STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155708	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE MANOR NURSING HOME	1109 E NATIONAL HWY WASHINGTON, IN 47501

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F0000	This visit was for the Investigation of Complaint IN00121825. Complaint IN00121825 Substantiated, Federal/State deficiencies are cited at F157 and F514. Survey dates: January 14 and 15, 2013 Facility number: 000303 Provider number: 155708 AIM number: 100287530 Survey team: Anne Marie Crays RN Census bed type: SNF: 3 SNF/NF: 40 Total: 43 Census payor type: Medicare: 8 Medicaid: 29 Other: 6 Total: 43	F0000	Please accept the following as our credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sample: 5 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on January 17, 2013, by Jodi Meyer, RN			

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F0157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			
	Based on interview and record review, the facility failed to ensure a physician and family was notified of a new open area, for 1 of 4 residents reviewed for physician notification, in a sample of 5. Resident A	F0157	Hillside Manor Nursing Home shall continue its long-standing policy of both assessing any change in condition of its residents and the timely notification of such to the	01/23/2013

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	Findings include: 1. The closed clinical record of Resident A was reviewed on 1/14/13 at 11:25 A.M. Diagnoses included, but were not limited to, Lung Cancer. Nurse's Notes included the following notations: 12/26/12 at 1:15 P.M.: "Spoke [with] [name of physician] R/T [related to res [resident] condition. N.O. [new orders] rec'd [received] et [and] noted 1) Hospice eval et tx [evaluate and treat]. 2) Comfort measures...." 12/27/12 at 1:00 P.M.: "...Incontinent [bowels and bladder]. Kept clean [and] dry per staff. Open area to coccyx. Barrier cream applied [after] each incontinent episode...." Documentation of physician or family notification of the new open area was not observed in the clinical record. A hospice admission form, dated 12/28/12 at 12:30 P.M., indicated: "Wound site, coccyx. Size (cm) 5.5 x 5 x 0.1, Stage, UTA [unable to assess]...." On 1/15/13 at 9:40 A.M.,during interview		attending physician and the responsible family member. Resident "A" was in a rapid "end stage" decline in health and such was reported to the attending physician and the resident's POA. With request for hospice services from the POA and the physician's approval for evaluation the only order written was for "comfort measures" only. The resident's POA was contacted almost daily by the HFA to inform of changing conditions, financial matters, family dynamics, and the resident's refusal of help from our staff and hospice team. This traceable record was not documented in the facilities charting (see changing policy enclosed). Additionally, the hospice team did not record "UTD" (refusal of treatment or measurement of open area) and did not keep their own team physician informed of such..Hospice did not chart that they notified the POA. One of 14 siblings (not the POA) took exception to lack of notification to her personally.The above mentioned deficient practice was not wide-spread throughout the facility and ony involved those in "end stage" and had hospice intervention. The deficient practice of assuming the hospice team will stage, treat, document, and notify (family/physician) will not continue. A new policy was written (1-22-13) on changing conditions, documentation,	

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	with the Administrator, she indicated she would have expected nursing staff to notify the physician and family of the new open area. 2. On 1/15/13 at 10:35 A.M., the Administrator provided the current policy on the facility's pressure ulcer program, undated. The policy included: "...If a new skin condition is identified the Charge Nurse is responsible for assessing the area, obtaining measurements and documenting in the nurses notes concerning the condition. The Charge Nurse will promptly, notify the physician for appropriate treatment plan as well as notify the responsible party...." This federal tag relates to Complaint IN00121825. 3.1-5(a)(1)		notification, and staging any open areas when a hospice team provides intervention and service. An inservice was held for nursing personnel on 1-23-13 to implement the new policy as it pertains to the cooperative support of a hospice team. Hillside Manor shall assume the lead and notify all physicians (including the hospice team's peronal physician) and all responsible parties of the changing conditions of the resident in an end stage condition. Any open areas shall be staged by Hillside Manor's skin care nurse and all changes shall be so recorded in the facility charting. The above mentioned practice of notificaiton of change, documentation, staging wounds, for all residents not assoiciated with a hospice intervention shall remain as previously implemented. The Hillside Manor D.O.N. shall assume full and total responsibility for this corrective compliant procedure. This shall not have a time limit of completion as this shall be a perpetual and permanent practice.	

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F0514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on observation, interview, and record review, the facility failed to document the appearance of an open area, and failed to document wound measurements weekly, for 2 of 3 residents reviewed for documentation of wounds, in a sample of 5. Residents B and A Findings include: 1. On 1/14/13 at 9:55 A.M., during the initial tour, the Director of Nursing [DON] indicated Resident B was admitted to the facility with an open area on his coccyx, and was receiving hospice services. On 1/14/13 at 2:00 P.M., an open area was observed on Resident B's coccyx.	F0514	Hillside Manor Nursing Home shall assume the responsibility of all documentation, notification of change in the residents coindition, and personal staging of any open wounds with residents under the care of a "end stage" resident recieving services from a hospice team.Resident "A" and "B", both in "end stage" critical care was under the direct care of a hospice team and a hospice team physician that is not a routine local nursing home physician. The defective practice of allowing this team to stage, treat, document, and notify their own physician and family of changes will be altered, in that the facility will maintain its own records of such actions in addition to the hospice provider. The above mentioned deficient practice was not wide-spread throughout the facility and only	01/23/2013

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	LPN # 1 indicated at that time that the area "is healing so good." LPN # 1 indicated she was unsure of the staging of the wound, as "hospice does the staging and measurements." On 1/14/13 at 2:50 P.M., the clinical record of Resident B was reviewed. Documentation included the resident was admitted to the facility on 11/21/12 with a "Deep tissue injury" to the coccyx, measuring 4 cm [centimeters] x 3 cm x 0.1 cm. Further documentation of the measurements of the wound were not observed in the facility clinical record. On 1/14/13 at 3:30 P.M., during interview with the Assistant Director of Nursing and DON, they indicated that hospice measured the wounds weekly, and the measurements were in the hospice record. The hospice record was reviewed at that time. Measurements of the wound were recorded on 12/3/12, 12/10/12, 12/24/12. Documentation indicated hospice staff had last visited the resident on 1/9/13. There was no documentation of the wound measurements since 12/24/12. On 1/14/13 at 3:40 P.M., the DON indicated she was unaware that hospice was not documenting the measurements of the wound weekly. The DON obtained		involved those in "end stage" and both residents were on hospice services. The deficient practice of assuming the hospice team will stage, treat, document, and notify (family/physician) will not continue as previous mentioned.A new policy was written (1-22-2013) on changing conditions, documentation, notificiation, and staging any open areas when a hospice team provides services to our residents. An inservice was held on 1-23-13 for all nursing personnel to implement the new policy as it pertains to the cooperative support of a hospice team. Hillside Manor shall assume the lead and notify all physician's and responsible party of changing conditions. Any open areas shall be documented by the wound nurse and all changes will be recorded in his/her record. The above mentioned pracitce of notification of change, documentation, staging of wounds, for all residents not assoicated with a hospice team shall remain as previously implemented.The Hillside Manor D.O.N. shall assume full and total responsibility for this corrective compliant procedure. This shall not have a time limit of completion as this shall be a perpetual and permanent practice.	

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	measurements of the wound at that time, and indicated the wound was now 1.7 M.D. cm x .2 cm. 2. The closed clinical record of Resident A was reviewed on 1/14/13 at 11:25 A.M. Diagnoses included, but were not limited to, Lung Cancer. Nurse's Notes included the following notations: 12/26/12 at 1:15 P.M.: "Spoke [with] [name of physician] R/T [related to res [resident] condition. N.O. [new orders] rec'd [received] et [and] noted 1) Hospice eval et tx [evaluate and treat]. 2) Comfort measures...." 12/27/12 at 1:00 P.M.: "...Incontinent [bowels and bladder]. Kept clean [and] dry per staff. Open area to coccyx. Barrier cream applied [after] each incontinent episode...." Further documentation of the open area was not observed in the clinical record until hospice documented on 12/28/12. A hospice admission form, dated 12/28/12 at 12:30 P.M., indicated: "Wound site, coccyx. Size (cm) 5.5 x 5 x 0.1...."			

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	On 1/15/13 at 9:40 A.M.,during interview with the Administrator, she indicated she would have expected nursing staff to document the appearance of the wound. 3. On 1/15/13 at 10:35 A.M., the Administrator provided the current policy on the facility's pressure ulcer program, undated. The policy included: "...If a new skin condition is identified the Charge Nurse is responsible for assessing the area, obtaining measurements and documenting in the nurses notes concerning the condition...If the area is identified as a pressure wound the information will be recorded on the weekly pressure ulcer progress report form...Each week the Wound Nurse [Assistant Director of Nursing]...will assess and record measurements on all skin conditions...The wound nurse will also up-date the Pressure Wound Log with current measurements each week...." This federal tag relates to Complaint IN00121825. 3.1-50(a)(1)			

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