURES:</p> <p>5. The licensed nurse will initiate the notification process.</p> <p>a. All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are to be reported immediately to the Administrator and/or the Director of Nursing...</p> <p>d. The attending physician and family/responsible party should be notified as soon as feasible."</p> <p>This Federal tag relates to Complaint IN00139746.</p> <p>3.1-5(a)(1)</p>				