

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155132	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/10/2016
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NAME OF PROVIDER OR SUPPLIER  DANVILLE REGIONAL REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 255 MEADOW DR DANVILLE, IN 46122
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00193241.</p> <p>Complaint IN00193241- Substantiated. Federal/state deficiencies related to the allegations are cited at F314 and F323.</p> <p>Survey dates: March 9, and 10, 2016.</p> <p>Facility number: 000057 Provider number: 155132 AIM number: 100266570</p> <p>Census bed type: SNF/NF: 73 Total: 73</p> <p>Census payor type: Medicare: 17 Medicaid: 37 Other: 19 Total: 73</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 3/14/16 by 29479.</p>	F 0000		

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 0314 SS=D Bldg. 00	<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 ensure interventions to prevent a resident dependent on staff for mobility from developing pressure ulcers for 1 of 3 residents reviewed for pressure ulcers. (Resident C).</p> <p>Finding includes:</p> <p>On 3/9/16 at 7:50 a.m., Resident C was observed in bed. A bed pillow was under the resident's ankles and her heels were on the mattress. Certified Nursing Assistants (CNAs) #2 and #3 raised the resident's legs. A black area with scant, dark drainage was observed on the left lateral heel. A pink with partial black opened area was observed on the right lateral heel.</p> <p>On 3/9/16 at 8:20 a.m., CNAs #1 and #2 applied leg braces, attached to the</p>	F 0314	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p><b>Resident C has Prevalon pressure relieving boots and heels up device Interventions in place for treatment of wounds and wounds continue to improve</b></p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p><b>Residents dependent on staff for mobility have the potential to be affected Residents who are at risk for the development of pressure ulcers have been assessed and care plans for skin management updated as needed by the</b></p>	04/08/2016	

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	<p>resident's shoes. The shoes were observed not to completely go on the resident's heels. The CNAs indicated they did not fit properly but thought therapy was working on getting her a new pair. The resident was transferred with a stand up lift to the toilet.</p> <p>Resident C's clinical record was reviewed on 3/9/16 at 9:10 a.m. An admission nursing assessment dated, 7/16/14, indicated the resident utilized bilateral extremities braces, was non ambulatory, and required extensive assistance for bed mobility and transfers.</p> <p>A quarterly Minimum Data Set (MDS) dated, 12/14/15, indicated the resident was non-ambulatory and required extensive assistance of two for bed mobility. The assessment indicated the resident had no pressure ulcers and utilized pressure reducing devices for chair and bed.</p> <p>Weekly Nursing assessments dated 1/7/16, 1/14/16, 1/26/16 and 2/2/16 indicated the resident had no skin issues. On 3/9/16 the Director of Nursing Services (DNS) provided documentation of wound measurements with onset date of 2/10/16. The documentation indicated the resident had an area on the left lateral heel, unstageable that measured 2</p>		<p><b>DNS/designee.</b> <b>Nursing staff will be educated regarding skin management and wound prevention by the DNS/designee on or before 4/8/16</b></p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p><b>Nursing staff will be educated regarding skin management and wound prevention by the DNS/designee on or before 4/8/16</b></p> <p><b>Weekly wound rounds by the Interdisciplinary Team have been initiated to determine appropriate pressure-relief interventions for residents with wounds</b></p> <p><b>Charge nurses will monitor for placement of skin management interventions every shift</b></p> <p><b>Staff found not following the resident's care plan will be addressed with further education and/or disciplinary action if needed.</b></p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p><b>To ensure compliance, the</b></p>		

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	<p>centimeters (cm) by 5 cm, by 0.1 cm. An area was documented on 2/10/16 on the right lateral heel as stage 2 (partial thickness tissue loss) that measured 5 cm by 3.5 cm by 0.1 cm. Weekly measurements were documented for both heels with the most recent on 3/7/16 right lateral heel, stage 2, 1.5 cm by 0.6 cm by 0.1 cm. Documentation of the left lateral heel area was dated 3/9/16...unstageable (full thickness skin or tissue loss-depth unknown) and measure wound depth 2.5 cm by 2 cm by 0.1 cm.</p> <p>On 3/10/16 at 10:55 a.m., the wound nurse, LPN #8 was interviewed. The nurse indicated she thought the areas might have developed from the heels being on the mattress and not being positioned correctly. The nurse indicated pressure reduction devices for the bed had been discussed with the resident but she had declined except for a bed pillow.</p> <p>On 3/10/16 at 10: 10:55 a.m. the resident was observed in her recliner in her room with the foot rest up and wearing bilateral 'Ankle Contracture Boots'. The resident indicated the boots were comfortable and she was satisfied with them.</p> <p>The manufacturer's information, provided by the wound nurse on 3/10/16 at 11:40 a.m., indicated the boots were structured to completely suspend the heel.</p>		<p><b>DNS/Designee is responsible for the completion of the Wound/Skin CQI tool weekly times 4 weeks, monthly times6 and then quarterly to encompass all shifts until continued compliance ismaintained for 2 consecutive quarters. The results of these audits will bereviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an actionplan will be developed to ensure compliance.</b></p> <p>By what date the systemic changes willbe completed? <b>Systemic changes will be completedby4/8/16</b></p>				

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	<p>A plan of care addressed the problem of "Resident has impaired skin integrity: (pressure) right and left lateral heel," with a start date of 2/10/16. Approaches included, but were not limited to, "pressure reducing/redistribution mattress on bed, treatment as ordered, turn and reposition every 2 hours, float heels in bed, shoe braces off except when transfers [added on 2/18/16], Multipodus Boots [ankle contracture boots added on 3/10/16, and Roho [pressure relieving device for bed] overlay to bed [added on 3/10/16]".</p> <p>A facility policy titled "Skin Management Program," with most recent revision date of 1/2016, provided by the Director of Nursing Services on 3/9/16 at 6:55 a.m., included but was not limited to, "Policy: It is the policy of American Senior Communities to assess each resident to determine the risk of potential skin integrity impairment, upon admission, quarterly, annually, and with significant change. Residents will have a skin assessment completed no less than weekly by the licensed nurse in an effort to assess overall skin condition, skin integrity, and skin impairment....3. Any skin alterations noted by direct care givers during daily care and/or shower das must be reported to the licensed nurse</p>			

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F 0323 SS=D Bldg. 00	<p>for further assessment, to include but not limited to bruises, open areas, redness, skin tears, blisters, and rashes....6. When a new alteration in skin integrity is identified such as a bruise, skin tear, abrasion, rashes ...Skin event will be opened Treatment order obtained as indicated, IDT [interdisciplinary team] note to identify root cause and initiate preventative interventions if applicable...."</p> <p>This Federal tag relates to complaint IN 001932411.</p> <p>3.1-40(a)(2)</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, interview, and record review, the facility failed to ensure safety for 1 of 3 residents reviewed for falls and to follow manufacturer's directions for 1 of 1 mechanical lift transfer observed. (Residents B and C).</p> <p>Findings include:</p> <p>1. On 3/9/16 at 6:00 a.m. Resident B was observed on an air flow mattress. The</p>	F 0323	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? <b>Resident B is being transferred according to his care plan and has had no complications. Resident C is being transferred following the manufacturer's guidelines for the stand-up lift with no complications</b> How other residents having the potential to</p>	04/08/2016

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	<p>bed was in the raised position. The resident indicated he liked the bed raised so he could watch TV better.</p> <p>Resident B's clinical record was reviewed on 3/9/16 at 7:00 a.m. The resident's diagnosis included, but was not limited to quadriplegia. A quarterly Minimum Data Set (MDS) dated, 12/19/15, coded the resident with no cognitive impairment, required extensive assistance of two for bed mobility, total dependence for activities of daily living, and was not transferred.</p> <p>A progress note by the Interdisciplinary team dated, 2/25/16, was noted of "Resident wanted to get out of bed for hair cut. Certified Nursing Assistant (CNA) did not use assignment sheet for transfer status and attempted to transfer with one assist. Resident was lowered to floor. No injuries." The CNA assignment sheet was reviewed on 3/9/16 at 11:58 a.m. The CNA sheet included to transfer resident with assistance of two with a Hoyer lift.</p> <p>A plan of care dated, 6/2/15, addressed at risk for falls due to pain, weakness, bowel and bladder incontinence, quadriplegia, air mattress, and prefers bed to be elevated to watch TV. An approach included, but was not limited to,</p>		<p>be affected by the same deficient practice will be identified and what correctiveaction(s) will be taken? <b>Residentswho require transfers with a mechanical lift have the potential to be affected Nursingstaff will be educated on referring to the assignment sheet for transferinformation and on transfer technique with mechanical lifts by the DNS/designeeon or before 4/8/16</b> What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur? <b>Nursing staff willbe educated on referring to the assignment sheet for transfer information andon transfer technique with mechanical lifts by the DNS/designee on or before4/8/16 Nursing staff willbe checked for skill validation for mechanical lifts by the CEC/designee on orbefore 4/8/16. The CEC/designee will document skill validation for using mechanical lifts for new nursing staffwithin 90 days of hire date. Staff found notfollowing the resident's care plan will be addressed with further educationand/or disciplinary action if needed. DNS/Designee willconduct rounds each shift to ensure mechanical lift transfers are conductedproperly per plan of</b></p>				

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	<p>Mechanical lift for transfers.</p> <p>2. On 3/9/16 at 8:20 a.m., CNA #1 and CNA #2 were observed to transfer Resident C from the bed into the bathroom and to the stool. An Invacare stand up lift was utilized for the transfer. After the resident's feet were positioned on the base of the lift the sling was positioned on the resident. The belt of the sling was clasped, but was not tightened on the resident. The resident was then raised into position and transferred into the bathroom.</p> <p>Resident C's clinical record was reviewed on 3/9/16 at 9:10 a.m. The MDS dated, 12/14/15, indicated the resident required extensive assistance of two for transfers.</p> <p>The Manufacturer's directions for the mechanical lift, provided by the Director of Nursing Services (DNS) on 3/10/16 at 2:04 p.m., were reviewed. Directions for use of the sling included but was not limited to, "The belt MUST be snug, but comfortable on the patient, otherwise the patient can slide out of the sling during transfer, possibly causing injury."</p> <p>The facility's policy titled "Fall Management Program," with most recent revision date of 2/2015, provided by the DNS on 3/10/16 at 2:04 p.m., included,</p>		<p><b>care and per manufacturer's instructions</b> How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?  <b>Mechanical Lift skills validation check will be completed on all shifts 5 times per week for one week, bi weekly for 1 week, weekly times 2 week, and monthly for six months by DNS/Designee. Results of the skills validation will be reviewed by the CQI committee overseen by the ED. If 95% compliance is not achieved an action plan will be developed to ensure compliance. Nursing Staff will transfer residents per the plan of care. By what date the systemic changes will be completed. Systemic changes will be completed by 4/8/16</b></p>				

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	<p>but was not limited to, ..."4. The resident specific care requirements will be communicated to the assigned caregiver utilizing resident profile or CNA assignment sheet...."</p> <p>This Federal tag relates to complaint IN00193241.</p> <p>3.1-45(a)(2)</p>				