

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155246	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/27/2016
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NAME OF PROVIDER OR SUPPLIER  CHESTERTON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 110 BEVERLY DR CHESTERTON, IN 46304
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00190812 and IN00191098.</p> <p>Complaint IN00190812-Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00191098- Substantiated. Federal/State deficiencies related to the allegation are cited at F323</p> <p>Survey date: January 27, 2016</p> <p>Facility number: 000150 Provider number: 155246 AIM number: 100267000</p> <p>Census bed type: SNF/NF: 76 Total: 76</p> <p>Census payor type: Medicare: 13 Medicaid: 47 Other: 16 Total: 76</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This plan of correction is to serve as Chesterton Manor's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Chesterton Manor or its' management company that the allegations contained in this survey report are a true and accurate portrayal of the provisions of nursing care and other services in this facility. Nor does this submission constitute agreement or admission of the survey allegations. We are respectfully requesting we be considered for a paper compliance resolution to this survey event.</p>	
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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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F 0323 SS=D Bldg. 00	<p>Quality review completed by 26143, on January 31, 2016.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. Based on observation, record review, and interview, the facility failed to ensure each resident was free from accidents related to no interventions in place at the time of multiple falls for 1 of 3 residents reviewed for falls. (Resident #B)</p> <p>Finding includes:</p> <p>On 1/27/16 at 9:20 a.m., Resident #B was observed sitting in her wheelchair in her room by the bed. At that time, there was no chair alarm attached to the resident's chair.</p> <p>Interview with CNA #1 at the time, indicated the resident did not have an alarm on her chair.</p> <p>On 1/27/16 at 10:00 a.m., 11:10 a.m., and 12:40 a.m., the resident was observed</p>	F 0323	<p>F323 §483.25(h) Accidents. It is the practice of Chesterton Manor to ensure that each resident is free from any accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents.</p> <p>I. Resident #B current and updated plan of care dated 12/31/15 indicated the resident was at risk for falls. The Nursing approaches included an alarm to chair and alarm to bed. The care card indicated the resident was to only have a bed alarm, a chair alarm was not indicated. Resident #B observed not to have chair alarm in place.</p> <p>II. Currently ----- Residents utilizing chair alarms have the potential to be affected.</p> <p>III. Chesterton Manor has a policy regarding Fall Prevention and Assessment. The Interdisciplinary Team and Nursing staff have</p>	02/12/2016

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	<p>sitting in her wheelchair. At those times, the resident did not have a chair alarm attached to her wheelchair.</p> <p>The record for Resident #B was reviewed on, 1/27/16 at 9:00 a.m. The resident's diagnoses included, but were not limited to, history of falling, unsteady on feet, high blood pressure, dementia, adult failure to thrive, and major depressive disorder.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 1/13/16 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 3 indicating she was not alert and oriented and was severely impaired for decision making. The resident required extensive assist with a one person physical assist for all transfers and toilet use. The resident had a history of falls of two or more since the last assessment with injury (not major).</p> <p>The current and updated plan of care dated 12/31/15 indicated the resident was at risk for falls. The Nursing approaches were to offer to place resident in bed between breakfast and lunch, alarm to chair and alarm to bed. The start dates for the alarms to be on the chair and bed were dated 6/29/15.</p> <p>Nursing Progress Notes dated 11/13/15 at</p>		<p>been re -educated on this policy. IV. Chesterton Manor fall interventions have been reviewed. The DON, or her designee, is conducting quality assurance audits to ensure that Residents who are care planned for falls have interventions in place at point of care, interventions are communicated to staff and Residents who have had a fall will be reviewed during the clinical IDT. This QA audit will be completed 3 times per week for 30 days; then monthly for 6 months. Results of these audits will be reported at the QA committee monthly. Any negative findings will add another four weeks of audits until 100% compliance is achieved.</p>	

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	<p>8:30 a.m., indicated the resident was found lying on her left side on the floor in front of her recliner and next to her bed holding onto the bed side rail. The resident indicated she fell over.</p> <p>The 11/13/15 Incident report for the fall was reviewed. The report was provided by the Director of Nursing. The report indicated the section under, Predisposing Situation Factors, was checked "none of the above." Under this section, was where staff could document if a bed or chair alarm was in place.</p> <p>Nursing Progress Notes dated 11/15/15 at 10:41 p.m., indicated at 7:30 p.m., the resident was noted on the floor on her left side of her body.</p> <p>The 11/15/15 Incident report for the fall was reviewed. The report was provided by the Director of Nursing. The report indicated the section under, Predisposing Situation Factors, was incomplete.</p> <p>Nursing Progress Notes dated 11/26/15 at 10:49 p.m., indicated the resident was in her room and slipped out of her chair and down to the floor. The resident sustained a skin tear to her right elbow.</p> <p>The 11/26/15 Incident report for the fall was reviewed. The report was provided</p>			

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	<p>by the Director of Nursing. The report indicated the section under, Predisposing Situation Factors, was checked "Wheelchair wheels unlocked."</p> <p>Nursing Progress Notes dated 12/6/15 at 7:10 a.m., indicated the resident was found lying on left side in front of the door.</p> <p>The 12/6/15 Incident report for the fall was reviewed. The report was provided by the Director of Nursing. The report indicated the section under, Predisposing Situation Factors, was incomplete.</p> <p>Nursing Progress Notes dated 12/20/15 at 8:28 p.m., indicated the resident was found on the floor next to her bed. The resident's wheelchair was next to her. The resident indicated she was trying to get into bed.</p> <p>The 12/20/15 Incident report for the fall was reviewed. The report was provided by the Director of Nursing. The report indicated the section under, Predisposing Situation Factors, was incomplete.</p> <p>The CNA care card was reviewed. The care card indicated the resident was to only have a bed alarm, a chair alarm was not indicated.</p>			

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	<p>Interview with LPN #1 on 1/27/16 at 1:45 p.m., indicated there was no place to document whether the chair alarm was in place or not on the Medication or Treatment sheets.</p> <p>Interview with the Director of Nursing on 1/27/16 at 2:00 p.m., indicated the resident was to have a wheelchair alarm in place while sitting up in her wheelchair.</p> <p>This Federal Tag relates to Complaint IN00191098</p> <p>3.1-45(a)(2)</p>				