

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155386	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/07/2013
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NAME OF PROVIDER OR SUPPLIER  LAURELS OF DEKALB	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W LIBERTY ST BUTLER, IN 46721
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F000000	<p>This visit was for the Investigation of Complaints IN00137290.</p> <p>Complaint IN00137290-Substantiated. Federal/state deficiencies related to the allegations are cited at F166, F247, F248, F309 and F314.</p> <p>Survey dates: October 2, 3, 4, and 7, 2013</p> <p>Facility number: 000574 Provider number: 155386 AIM number: 100266430</p> <p>Survey team: Christine Fodrea, RN TC (October 3, 4, and 7) Angie Strass, RN Sue Brooker, RD</p> <p>Census bed type: SNF/NF: 94 Total: 94</p> <p>Census payor type: Medicare: 8 Medicaid: 40 Other: 46 Total: 94</p> <p>Sample: 29</p>	F000000	The Laurels of DeKalb wishes to have this submitted plan of correction stand as its allegation of compliance. The date of alleged compliance is 11/6/13. Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with, either the existence of or the scope and severity of any of the cited deficiencies. This plan is prepared and/or executed to ensure continued compliance with regulatory requirements. The facility respectfully requests a desk review in lieu of a survey revisit.	

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>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p>			

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F000166 SS=D	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on interview and record review, the facility failed to ensure facility concern policy was followed for 1 of 3 residents reviewed regarding concerns in a sample of 29. (Resident #I)</p> <p>Findings include:</p> <p>Resident #I's record was reviewed 10-4-2013 at 9:30 a.m. Resident #I's diagnoses included but were not limited to: dementia with delusions and behaviors, osteoarthritis, and heart disease.</p> <p>In an interview on 10-3-2013 at 1:17 p.m., Resident #I's family member indicated she had voiced a concern to staff regarding a roommate moved into Resident #I's room on 9-21-2013. Resident #I's family member indicated no one addressed her regarding the concern or the fact Resident #I was getting a roommate.</p> <p>In an interview on 10-3-2013 at 2:32 p.m., CNA #1 indicated Resident #I's family member had expressed a</p>	F000166	<p>No negative outcome resulted from the delay in completion of the Guest Satisfaction/Concern Form. Current residents/legal representatives voicing a concern have the potential to be affected. All residents/responsible parties will be informed about the facility's Guest Satisfaction/Concern Form by 11/6/13. All Staff will be in-serviced by the Administrator/Designee on the facility's Guest Satisfaction/Concern Form policy by 11/6/13. The Administrator will review guest concern forms weekly for the next (4) four weeks to ensure timely follow up. Variances will be promptly corrected. The Social Service Director/Designee will monitor on-going compliance and will report concerns to the Administrator and to the Quality Assurance Committee monthly thereafter. Continued compliance of the regulation will be monitored by the Social Service Director and through staff members during daily rounds. Concerns will be addressed at the time of observation. The Quality Assurance Committee will monitor any negative trends until</p>	11/06/2013	

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	<p>concern about a new roommate to her, and she had told the Social Service Director, but had not written it down to be followed up on.</p> <p>In an interview on 10-4-2013 at 9:55 a.m., the Social Services Director indicated staff had told her about Resident #'s family member concern on 9-21-2013. The Social Services Director further indicated she did not address the family member's concern until the care plan meeting on 9-25-2013 and at that time, the family member indicated there was no concern with the new roommate.</p> <p>A current policy titled Guest Satisfaction Concern/ Suggestion Form, dated 4-2003, provided by the Social Services Director on 10-4-2013 at 11:25 a.m., indicated "1. A guest or family member voicing a concern will fill out the top of a concern form. If the family does not fill out the concern form, a staff member is to complete the form."</p> <p>This Federal tag relates to Complaint IN00137290.</p> <p>3.1-7(a)(2)</p>		resolved and initiate additional education and/or monitoring as the need is identified. The Medical Director will review the progress of the findings and offer input as necessary. The Administrator is responsible for continued compliance with the regulation.				

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F000247 SS=D	<p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on interview and record review, the facility failed to notify the representative of a resident prior to a roommate being placed in the room for 1 of 3 residents with room or roommate changes in a sample of 29. (Resident #I)</p> <p>Findings include:</p> <p>Resident #'s record was reviewed 10-4-2013 at 9:30 a.m. Resident #'s diagnoses included but were not limited to: dementia with delusions and behaviors, osteoarthritis, and heart disease.</p> <p>In an interview on 10-3-2013 at 1:17 p.m., Resident #'s family member indicated a roommate moved into Resident #'s room on 9-21-2013. Resident #'s family member indicated no one had addressed her regarding the fact Resident #I was getting a roommate.</p> <p>In an interview on 10-4-2013 at 9:55 a.m., the Social Services Director indicated Resident #I had gotten a roommate on 9-21-2013. The Social</p>	F000247	No negative outcome resulted from the identified concern. No other resident or resident representatives have been identified. The Social Service Director/Designee will be in-serviced on the facility's policy of Notification of Room Change or Roommates by the Administrator by 11/6/13. Room changes and new admissions are reviewed during the morning meeting. The Social Service Director/Designee will ensure that identified residents are notified in advance of new roommates or room changes. Continued compliance of the regulation will be monitored by the Social Service Director and by staff members during daily rounds. Concerns will be addressed at the time of notification. Additionally Resident Council will be queried during the monthly meeting for the next (3) three months. The Social Service Director/Designee will monitor compliance weekly times (4) four weeks and then monthly thereafter. The Social Service Director/Designee will report the findings to the Quality Assurance Committee monthly thereafter for 1 year. The Quality Assurance Committee will monitor any negative trends until	11/06/2013	

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	<p>Services Director further indicated she did not address the family member regarding the roommate until the care plan meeting on 9-25-2013. The Social Services Director indicated it was the responsibility of the nursing staff to notify family members when the resident got a new roommate. She further indicated the notification should have been charted in the Nursing Notes.</p> <p>A Review of Nurse's notes for the time period of 9-10-2013 through 9-21-2013 indicated no one had been notified of Resident #1 receiving a roommate.</p> <p>A current policy titled Notification of Room Change and/or Roommate, dated 10-2008, provided by the Social Services Director on 10-4-2013 at 11:25 a.m., indicated "...6. Social Service will notify the present room occupant(s) that they will receive a new roommate in advance of the transfer. The present room occupant(s) will be afforded the opportunity to discuss the matter with Social Services...."</p> <p>This Federal tag relates to Complaint IN00137290.</p> <p>3.1-3 (v)(2)</p>		resolved and initiate additional education and/or monitoring as the need is identified. The Medical Director will review the progress of the findings and offer input as necessary. The Administrator is responsible for the continued compliance with the regulation.				

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F000248 SS=E	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview and record review, the facility failed to ensure activities were available on the dementia unit. This had the potential to affect 16 of 24 residents residing on the dementia unit. (Residents #D, H, G, J, BB, F, TT, QQ, M, RR, VV, ZZ, DD, E, AA, and YY)</p> <p>Findings include:</p> <p>During a continuous observation on the dementia unit on 10-3-2013 between 11:01 a.m. and 11:30 a.m., the following was observed: 9 residents were in the area: Resident #D, Resident #H, Resident #G, Resident #J, Resident #BB, Resident #M, Resident #F, Resident #TT and Resident #QQ. A movie was on the television. 4 residents were facing the television: Resident #QQ, Resident #M, Resident #G and Resident #BB. 4 were facing away from the television: Resident #F, Resident #J, Resident #D and Resident #TT; one resident was in a Broda chair and</p>	F000248	No negative outcomes resulted from the identified concern. Currents residents on the Dementia Unit have the potential to be affected. All Residents residing on the Dementia Unit will have their Activity Care plans reviewed for preferences. All Dementia Unit Staff will be in-serviced by 11/6/13 by the Social Service Director/Program Director on the Activity Programming for the Dementia Unit. The Social Service Director/Program Director/Designee will monitor compliance daily for (4) four weeks, then (3) three times a week for (4) four weeks, then monthly thereafter. Variances will be corrected at the time of observation. Continued compliance will be monitored by the Social Service Director/Program Director/Designee and the Unit Manager/Designee during daily round observations. Concerns will be addressed at the time of observation. Variances will be corrected at the time of observation and additional education provided. The Director	11/06/2013			

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	<p>unable to position herself to see the television : Resident #J. One was in a wheelchair across the room facing a blank wall Resident #F, and 1 resident was pacing in the lounge area, going from table to table Resident #H. Five of the 9 residents were sleeping Resident #TT, Resident #D, Resident #F, Resident #G and Resident #QQ.</p> <p>Three CNAs were assigned to the dementia unit. All CNAs were observed toileting or giving care to the other residents on the unit. At 11:21 a.m., CNA #2 came into the lounge area, turned off the television, and turned on music. None of the residents were consulted prior to the movie being changed and the music turned on. There was no conversation with the residents about what type of music they would prefer. At 11:30 a.m., lunch was served in the lounge area.</p> <p>During a continuous observation on 10-3-2013 between 1:12 p.m. and 3:15 p.m., the following was observed: 6 residents were in the lounge, Resident #F, Resident #BB, Resident #QQ, Resident #RR, Resident #D and Resident #VV, looking at large books. There was no music, or any CNA talking about the</p>		<p>of Nursing and/or Social Service Director/Program Director will report concerns to the Quality Assurance Committee monthly for (3) three months then quarterly thereafter for 1 year. The Quality Assurance Committee will monitor any negative trends until resolved and initiate additional education and/or monitoring as the need is identified. The Medical Director will review the progress of the findings and offer input as necessary. The Administrator is responsible for the continued compliance with the regulation.</p>				

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	<p>books, or assisting anyone to read. At 2:17 PM, CNA #2 came in and read to the residents until 2:20 p.m. No residents looked up, or commented on the reading. CNA #2 did not have eye contact with any of the residents and did not ask for comments during her reading. At 2:20 p.m., CNA #2 put music on without discussing what type of music the residents would prefer. At 2:30 p.m., CNA #1 began giving snacks to residents and assisted those who needed assistance. At 2:45 p.m., CNA #3 came into the lounge, and began to read to the residents without turning the music off.</p> <p>During a continuous observation on 10-4-2013 between 9:00 a.m. and 11:05 a.m. the following was observed: at 9:00 a.m., CNA #2 was serving coffee to 15 residents in the lounge, Resident #RR, Resident #H, Resident #D, Resident #G, Resident #F, Resident #TT, Resident #VV, Resident #BB, Resident #ZZ, Resident #DD, Resident #QQ, Resident #M, Resident #E, Resident #AA, and Resident #YY. 4 residents were sleeping, Resident #QQ, Resident #F, Resident #TT, and Resident #E. Exercise music was on. There was not a staff member modeling the exercise instructions on</p>				

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	<p>the music and no one was encouraged to participate. No residents were participating in the exercise. At 9:26 a.m., the exercise music stopped, CNA #2 gave instructions to one resident to breathe deeply, while she checked on the coffee, but no other resident was given any cueing or instruction. At 9:45 a.m., CNA #5 handed out large print reading books. One resident read aloud until 9:47 a.m., the resident told CNA #5 she was tired of reading. CNA #5 read aloud until 9:48 a.m., then took the books away, and gave out large print song sheets. Music was put on, corresponding to the large print song book. The residents were not assisted to turn the pages, or to sing along. At 10:02 a.m., CNA #6 took the song books away, turned on the television and assisted other residents to toilet or with care. At 11:30 a.m., residents were still sitting in the lounge with the television on. 10 of the 15 residents were sleeping.</p> <p>In an interview on 10-3-2013 at 2:45 p.m., CNA #1 indicated there was not enough help to get things done like it was printed out on the schedule. She additionally indicated she did not know who the Program Director of the unit was.</p>						

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	<p>In an interview on 10-3-2013 at 2:52 p.m. CNA #4 indicated there were not any activities on the dementia unit that held the resident's attention. She indicated she did not know who the Program Director was for the dementia unit and the CNAs had not been trained to do activities.</p> <p>In an interview on 10-4-2013 at 10:45 a.m., LPN #7 indicated she did not know who the Program Director was, but she would find out.</p> <p>In an interview on 10-4-2013 at 10:51 a.m., LPN #7 indicated the Social Services Director was the program director.</p> <p>In an interview on 10-4-2013 at 11:05 a.m., the Social Services Director indicated there was no set person to do the activities on the dementia unit, but one of the CNAs should be in control of the activities for the day. Additionally, there was a book on the dementia unit that indicated what activity was to be done when and how the activity was to be completed. The Social Services Director indicated she monitored the activities on the dementia unit by walking through the unit and checking on it. Additionally, the Social Services Director indicated</p>						

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	<p>the activities should be done as indicated by the activity schedule.</p> <p>A current Activity schedule, without a date, provided on 10-4-2013 at 8:30 a.m. by the Administrator, indicated on any day between 9:15 a.m. and 10:15 a.m., exercise and current events with the option of table games, puzzles, and short stories were an option; between 10:15 a.m. and 11:00 a.m., word games, music, ball toss, hall walking, and outdoor activities (weather permitting) should be happening; between 11:00 a.m. and 11:30 a.m., meal prep time was the activity, between 1:00 p.m. and 2:30 p.m. was quiet time, and between 2:30 p.m. and 3:30 p.m. was snacks, daily devotions, and boards games or outdoor gardening (weather permitting).</p> <p>This Federal tag relates to Complaint IN00137290.</p> <p>3.1-33(a)</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure ongoing assessment of an acute condition was performed for 2 of 5 residents reviewed for assessment of acute conditions in a sample of 29. ( Resident #G and Resident #NN)</p> <p>Findings include:</p> <p>1. Resident #G's record was reviewed 10-3-2013 at 3:15 p.m. Resident #G's diagnoses included but were not limited to: bipolar disorder, anxiety, and diabetes.</p> <p>A physician's order, dated 8-5-2013, indicated Resident #G was to receive Levaquin (an antibiotic) 500 milligrams(MG) each day for 10 days for pneumonia, ending 8-14-2013.</p> <p>A review of Resident #G's Nurse's Notes indicated breath sounds were charted on 8-5-2013 through 8-8-2013, but no breath sounds were charted 8-9-2013 through 8-14-2013.</p>	F000309	Resident #'s G and #NN had no negative outcomes resulting from the identified concern. Current residents exhibiting a change in condition have the potential to be affected. Current residents with an acute change in condition have been reviewed by the Unit Managers to ensure on-going assessments are in place and assessments are documented in the medical record. Variances were corrected as identified. All licensed nurses will be in-serviced by the Director of Nursing/Designee by 11/6/13 relating to the required assessments for changes in condition and the facility's policy for documenting the assessment in the medical record. Changes in condition and new orders are reviewed during the morning clinical meeting. The Unit Managers/Designee will monitor the documentation of assessments for identified residents (3) three times a week for (4) four weeks, then weekly for (4) four weeks, then monthly thereafter. Variances will be corrected at the time of	11/06/2013	

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	<p>In an interview on 10-4-2013 at 9:10 a.m., LPN#7 indicated breath sounds should have been charted while Resident #G was on antibiotics.</p> <p>A current policy titled documentation, provided by the Administrator on 10-3-2013 at 9:30 a.m., dated 03-2011, indicated "...11. c. documented assessment of lung sounds should be completed throughout the duration of the illness or antibiotic regimen...."</p> <p>2. Resident #NN's record was reviewed 10-7-2013 at 10:00 a.m. Resident #NN's diagnoses included Alzheimer's dementia, and lymphoma.</p> <p>A Physician's order, dated 8-26-2013, indicated Resident #NN was to receive Bactrim DS (an antibiotic) two times daily for 7 days for a urinary tract infection.</p> <p>A review of Resident #NN's nurse's notes indicated no assessment of urine color, quantity, odor, or frequency of urination was completed while Resident #NN was on antibiotics.</p> <p>In an interview on 10-7-2013 at 10:30</p>		<p>observation and additional education provided. Monitoring results will be reported to the Director of Nursing weekly for the next (8) eight weeks and concerns will be reported to the Quality Assurance Committee monthly for 1 year. The Quality Assurance Committee will monitor any negative trends until resolved and initiate additional education and/or monitoring as the need is identified. The Medical Director will review the progress of the findings and offer input as necessary. Continued compliance will be monitored through review of new orders and changes in condition during the morning clinical meeting, record reviews through the facility's Quality Assurance Program. The Administrator is responsible for the continued compliance with the regulation.</p>				

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	<p>a.m., RN#8 indicated an assessment of urine status should have been completed daily while Resident #NN was on antibiotics.</p> <p>A current policy titled documentation, dated 03-2011, provided by the Administrator on 10-3-2013 at 9:30 a.m., indicated "documentation of a resident's acute illness should include: temperatures throughout the duration of the illness and any condition update."</p> <p>This Federal tag relates to Complaint IN00137290.</p> <p>3.1-37(a)</p>				

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on interview and record review, the facility failed to ensure 1 resident (#S) in a sample of three residents reviewed, received treatment for pressure sores in a timely manner.</p> <p>Finding Includes:</p> <p>On 10/2/13 at 10:45 a.m. review of the clinical record for Resident #S indicated he was admitted with Diagnoses including but not limited to multiple sclerosis, diabetes and neoplasia with a colostomy.</p> <p>Review of the "Nursing Admission Assessment," dated 8/23/13, indicated the resident had 2 open areas on his buttock. One area measured 2.0 x 0.2 x 0.1 centimeters with scant drainage and the other area measured 2.0 x 3.0 x 0.1</p>	F000314	Resident #S had no negative outcome that resulted from the identified concern and the resident's treatment is being administered as ordered by the physician. Current residents with pressure sores have the potential to be affected. All residents with pressure sores have been reviewed by the Administrative Nurses to ensure treatment orders are in place and the treatment is being administered as ordered. No other variances were identified. All licensed nurses will be in-serviced by 11/6/13 by the DON/Designee relating to obtaining wound treatment orders for new admissions upon admission. New admissions are reviewed during the morning clinical meeting. The Unit Managers will ensure that residents admitted with pressure sores have orders upon admission. Variances will be corrected as identified. The Unit Managers/Designee will monitor	11/06/2013	

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	<p>centimeters and was red.</p> <p>Review of the August "Treatment Administration Record" did not indicate a treatment for the 2 open areas until 8/30/13.</p> <p>A physician's order, dated 8-30-2013, indicated to "Cleanse area with wound cleanser, and pat dry. Apply Solosite and Allewyn . Change every 3 days and as needed for soilage."</p> <p>Interview with the Director of Nursing, on 10/4/13 at 11:00 a.m., indicated the resident had come into the facility with a dressing on the open areas which was called "Mepilex Border". She indicated the dressing could be on the wound for 7 days.</p> <p>Review of the hospital progress notes, dated 8/23/13, indicated the resident had a "deep tissue injury on his buttock which measured 2.0 centimeters x 5.0 centimeters and a "Meplix Border" had been placed.</p> <p>On 10/7/13 at 9:00 a.m. further review of the clinical record indicated a treatment had not been done to the resident's open areas on his buttock since his stay in the hospital, until 8/30/13. The "Admission Nursing Assessment," dated 8/23/13 at 6:30</p>		<p>compliance daily during the morning clinical meeting. Concerns will be reported to the Director of Nursing. The Director of Nursing will report the findings to the Quality Assurance Committee monthly for 1 year. The Quality Assurance Committee will monitor any negative trends until resolved and initiate additional education and/or monitoring as the need is identified. The Medical Director will review the progress of the findings and offer input as necessary. Continued compliance will be monitored through daily round observations and through the facility's Quality Assurance Program. The Administrator is responsible for continued compliance with the regulation</p>				

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	<p>p.m., indicated the nurse had assessed and measured the wounds but did not indicate a dressing and/or treatment had been done to the area.</p> <p>This Federal tag relates to Complaint IN00137290.</p> <p>3.1-40(a)(2)</p>				