

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155491	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/07/2011
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NAME OF PROVIDER OR SUPPLIER LINCOLN CENTERS FOR REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1029 EAST 5TH STREET CONNERSVILLE, IN47331
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F0000	<p>This visit was for the Investigation of Complaint number IN00096674 and IN00098074.</p> <p>This visit was in conjunction with a PSR to the Recertification and State Licensure Survey completed on 9/2/2011.</p> <p>Complaint number IN00096674 unsubstantiated, due to lack of evidence.</p> <p>Complaint number IN00098074 substantiated, Federal/State deficiencies related to the allegations are cited at F-323, F-328 and F-9999.</p> <p>Unrelated deficiency cited</p> <p>Survey dates: October 4, 5, 6 and 7, 2011</p> <p>Facility number: 000316 Provider number: 155491 Aim number: 100286370</p> <p>Survey team: Sharon Lasher RN/TC Barbara Gray RN Angel Tomlinson RN (September 5, 6, and 7, 2011) Leslie Parrett RN (September 7, 2011)</p>	F0000	<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.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. The provider alleges compliance as of November 1, 2011.</p> <p>The facility will be disputing F-323 and **** thru the IDR process.</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>Census bed type: SN/NF: 114 Total: 114</p> <p>Census payor type: Medicare: 13 Medicaid: 88 Other: 13 Total: 114</p> <p>Sample: 14</p> <p>These deficiencies also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/12/11 Cathy Emswiler RN</p>				

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F0282 SS=D	<p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review the facility failed to, administer medication for a resident with clostridium difficile (c-diff), a bacteria that causes severe diarrhea in a timely manor for one resident in a sample of 6. (Resident #D)</p> <p>Findings include:</p> <p>The record of Resident #D was reviewed on 10/6/11 at 2:10 p.m.</p> <p>Resident #D's Minimum Data Set (MDS), assessment, dated, 9/20/11 indicted the following:</p> <ul style="list-style-type: none"> - Brief Interview for Mental Status (BIMS), 15, indicated resident was cognitive intact - makes self understood, understood - ability to understand others, understands-clear comprehension <p>Interview with Resident #D on 10/7/11 at 9:45 a.m., stated "the night I went to the hospital I had to tell them I needed to go to the hospital because I started vomiting</p>	F0282	<p>It is the practice of this provider to ensure that services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care. Resident D's admission medications were obtained prior to beginning of the survey. Resident D had no evidence of adverse effects related to alleged deficient practice. Resident D has been discharged home. Nurses were educated to notify pharmacy when medications are not available for administration and to retrieve it from the EDK if available. Nurses were re-educated to notify physician if medication not available for administration. Nurses were re-educated to notify DON if medication not available for administration. The DON/designee will randomly monitor MAR's for missing medications weekly x4 then weekly x2 months and bring results to the monthly RM/QA Committee meeting for further review and recommendations. Compliance Date: 11/01/11</p>	11/01/2011

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	<p>right after supper and I vomited five or six times. At the same time I also had diarrhea and it was so bad I just I had one loose stool after another. I still had diarrhea when I come back from the hospital and the facility did not get my medication right away because there was a problem with getting my medication from pharmacy."</p> <p>Resident #D's nursing notes dated 10/1/11 at 12:45 p.m., "patient returned to facility and was admitted to room...."</p> <p>Resident #D's physician orders dated, 10/1/11 indicated metronidazole (antibiotic) tablet 500 mg (milligrams), every 8 hours, by mouth.. Stop the metronidazole on 10/13/11.</p> <p>Resident #D's Medication Administration Record (MAR) dated, 10/1/11, indicated "metronidazole tab, 500 mg every 8 hours, by mouth, diagnosis c-diff stop 10/13/11."</p> <p>The MAR indicated 5 doses missed (10/1/11 at 10:00 p.m., 10/2/11 at 6:00 a.m., 2:00 p.m., 10:00 p.m., and 10/3/11 6:00 a.m.) nurses initials circled by the nurse not given due to "medication not here." The stop date on the MAR for the metronidazole was 10/31/11.</p> <p>3.1-35(g)(1)</p>				

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F0323 SS=D	<p>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> <p>Based on observation, interview and record review the facility failed to transport a resident in a safe manner on the facility bus, failed to train facility staff on safe transportation of residents and failed to have appropriate public passenger chauffeur's licenses for the facility staff driver, resulting 1 resident's wheelchair tipping over in the van and acquiring a scalp hematoma for 1 of 3 residents sampled for accidents in total sample of 6 (Resident #E).</p>	F0323	<p>F323 Accidents and Supervision</p> <p>It is the practice of this provider to ensure the resident's environment remains as free of accident hazards as is possible. Resident continues to reside in facility with no negative outcome to incident. Van was checked thoroughly to ensure it was</p>	11/01/2011

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	<p>Finding include:</p> <p>Review of the record of Resident #E on 10-6-11 at 2:00 p.m., indicated the resident's diagnoses included, but were not limited to, chronic renal failure, asthma, senile dementia with behaviors, congestive heart failure, anxiety, depression and osteoporosis.</p> <p>The Minimum Data Set (MDS) assessment for Resident # E, dated 8-23-11 indicated the following: able to recall three words, able to report correct year, able to report correct month within 5 days, able to recall sock, blue and bed after cueing, able to make self understood- understood, ability to understand others- understands-clear comprehension, behaviors- none, transfer- extensive assistance of two people, walk in room- activity occurred only once or twice with the assistance of one person, locomotion off the unit- extensive assistance of one person and mobility device- wheelchair.</p> <p>The nurses note for Resident #E, dated 9-22-11 at 5:45 p.m., indicated the resident had returned to the facility. During the transport to an appointment</p>		<p>equipped with the appropriate amount of staps and seatbelts to safely transport residents. Employees who drive the facility van will be educated by the Maintenance Director or designee regarding resident safety and utilization of the lift and van equipment. Maintenance Director or designee will observe residents being transported in the van to ensure they are transferred on the lift safely and straps and seatbelts are applied correctly weekly x4 then weekly x2 months. Findings will be reported to the monthly RM/QA Committee for further review and recommendations</p>	

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	<p>the resident's wheelchair tipped. The resident indicated she bumped her head. The resident was alert and oriented times three. An assessment was completed and no other injuries noted. Vital signs within normal limits and neurological assessment started.</p> <p>The nurses note for Resident #E, dated 9-22-11 at 8:00 p.m., indicated the resident was complaining of a severe headache. The resident showed the nurse the area that hurt on her head and the resident was found to have a fluid filled area on the right side of the back of the head. The resident indicated the area was very tender. The resident's blood pressure was 180/64, pulse was 98, respirations were 20 and the resident's temperature was 97.6. The physician notified.</p> <p>The nurses note for Resident #E, dated 9-22-11 at 8:20 p.m. indicated a physician's order was received to send the resident to the local hospital emergency room.</p> <p>The nurses note for Resident #E, dated 9-23-11 at 3:30 p.m. indicated a call was placed to the local hospital for any results related to the resident complaining of a headache or the fluid observed on the back of the head. There were no results. The physician was made aware and new</p>			

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	<p>orders were given to send the resident to a different local emergency room for evaluation and a "STAT" (urgent) Computed Tomography (CT) scan (medical imagining method created by computer process).</p> <p>The CT final report from the local hospital #2 for Resident #E, dated 9-23-11, indicated the indication was for head trauma, fall and headache. The impression was no acute Intracranial findings.</p> <p>The release instructions from the local hospital #2 dated 9-23-11 for Resident #E indicated the resident had a head injury, scalp hematoma. The instructions were to return if worse or new symptoms and make an appointment with a personal physician in 2-3 days if not improved.</p> <p>Interview with Resident #E on 10-6-11 at 2:30 p.m., indicated approximately 3 weeks ago she was riding in the van to an doctor's appointment and her wheelchair fell backward while going down the road. The resident indicated she hit her head on the floor. The resident indicated the driver stopped the van immediately and got her up and fastened her back in. The resident indicated the driver indicated to her that he did not have the correct belt and was going to bring his own straps in. The</p>				

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	<p>resident indicated she was able to go on to her doctors appointment. The resident indicated she had a blood bruise on her head, but it did not split open. The resident indicated she had an x-ray from local hospital #2. The resident indicated it hurt for a couple days, but was not bothering her now.</p> <p>Interview with the facility driver on 10-6-11 at 3:37 p.m. indicated he was an CNA and also did transportation for the facility. The facility driver indicated he had a passenger drivers license only. The facility driver indicated the facility van was a 12 person passenger van, but the bench seats were taken out to accommodate wheelchairs and currently the van holds two wheelchairs and 3 people on a bench seat, 1 person in the passenger seat and the driver. The facility driver indicated on 9-22-11 was his first day working for the facility and facility did not train him on transportation. The facility driver indicated he had previous experience with transportation, wheelchair lifts and vans from previous employment. The facility driver indicated on 9-22-11 he had taken Resident #E to a doctor appointment and when they returned to the facility he was assisting Resident #E out of the van by pulling the wheelchair out of the van and one of the wheels got caught in a groove in the van</p>			

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	<p>floor and the resident's wheelchair tipped over onto to the van's floor. The facility driver indicated the resident said she hit her head and he took the resident to the nurse and told the nurse what happened. The facility driver indicated he brought his own straps in from home after the incident for extra straps for the van.</p> <p>During observation with the facility driver on 10-6-11 at 3:45 p.m. of the facility van there were two sets of straps with hooks on the floor of the van for the front and back of an wheelchair. There were enough straps to accommodate two wheelchairs. There were enough seat belts to accommodate two wheelchairs observed.</p> <p>Review of the facility driver's employment file on 10-7-11 at 10:00 a.m. indicated the he had a certificate of completion for transportation safety training, including basic road safety, appropriate procedures for securing passengers, and pre trip van review. The document was dated 8-18-2010 and was signed by the Director Of Nursing (DON).</p> <p>Interview with the Administrator on 10-7-11 at 9:40 a.m. indicated the facility driver was hired as a CNA, but had not worked as one. The Administrator indicated he was the only driver for the</p>				

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	<p>facility.</p> <p>Interview with the DON on 10-7-11 at 10:17 a.m. verified that she did sign the transportation safety training document. The DON indicated she did not train the facility driver, that a rehab facility did the training, but she signed it because the rehab company did not work for the company her and the facility driver worked at during that time.</p> <p>Interview with the Administrator on 10-7-11 at 10:40 a.m. indicated the company who had previously transported the facility residents had closed down. The Administrator indicated the facility driver position was a new position at the facility and the facility driver was only used as PRN (as needed) for residents who the facility was unable to get outside transportation for.</p> <p>The "Motor Vehicle Safety Program" policy provided by the Administrator on 10-7-11 at 11:30 a.m. indicated the purpose was to reduce risk of accidents related to the operation of motor vehicles. The key elements included, but were not limited to, " All authorized drivers will be in-serviced upon hire/assignment of driving duties on defensive driving techniques for the type of vehicle they</p>				

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	<p>operate." "This training will include safe operation of lifts for those vehicles so equipped."</p> <p>The Indiana Bureau of Motor Vehicle (BMV) web site http://www.in.gov/bmv/27544.htm, indicated a public passenger chauffeurs license grants the holder all the privileges of a drivers license. In addition, the holder of a public passenger chauffeurs license is permitted to transport passengers for hire as long as the vehicle her or she is operation is not designed or used to transport 16 or more persons, including the driver. Public passenger chauffeurs licenses are issued to Indiana residents who are at least 18 years old and have held a drivers license for at least two years. To get a public passenger chauffeurs license you need to visit a license branch and pass a public passenger chauffeur knowledge examination and a standard vision screening.</p> <p>This federal tag relates to complaint IN00098074.</p> <p>3.1-45(a)(1)</p>				

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F0328 SS=D	<p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation, interview and record review the facility failed to, obtain an order for oxygen therapy or care of the tracheostomy tube (opening in the neck through the trachea to provide an airway), to implement a care plan for tracheostomy care and to assess the resident's respiratory status immediately after she vomited for 1 of 1 residents reviewed for tracheostomy care in a sample of 6. (Resident #D)</p> <p>Findings include:</p> <p>On 10/7/11 at 9:45 a.m., Resident #D was observed in bed, her oxygen was on 6</p>	F0328	<p>F328 Treatment Care for Special Needs</p> <p>It is the practice of this provider to ensure that residents receive proper treatment and care for the following: injections, parenteral and enteral fluids, colostomy, urostomy, ileostomy, tracheostomy, tracheal suctioning, respiratory care, foot care and prosthesis Orders were obtained for oxygen therapy and tracheostomy care for resident #D. A care plan was also implemented for tracheostomy care. Resident #D returned from</p>	11/01/2011

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	<p>liters with an oxygen mask over her tracheostomy.</p> <p>The record of Resident #D was reviewed on 10/6/11 at 2:10 p.m. Resident #D's diagnoses included but were not limited to, chronic obstructive pulmonary disease, history of pneumonia, asthma and acute respiratory failure.</p> <p>Resident #D's Minimum Data Set (MDS), assessment, dated, 9/20/11 indicted the following:</p> <ul style="list-style-type: none"> - Brief Interview for Mental Status (BIMS), 15, indicated resident was cognitive intact - makes self understood, understood - ability to understand others, understands-clear comprehension <p>Resident #D's physician recapitulation orders dated 10/11 lacked an order for oxygen therapy or care of the tracheostomy tube.</p> <p>A document titled "Extended care Transfer Form" dated 10/1/11 indicated "trach-oxygen"</p> <p>During interview with staff LPN #1 on 10/7/11 at 9:30 a.m., indicated an order for Resident #D's oxygen was not found, she stated "I think her oxygen is on 4 liters."</p>		<p>the hospital and then was discharged home. Residents with oxygen and or tracheostomies have been reviewed to ensure orders were present in the medical record and care plans implemented. Nurses have been re-educated to ensure orders are obtained upon admission for oxygen and tracheostomy care. Nurses have been re-educated to ensure they complete an assessment on residents who have emesis and notify the physician. DON or designee will randomly monitor residents with oxygen, tracheostomies and change in condition weekly x4 then weekly x2 months thru our Care Management process and bring results to the monthly RM/QA Committee Compliance Date: 11/01/11</p>	

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	<p>During interview with the DON (Director of Nursing) on 10/7/11 at 10:25 a.m., indicated there was not a physician's order for Resident #D's oxygen but she thought it was on 4 liters. The DON also indicated there was no order for Resident #D's trach care until 10/7/11.</p> <p>Resident #D's Medication Administration Record (MAR) dated, 10/11, indicated "Trach care every shift, clean with normal saline do not use peroxide due to excoriation and change inner canula every shift and as needed."</p> <p>Resident #D's nursing notes dated 9/28/11 at 10:00 p.m., "resident requested to be sent to the emergency room, has vomited a few times since 6:30 p.m. now is having loose foul stools."</p> <p>Resident #D's admitting physician report to a local hospital, dated, 9/29/11 indicated "She has a history significant for chronic respiratory failure requiring tracheostomy, chronic obstructive pulmonary disease and coronary artery disease. She was brought to the emergency room tonight from the extended care facility for vomiting and diarrhea. At the time of evaluation the patient is very lethargic and not wanting to cooperate with the examination. The</p>			

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	<p>history is obtained through the emergency room staff and chart review. The patient reportedly experienced nausea, vomiting and diarrhea today, as well as abdominal pain. Per Emergency Medical Services (EMS) upon their arrival they were concerned there was an emesis present in her tracheostomy tubing. She had an oxygen saturation of 97% on her normal 3 to 4 liters. The patient was recently admitted from 9/9/11 through 9/12/11 for healthcare associated pneumonia and urinary tract infection with sepsis.</p> <p>Interview with Resident #D on 10/7/11 at 9:45 a.m., stated "the night I went to the hospital I had to tell them I needed to go to the hospital because I started vomiting right after supper and I vomited five or six times. The nurse said she could not give me anything for the vomiting because I didn't have an order for nausea medication."</p> <p>During interview with staff LPN #1 on 10/7/11 at 9:40 a.m., indicated a lung assessment was not conducted on Resident #D after she started vomiting on 9/28/11 until 10:00 p.m.</p> <p>This federal tag relates to complaint IN00098074.</p> <p>3.1-47(a)(4)</p>			

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F9999	Based on interview and record review the facility failed to report a resident tipping over in a wheelchair while being transported by the facility van for 1 of 3 residents sampled for accidents in a total sample of 6 (Resident #E).	F9999	F 9999 It is the practice of the facility to report events according to the state guidelines. Incident log has been reviewed and incidents meeting reporting criteria have been reported to the Department of Health Resident E shows no adverse	11/01/2011

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	<p>Finding include:</p> <p>Review of the record of Resident #E on 10-6-11 at 2:00 p.m., indicated the resident's diagnoses included, but were not limited to, chronic renal failure, asthma, senile dementia with behaviors, congestive heart failure, anxiety, depression and osteoporosis.</p> <p>The Minimum Data Set (MDS) assessment for Resident # E, dated 8-23-11 indicated the following: able to recall three words, able to report correct year, able to report correct month within 5 days, able to recall sock, blue and bed after cueing, able to make self understood- understood, ability to understand others- understands-clear comprehension, behaviors- none, transfer- extensive assistance of two people, walk in room- activity occurred only once or twice with the assistance of one person, locomotion off the unit- extensive assistance of one person and mobility device- wheelchair.</p> <p>The nurses note for Resident #E, dated 9-22-11 at 5:45 p.m., indicated the resident had returned to the facility. During the transport to an appointment the resident's wheelchair tipped. The resident indicated she bumped her head.</p>		<p>effects to the alleged deficient practice.</p> <p>Incidents will be discussed during the Care Management Process to ensure we are following the reporting criteria</p> <p>Staff have been re-educated on notifying the ED and DON of incidents that occur in the facility.</p> <p>ED or designee will monitor incidents weekly x4 then weekly x2months to ensure we are following reporting criteria and bring results to the monthly RM/QA Committee meeting for further review and recommendations. Compliance date: 11/01/11</p>	

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	<p>The resident was alert and oriented times three. An assessment was completed and no other injuries noted. Vital signs within normal limits and neurological assessment started.</p> <p>Interview with Resident #E on 10-6-11 at 2:30 p.m., indicated approximately 3 weeks ago she was riding in the van to an doctor's appointment and her wheelchair fell backward while going down the road. The resident indicated she hit her head on the floor. The resident indicated the driver stopped the van immediately and got her up and fastened her back in. The resident indicated the driver indicated to her that he did not have the correct belt and was going to bring his own straps in. The resident indicated she was able to go on to her doctors appointment. The resident indicated she had a blood bruise on her head, but it did not split open. The resident indicated she had an x-ray from local hospital #2. The resident indicated it hurt for a couple days, but was not bothering her now.</p> <p>Interview with the facility driver on 10-6-11 at 3:37 p.m. indicated he was an CNA and also did transportation for the facility. The facility driver indicated he had a passenger drivers license only. The facility driver indicated the facility van was a 12 person passenger van, but the</p>				

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	<p>bench seats were taken out to accommodate wheelchairs and currently the van holds two wheelchairs and 3 people on a bench seat, 1 person in the passenger seat and the driver. The facility driver indicated on 9-22-11 was his first day working for the facility and facility did not train him on transportation. The facility driver indicated he had previous experience with transportation, wheelchair lifts and vans from previous employment. The facility driver indicated on 9-22-11 he had taken Resident #E to a doctor appointment and when they returned to the facility he was assisting Resident #E out of the van by pulling the wheelchair out of the van and one of the wheels got caught in a groove in the van floor and the resident's wheelchair tipped over onto to the van's floor. The facility driver indicated the resident said she hit her head and he took the resident to the nurse and told the nurse what happened. The facility driver indicated he brought his own straps in from home after the incident for extra straps for the van.</p> <p>Interview with the Administrator on 10-7-11 at 9:40 a.m. indicated the facility did not report the incident on 9-22-11 to the Department of Health.</p> <p>This State finding relates to complaint IN00098074.</p>			

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

PRINTED: 10/26/2011

FORM APPROVED

OMB NO. 0938-0391

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