

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2016
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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6685 E 117TH AVE CROWN POINT, IN 46307
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00194737.</p> <p>Complaint IN00194737- Substantiated. Federal/State deficiencies related to the allegation are cited at F157, F309, and F511.</p> <p>Survey date: March 2, 2016</p> <p>Facility number: 001198 Provider number: 155637 AIM number: 100471000</p> <p>Census bed type: SNF: 15 SNF/NF: 104 Residential: 46 Total: 165</p> <p>Census payor type: Medicare: 14 Medicaid: 74 Other: 31 Total: 119</p> <p>Sample: 3</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>REQUEST DESK COMPLIANCE</p> <p>F0000</p> <p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the revisions of federal and state law.</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 0157 SS=D Bldg. 00	<p>Quality review completed by 26143, on March 6, 2016.</p> <p>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).</p> <p>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.</p>			

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	<p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on observation, record review, and interview the facility failed to ensure the Physician and the Responsible Party were notified of bruising in a timely manner for 1 of 2 residents reviewed for injuries in a sample of 3. (Resident #E)</p> <p>Finding includes:</p> <p>During Orientation Tour on 3/2/16 at 8:55 a.m., Resident #E was observed in a speciality chair in the Lounge area across from the Nursing Station. The resident's chair was in the reclined position. The resident's eyes were closed and a blanket was over her upper extremities.</p> <p>The record for Resident #E was reviewed on 3/2/16 at 9:21 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease, anxiety disorder, high blood pressure, anemia, and diabetes mellitus.</p> <p>The 2/10/16 Minimum Data Set (MDS) Quarterly assessment indicated the resident's cognitive patterns for daily decision making were moderately impaired. The assessment indicated the resident did not display any behaviors during the assessment reference period.</p>	F 0157	<p>Plan of Correction – Please request Desk Compliance F Tag 157 – D 1. Whatcorrective action(s) will be accomplished for those residents found to havebeen affectedby the deficient practice. a. On 2/27/16 physician, and familynotified of ecchymosis, swelling and bruising of left upper and lowerarm. 2. How otherresidents having the potential to be affected by the same deficient practice willbe identified and what corrective action(s) will be taken: a. All residents skin were checked toassure that documentation of ecchymosis, swelling orbruising is accurate. Any changes had physician notification and new ordersif appropriate. Family also notified ifappropriate. (Hdt. #1) b. Chart audit completed on allresidents. The physician notified as indicated. 3. Whatmeasures will be put I place or what systemic changes will be made to ensurethat the deficientpractice does not recur: a. Nursing staff was re-educated by 3/3/16that physician and family are notified immediatelyof any signs of ecchymosis, bruising or swelling and proper documentationis completed accurately. (Audit Tool #1) b. Re-education on Physician</p>	03/16/2016	

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	<p>The assessment indicated the resident required extensive assistance of two staff members for bed mobility, transfers, dressing, and personal hygiene. The assessment indicated a wheel chair was used for mobility.</p> <p>Review of the 2/27/16 Nursing Notes indicated the first entry was made at 8:15 p.m. The entry was made by LPN #1. The entry indicated the LPN was called to Resident #E's room by a CNA who stated the resident's left arm was bruised and swollen. Dark purple bruising was noted from the mid upper arm area to the elbow where a swollen edematous area was noted. A second bruised area on the left forearm distal to the swelling at the elbow was noted. The bruises and the edematous areas were assessed and measured. The resident was vocalizing in the usual manner with grimacing and louder vocalization noted during the assessment and measurement of the bruised areas. The Physician was paged and the resident's daughter was notified. Oral pain medications were given.</p> <p>When interviewed on 3/2/16 at 10:45 a.m., the Director of Nursing indicated she was first notified of the bruise and swelling to the resident's arm on 2/27/16 by the evening shift LPN #1. The Director of Nursing indicated she</p>		<p>Notification Policy completed by 3/3/16. . 4. 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. a. The DON/designee will receive <u>completed</u> audit tools #1, <u>daily</u> which indicates that initial and follow-up documentation is being done every shift for three days and Risk Management is initiated in the nursing record. This process will continue for six months. Reports of the audits will be reported to the Quality Assurance meeting monthly for six months. If deficiencies are noted the Quality Assurance Committee will develop plans of action to correct and recommend education and continued monitoring until corrections are effective. b. All deficiencies will be corrected by 3/16/16.</p>	

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	<p>interviewed other LPN's and CNA's related to the resident's injury. The Director of Nursing indicated during staff interviews she was informed by CNA #1 she noted a bruise to the resident's arm on 2/27/16 at 5:30 a.m. The CNA indicated she informed LPN #2 at the time. The Director of Nursing indicated LPN #2 was interviewed and confirmed she was aware of the left arm bruise. The LPN indicated the Physician and family were not informed of the bruising and swelling of the resident's left arm at 5:30 a.m.</p> <p>The facility policy titled " Occurrence and Event Policy" was reviewed on 3/2/16 at 2:40 p.m. The policy had a revision date of 5/14/2013. The Director of Nursing provided the policy and indicated the policy was current. The policy indicated the Physician was to be notified of of occurrences and a pertinent assessment and intervention details. The policy indicated the Responsible Party was to be notified of the occurrence/event and the action taken to provide care to the resident.</p> <p>This Federal tag relates to Complaint IN00194737.</p> <p>3.1-5(a)(1)</p>			

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F 0309 SS=D Bldg. 00	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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 observation, record review, and interview, the facility failed to provide the necessary care and services to maintain the resident's highest practicable physical and psychosocial well-being related to failure to monitor a resident's physical status and pain level after an injury was first observed for 1 of 2 residents reviewed for injuries in a sample of 3. (Resident #E)</p> <p>Finding includes:</p> <p>During Orientation Tour on 3/2/16 at 8:55 a.m., Resident #E was observed in a speciality chair in the Lounge area across from the Nursing Station. The resident's chair was in the reclined position. The resident's eyes were closed and a blanket was over her upper extremities.</p> <p>The record for Resident #E was reviewed on 3/2/16 at 9:21 a.m. The resident's</p>	F 0309	<p>Plan of Correction – RequestDesk Review</p> <p>F Tag 309 – D</p> <p>1. Whatcorrective action(s) will be accomplished for those residents found to havebeen affectedby the deficient practice.</p> <p>a. Resident #E continues to reside at thefacility and receive services including pain management.</p> <p>2. How otherresidents having the potential to be affected by the same deficient practice willbe identified and what corrective action(s) will be taken:</p> <p>a. All residents with BIM scores of 5 orless have the potential for practice to occur.</p> <p>b. Record review of residents with potentialfor pain will receive a comprehensivepain assessment.</p> <p>3. Whatmeasures will be put l place or what systemic changes will be made to ensurethat the deficientpractice does not recur:</p>	03/16/2016

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	<p>diagnoses included, but were not limited to, Alzheimer's disease, anxiety disorder, high blood pressure, anemia, and diabetes mellitus.</p> <p>The 2/10/16 Minimum Data Set (MDS) Quarterly assessment indicated the resident's cognitive patterns for daily decision making were moderately impaired. The assessment indicated the resident did not display any behaviors during the assessment reference period. The assessment indicated the resident required extensive assistance of two staff members for bed mobility, transfers, dressing, and personal hygiene. The assessment indicated a wheel chair was used for mobility.</p> <p>A facility reported Incident involving Resident #E was reviewed on 3/2/16 at 10:45 a.m. The report was initiated on 2/28/16. The report indicated an incident occurred on 2/27/16 at 7:01 p.m. The report indicated on 2/27/16 at 7:00 p.m., the CNA removed the resident's arm from her sweat shirt and observed bruises to the her left upper arm and elbow area with swelling. The Physician and Responsible Party were notified and Stat X-rays were ordered. The X-ray results noted a displaced left humerus fracture. The resident was transferred to the hospital Emergency Room.</p>		<p>a. Nursing staff was re-educated related to pain management for cognitively impaired residents and Pain Management Policy by 3/16/16 as well as the monitoring tool within the Medication Administration Record. (Hdt. #2)</p> <p>4. 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>a. Within Point Click Care for high risk residents additional assessment questions will appear to assure proper monitoring for pain. Tool will be utilized for all residents for one month. (Hdt. #3). Then for the remaining five months high risk residents with pain will be screened in Point Click Care utilizing Pain aid scale for cognitively impaired residents. Reports of this method will be discussed at the monthly Quality Assurance meeting for six months. If deficiencies are noted the Quality Assurance Committee will develop plans of action to correct and recommend continued monitoring until corrections are effective.</p>		

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	<p>The February 2016 Nursing Notes were reviewed. No entries were made on 2/24/16, 2/25/16, or 2/26/16.</p> <p>Review of the 2/27/16 Nursing Notes indicated the first entry was made at 8:15 p.m. The entry was made by LPN #1. The entry indicated the LPN was called to Resident #E's room by a CNA who stated the resident's left arm was bruised and swollen. Dark purple bruising was noted from the mid upper arm area to the elbow where a swollen edematous area was noted. A second bruised area on the left forearm distal to the swelling at the elbow was noted. The bruises and the edematous areas were assessed and measured. The resident was vocalizing in the usual manner with grimacing and louder vocalization noted during the assessment and measurement of the bruised areas. The Physician was paged and the resident's daughter was notified. Oral pain medications were given. No further entries were completed on 2/27/16</p> <p>The 2/28/16 Nursing Notes were reviewed as follows: 2:36 a.m. Bruising noted to the resident's left upper and lower arm with some swelling. No assessment of the residents pain level noted.</p>			

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	<p>2:53 a.m. Residents pain level was (6) and new orders had been obtained for X-rays of the left arm humerus and forearm.</p> <p>3:04 a.m. X-rays were completed at 10:30 p.m. No assessment of the residents pain level noted.</p> <p>5:46 a.m. Physician notified of X-ray results and new order received to send the resident to the hospital Emergency Room. No assessment of the residents pain level noted.</p> <p>6:48 a.m. Resident being transferred by ambulance to the hospital Emergency Room. No assessment of the residents pain level noted.</p> <p>The resident's Hospital Medical records were reviewed. The resident's pain was assessed on 2/28/16 at 7:50 a.m. The resident's pain level was (6) and the resident was calling out loud, moaning, and crying.</p> <p>Review of the 2/2016 Medication Administration Records indicated there were Physician orders for the resident to receive Acetaminophen (a pain medication) 650 milligrams three times a day at 6:00 a.m., 2:00 p.m., and 10:00</p>			

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	<p>p.m. The resident received the Acetaminophen as ordered on 2/27/16 and 2/28/16.</p> <p>There was also an order for the resident to receive Acetaminophen 650 milligrams every six hours as needed for pain or elevated temperature. No as needed pain medications were signed out as administered on 2/27/16 or 2/28/16.</p> <p>When interviewed on 3/2/16 at 10:45 a.m., the Director of Nursing indicated she was first notified of the bruise and swelling to the resident's arm on 2/27/16 by the evening shift LPN #1. The Director of Nursing indicated she interviewed other LPN's and CNA's related to the resident's injury. The Director of Nursing indicated during staff interviews she was informed by CNA #1 she noted a bruise to the resident's arm on 2/27/16 at 5:30 a.m. The CNA indicated she informed LPN #2 at the time. The Director of Nursing indicated LPN #2(the night shift Nurse) was interviewed and confirmed she was aware of the left arm bruise. LPN #2 indicated she did not record any documentation related to the bruise The LPN indicated the Physician and family were not informed of the bruising and swelling of the resident's left arm. The Director of Nursing also indicated she interviewed LPN #4 who</p>			

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F 0511 SS=D Bldg. 00	<p>worked the Day shift starting at 7:00 a.m. on 2/27/16 and she indicated LPN #2 did not inform her of the resident's bruise when giving report at change of shift on 2/27/16 at 7:00 a.m.</p> <p>When interviewed on 3/2/16 at 2:40 p.m., the Director of Nursing indicated there were no further assessments of the resident's pain level from 2/27/16 to 2/28/16.</p> <p>This Federal tag relates to Complaint IN00194737.</p> <p>3.1-37(a)</p> <p>483.75(k)(2)(ii) RADIOLOGY FINDINGS-PROMPTLY NOTIFY PHYSICIAN The facility must promptly notify the attending physician of the findings. Based on observation, record review, and interview, the facility failed to promptly notify the Physician of abnormal x-ray results for 1 of 2 residents review for injuries in a sample of 3. (Resident #E)</p>	F 0511	<p>F Tag 511- D RequestDesk Review</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>a. Resident #E remains in the facility.DON/Executive Director met</p>	03/16/2016

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	<p>Finding includes:</p> <p>During Orientation Tour on 3/2/16 at 8:55 a.m., Resident #E was observed in a speciality chair in the Lounge area across from the Nursing Station. The resident's chair was in the reclined position. The resident's eyes were closed and a blanket was over her upper extremities.</p> <p>The record for Resident #E was reviewed on 3/2/16 at 9:21 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease, anxiety disorder, high blood pressure, anemia, and diabetes mellitus.</p> <p>The February Physician orders were reviewed. An order was obtained on 2/27/16 at 9:52 p.m. for an X-ray to be completed of the left humerus, radius, and ulna due to bruising and swelling . An order was written on 2/28/16 at 6:49 a.m. to send the resident to the hospital Emergency Room.</p> <p>A Radiology Report indicated x-rays were taken of the resident's left forearm and Humerus (a bone in the arm). The results of the Humerus X-ray indicated a complete fracture of the of the middle shaft of the humerus with displacement noted. The fracture appeared subacute and soft tissue swelling with osteopenia</p>		<p>with resident #E's family to discuss residents care; i.e., bathing, skin prevention and pain control as she will be on bedrest six weeks.</p> <p>2. 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>a. Residents with abnormal X-ray reports have the potential risk to be affected. <u>After review of resident X-rays, no other residents were found to be affected.</u></p> <p>3. 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>a. Continue our re-education of staff by development of audit tool #2 which will be utilized by facility nursing staff to assure staffs follow policy related to notification of physician and family related to abnormal X-ray results.</p> <p>4. 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>a. <u>DON/Designee will have completed audit tools forwarded on a weekly basis. Nurse managers will monitor Audit tool #2 daily, assuring proper notifications are complete and timely</u></p> <p>b. Reports of audits will</p>	

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	<p>was present. The report page indicated the abnormal results were faxed to the facility on 2/28/16 at 12:06 a.m.</p> <p>Review of the 2/27/16 Nursing Notes indicated the first entry was made at 8:15 p.m. The entry was made by LPN #1. The entry indicated the LPN was called to Resident #E's room by a CNA who stated the resident's left arm was bruised and swollen. Dark purple bruising was noted from the mid upper arm area to the elbow where a swollen edematous area was noted. A second bruised area on the left forearm distal to the swelling at the elbow was noted. The bruises and the edematous areas were assessed and measured. The resident was vocalizing in the usual manner with grimacing and louder vocalization noted during the assessment and measurement of the bruised areas. The Physician was paged and the resident's daughter was notified. Oral pain medications were given.</p> <p>The 2/28/16 Nursing Notes were reviewed. An entry made at 3:04 a.m. indicated the X-rays were completed at 10:30 p.m. and report was given to the midnight shift Nurse. There was no record of any attempts to call the Radiology service for the X-ray results between 2/27/15 at 10:30 p.m. through 2/28/16 The next entry was made on</p>		<p>bediscussed at the Quality Assurance meeting monthly for six months. If deficiencies are noted the Quality Assurance Committee will develop plan of action to correct and recommend continuation of monitoring until corrections are effective. Compliance by 3/16/16</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2016
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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6685 E 117TH AVE CROWN POINT, IN 46307
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	<p>2/28/16 at 5:46 a.m. This entry indicated the Physician was notified of the X-ray results and orders were received to send the resident to the hospital Emergency Room.</p> <p>When interviewed on 3/2/16 at 12:40 p.m., the Director of Nursing and the facility Administrator indicated the X-ray service did not call the facility with the finding of the fracture. The Director of Nursing indicated the Physician was notified on 2/28/16 at approximately 6:00 a.m. and the resident was sent to the hospital Emergency Room.</p> <p>The facility policy titled "Change in Condition" was reviewed on 3/2/16 at 11:30 a.m. The policy had a revision date of 12/7/2011. The Director of Nursing indicated the policy was current. The policy indicated the Physician was to be notified of any marked changes in the resident's condition, usual occurrences with injury, and a need to alter the resident's treatment.</p> <p>This Federal tag relates to Complaint IN00194737.</p> <p>3.1-49(j)(2)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2016

FORM APPROVED

OMB NO. 0938-0391

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