

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155799	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/25/2014
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NAME OF PROVIDER OR SUPPLIER  MARION REHABILITATION AND ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 614 WEST 14TH STREET MARION, IN 46953
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F000000	<p>This visit was for the Investigation of Complaint IN00159313.</p> <p>Complaint IN00159313 - Substantiated. Federal/State deficiency related to the allegation is cited at F514.</p> <p>Survey dates: November 24 and 25, 2014</p> <p>Facility number: 012809 Provider number: 155799 AIM number: 201136580</p> <p>Surveyor: Betty Retherford, RN</p> <p>Census bed type: SNF/NF: 15 SNF: 32 Residential: 30 Total: 77</p> <p>Census payor type: Medicare: 20 Medicaid: 15 Other: 12 Total: 47</p> <p>Sample: 4</p> <p>This deficiency also reflects state</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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F000514 SS=D	<p>findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.75(l)(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 record review and interview, the facility failed to ensure resident clinical records were complete and accurately documented in regards to family notification and event documentation for 2 of 3 residents reviewed for documentation of falls and/or injuries in a sample of 4. (Resident #B and #D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #B</p>	F000514	<p><b>This Plan of Correction is</b></p> <p><b>Prepared and executed because</b></p> <p><b>The provision of State and Federal</b></p> <p><b>Law require it and not because</b></p> <p><b>Marion Rehabilitation &amp; Assisted</b></p> <p><b>Living Center agrees with the</b></p> <p><b>Allegations made in the cited</b></p>	12/05/2014	

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	<p>was reviewed on 11/24/14 at 11:30 a.m. Diagnoses for the resident included, but were not limited to, congestive heart failure, history of left lower leg amputation, atria fibrillation, and hypertension.</p> <p>Two "Non-Pressure Skin Condition Reports", dated 9/29/14, indicated the resident had sustained two skin tears on his left arm. The reports indicated the physician and "family" were notified of the skin tears. The note did not indicate the name of the family member notified. The reports lacked any information related to how the injuries occurred.</p> <p>A nursing note entry, dated 9/29/14 at 12 p.m., indicated "...2 skin tears noted to L [left] arm. [Name of doctor] notified. NO [new order] ...." The nursing notes lacked any information as to how the skin tears occurred or any family notification of the injury.</p> <p>Physical Therapist [PT] #1 was interviewed on 11/24/14 at 2:55 p.m. PT #1 indicated she was walking Resident #B with a gait belt in use and with a wheelchair in place behind him when he became unsteady, lost his balance, and dropped backward into the wheelchair on 9/29/14. She indicated his left arm made contact with the armrest of the</p>		<p><b>Deficiencies. The facility maintains</b></p> <p><b>That the alleged deficiencies do not</b></p> <p><b>Jeopardize the health and safety</b></p> <p><b>Of guests, nor are they of such</b></p> <p><b>Character so as to limit our capability</b></p> <p><b>To render adequate care.</b></p> <p><b>This facility respectfully request</b></p> <p><b>A desk review/paper compliance of</b></p> <p><b>The allegations addressed in this POC.</b></p> <p><b>* Resident B was previously discharged</b></p> <p><b>Resident D-an SBAR is completed and</b></p> <p><b>The guest family has been contacted</b></p> <p><b>And advised of fall interventions in</b></p> <p><b>Place.</b></p>				

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	<p>wheelchair and he sustained the skin tears noted above. She indicated she took the resident to his unit and the nursing staff assessed and followed up on the skin tear injury.</p> <p>The clinical record lacked any information related to the therapist's explanation of how the injury occurred.</p> <p>The Regional Director of Clinical Operations was interviewed on 11/24/14 at 3:25 p.m. She indicated a "Situation Background Assessment and Recommendation" [SBAR] form was to be completed when resident injuries occurred and were used to document the event information and follow-up treatment and assessment. She indicated this form was maintained in a "Purple book" at the nursing station until the follow-up time period was completed and it was then placed in the clinical record.</p> <p>The clinical record for Resident #B lacked any SBAR form related to the 9/29/14 skin tears which were sustained during a physical therapy session.</p> <p>The Regional Director of Clinical Operations was interviewed on 11/25/14 at 10:25 a.m. She indicated she was unable to find any SBAR form related to the 9/29/14 skin tears in the clinical</p>		<p><b>Situation Background Assessment</b></p> <p><b>Recommendation Form (SBAR) for the</b></p> <p><b>Last 30 days have been reviewed for</b></p> <p><b>Completion of documentation as well</b></p> <p><b>As family notification.</b></p> <p><b>Licensed nursing staff have been</b></p> <p><b>Inserviced on completing the SBAR.</b></p> <p><b>Audit of SBARs will be done 3x/week</b></p> <p><b>For 4 weeks to ensure the SBARs are</b></p> <p><b>Completed per policy. If at the</b></p> <p><b>Conclusion of 4 weeks the facility has</b></p> <p><b>Not seen 100% compliance re-education</b></p> <p><b>Of licensed nursing staff will occur and</b></p>		

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	<p>record for Resident #B.</p> <p>2. The clinical record for Resident #D was reviewed on 11/24/14 at 1:55 p.m. Diagnoses for the resident included, but were not limited to, spinal stenosis of lumbar region and osteoarthritis.</p> <p>An undated "IDT Post-Occurrence Assessment and Plan Review" record indicated Resident #D had fallen in his room on 10/9/14 when he attempted to self transfer onto the toilet.</p> <p>The nursing notes, dated 10/9/14, lacked any information related to the resident having fallen on that date. A Post Fall Documentation Flow Sheet indicated the fall occurred on 10/9/14 at 10 p.m.</p> <p>The clinical record lacked an SBAR record for the fall on 10/9/14 at 10 p.m.</p> <p>The Regional Director of Clinical Operations was interviewed on 11/25/14 at 9:45 a.m. She indicated she was unable to find any SBAR form related to the 10/9/14 fall in the clinical record for Resident #B.</p> <p>3. Review of the current facility policy, updated October 2011, titled "Managing Change of Condition", provided by the Regional Director of Clinical Operations</p>		<p><b>Audits will increase to 5x/week until</b></p> <p><b>100% compliance is attained consistently.</b></p> <p><b>The SBAR audit results will be taken</b></p> <p><b>To the monthly QA&amp;A for review and</b></p> <p><b>Evaluation monthly for 3 months or</b></p> <p><b>Until 100% compliance is attained</b></p> <p><b>Consistently.</b></p>	

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	<p>on 11/2514 at 10:30 a.m., included, but was not limited to, the following:</p> <p>"Objective:</p> <p>To appropriately assess, document, and communicate changes of condition (COC) to the primary care provider. To provide treatment and services to address changes in accordance with resident needs and existing Advance Directives....</p> <p>...If the change in condition does not appear life-threatening, the following steps may be followed:</p> <ol style="list-style-type: none"> <li>1. Select and complete each section of the appropriate COC SBAR or Report of Incident SBAR....</li> <li>...3. Notify the Resident and/or responsible party of current status and subsequent actions/orders.</li> <li>4. Document assessment findings and communications...." <p>This federal tag relates to Complaint IN00159313.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p> </li></ol>			