

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155788	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/10/2015
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NAME OF PROVIDER OR SUPPLIER GREENWOOD MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 N SR 135 GREENWOOD, IN 46142
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00188279.</p> <p>Survey dates: December 2, 3, 4, 8, 9, 10, and 11, 2015.</p> <p>Facility number: 012564 Provider number: 155788 AIM number: 201018510</p> <p>Census bed type: SNF: 20 SNF/NF: 123 Total: 143</p> <p>Census Payor type: Medicare: 34 Medicaid: 79 Other: 30 Total: 143</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Q.R. completed by 14466 on December 18, 2015.</p>	F 0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a desk review in lieu of a Post Survey Review on or after January 9, 2016</p>	

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 0225 SS=D Bldg. 00	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and</p>			
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	<p>certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to ensure a family reported allegation of mistreatment was immediately reported to the Executive Director of the facility as indicated by the facility's abuse policy for 1 of 1 resident reviewed for an allegation of mistreatment. (Resident #89)</p> <p>Findings include:</p> <p>On 12/02/2015 at 2:29:p.m., interview with Resident #89's wife indicated on 11/14/15, a nurse was trying to obtain a urine specimen by a straight catheterization for an ordered lab. "The nurse tried to force the catheter even though he [Resident #89] was trying to let staff know it [procedure] was hurting." Resident #89's wife indicated the nurse kept forcing and was unsuccessful to get urine. "The next morning when I came to visit and my husband had blood coming out of his p_ _ _s. I told the aide [Nursing Assistant-unnamed] and LPN #1 [Licensed Practical Nurse]."</p> <p>On 12/03/2015 at 11:12 a.m., interview with LPN #1 indicated a Certified Nursing Assistant (CNA) came to get her</p>	F 0225	<p>F225 INVESTIGATION/REPORTALLEGATIONS/INDIVIDUALS</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Resident #89 was interviewed by socialservices and abuse QIS questionnaire completed with no negative eventstriggered. ·The facility investigated and reportedresident 89's spouse's allegation of abuse. <p>How will you identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to beaffected by the alleged deficient practice ·All residents were interviewed ormultiple attempts to be interviewed utilizing the QIS interview to assess signsand/or symptoms of any type of abuse, neglect, mistreatment, or misappropriationof resident property; if any allegations arose, they were reported to ISDH perpolicy and investigated thoroughly. ·All cognitively impaired residentsreceived a head to toe assessment to look for any signs and/or symptoms of anytype of 	01/09/2016			

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	<p>for Resident #89's wife. Upon entering the room "I saw a small amount of blood coming from his [Resident #89] p_ _ _s. I was not sure where the blood had come from we [LPN #1, LPN #2] just assumed an attempt to do the catheter had taken place." LPN #1 indicated it was not reported. LPN #1 thought Resident #89's nurse, LPN #2 had taken over the situation since that was her resident. LPN #1 indicated she wrote a grievance to make sure the issue was addressed. It was turned in to the Guest Customer Relation staff who would bring to morning meeting for the proper discipline to handle. "I should have reported immediately to [Name of the Administrator]."</p> <p>On 12/03/2015 at 11:25 a.m., interview with Licensed Practical Nurse #2 (LPN) indicated, "I was told nurses attempted to do a in and out cath [catheter]." LPN #2 indicated she was not sure if the nurses had inserted the catheter. LPN #2 was only told the catheter was attempted. LPN #2 indicated she entered Resident #89's room with his wife to collect the urine specimen with a urinal. "Upon the resident [Resident #89] urinating we [LPN #1, LPN #2, and Resident #89's wife] observed a small amount of blood. "I should have reported it immediately to the Administrator."</p>		<p>abuse, neglect or mistreatment</p> <ul style="list-style-type: none"> ·Staff were in-serviced by the Director of Nursing Services (DNS) or designee by 12/29/15 on the Abuse Prohibition, Reporting and Investigation Policy and Procedures to include reporting immediately any reportable occurrences. ·If any allegations of abuse, neglect, mistreatment, or misappropriation of resident property, they will be reported to the Executive Director immediately and investigated thoroughly. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·Staff will be in-serviced by the Director of Nursing Services or designee by 12/29/15 on the Abuse Prohibition, Reporting and Investigation Policy and Procedures revised to include reporting immediately any reportable occurrences ·Training –Greenwood Meadows Management Team was in-serviced on Prevention, Identification, Investigation, and Reporting on abuse and the Elder Justice Act ·Prevention -- Nursing Management staff will conduct rounds daily to observe for any new resident behaviors, bruises, etc.....Social service staff will investigate any unusual changes in behaviors to identify potential 		

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	<p>On 12/02/2015 3:05 p.m., interview with the Executive Director (ED) indicated she was not aware of any incident involving a nurse attempting to force a in and out catheter, when the resident was stating the procedure hurt, telling the nurse to stop and potential injury had occurred.</p> <p>On 12/02/15 at 3:15 p.m., the ED indicated LPN #1 did not report the allegation to her, but completed a grievance form since she (LPN #1) knew the straight catheter procedure never happened. LPN #1 reported the allegation to the Director of Nursing (DON) on 11/15/15.</p> <p>On 12/02/2015 3:12 p.m., interview with the (DON) indicated Resident #89's wife reported the allegation of mistreatment to LPN #1 who wrote a grievance report.</p> <p>On 12/2/15 at 3:28 p.m., the Executive Director (ED) provided policy "ABUSE PROHIBITION, REPORTING AND INVESTIGATION" revised date July 2015, and indicated the policy was the one currently used by the facility. The policy indicated, "...DEFINITION OF ABUSE: ...Willful-the individual's action was deliberate [not inadvertent or accidental], regardless of whether the</p>		<p>abuse or neglect</p> <ul style="list-style-type: none"> ·Identification -- DNS or designee will review progress notes and facility activity report daily to evaluate for potential 'unreported' occurrences (i.e. bruises of unknown origins, resident altercations/behaviors, abuse allegations, etc) ·Investigation – Any allegation of abuse will be thoroughly investigated by adhering to the following process: <ul style="list-style-type: none"> ·Staff involved will be suspended pending investigation ·Resident involved will be interviewed ·Residents who receive care from the staffmember alleged to have abused the resident will be interviewed using QIS abuse questionnaire. ·Social Service will document three days offollow-up to ensure psychosocial well being. ·Family member of resident who was allegedlyabused will be interviewed if applicable ·Other staff members will be interviewed todetermine knowledge of occurrence. ·Reporting - Reporting pending investigationimmediately and at the conclusion of the investigation will be reported to thefollowing agencies when applicable: <ul style="list-style-type: none"> ·ISDH ·APS ·Ombudsman ·Licensing/Certification Agency 	

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F 0226 SS=D Bldg. 00	<p>individual intended to inflict injury or harm. ... 5. All abuse allegations ...must be reported to the Executive Director immediately, ...Failure to report will result in disciplinary action, up to and including immediate termination. ..."</p> <p>3.1-28(c)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to ensure</p>	F 0226	<p>·Local Police ·Customer Care Reps will interview residents to ensure proper care and treatment.</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>·To ensure compliance the DNS/Designee will complete an Abuse CQI audit tool for six months with audits being completed once weekly for one month, and then monthly for five months by a nurse manager or designee. The Abuse CQI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and or including termination of the responsible employee.</p> <p>F 226 DEVELOP/IMPLEMENT ABUSE/ NEGLECT, ETC POLICIES What</p>	01/09/2016	

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	<p>implementation of their abuse policy of a family reported allegation of mistreatment was immediately reported to the Executive Director of the facility as indicated by the facility's abuse policy for 1 of 1 resident reviewed for an allegation of mistreatment. (Resident #89)</p> <p>Findings include:</p> <p>On 12/02/2015 at 2:29:p.m., interview with Resident #89's wife indicated on 11/14/15, a nurse was trying to obtain a urine specimen by a straight catheterization for an ordered lab. "The nurse tried to force the catheter even though he [Resident #89] was trying to let staff know it [procedure] was hurting." Resident #89's wife indicated the nurse kept forcing and was unsuccessful to get urine. "The next morning when I came to visit and my husband had blood coming out of his p__s. I told the aide [Nursing Assistant-unnamed] and LPN #1 [Licensed Practical Nurse]."</p> <p>On 12/03/2015 at 11:12 a.m., interview with LPN #1 indicated a Certified Nursing Assistant (CNA) came to get her for Resident #89's wife. Upon entering the room "I saw a small amount of blood coming from his [Resident #89] p__s. I was not sure where the blood had come</p>		<p>corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Resident #89 was interviewed by socialservices and abuse QIS questionnaire completed with no negative eventstriggered. ·The facility investigated and reportedresident 89's spouse's allegation of abuse. <p>How will you identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to beaffected by the alleged deficient practice ·All residents were interviewed ormultiple attempts to be interviewed utilizing the QIS interview to assess signsand/or symptoms of any type of abuse, neglect, mistreatment, ormisappropriation of resident property, if any allegations arose, reported toISDH per policy and investigated thoroughly. ·All cognitively impaired residentsreceived a head to toe assessment to look for any signs and/or symptoms of anytype of abuse, neglect or mistreatment ·Staff were in-serviced by the Director of NursingServices or designee by 12/29/15 on the Abuse Prohibition, Reporting andInvestigation Policy and Procedures revised to include reporting immediatelyany 				

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	<p>from we [LPN #1, LPN #2] just assumed an attempt to do the catheter had taken place." LPN #1 indicated it was not reported. LPN #1 thought Resident #89's nurse, LPN #2 had taken over the situation since that was her resident. LPN #1 indicated she wrote a grievance to make sure the issue was addressed. It was turned in to the Guest Customer Relation staff who would bring to morning meeting for the proper discipline to handle. "I should have reported immediately to [Name of the Administrator]."</p> <p>On 12/03/2015 at 11:25 a.m., interview with Licensed Practical Nurse #2 (LPN) indicated, "I was told nurses attempted to do a in and out cath [catheter]." LPN #2 indicated she was not sure if the nurses had inserted the catheter. LPN #2 was only told the catheter was attempted. LPN #2 indicated she entered Resident #89's room with his wife to collect the urine specimen with a urinal. "Upon the resident [Resident #89] urinating we [LPN #1, LPN #2, and Resident #89's wife] observed a small amount of blood. "I should have reported it immediately to the Administrator."</p> <p>On 12/02/2015 3:05 p.m., interview with the Executive Director (ED) indicated she was not aware of any incident</p>		<p>reportable occurrences</p> <ul style="list-style-type: none"> ·If anyallegations of abuse, neglect, mistreatment, or misappropriation of residentproperty, they will be reported to the Executive Director immediately andinvestigated thoroughly. <p>What measures will be put into place or whatsystemic changes you will make to ensure that the deficient practice does notrecur?</p> <ul style="list-style-type: none"> ·Staffwill be in-serviced by the Director of Nursing Services or designee by 12/29/15 on the Abuse Prohibition,Reporting and Investigation Policy and Procedures revised to include reportingimmediately any reportable occurrences ·Training –Greenwood Meadows Management Teamwas in-serviced on Prevention, Identification, Investigation, and Reporting onabuse and the Elder Justice Act ·Prevention -- Nursing Management staff will conduct rounds daily to observe for any new resident behaviors, bruises, etc.....Social service staff will investigate any unusual changes in behaviors to identify potential abuse or neglect ·Identification -- DNS or designee will review progress notes and facility activity reports daily to evaluate for potential 'unreported' occurrences (i.e. bruises of unknown origins, resident altercations/behaviors, 		

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	<p>involving a nurse attempting to force a in and out catheter, when the resident was stating the procedure hurt, telling the nurse to stop and potential injury had occurred.</p> <p>On 12/02/15 at 3:15 p.m., the ED indicated LPN #1 did not report the allegation to her, but completed a grievance form since she (LPN #1) knew the straight catheter procedure never happened. LPN #1 reported the allegation to the Director of Nursing (DON) on 11/15/15.</p> <p>On 12/02/2015 3:12 p.m., interview with the (DON) indicated Resident #89's wife reported the allegation of mistreatment to LPN #1 who wrote a grievance report.</p> <p>On 12/2/15 at 3:28 p.m., the Executive Director (ED) provided policy "ABUSE PROHIBITION, REPORTING AND INVESTIGATION" revised date July 2015, and indicated the policy was the one currently used by the facility. The policy indicated, "...DEFINITION OF ABUSE: ...Willful-the individual's action was deliberate [not inadvertent or accidental], regardless of whether the individual intended to inflict injury or harm. ... 5. All abuse allegations ...must be reported to the Executive Director immediately, ...Failure to report will</p>		<p>abuse allegations, etc)</p> <ul style="list-style-type: none"> ·Investigation – Any allegation of abuse willbe thoroughly investigated by adhering to the following process: <ul style="list-style-type: none"> ·Staff involved will be suspended pending investigation ·Resident involved will be interviewed ·Resident who receives care from the staff memberalleged to have abused the resident will be interviewed using QIS abusequestionnaire. ·Social Service will document 3 days offollow-up to ensure psychosocial well being. ·Family member of resident who was allegedlyabused will be interviewed if applicable ·Other staff members will be interviewed todetermine knowledge of occurrence. ·Reporting - Reporting pending investigation immediately and at the conclusion of the investigation will be reported to the following agencies when applicable: <ul style="list-style-type: none"> ·ISDH ·APS ·Ombudsman ·Licensing/Certification Agency <ul style="list-style-type: none"> ·Local Police ·Customer Care Reps will interview residents toensure proper care and treatment. <p>How the corrective action(s) will be monitoredto ensure the deficient practice will not recur, i.e., what quality assurance programwill be put into place?</p> 		

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F 0278 SS=D Bldg. 00	<p>result in disciplinary action, up to and including immediate termination. ..."</p> <p>3.1-28(a)</p> <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money</p>		<p>To ensure compliance the DNS/Designee will complete an Abuse CQI audit tool for six months with audits being completed once weekly for one month, and then monthly for five months by a nurse manager or designee. The Abuse CQI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and or including termination of the responsible employee.</p>	

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	<p>penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on observation, interview, and record review, the facility failed to ensure accuracy of a resident's dental status on the Admission Minimum Data Set (MDS) assessment for 1 of 21 residents reviewed for MDS assessment accuracy. (Resident #289)</p> <p>Findings include:</p> <p>On 12/03/2015 10:43 a.m., Resident #289 indicated she had her teeth pulled years ago. Resident #289 was observed to not have any teeth in her mouth.</p> <p>Resident #289's clinical record was reviewed on 12/8/15 at 3:10 p.m. Diagnoses included, but were not limited to: anemia, gastroesophageal reflux disease (GERD), diabetes type 2, and arthritis.</p> <p>The admission's progress note dated 11/12/15, indicated Resident #289 had "zero denture or natural teeth ..."</p>	F 0278	<p>F 278 ASSESSMENT ACCURACY/COORDINATION/CERTIFIED What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Resident #289's MDS was amended to indicate an accurate oral status of being edentulous. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the alleged deficient practice. ·An audit will be completed by the DNS or designee on residents with an MDS assessment in the last 30 days to ensure accuracy of the oral /dental status section of the MDS. ·MDS staff will be in-serviced by the Director of Nursing Services or designee by 12/29/15 on accurate assessment and MDS coding of oral dental status. <p>What measures will be put into place or what systemic changes</p>	01/09/2016

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NAME OF PROVIDER OR SUPPLIER GREENWOOD MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 N SR 135 GREENWOOD, IN 46142
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	<p>The comprehensive admission assessment dated 11/12/15, indicated "...Dental ...No natural teeth ... [edentulous] ..."</p> <p>The admissions Minimum Data Set (MDS) assessment dated 11/19/15, indicated a Brief Interview of Mental Status (BIMS) score was 15. The oral/dental status section lacked documentation of Resident #289 being edentulous.</p> <p>The admission "Nutrition Risk Assessment" dated 11/24/15, indicated oral status edentulous, no teeth; no dentures by choice.</p> <p>Progress note dated 11/24/15, indicated, "Resident #289 [states no teeth & [and] no dentures; ..."</p> <p>On 12/09/2015 at 11:27 a.m., interview with the Minimum Data Set (MDS) coordinator indicated, the information for the MDS form comes from the comprehensive nursing assessment and some from physical assessment. "I would say she [Resident #289] has teeth." This was based on review of the Comprehensive admission MDS's oral dental section. The MDS coordinator indicated based on the comprehensive assessment and the MDS assessment</p>		<p>you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·MDS staff will be in-serviced by the Director of Nursing Services or designee by 12/29/15 on accurate assessment and MDS coding of oral dental status. ·When MDS completes an MDS oral/dental status section the MDS personnel will review the medical record for documentation of oral status. He/she will then physically assess the resident for accuracy. The MDS coordinator will report any discrepancies to the DNS and code the oral/dental section accurately. ·On the day of transmission MDS assessments will be audited by the DNS or Designee for accuracy of the oral/dental status section <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> <ul style="list-style-type: none"> ·To ensure compliance the DNS/Designee will complete an MDS oral/dental CQI audit tool for six months with audits being completed once weekly for one month, and then monthly for five months by a nurse manager or designee. The MDS oral/dental CQI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 	

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F 0309 SS=D Bldg. 00	<p>there was a conflict in documentation.</p> <p>On 12/09/2015 at 11:40 a.m., interview with MDS assistant #1 indicated, "I saw where it [comprehensive nursing assessment] said no dentures, but I missed where it [comprehensive nursing assessment] said no natural teeth." MDS assistant #1 indicated, she normally does a physical review of resident's when something was questionable in the assessment.</p> <p>3.1-31(i)</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 interview and record review, the facility failed to ensure an agreement or arrangements were made with the dialysis center for 1 of 1 resident reviewed for dialysis care. (Resident #289)</p> <p>Findings include:</p>	F 0309	<p>95% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p> <p>F 309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? ·The facility contacted the dialysis center for resident# 289</p>	01/09/2016			

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	<p>Resident #289's clinical record was reviewed on 12/8/15 at 3:10 p.m. Diagnoses included, but were not limited to: end stage renal disease.</p> <p>On 12/03/2015 10:41 a.m., Resident #289 indicated staff does not provide any care for her dialysis port. Resident #289 indicated the dialysis center does everything. "They [dialysis center] do not want anyone other than their [dialysis center] staff to change dressing or access."</p> <p>Physician's orders dated December 2015, indicated Resident #289 received dialysis on Tuesday, Thursday and Saturday.</p> <p>On 12/9/15 at 2:45 p.m., interview with Licensed Practical Nurse #4 (LPN) indicated Resident #289 does not return from dialysis with any information from the treatment. "They [dialysis center] will sometimes call with information. I am not sure how they communicate with us."</p> <p>On 12/9/15 at 2:53 p.m., interview with LPN #3 (Unit Manager) indicated the dialysis center had not been communicating with the facility staff in regard to Resident #289's care.</p> <p>Resident #289's dialysis communication</p>		<p>and obtained the dialysis run flow sheets for previousdialysis treatments and were reviewed and placed in the medical record.</p> <ul style="list-style-type: none"> ·The facility obtained a signed contractfrom the dialysis center for resident #289 ·Resident #289's care plan was reviewedto ensure it indicates how to care for the resident's dialysis port and how toprovide care in case of an emergency. <p>How will you identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?</p> <ul style="list-style-type: none"> ·All residents who receive dialysis havethe potential to be affected by the alleged deficient practice. ·An audit was completed on all residentswho receive dialysis to ensure that appropriate communication/run flow sheetswere obtained from dialysis, that the care plan indicates how to care for thesite in a medical emergency, and that each resident has a current signed dialysis contract ·Admission staff will be in-serviced by theED or designee by 12/31/15 on ensuring a signed and complete dialysis contractis present prior to admission. ·All staff nurses will be in-serviced bythe DNS or designee by 12/29/15 on ensuring dialysis run communication isreceived upon return from a dialysis appointment and who to 		

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	<p>book lacked documentation of an agreement or arrangement between the facility and the dialysis center.</p> <p>The dialysis careplan dated 11/18/15 through 2/12/16, lacked documentation of how to care for Resident #289's port, and how to provide care in case of a medical emergency.</p> <p>On 12/10/15 at 11:02 a.m., interview with the Executive Director (ED) indicated the contract labeled "NURSING HOME DIALYSIS TRANSFER AGREEMENT" was the only arrangements the facility had with the dialysis center. This contract lacked documentation indicating how care was to be managed, interchanging of information necessary for care of the dialysis resident, what to do in a medical emergency, nor how to provide care for a dialysis port.</p> <p>On 12/9/15 at 3:18 p.m., the Executive Director (ED) provided an unsigned contract "NURSING HOME DIALYSIS TRANSFER AGREEMENT" undated, and indicated the contract was the one currently used for Resident #289. The contract indicated, " ...2. Center Obligations. a. Center shall have sole responsibility for administering dialysis treatments to ...Resident. ...Lab Tests.</p>		<p>contact if the information is not present.</p> <ul style="list-style-type: none"> ·MDS will be in-serviced by the DNS or designee by 12/31/15 on dialysis care planning <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·Admission staff will be in-serviced by the ED or designee by 12/31/15 on ensuring a signed and complete dialysis contract is present prior to admission. ·All staff nurses will be in-serviced by the DNS or designee by 12/29/15 on ensuring dialysis run communication is received upon return from a dialysis appointment and who to contact if the information is not present. ·MDS will be in-serviced by the DNS or designee by 12/31/15 on dialysis care planning ·Prior to the admission to the facility the admissions coordinator will ensure that a resident on dialysis has a signed dialysis contract. Resident specific care management will be addressed in communication from the dialysis center and placed on the care plan instead of in a global contract, per facility policy. ·When a resident returns from a dialysis appointment, the responsible nurse will review the return documentation ensuring communication from the dialysis center has been received. If no 		

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	<p>...b. ...Center shall provide to Facility information on aspects of the management of a Designated Resident's care related to the provision of dialysis services. ..." The contract lacked documentation of how care was to be managed for Resident #289. There was no indication of what to do and not to do in an medical emergency, implementation of a care plan, management of the dialysis port, interchanging and communicating for the care of Resident #289.</p> <p>On 12/10/15 at 11:26 a.m., the Executive Director provided policy "Dialysis Care" dated 1/2015, and indicated the policy was the one currently used by the facility. The policy indicated, "It is the policy of American Senior communities to ensure that the resident is rendered necessary services for the provision and maintenance of dialysis services through effective communication with the dialysis unit. ...2. Orders will be received at time of admission, ...fluid restriction, Intake and output monitoring, ...site care, ...4. An assessment of the dialysis access site will be completed every shift, ...recorded on the Medication Administration Record (MAR) and/or dialysis flow sheet specific to facility policy....7. The nurse in charge at time of return will review paperwork for new orders and/or paperwork</p>		<p>information was received theresponsible nurse will call the dialysis center and request the information viafax.</p> <p>·Upon admission for dialysis residents theMDS coordinator will initiate a dialysis care plan to include how to care for areresident's port and how to provide care in case of an emergency.</p> <p>·The DNS or designee will audit residentson dialysis daily to ensure an accurate dialysis care plan and thatcommunication has been received from dialysis with each visit.</p>	

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	<p>accompanying the resident. ...9. All specific resident care areas will be addressed on the plan of care. ..."</p> <p>3.1-37(a)</p>				