

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155181	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2015
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NAME OF PROVIDER OR SUPPLIER CARMEL HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 118 MEDICAL DR CARMEL, IN 46032
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00174553.</p> <p>This visit was in conjunction with Recertification and State Licensure Survey and June 8, 2015.</p> <p>Complaint IN00174553-Substantiated. Federal/State deficiencies related to the allegations were cited at F-314.</p> <p>Survey dates: May 31, and June 1, 2, 3, 4, 5, 6, 7 and 8, 2015.</p> <p>Facility Number: 000095 Provider number: 155181 AIM number: 100290490</p> <p>Census bed type: SNF: 18 SNF/NF: 114 Total: 132</p> <p>Census payor type: Medicare: 15 Medicaid: 100 Other: 17 Total: 132</p> <p>Sample: 11</p>	F 0000	<p>Please find enclosed the Plan of Correction to the complaintsurvey conducted on June 8, 2015.</p> <p>Thisletter is to inform you that the plan of correction attached is to serve as CarmelHealth and Living credible allegation of compliance. We allege compliance on June 30, 2015. We are requesting a desk review for this planof correction.</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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F 0314 SS=D Bldg. 00	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <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 interview and record review, the facility failed to have pressure prevention interventions in place for 1 of 3 residents who were high risk for pressure ulcers. (Resident C)</p> <p>Findings include:</p> <p>On 6/4/15 at 9:42 a.m., the record review for Resident C was completed. Diagnoses included, but were not limited to, Peripheral Vascular Disease, diabetes, End Stage Renal Disease, gout, chronic pain, and anemia.</p> <p>The observation documentation indicated</p>	F 0314	<p>F314</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident C was not listed on the resident Identifier.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>Residents at high risk for pressure ulcers may potentially be affected by the deficient practice.</p>	06/30/2015	

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	<p>on 11/11/14, the left lateral heel had a Stage 2 pressure ulcer area which measured 4.2 centimeters (cm) x 3.8 cm x 0.1 cm.</p> <p>The observation documentation dated 12/1/14, indicated the wound area was acquired in house and was a Stage 2, which measured 4.2 cm x 3.8 cm x 0.1 cm.</p> <p>The observation documentation dated 12/29/14, indicated the left lateral heel was a Stage 3 and measured 3.0 cm x 4.5 cm x 0.1 cm and the depth was 0.1 cm.</p> <p>The observation documentation dated 1/19/15, indicated the left heel pressure area had a date of onset 12/18/14, and had no stage and no length and indicated unable to assess.</p> <p>The observation documentation dated 3/3/15, A Stage 3 pressure wound on the left heel and measured 1.2 cm x 0.2 cm x 0.1 cm.</p> <p>The observation documentation dated 3/25/15, indicated the resident had a Stage 3 pressure wound to left heel and graft site remains stable.</p> <p>The observation documentation dated 3/31/15, indicated the left heel graft over</p>		<p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Licensed Nurses will be re-educated on appropriate implementation of pressure reducing interventions and documentation and assessments of wounds upon admission and ongoing.</p> <p>All residents that are high risk for wounds will be reassessed for appropriate interventions including resident care sheets and care plans.</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>DON or designee will utilize an audit tool for residents at high risk, and those with current pressure ulcers and residents with new pressure ulcers for preventative interventions, documentation, assessment, and treatment weekly for 4 weeks.</p> <p>Staff will be re-educated up to and including termination.</p> <p>Results of these audits will be reviewed at the monthly Quality Assurance Committee meeting and frequency and duration of</p>				

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	<p>wound bed, unable to assess wound site at this time due to physicians orders to not remove dressing.</p> <p>The wound center notes dated 4/29/15, indicated the Stage III pressure ulcer located on the right foot lateral distal has been present for approximately 1 month.</p> <p>The wound center note dated 6/3/15, indicated the resident had a Stage III pressure ulcer on left heel and had been present for approximately 6 months. The pressure ulcer is related to immobiity.</p> <p>The nurses notes from August 2014 through June 2015, indicated no interventions for his heels.</p> <p>The Treatment Administration Record (TAR) for September 2014, indicated: 9/5/14 through 9/25/14, indicated heel foam to left heel. There were no other documented interventions found on the TAR's for October and November 2014.</p> <p>There was no other documentation found regarding the resident refusing unna boots, to elevate heels, or anything for his lower left or right foot. There was no specific documentation related to interventions for pressure for the resident's left heel.</p>		<p>reviews will be adjusted as needed.</p> <p>Facility Administrator will be responsible forensuring compliance.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is June 30, 2015.</p>				

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	<p>The facility was requested to provide any information regarding pressure prevention interventions for the resident related to the development of pressure areas on his heels. As of exit on 6/8/15 at 8:16 p.m., the facility had not provided any information.</p> <p>This Federal tag relates to complaint IN00174533.</p> <p>3.1-40(a)(1)</p>				