

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155332	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2013
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NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE REHABILITATION & HEALTHCARE CENTEF	STREET ADDRESS, CITY, STATE, ZIP CODE 281 S CR 200 E CONNERSVILLE, IN 47331
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F000000	<p>This visit was for the Investigation of Complaint IN00126913.</p> <p>Complaint IN00126913 - Substantiated. Federal/State deficiency related to the allegation is cited at F-314.</p> <p>Survey dates: April 11 & 12, 2013</p> <p>Facility number: 000225 Provider number: 155332 AIM number: 100267670</p> <p>Survey team: Angel Tomlinson RN TC Barbara Gray RN Sharon Lasher RN</p> <p>Census bed type: SNF/NF: 82 Total: 82</p> <p>Census Payor type: Medicare: 9 Medicaid: 52 Other: 21 Total: 82</p> <p>Sample: 4</p> <p>This deficiency reflects state findings</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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	cited in accordance with 410 IAC 16.2. Quality review 4/17/13 by Suzanne Williams, RN			

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to implement pressure relief interventions, for 1 of 4 residents reviewed for pressure sores, in the total sample of 4. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's record was reviewed on 4/11/13 at 3:00 P.M. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, ischemic heart disease, congestive heart failure, anemia, anorexia, and renal failure.</p> <p>Resident #C's admission Minimum Data Set assessment, dated 1/26/13, indicated the following: Resident #C required extensive assistance of one person for bed mobility, ambulation, hygiene, bathing, and dressing. He</p>	F000314	F314What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 4/11/2013 a pressure relieving device was placed in Resident #C wheelchair. The pressure relieving cushion as an intervention is on resident #C care plan and and the CNA assignment sheet. Licensed Nurses to document on the TAR each shift pressure relieving cushion in place.4/11/2013.Nursing Staff inserved by the SDC on placement of the anti pressure relieving cushion in Resident #C wheelchair and documentation on the TAR 4/24/2013.Nursing Staff inserved by the SDC on turning/positioning of residents on 4/24/2013.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?All residents have the potential to be affected of not having an	05/12/2013			

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	<p>required extensive assistance of two persons for transfer and toilet use. He had no pressure areas.</p> <p>A care plan for Resident #C indicated the following: "Problem start date: 1/20/13. Resident is at risk for skin breakdown, medication use and mobility and skin tears. Goal Target Date: 4/30/13 Resident will be free from skin breakdown....Approach Start Date: 1/20/13 Pressure reducing/redistribution cushion in chair/wheelchair...."</p> <p>"Problem start date: 3/14/13. Resident has impaired skin integrity: ...pressure ulcer on coccyx. Short term goal target date: 6/14/13. Wound will be free from signs of complications. Approach start date: 3/14/13. Assess wound weekly documenting measurements and description. Pressure reducing/redistribution cushion in chair. Turn and reposition every 2 hours. Treatment as ordered."</p> <p>A Pressure Wound Skin Evaluation Report for Resident #C, dated 3/14/13, indicated new stage II (Partial thickness loss of skin layers that presents clinically as an abrasion, blister or shallow crater) area was noted to the left side of the coccyx, measuring 1.8 x 1 cm.</p>		<p>anti-pressure relieving cushion in wheelchair. All residents care plan has been reviewed for potential of skin breakdown and use of a wheelchair 4/23/2013. All residents using a wheelchair has an anti-pressure relieving cushion in wheelchair. Licensed Nurses will document each shift on the TAR the pressure relieving cushion 4/23/13. Nursing staff inserviced by the SDC for anti-pressure relieving cushion placed in wheelchairs and documentation on the TAR. Nursing staff inserviced by the SDC on turning/positioning or residents on 4/24/2013. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? IDT team will review clinical records to ensure all residents have anti pressure relieving cushion in wheelchairs for residents at risk. IDT team inserviced by ED on 4/22/2013. SDC will inservice all new nursing staff in orientation on placement of anti-pressure relieving cushions in wheelchair and documentation by nurses in the TAR. DNS or designee will conduct rounds each shift to ensure anti-pressure relieving cushions in place and residents turn/position every 2 hours 5/12/2013. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e, what quality assurance program will be put into place? To</p>				

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	<p>The most current Pressure Wound Skin Evaluation Report for Resident #C, dated 4/9/13, indicated the following: Resident #C had an existing pressure area on his left coccyx, originally noted at the facility on 3/14/13, that was not present on admission. The pressure area measured 1.1 centimeters (cm) long by 0.5 cm wide by 0.1 cm deep.</p> <p>Re-admission physician's orders for Resident #C after a short hospital stay from 4/4/13 until 4/6/13, indicated the following: 4/6/13-Pressure reducing cushion to wheelchair. Cleanse area on left coccyx with Normal Saline. Apply Santyl to wound bed and cover with moist gauze.</p> <p>On 4/11/13 at 12:55 P.M., Resident #C was observed being toileted, then transferred to bed at 1:15 P.M., with the assistance of CNA #1 and CNA #2. Resident #C was observed to have a Mepilex dressing on his coccyx when toileted. Resident #C was observed not to have any pressure relieving device on his wheelchair seat. CNA #1 indicated she had gotten Resident #C out of bed that morning for his shower at approximately 6:15 A.M. CNA #1 indicated Resident #C did not have</p>		<p>ensure compliance a CQI tool (attached) will be done weekly x's 4 weeks, bi-monthly x's 2 months and then monthly until continued compliance is maintained for 2 consecutive quarters. CQI committee overseen by ED and will review the results of these audits. If threshold of 100% is not acheived (2) consecutive months, an action plan will be developed to ensure compliance. 5/12/2013.The DNS or her designee will monitor. 5/12/2013</p>	

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	<p>any pressure relieving device on his wheelchair seat and she was not aware Resident #C used a pressure relieving device on his wheelchair seat. CNA #1 reviewed her CNA Assignment sheet and indicated Resident #C should have had a pressure relieving device on his wheelchair seat. Resident #C was placed on his right side in bed and positioned for comfort.</p> <p>On 4/11/13 at 3:15 P.M., LPN #3 was observed changing Resident #C's dressing on his coccyx. CNA #4 assisted LPN #3 in lowering Resident #C's blue jeans. Resident #C had an open area on the left side of his coccyx approximately 1/2 inch long and 1/16 inch wide. The wound bed was reddish and yellowish in color. The surrounding skin going out from the wound was red and approximately the size of a half dollar in circumference. After Resident #C's dressing change, CNA #4 pulled Resident #C's blue jeans up and left him on his right side.</p> <p>On 4/11/13 at 4:33 P.M., Resident #C remained on his right side in bed. At that time, CNA #4 and CNA #5, both indicated they were responsible for Resident #C's care. CNA #4 indicated she repositioned a resident</p>			

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	<p>in bed every 2 to 3 hours. CNA #4 indicated she had not repositioned Resident #C during his dressing change and left him on his right side. CNA #4 indicated she was unsure what time he had originally been placed on his right side by the prior shift. CNA #5 indicated she repositioned a resident in bed every 2 hours or when the resident was uncomfortable. CNA #5 indicated she assumed Resident #C had been repositioned in bed with his dressing change.</p> <p>On 4/12/13 at 9:00 A.M., CNA #1 indicated a therapist placed a gel cushion in Resident #C's wheelchair seat on 4/11/13, when she informed him Resident #C needed one.</p> <p>On 4/12/13 at 2:35 P.M., Occupational Therapist Assistant #6 indicated he placed a gel cushion in Resident #C's wheelchair seat on 4/11/13, after he was informed Resident #C had "a sore on his bottom."</p> <p>A Skin Management Program procedure, provided by the Director of Nursing on 4/12/13 at 3:10 P.M., indicated the following: "Procedure: 1.) A head to toe assessment will be completed by a licensed nurse upon</p>			

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	<p>admission/re-admission and documented on the 'nursing admission assessment.' >Pressure reduction devices are to be put in place immediately."</p> <p>This federal tag relates to Complaint IN00126913.</p> <p>3.1-40(a)(2)</p>			