

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2014
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NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011
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F000000	<p>This visit was for the Investigation of Complaint IN00143150.</p> <p>Complaint IN00143150 Substantiated. Federal/State deficiencies related to the allegations are cited at F323 and F514 .</p> <p>Survey dates: February 11 and 12, 2014</p> <p>Facility number: 000026 Provider number: 155066 AIM number: 100274820</p> <p>Surveyor: Betty Retherford RN,TC Tina Smith-Staats RN</p> <p>Census bed type: SNF/NF: 75 Total: 75</p> <p>Census payor type: Medicare: 8 Medicaid: 56 Other: 11 Total: 75</p> <p>Sample: 6</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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F000323 SS=D	<p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p> <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, record review, and interview, the facility failed to ensure interventions to prevent possible falls were in place and in proper working order for 1 of 3 residents observed for fall interventions in a sample of 6. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 2/11/14 at 2 p.m. Diagnoses for Resident #B included, but were not limited to, bipolar disorder, depressive disorder, intellectual disability, and schizophrenia.</p> <p>A significant change Minimum Data</p>	F000323	<p>A. Resident #B wheelchair alarm was immediately changed out following its failure. Alarm was replaced with an operational alarm. B. All residents with potential for falls have the potential to be affected. All remaining resident alarms were checked at the time of survey and found to be functional. Documentation of the shift checks of alarms was also checked to assure completion. C. A systemic review of all resident alarms was completed to assure they were an appropriate preventative of future falls. Appropriate alarms were verified to have the appropriate physician's orders for application and per shift checks for functionality. Inservice training was provided by Staff Development Coordinator on 2-25</p>	03/07/2014
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	<p>Set assessment, dated 12/30/13, indicated Resident #B had moderate cognitive impairment and was totally dependent on the staff for transfers and toileting.</p> <p>A health care plan problem, dated 9/12/12 and last reviewed on 1/23/14, indicated Resident #B was a fall risk related to unsteady gait and balance. One of the approaches for this problem was "alarm to bed and wheelchair"</p> <p>Resident #B had a current physician's order for a "Bed and Chair Alarm" to alert the staff if the resident attempted to get up without assistance.</p> <p>During an observation on 2/11/14 at 9:05 a.m., Resident #B was up in her wheelchair in an activity area. An alarm box was present on the back of her wheelchair. When requested, CNA #1 and CNA #2 assisted the resident to a standing position to monitor the functional status of the pressure alarm. The alarm did not sound when the resident was assisted from a sitting to a standing position.</p> <p>CNA #2 was interviewed on 2/11/14 at 9:06 a.m. She checked the</p>		<p>to nursing department staff to check alarms routinely during each change of position. DNS/Designee will check for proper function of alarms daily to ensure functionality.D. A weekly audit of alarms will be completed by the DNS/Designee to assure that all ordered alarms are in place in proper working order. Results of those audits will be reviewed at CQI meeting Monthly for 6 months attaining 100% compliance then quarterly thereafter.</p>		

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	<p>connection of the telephone like cord going from the pressure pad to the alarm box. She indicated the connection was loose in the alarm box and allowed it to be disconnected. She indicated any type of movement could allow the connection to be disrupted. She indicated she would obtain a new pressure alarm system for the resident. CNA #2 asked CNA #1 to monitor the residents in the activity area and she would be back in a few minutes after obtaining a new alarm system..</p> <p>Review of the current facility policy, revised 9/2013, titled "Fall Management Program", provided by the DoN on 2/12/14 at 10:20 a.m., included, but was not limited to, the following:</p> <p>"Policy</p> <p>It is the policy of American Senior Communities to ensure residents residing within the facility will maintain maximum physical functioning through the establishment of physical, environmental, and psychosocial guidelines to prevent injury related to falls.</p>			

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F000514 SS=D	<p>Procedure</p> <p>1. A fall risk assessment will be completed upon admission or re-admission....</p> <p>3. A care plan will be developed at time of admission specific to each resident based upon the results of the fall risk assessment...."</p> <p>This federal tag relates to Complaint IN00143150.</p> <p>3.1-45(a)(2)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE 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.</p> <p>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.</p> <p>Based on clinical record review and interview, the facility failed to ensure resident clinical records were complete and accurately documented in regards to the</p>	F000514	A. Inservice training was provided to the nursing department related to appropriate post-fall documentation standards. Nurses were specifically inserviced to	03/07/2014			

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	<p>functional status of a personal alarm at the time of a resident's fall for 1 of 3 residents reviewed for complete and accurate clinical records in a sample of 6. (Resident #F)</p> <p>Findings include:</p> <p>The clinical record for Resident #F was reviewed on 2/11/14 at 1:05 p.m. Diagnoses for the resident included, but were not limited to, Pre-senile dementia, depressive disorder, and post traumatic stress disorder.</p> <p>The clinical record indicated Resident #F had a current physician's order for a bed and chair alarm.</p> <p>A nursing note, dated 1/5/14 at 9:36 p.m., indicated "res [resident] fell in room at bedside. Wife [roommate] alerted staff of fall. Res hit his head on bedside table but no injury noted.... Res trying to take self to bed from reclining chair...."</p> <p>The nursing note above lacked any information related to the status of the resident's safety alarm. The nursing note did not indicate if the alarm was in place as ordered and functioning at the time of the fall.</p>		<p>document circumstance of the fall, possible root causes, immediate interventions, notifications, and any injuries. Resident F's chart was updated to include the functional status of the residents alarm.B. All residents with the potential for falls have the potential to be affected. Inservice training was provided to the nursing department related to appropriate post-fall documentation standards specific to functionality of alarms by Staff Development Coordinator on 2-25. Nurses were specifically inserviced to document circumstance of the fall, possible root causes, immediate interventions, notifications, and any injuries per ASC policy. Fall documentation was reviewed for all falls to assure the documentation included the functionality of the alarm. C. Inservice training was provided to the nursing department related to appropriate post-fall documentation standards specific to functionality of alarms by Staff Development Coordinator on 2-25. Nurses were specifically inserviced to document circumstance of the fall, appropriate equipment, possible root causes, immediate interventions, notifications, and any injuries. Additionally, any unwitnessed fall will initiate a "Fall Investigation" Form by reporting nurse, further identifying cause and appropriate intervention.</p>		

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	<p>An IDT (Interdisciplinary Team) note, dated 1/6/14 at 4:49 p.m., indicated "IDT Fall Review: Res noted with unwitnessed fall. Root cause identified as res did not have appropriate footwear on, will encourage res to wear non-skid footwear at all times. Chair alarm present. Res denied pain or discomfort, no injuries noted...."</p> <p>The IDT note indicated the resident's alarm was "present", but did not indicate if the alarm was functioning and sounding at the time of the resident's fall to alert the staff of unassisted ambulation.</p> <p>During an interview with the DoN on 2/11/14 at 2:20 p.m., she indicated she had completed the investigation related to this fall and the resident's alarm had been sounding at the time of the fall. She indicated she had failed to chart this information in the clinical record.</p> <p>Review of the current facility policy, revised 9/2013, titled "Fall Management Program", provided by the DoN on 2/12/14 at 10:20 a.m., included, but was not limited to, the following:</p>		<p>DNS/Designee will review fall documentation to assure completion to ASC policy.D. Each Fall incident will be reviewed daily by the IDT and appropriate CQI form filled out. Documentation for each fall will be audited for document circumstance of the fall, appropriate equipment, possible root causes, immediate interventions, notifications, and any injuries. All unwitnessed falls will also have a completed "Fall Investigation" completed. Falls documentation will be reviewed at the CQI meeting monthly utilizing the audit tool Falls for 6 attaining 100% compliance then quarterly thereafter.</p>				

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	<p>"Policy</p> <p>It is the policy of American Senior Communities to ensure residents residing within the facility will maintain maximum physical functioning through the establishment of physical, environmental, and psychosocial guidelines to prevent injury related to falls.</p> <p>Procedure</p> <p>...Post fall</p> <p>...A fall circumstance report will be initiated as soon as the resident has been assessed and cared for.</p> <p>* The report must be completed in full in order to identify possible root causes of the fall and provide immediate interventions.</p> <p>* An entry will be completed in the nurses' notes addressing the fall, any injuries, physician and family notifications, and interventions initiated...."</p> <p>This federal tag relates to Complaint IN00143150.</p> <p>3.1-50(a)(1)</p>						

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