

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 09/10/2013
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NAME OF PROVIDER OR SUPPLIER CHICAGOLAND CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6685 E 117TH AVE CROWN POINT, IN 46307
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F000000	<p>This visit was for the Investigation of Complaint IN00131391.</p> <p>Complaint IN00131391-Substantiated. No deficiencies related to the allegation are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: September 10. 2013</p> <p>Facility number: 001198 Provider number: 155637 AIM number: 100471000</p> <p>Survey team: Regina Sanders, RN, TC Caitlyn Doyne, RN Jennifer Redlin, RN</p> <p>Census bed type: SNF: 12 SNF/NF: 106 Residential: 44 Total: 162</p> <p>Census Payor type: Medicare: 18 Medicaid: 77 Other: 67 Total: 162</p> <p>Sample: 4</p>	F000000		

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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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 15, 2013, by Janelyn Kulik, RN.</p>				

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F000225 SS=D	<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 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 record review and</p>	F000225	WE ARE REQUESTING DESK	09/20/2013			

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	<p>interview, the facility failed to report an unusual occurrence in a timely manner, to the Indiana State Department of Health (ISDH) , related to a laceration in the vaginal area, for 1 of 3 unusual occurrences reviewed. (Resident #75)</p> <p>Findings include:</p> <p>Resident #75's record was reviewed on 09/10/13 at 9:15 a.m. The resident's diagnoses included, but were not limited to dementia and stroke.</p> <p>A Significant Change Minimum Data Set Assessment, dated 07/20/13, indicated the resident had long term and short term memory problems, had no behaviors, required extensive assistance with activities of daily living, and was incontinent of bowel and bladder.</p> <p>A Nurses' Note, dated 07/19/13 at 10:39 p.m., indicated a CNA reported to the nurse the resident had bleeding from the peri-area. The Nurse assessed the area and found a laceration in the resident's vaginal area, which measured 1.0 centimeter by 0.5 centimeter and was 0.5 centimeter in depth. The note indicated a second Nurse measured</p>		<p>COMPLIANCE. WE ARE REQUESTING DESK COMPLIANCE. F225 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>1. Staff member who identify a resident with an unusual occurrence will notify the administrator or designee immediately. 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: All residents have the potential to be affected by the alleged deficient practice. Compliance nurse has educated DON and Administrator regarding mandatory reporting requirements 9/18/13. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Compliance Nurse has educated DON and Administrator regarding mandatory reporting requirements 9/18/13. Nursing staff will receive education regarding following Prevention of Abuse and Mandatory Reporting Requirement beginning 9/18/13 through 9/20/13. 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. 1.</p>		

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	<p>the area at 2 centimeters by 0.5 centimeters and 0.5 centimeters in depth and the Director of Nursing (DoN) and the resident's Power of Attorney were notified and the Physician had been paged.</p> <p>A Nurses' Note, dated 07/20/13 at 2:43 p.m., documented as a late entry (no date and time documented), indicated, "Area noted to be located to the right lower side of peri area...edges smooth with wound bed pale pink. Area measuring 4.2 x 1.6 cm (centimeters) unable to determine depth at this time...."</p> <p>The investigation for the cause of the laceration, dated 07/19/20 through 07/24/13, indicated the ISDH had been initially notified of the laceration on 07/20/13 at 9:51 p.m., which was 23 hours after the laceration had been discovered.</p> <p>During an interview on 09/10/13 at 9:50 a.m., the DoN indicated the laceration had been found on 07/19/13 at 10:29 p.m. and she had reported the unusual occurrence on 07/20/13 at 9:49 p.m. She indicated the Administrator was out of town, so she was notified of the laceration by the staff immediately after they found the area.</p>		<p>The QCC/designee will audit Unusual Occurrence Reports to assure timely notification of the Administrator/designee, the state and other agencies as appropriate.</p> <p>2. The QCC/designee will report to QA meeting for a total of 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>During an interview on 09/10/13 at 11:25 a.m., the DoN indicated when she was notified, the staff told her it was a tear which was found during peri-care. She indicated she had not reported the incident because the resident had behaviors of yelling and if someone would have touched her inappropriately, the resident would have yelled out. She indicated the Physician had been notified of the area. She indicated the tear met the criteria of an unusual occurrence and should have been reported to the ISDH immediately. She indicated she thought she had 24 hours to report the unusual occurrence to the ISDH.</p> <p>3.1-28(d)</p>			

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to follow the facility's policy for reporting to the Indiana State Department of Health (ISDH) timely, of an unusual occurrence, related to, a laceration in the vaginal area, for 1 of 3 unusual occurrences reviewed. (Resident #75)</p> <p>Findings include:</p> <p>A facility policy, dated 01/25/06, titled, "Reportable Unusual Occurrences", received from the Director of Nursing as current, indicated, "...An injury should be classified as an injury of unknown source when both of the following conditions are met: the source of the injury was not observed by any person or the source of the injury could not be explained by the resident; AND The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma)..."</p>	F000226	<p>WE ARE REQUESTING DESK COMPLIANCE F226 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: 1. Resident #75 was sent to hospital for evaluation of affected area. 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: Residents have the potential to be affected by the alleged deficient practice. Compliance Nurse educated DON and Administrator regarding mandatory reporting requirements 9/18/13. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Compliance Nurse educated DON and Administrator regarding mandatory reporting requirements on 9/18/13. Nursing staff will receive education regarding following Prevention of Abuse and Mandatory Reporting Requirement beginning 9/18/13 through 9/20/13. How the corrective action(s) will be</p>	09/20/2013

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	<p>A facility policy, dated 02/02/10, titled, "Occurrence and Event Policy", received from the Director of Nursing as current, indicated, "...An initial report to the public health will be made as soon as practical in (sic) after the nurse in charge/supervisor and/or is able to determine the occurrence/event is reportable...</p> <p>Resident #75's record was reviewed on 09/10/13 at 9:15 a.m. The resident's diagnoses included, but were not limited to dementia and stroke.</p> <p>A Significant Change Minimum Data Set Assessment, dated 07/20/13, indicated the resident had long term and short term memory problems, had not behaviors, required extensive assistance with activities of daily living, and was incontinent of bowel and bladder.</p> <p>A Nurses' Note, dated 07/19/13 at 10:39 p.m., indicated a CNA reported to the nurse the resident had bleeding from the peri-area. The Nurse assessed the area and found a laceration in the resident's vaginal area, which measured 1.0 centimeter by 0.5 centimeter and was 0.5 centimeter in depth. The note</p>		<p>monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. 1. The QCC/designee will audit Unusual Occurrence Reports to assure timely notification of the Administrator/designee, the state and other agencies as appropriate. (Attachment #1) 2. The QCC/designee will report to QA meeting for a total of 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>indicated a second Nurse measured the area at 2 centimeters by 0.5 centimeters and 0.5 centimeters in depth and the Director of Nursing (DoN) and the resident's Power of Attorney was notified and the Physician had been paged.</p> <p>A Nurses' Note, dated 07/20/13 at 2:43 p.m., documented as a late entry (no date and time documented), indicated, "Area noted to be located to the right lower side of peri area...edges smooth with wound bed pale pink. Area measuring 4.2 x 1.6 cm (centimeters) unable to determine depth at this time...."</p> <p>The investigation for the cause of the laceration, dated 07/19/20 through 07/24/13, indicated the ISDH had been initially notified of the laceration on 07/20/13 at 9:51 p.m., which was 23 hours after the laceration had been discovered.</p> <p>During an interview on 09/10/13 at 9:50 a.m., the DoN indicated the laceration had been found on 07/19/13 at 10:29 p.m. and she had reported the unusual occurrence on 07/20/13 at 9:49 p.m. She indicated the Administrator was out of town, so she was notified of the laceration by the staff immediately after they found</p>			

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	<p>the area.</p> <p>During an interview on 09/10/13 at 11:25 a.m., the DoN indicated when she was notified, the staff told her it was a tear which was found during peri-care. She indicated she had not reported the incident because the resident had behaviors of yelling and if someone would have touched her inappropriately, the resident would have yelled out. She indicated the Physician had been notified of the area. She indicated the tear met the criteria of an unusual occurrence and should have been reported to the ISDH immediately. She indicated she thought she had 24 hours to report the unusual occurrence to the ISDH.</p> <p>3.1-38(a)</p>				