

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 01/15/2014
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NAME OF PROVIDER OR SUPPLIER WOOD RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 17650 GENERATIONS DR SOUTH BEND, IN 46635
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R000000	<p>This survey was for the Investigation of Complaint IN00140041.</p> <p>Complaint IN00140041 - Substantiated. State deficiencies related to the allegations are cited at R0006.</p> <p>Survey date: January 15, 2014</p> <p>Facility number: 001148 Provider number: N/A Medicaid number: N/A</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: Residential: 70 Total: 70</p> <p>Census payor source: Medicaid: 55 Other: 15 Total: 70</p> <p>Sample: 7</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on January 22, 2014, by Brenda Meredith, R.N.</p>	R000000		
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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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R000006	<p>410 IAC 16.2-5-0.5(f)(1-5) Scope of Residential Care - Deficiency (f) The resident must be discharged if the resident:</p> <p>(1) is a danger to the resident or others; (2) requires twenty-four (24) hour per day comprehensive nursing care or comprehensive nursing oversight; (3) requires less than twenty-four (24) hour per day comprehensive nursing care, comprehensive nursing oversight, or rehabilitative therapies and has not entered into a contract with an appropriately licensed provider of the resident ' s choice to provide those services; (4) is not medically stable; or (5) meets at least two (2) of the following three (3) criteria unless the resident is medically stable and the health facility can meet the resident ' s needs: (A) Requires total assistance with eating. (B) Requires total assistance with toileting. (C) Requires total assistance with transferring.</p> <p>Based on observations, record reviews and interviews, the facility failed to discharge 4 residents who required comprehensive nursing oversight as related to continued redirection, increase assistance with ADL's (Activities Daily Living: including but not limited to transfers, eating, dressing, toileting, ambulation). This deficiency affected 4 of 4 residents reviewed in a sample of 7. (Resident "B", Resident "C", Resident "D", Resident "N")</p>	R000006	<p>It is the practice of this facility to adhere to the</p> <p>regulations, Policies and Procedures set forth by the Facility in regards to</p> <p>discharging residents who require comprehensive nursing oversight.</p>	01/31/2014
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	<p>Finding includes:</p> <p>On 01/15/14, at 10:50 a.m. ,the acting Administrator provided an undated copy of the "Criteria for Admission", which indicated: "The criteria for admission and continued stay at Wood Ridge related to the resident's physical health and service needs, and facility house rules, and requirements under the Residential Care Health Facility Regulations 410 IAC 16.2-5-1.2...as follows:..</p> <p>*Resident may not require 24- hour per day comprehensive nursing care or comprehensive nursing oversight, and must be medically stable...</p> <p>*Resident must not require total assistance with at least two of the following criteria: eating, toileting and transferring, ...</p> <p>*Resident's presence does not present an imminent physical threat or danger to self or others...</p> <p>*Resident's service needs can be adequately met by the facility.</p> <p>*Facility continues to operate and can provide services to the resident;</p> <p>...</p> <p>*Resident must be able to respond to emergencies, such as evacuating the community in case of a fire.</p> <p>Only residents whose needs can be</p>		<p>1.</p> <p>Effective January 31, 2014, three of the four</p> <p>residents noted in the deficiency have been discharged from the facility. One of the residents noted in the alleged deficient</p> <p>practice remains in the facility and currently has a stable status. He meets the criteria for continued stay in</p> <p>the facility at this time; If the status changes, the facility will meet with</p> <p>the resident and or responsible party and or case manager to determine</p> <p>discharge and appropriate placement.</p>				

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	<p>met by the facility, as determined by a pre-admission assessment may be admitted, and remain at Wood Ridge."</p> <p>1. The record of Resident "B" was reviewed on 01/15/14 at 9:50 a.m. Resident "B" was admitted to the facility on 11/02/13 with diagnoses including, but not limited to, malnutrition, paranoia, confusion, diabetes, dementia, anxiety, behaviors, (R) (right) foot drop, and joint pain.</p> <p>Review of the resident's "Initial Admission Note" indicated: "...Resident utilizing w/c [wheelchair] as mode of transportation. Resident has a low bed c [with] mat. Cannot be left alone in bathroom..."</p> <p>Review of the "RESIDENT EVALUATION/SERVICE PLAN FOR RESIDENTIAL CARE" (a form to assist staff in planning for care needs), dated 11/04/13, indicated: "A. Mobility: Requires total assistance...wheelchair - assist for all transfers's. Requires assist for bed mobility." "B. Transfer: Requires total assistance...Bed in low position. Total assist for transfers. Becomes combative during transfers."</p>		<p>a.  Hospice services currently provides services;</p> <p>b.  Resident can feed himself</p> <p>c.  Resident can wheel himself in his wheel chair</p>				

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	<p>"C. Eating: Assist with opening milk, ..., cut meat...Refuses meals @ [at] times..."</p> <p>"E. Hygiene/Dressing: Requires total assistance..."</p> <p>"F. Toileting...Requires total assistance...Assist with toileting care, including use of adult briefs...Incont [incontinent] bowel &amp; [and] bladder @ times..."</p> <p>"J. Decision making: Moderate impairment-Decisions Poor. Required reminders, cues, and supervision...Answers "no" to most questions..."</p> <p>"Physical Health: Unstable, fluctuating health; moderate staff monitoring with goad of stabilizing condition...Hospice care 11/12/14...."</p> <p>Resident "B" was observed during breakfast, lunch, and several times in her room, including a transfer on 01/15/14 at 10:40 a.m., assisted by CNA #7 &amp; CNA #8. The resident required total assistance.</p> <p>Review of the facility's CNA worksheets, (a printed cue sheet for resident needs) indicated Resident "B" required waking up each morning, meal reminders, incontinence checks every 2 hours, and not to leave alone in the</p>		<p>d.</p> <p>He is not a danger to self and or to others</p> <p>e.</p> <p>His needs can be met by the facility as</p> <p>determined by his service plan update and services provided by Hospice.</p> <p>f.</p> <p>He is a two person transfer, but the facility</p>	

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	<p>bathroom during showers or toileting.</p> <p>2. The record of Resident "C" was reviewed on 01/15/14 at 10:20 a.m. Resident "C" was admitted to the facility on 08/25/12 with diagnoses including, but not limited to, HTN (hypertension: high blood pressure), Parkinson's, mild dementia, psychotic behavior, and chronic incontinence. Review of an "ELOPEMENT TRACKING" record indicated the resident had exited the building between 7:00 a.m. to 4:10 p.m. on 16 occasions from 07/12/13 thru 09/29/13. The resident was noted to be easily redirected and 5 times the resident was found attempting to get into cars. Interviews indicated although the resident was less exit seeking following an unwitnessed fall on 12/20/13, the resident continued to require frequent monitoring.</p> <p>Review of the most recent "SERVICE PLAN FOR RESIDENTIAL CARE," dated 06/05/13, indicated: "Mental Status: cognitive decline decrease awareness." "Behavior: Elopement risk. Tends to walk out the front door into the parking lot searching for dtr</p>		<p>has the staff to provide this service as needed.</p> <p>g.</p> <p>The criteria for continued stay as noted in the</p> <p>deficiency, also states that if the resident requires 24- hour comprehensive</p> <p>care, resident must contract with an appropriately licensed provider of the resident's</p> <p>choice to provide such needed services, and or may receive hospice services</p> <p>through an appropriate licensed provider of the resident's choice.</p>				

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	<p>[daughter]. Has been more difficult to redirect. Try coffee cafe-quiet task."Review of the most recent "ELOPEMENT RISK ASSESSMENT," dated 06/04/13, indicated the resident was a "medium" risk for elopement although 7 of 10 areas of concern were noted as risks.</p> <p>3. The record of Resident "D" was reviewed on 01/15/14 at 10:35 a.m. Resident "D" was admitted to the facility on 02/16/09, with diagnoses including, but not limited to, Chronic Kidney Disease, HTN, anemia, depression, and senile dementia. The resident was admitted to Hospice on 10/05/13. Review of the resident's Progress Notes (Nurse's Notes), from 09/2013 to present, indicated the resident used the commode and required assist of 2- 3 for toileting. The documentation indicated, prior to admission to Hospice, Resident "D" required reassurance and complained of being anxious and/or scared, resulting in more frequent monitoring during the night shift. Confidential interviews indicated the resident, although now under Hospice, continued to require extensive care of 2 or more when Hospice was not in the building. Interviews indicated</p>		<p>2.</p> <p>Effective January 22, 2014 the facility nurse</p> <p>reviewed Policy and Procedures regarding Criteria for continued stay, and</p> <p>followed up on residents in the facility that may have the need for</p> <p>comprehensive nursing oversight. Any</p> <p>found to be in this category, the facility will meet with the resident, and or</p> <p>responsible party and or case manager immediately to determine a possible</p> <p>discharge to an appropriate setting; and or the services of a</p>				

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	<p>the facility was the resident's "home" and the family was approached and assisted for a more appropriate care setting; however the facility did not pursue a more appropriate care setting for fear of alienating the family.</p> <p>Review of the most recent "RESIDENT EVALUATION/SERVICE PLAN FOR RESIDENTIAL CARE," Dated 01/11/14, indicated: "Mobility: Requires total assistance. Total assist for all transfers - declining condition." "Transfers: Requires total assistance. "Eating: Feed resident assist..." "Hygiene/Dressing: Requires total assistance." "Toileting: Incontinent. Renal failure...." "Physical Health: Deteriorating health affecting function; intensive staff monitoring/intervention. Hospice care."</p> <p>4. Resident "N" was observed, during the Initial Tour, between 8:50 a.m. and 9:20 a.m., lying supine in a bed with a pressure control mattress. The resident was sleeping and dressed in a hospital gown and O2 (Oxygen) was in</p>		<p>licensed provider</p> <p>such as home care or hospice services as long as the services meet the needs of</p> <p>the resident, and the facility can demonstrate that along with such services,</p> <p>the needs of the resident can be met to meet the regulations. Any such meeting</p> <p>will be documented on a facility form, and placed in the resident file for</p> <p>review.</p> <p>3.</p> <p>Effective February 2014, the Health Services Director</p>				

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	<p>place. The resident was alone. During another round, at 10:00 a.m., the resident was noted to again be lying supine in a hospital gown and asleep. A companion, from an outside agency, was at the resident's bedside. The companion indicated she assisted with bathing, toileting and kept the resident company. Upon further questioning, the caregiver indicated she was present only a portion of the day shift and did not provide care for the resident.</p> <p>Review of the RA worksheets indicated Resident "D" required assistance with bathing, morning wake-upon meal reminders, and every 2 hour incontinence/skin care checks. Confidential interviews indicated the resident required 2 or more assist, incontinence/skin care every 2 hours and companions were not present for entire shifts, nor did they provide direct care.</p> <p>This Residential finding relates to Complaint IN00140041.</p>		<p>(facility nurse) will also meet with the care providers on a regular basis, no</p> <p>less than monthly, to determine care needs of residents in the facility, and</p> <p>will provide in-service to care providers and nurses covering service plans and</p> <p>how to update them as needed and or as changes occur. HSC will also review the</p> <p>criteria for continued -stay to ensure that all care providers are aware of the</p> <p>policy and procedures and the process.</p>		

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			<p>4.</p> <p>Service plans will be reviewed on a monthly</p> <p>basis by the Health Services Coordinator. Any trends or patterns of deficient practice</p> <p>will be given to the facility Administrator for review. I.e. Service plans not</p> <p>reviewed and or not updated.</p>	