

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E064	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/12/2013
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NAME OF PROVIDER OR SUPPLIER BROOKSIDE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N GAVIN ST MUNCIE, IN 47303
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F000000	<p>This visit was for the Investigation of Complaint #IN00125226.</p> <p>Complaint #IN00125226-Substantiated, Federal deficiencies related to allegation are cited at F323 and F441.</p> <p>Survey date: 3/12/13</p> <p>Facility number: 000311 Provider number: 15E064 AIM number: 100285520</p> <p>Survey team: Shelley Reed, RN</p> <p>Census bed type: NF: 41 Total: 41</p> <p>Census payor type: Medicaid: 40 Other: 1 Total: 41</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p>	F000000	<p>F - 0000This Plan of Correction is prepared and executed because it is required by the provisions of the State and Federal Regulations, and not because Brookside haven agrees with the allegations and citations listed on this statement of deficiencies. This Plan of Correction shall operate as Brookside Haven's written credible allegation of compliance. Brookside Haven respectfully request paper compliance on the attached Plan of 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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F000323 SS=E	<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 and interview, the facility failed to ensure 4 of 12 toilets were secured to the floor properly which potentially could have affected 16 of 41 residents who reside in the building. (Residents C, D, F, G, H, I, J, K, L, M, N, O, P, Q, R and S)</p> <p>Findings include:</p> <p>During the environmental tour on 3/12/13 at 10:00 a.m., Housekeeping Supervisor #2 indicated several of the bathrooms were shared with up to 4 residents per bathroom.</p> <p>During the tour, the toilets in the bathroom for rooms 2 and 4, rooms 9 and 11, rooms 10 and 12 and rooms 19 and 21 were all easily moved from side to side, rocking and unstable. Residents C, D, F, G, H, I, J, K, L, M, N, O, P, Q, R, and S were identified as using the bathrooms in those rooms.</p> <p>During an interview on 3/12/13 at</p>	F000323	F - 3231.) Maintenance Supervisor immediately replaced all toilet bolts and wax rings in joining rooms of 2 and 4, 9 and 11, 10 and 12, and rooms 19 and 21 to ensure all toilets are secure to the floor to ensure safety of residents.2.) Any resident has the potential to be affected.3.) Placed on daily preventive maintenance log to ensure continuous compliance. All residents toilets shall be checked daily to ensure all toilets are secured to the floor and any concerns shall be reported to the administrator and repaired immediately. Maintenance requisition book will be maintained at the nurse's station and will be checked several times daily for any repairs needed for the safety of the residents environment.4.) Administrator and maintenance supervisor will review the maintenance requisition book daily. Maintenance Supervisor will sign the requisition when work has been completed and the administrator will maintain all requisitions for any look back. All staff re-educated regarding reporting equipment in need of repairs daily. This will continue to	04/01/2013			

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	<p>5:00 p.m., the DoN indicated the toilets needed to be refastened to the floor, but the Maintenance Director was out of the building today. She indicated the toilets would be secured as soon as the Maintenance Director returned to the facility.</p> <p>This Federal tag relates to Complaint #IN00125226.</p> <p>3.1-45(a)(2)</p>		<p>be monitored daily going forward and report to the Q.A. Committee quarterly for one year.5.) Date Completed: 04/01/2013</p>		

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and record review, the facility failed to</p>	F000441	F-4411.) Resident "E" moved into room with another resident with	04/01/2013			

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	<p>maintain an Infection Control Program designed to provide a safe, sanitary environment to prevent the transmission of infections for 1 of 5 residents reviewed for infection control. (Resident E)</p> <p>Findings include:</p> <p>During the initial tour on 3/12/13 at 8:45 a.m., the DoN indicated Resident (E) had recently been treated for Methicillin Resistant Staphylococcus Aureus (MRSA) on her bilateral lower extremities. Resident (E) was living in a room with a roommate.</p> <p>During observation on 3/12/13 at 9:45 a.m., Resident (E) was walking up and down the halls with dressing to bilateral lower legs that was clean, dry and intact.</p> <p>During an interview on 3/12/13 at 11:30 a.m., Resident (E) indicated she had "sugar sores" on her lower legs and just finished antibiotics through a Peripherally Inserted Central Catheter (PICC) line. She indicated her legs were supposed to be wrapped every shift, but they only were done on shower days three times per week.</p>		<p>history of MRSA, as a precautionary measure per new facility policy and procedure. (Attachment "B")2.) Any resident has the potential to be affected. 3.) Environmental Services and Nursing Staff will be re-educated on April 1, 2013 regarding policy and procedure on Infection Control and Isolation along with hand washing procedure after direct contact for each resident to control and prevent infections in the facility. Re-educating all staff on correct use of isolation supplies (gloves, gowns, and mask outside of isolation room) and equipment.4.) New Director of Nursing will continue to monitor new orders and will maintain infection control log daily to ensure compliance with isolation as warranted. All infection control issues will be reviewed quarterly by the Q.A. Committee going forward.5.) Date Completed: 04/01/2013</p>				

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	<p>During an interview on 3/12/13 at 12:00 p.m., the DoN indicated Resident (E) had been in contact isolation until her last visit to the wound center on 3/4/13. She indicated the resident remained in her same room with her roommate because the facility was very small and they were unable to put her in a private room. She indicated the resident had a history of picking at her dressing and walking up and down the halls. She indicated they would change the dressing when it would become soiled with drainage. She indicated the resident's roommate had never cultured MRSA. She indicated the facility was not able to place gloves, gowns and masks outside of a resident's room because of the type of population in the facility. She indicated the staff gathered the items they needed and entered into each room with the items in hand.</p> <p>Review of a undated, current facility policy titled "Management of Resident with MRSA or Other Resistant Organism", which was provided by the Administrator on 3/12/13 at 10:00 a.m., indicated the following;</p> <p>"As a routine practice, a resident who is known to have MRSA infection in the respiratory tract or other body site</p>				

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	<p>will be evaluated for placement in a room by self or cohorted with another resident with MRSA,...Universal Substance Precautions system."</p> <p>During record review, Resident (E) received Vancomycin 1.25 grams every 12 hours from 1/21/13 thru 2/25/13. Resident (E) was receiving dressing changes daily and topical Ammonium Lactate Cream 12% applied daily.</p> <p>This Federal tag relates to Complaint #IN00125226.</p> <p>3.1-18(b)</p>				

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F009999	<p>State Findings</p> <p>(c) 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 other officials in accordance with state law through established procedures, including to the state survey and certification agency.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review, the facility failed to ensure the Administrator implemented facility policies regarding reporting an unusual incident related to a resident choking for 1 of 5 residents reviewed in a sample of 5. (Resident C)</p> <p>Findings include: During the initial tour on 3/12/13 at 8:45 a.m., the DoN indicated Resident C was recently admitted to the hospital following a choking incident. She indicated the resident was found unresponsive with emesis around her neck and mouth.</p>	F009999	<p>F - 99991.) An apparent misunderstanding occurred regarding this incident. The medial record does not state that resident choked nor was the facility administrator informed of a choking incident. However, the RN Consultant re-educated facility administrator via telephone conference on 03/22/2013 using the facility policy and procedure on incidents and accidents.2.) Any resident has the potential to be affected.3.) The administrator has re-educated all nurses on the incident/accident policy and procedure. The Director of Nursing and the Administrator shall review the completed incident report daily, and will follow the State guidelines in reporting unusual occurrences to ISDH.4.) The Director of Nursing and the Administrator will review daily and those which fall within the state guidelines shall be reported. All incidents will continue to be monitored daily going forward and report to the Q.A. Committee quarterly.5.) Date Completed: 04/01/2013</p>	04/01/2013	

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	<p>During interview with LPN#1 on 3/12/13 at 2:10 p.m., she indicated Resident C was found nonresponsive by a CNA on 2/24/13 at 8:45 a.m. The CNA called down the hall for assistance. The nurse indicated she arrived in the resident's room and noticed brown emesis around the resident's mouth. She attempted to clean the resident's mouth with the resident's nightgown. She indicated another nurse came to help with Resident C. She indicated she then left the resident to get the suction machine in the dining room. As she returned to the resident's room, the resident was propped up and more alert. The suction machine was not needed. 911 was notified and was en route to the facility. The resident's Physician and POA were also notified. Resident C was transferred to the local hospital on 2/24/13 at 8:55 a.m. Resident C was intubated before she reached the hospital and was brought to the hospital hypotensive and difficult to ventilate. Resident C was admitted from 2/24/13 to 3/6/13.</p> <p>During an interview on 3/12/13 at</p>			
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	<p>5:00 p.m., the Administrator indicated the incident was not reported to the state agency. She indicated she did not feel like it was an reportable incident.</p> <p>Review of a undated, current facility policy titled "Incident/Accident Policy and Procedure", which was provided by the Administrator on 3/12/13 at 10:00 a.m., indicated the following; "...Procedure to complete incident report:</p> <p>...11. Also, if the person was taken to the hospital.</p> <p>Any incident with injury or potentially serious outcome must be reported to the Facility Administrator and the Director of Nursing immediately following the incident."</p> <p>This State tag relates to Complaint #IN00125226.</p> <p>3.1-28(a)</p>				