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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 12/18/2014 |
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| NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH | STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804 |
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| F000000 | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: December 11,12,15,16,17,18, 2014</p> <p>Facility Number: 000067 Provider Number: 155143 AIM Number: 100267880</p> <p>Survey Team: Mary Weyls RN TC Laura Brashear RN December 11,12, 15, 17, 18, 2014 Vickie Nearhoof RN Geoff Harris RN Brooke Harrison RN</p> <p>Census Bed Team: SNF/NF: 67 Total: 67</p> <p>Census Payor Type: Medicare: 12 Medicaid: 41 Other: 14 Total: 67</p> <p>These deficiencies also reflects State Findings in accordance with 410 IAC 16.2-3.1</p> | F000000 | <p>Please consider this Plan of Correction as our allegation of compliance. <u>Disclaimer:</u> Meadows Manor North Retirement and Convalescent Center, Inc. (Meadows) does not believe and does not admit that any deficiencies existed before, during or after survey. Meadows reserve all rights to contest proceeding or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Meadows reserves all rights to raise all possible contentions and defenses is any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correcting should be considered as a waiver or any potential applicable peer review, quality assurance or self critical examination privileges which Meadows does not waive and reserve the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows offer its response, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to its residents.</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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| F000246 SS=D | <p>Quality review completed 12/19/2014 by Brenda Marshall, R.N.</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on observation, interview, and record review, the facility failed to ensure room furnishings were arranged to accommodate transfer needs for 2 of 2 residents observed for accommodation of needs (Residents #13 and #18).</p> <p>Finding includes:</p> <p>On 12/12/14 at 11:30 a.m., CNA #1 and CNA #2 were observed transferring Residents #18 and #13 from their beds to their wheelchairs. After being transferred to his wheelchair, Resident #18 had to be removed from the room due to not enough space to transfer Resident #13 into his wheelchair.</p> <p>Resident #13's clinical record was reviewed on 12/17/14 at 10:30 a.m. The</p> | F000246 | <p>It is the policy of the facility to accommodate each residents needs Resident #18 and #13 room was rearranged to allow more floorspace during transfers. Resident #18chair was removed from his room due to non use and to allow more space. All residents rooms were inspected on 12/30/14 by unitmanager to ensure each resident have enough space to accommodate theirneeds. The interdisciplinary team will review all potential roommates and current roommates needs to ensure enough space to accommodate their needswhen deciding roommate placement. Theadministrator or designee will inspect the residents room after every new roommate match to ensureeach resident has the space to accommodate their needs.</p> | 01/02/2015 |

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| F000323 SS=D | <p>most recent quarterly assessment, dated 11/14/14, indicated the resident required total assistance with bed mobility, total assistance of two staff persons during physical transfers and extensive assistance of one staff persons for locomotion.</p> <p>Resident #18's clinical record was reviewed on 12/17/14 at 11 a.m. The most recent quarterly assessment, dated 8/24/14, indicated the resident required total dependence with two staff persons for physical transfers and total assistance of one staff person for locomotion.</p> <p>On 12/18/14 at 1:45 p.m., during an interview with the Social Service Director (SSD) the SSD indicated Resident #18's sister had brought in a recliner for him a month ago. The SSD indicated she was not aware one of the residents had to be removed from the room when getting both residents up into wheelchairs. She also indicated she was not aware that removing a resident from their room due to inadequate space was a concern.</p> <p>3.1-3(v)(1)</p> <p>483.25(h) FREE OF ACCIDENT</p> | | | | |

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| | <p>HAZARDS/SUPERVISION/DEVICES</p> <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 ensure safe transfer techniques for 2 of 2 random observations of transfers of residents who required extensive assistance (Residents #18 and #13).</p> <p>Findings include:</p> <p>1. On 12/12/14 at 11:30 a.m., CNAs #1 and #2 were observed transferring Resident #18 from the bed to the wheelchair. The CNAs positioned the resident in a sitting position on the side of the bed. The CNAs were positioned on each side of the resident and lifted the resident by placing one of their arms under one of the resident's arms and both CNAs held the resident's lower body by the waist band of his pants. The resident's feet were not in contact with the floor as he was pivoted into the wheelchair that was not locked.</p> <p>A Minimum Data Set (MDS) assessment, dated 8/28/14, coded the resident with severely impaired cognition, requiring extensive assistance of two for transfers and was non ambulatory. The assessment</p> | F000323 | <p>It is the policy of the facility to ensure that each resident is transferred with the safest technique. Policy and Procedure for transfer technique was reviewed and revised to include locking wheelchair brakes. Resident #18 and #13 were not harmed during the transfer. All nursing staff was inserviced on 1/8/15 regarding proper resident transfer technique; with staff performing a return demonstration to the staff development coordinator. The Director of Nursing or designee will observe at least 10 transfers per week for the next 4 weeks. Then at least 10 transfers per month for the next 3 months. The Director of Nursing or designee will observe at least 3 transfers per month for the next year and then randomly thereafter to ensure compliance. Any staff member observed not performing a transfer per facility policy will be immediately inserviced on proper technique and policy. The quality assurance committee will review the logs kept during the transfer observation.</p> | 01/08/2015 |

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| | <p>also indicated the resident had limitation of movement of the upper and lower extremities.</p> <p>2. On 12/12/14 11:40 a.m., CNAs #1 and #2 were observed transferring Resident #13. The CNAs positioned the resident to a seated position on the side of the bed. The CNAs were positioned on each side of the resident and lifted the resident by placing one of their arms under one of the resident's arms. Both CNAs held the resident's lower body by the waist band of his pants. The staff pivoted the resident to place in the wheelchair. The wheelchair was not locked and rolled away from the resident. The resident's feet were not in contact with the floor.</p> <p>The CNA assignment sheet, provided by the MDS coordinator on 12/17/14 at 11:15 a.m., indicated Residents #18 and #13 required assistance of two for transfers.</p> <p>On 12/17/14 at 2:20 p.m., the DON was interviewed. The DON indicated staff should have locked the wheelchair breaks before transferring a resident.</p> <p>The facility policy and procedure titled "Transferring A Resident from Bed to Wheelchair," (no date) provided by the Administrator on 12/17/14 at 1:44 p.m.,</p> | | | |

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| F000465 SS=D | <p>included but was not limited to "...Ensure residents feet/foot is on the floor. Place a gait belt around the residents waist as needed. Give instructions to the resident to pivot in front of the wheelchair with the back of their legs against the wheelchair. Assist the resident into the chair ensuring proper positioning..."</p> <p>3.1-45(a)2</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure a resident room was free from urine odors for 2 of 35 residents reviewed for sanitary environments (Resident #'s 57 & 83).</p> <p>Findings include:</p> <p>On 12/12/2014 at 10:26 a.m., there was a strong urine odor noted in a room occupied by Residents #57 and #83. The urine odor was again noted on 12/15/2014 at 9:22 a.m., 12/16/14 at 9:20 a.m., 12/17/14 at 9:18 a.m., and 12/18/14 at 10:30 a.m.</p> | F000465 | It is the policy of the facility to ensure resident's roomis free from odor.Each resident room in cleaned on a daily basis, byhousekeeping. At least one time permonth each resident's room receives a deep cleaning. All furniture dusted and moved away from thewalls, as well as the bed frame and mattress being disinfected and moved out aswell, so the floor can be thoroughly mopped. Cleaning logs are kept by housekeeping to indicate what was done foreach room on a daily and monthly basis. Nursing staff also cleans and disinfects as needed for residentsincontinent | 01/02/2015 |

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| | <p>On 12/17/14 at 9:18 a.m., urine odors were noted from Resident #57's and Resident #83's made beds.</p> <p>During an interview in the residents' room, on 12/18/2014 at 10:30 a.m., CNA (Certified Nursing Assistant) #2 indicated it sometimes smelled in the residents' room and she needed to go get some spray. The CNA also indicated she was unsure of the cleaning schedule, but thought staff cleaned soiled mattresses once or twice a month.</p> <p>On 12/18/14 at 1:18 p.m., the DON (Director of Nursing) indicated the room occupied by Resident #57 & Resident #83 often had a urine odor.</p> <p>On 12/18/14 at 1:24 p.m., the Administrator indicated the room of the residents often had an odor. The Administrator indicated the CNAs are to use a cleaning solution, kept in a locked cabinet in the central shower rooms, when a bed was soiled. The Administrator provided the December "Monthly Cleaning Sheet." The cleaning sheet did not indicate what was cleaned for the residents.</p> <p>3.1-19(f)</p> | | <p>episodes or other visible soilage. Resident #57 and #83 beds are stripped and cleaned on dailybasis. An air filtration system was placed in Resident #57 and #83 room. Resident #83 and #57 mattresses were replacedon December 18, 2014. Housekeeping will deep clean resident #57 and #83 room on a weekly basis and will use a bleach based solution to clean the mattress on a daily basis. Housekeeping will inform administrator of any observation of any odor throughout the facility. Administrator or designee will walk the halls at least 5 times per week for the next 6 weeks. Then at least 1 time per week for the next 12 months and randomly thereafter and thento ensure there is no odor in the facility. Any concerns will be discussed and resolved by the interdisciplinary team during morning meeting.</p> | | | | |

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

PRINTED: 01/22/2015

FORM APPROVED

OMB NO. 0938-0391

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