

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155681	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/08/2015
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NAME OF PROVIDER OR SUPPLIER AUTUMN WOODS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2911 GREEN VALLEY RD NEW ALBANY, IN 47150
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00187836.</p> <p>Complaint IN00187836 - Substantiated. Federal/State deficiencies related to the allegations are cited at F309.</p> <p>Survey dates: December 7 and 8, 2015</p> <p>Facility number: 002657 Provider number: 155681 AIM number: 200308930</p> <p>Census bed type: SNF: 41 SNF/NF: 46 Total: 87</p> <p>Census payor type: Medicare: 21 Medicaid: 38 Other: 28 Total: 87</p> <p>Sample: 5</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 34849 on December</p>	F 0000		
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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 0309 SS=D Bldg. 00	<p>14, 2015.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 record review and interview, the facility failed to notify hospice of low blood sugar readings, an injury resulting in a skin tear and a hospital transfer (Resident #B) for 1 of 3 residents reviewed for hospice services.</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 12/7/15 at 10:50 a.m. Diagnoses included, but were not limited to, diabetes, anxiety and kidney failure. Resident #B was admitted on 10/22/15, as a hospice patient, for Respite care.</p> <p>The physician order, dated 10/22/15, indicated to notify the physician if blood sugar is less than 45.</p>	F 0309	<ol style="list-style-type: none"> 1. Resident #B was discharged to the hospital on 10/25/2015. Resident #B did not return to our health campus. 2. All residents that are hospice have the potential of being affected by this practice. All remaining hospice residents were reviewed and no other notification issues were identified by the Director of Health Services (DHS) and Assistant Director of Health Services on 12/7/2105. The DHS met with the Hospice nurses on 12/8/2015 to review the plan of care and there was no identified needs to alter plan of care on the hospice residents. 3. All nursing staff were re-educated on 12/9/2015 by the Director of Health Services (DHS) on Integration 	12/29/2015

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	<p>The Vitals Report, dated 10/22/15 - 10/25/15, included, but was not limited to, the following blood sugar readings: 10/23/15 at 9:40 a.m. - 47; 10/24/15 at 10:45 a.m. - 44; 10/25/15 at 7:45 a.m. - 22.</p> <p>The document titled, "Event Report", dated 10/24/15 at 12:41 p.m., included, but was not limited to, the following: "...Metabolic/Nutrition Events...Hypoglycemia...EVENT DETAILS...HYPOGLYCEMIA...Physician Notified...Yes...Family Notified...Yes...."</p> <p>The document titled, "Event Report", dated 10/24/15 at 1:01 p.m., included, but was not limited to, the following: "...Skin Integrity Events...F/U [follow up] S/T [skin tear] RUE [right upper extremity]...Activity During Skin Tear/Laceration Occurrence...Unknown...Physician Notified...Yes...Family Notified...Yes...."</p> <p>The nurses note, dated 10/25/15 at 7:45 a.m., included, but was not limited to, the following: "Entered residents [sic] room to perform UR [upon rising] accucheck [blood sugar check], resident not responding to either verbal or tactile stimuli. BS [blood sugar] noted to be 22...Call to [physician name] and 911...."</p>		<p>of Hospice Services which included timely notification of changes to residents plan of care.</p> <p>4. The DHS/ADHS will audit each hospice resident's record to monitor for any changes in plan of care and check for hospice notification. Each hospice resident will be audited three times a week for four weeks. After four weeks each hospice resident will be audited for hospice notification two times a week for eight weeks by the ADHS/DHS. Results of these audits will be presented by the DHS to the QA committee for further recommendations and continue until substantial compliance has been achieved. After the completion of the audits the ADHS/DHS will continue to monitor for hospice notification during daily clinical care meeting.</p>	

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	<p>The nurses note, dated 10/25/15 at 8:05 a.m., included, but was not limited to, the following: "EMS [emergency medical services] here x [times] 2 attendants...Resident remains unresponsive...Wife aware...."</p> <p>The nurses note, dated 10/25/15 at 1:51 p.m., included, but was not limited to, the following: "Resident admitted to [name of hospital]..."</p> <p>The Event Reports and nurses notes lacked documentation of hospice notification regarding the low blood sugars, skin tears, and hospitalization for Resident #B.</p> <p>During an interview on 12/7/15 at 1:20 p.m., RN (Registered Nurse) #1 indicated if a hospice resident has any health issues, the hospice nurse should be notified.</p> <p>During an interview on 12/7/15 at 1:28 p.m., LPN (Licensed Practical Nurse) #2 indicated if a hospice resident receives a skin tear, the hospice nurse should be notified.</p> <p>During an interview on 12/7/15 at 1:35 p.m., LPN #3 indicated if a hospice resident has any changes in condition,</p>			

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	<p>such as a blood sugar drop, the resident should be stabilized and hospice should be notified.</p> <p>During an interview on 12/7/15 at 3:12 p.m., the DON (Director of Nursing) indicated hospice was not contacted regarding the low blood sugars and skin tear for Resident #B. The DON also indicated hospice was not notified when Resident #B was sent to the hospital because the nurse working was unaware Resident #B received hospice services.</p> <p>The document titled, "Nursing Facility Services Agreement", was provided by the Assistant Director of Nursing on 12/7/15 at 2:22 p.m. and indicated as current. It included, but was not limited to, the following: "THIS NURSING FACILITY SERVICES AGREEMENT ("Agreement")...between [company name] ("Hospice:") and Trilogy Health Services...(d)...Coordination of Care... (iv)...Notification of Change in Condition...Facility shall immediately inform Hospice of any change in condition of a Hospice Patient. This includes, without limitation, a significant change in a Hospice Patient's physical, mental, social or emotional status, clinical complications that suggest a need to alter the Plan of Care, a need to transfer the Hospice Patient to another</p>			

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	<p>facility...."</p> <p>This Federal tag relates to Complaint IN00187836.</p> <p>3.1-37(a)</p>				