

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155176	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/15/2014
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NAME OF PROVIDER OR SUPPLIER  GLENBROOK REHABILITATION & SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3811 PARNELL AVE FORT WAYNE, IN 46805
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F000000	<p>This visit was for Recertification and State Licensure Survey.</p> <p>Survey dates: October 8, 9, 10, 14, &amp; 15, 2014.</p> <p>Facility number: 000092 Provider number: 155176 AIM number: 100266090</p> <p>Survey team: Carol Miller, RN-TC Timothy Long, RN Rick Blain, RN Diane Nilson, RN (October 8, 9, 14, &amp; 15, 2014)</p> <p>Census bed type: SNF/NF: 70 Total: 70</p> <p>Census payor type: Medicare: 4 Medicaid: 54 Other: 12 Total: 70</p> <p>These deficiencies reflect state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on October 20, 2014, by Brenda Meredith, R.N.</p>	F000000		
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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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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review and interview, the facility failed to update a care plan for assessments for 1 of 1 dialysis patient's reviewed. (Resident #25)</p> <p>Finding includes:</p> <p>Resident #25's clinical record was reviewed on 10/14/14 at 1:30 P.M. The record indicated the resident had physician's orders for dialysis every Tuesday, Thursday and Saturday.</p> <p>A care plan, started 8/20/14, indicated Resident #25 was receiving dialysis and</p>	F000280	<ol style="list-style-type: none"> <li>Resident #25 had his care plan updated</li> <li>Residents receiving dialysis have the potential to be affected. An audit was completed by the Director of Nursing of all current residents on dialysis for appropriate care plans. No other residents were affected by this.</li> <li>The MDS nurse has been educated on 10/27/14 by the Director of Nursing on proper care plan completion for residents on dialysis. Dialysis communication form will be reviewed by the Nurse Unit Manager to ensure any changes in dialysis will be communicated to</li> </ol>	11/01/2014			

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	<p>was at risk for complications such as fluid imbalance, bleeding or infection, intermittent confusion, use of nine or more medications, status post placement of a left arm fistula. One of the approaches was to assess dialysis access site every shift for excessive bleeding, drainage, swelling, redness, warmth, bruit/thrill and to document findings and report abnormal's to the physician and dialysis center.</p> <p>The progress notes of 8/21/14, at 5:45 P.M. indicated the resident returned from dialysis and a permanent catheter access site to the right groin for dialysis had been initiated.</p> <p>An interview with the MDS (Minimum Data Set assessment) nurse, RN #1, on 10/14/14 at 2:10 P.M., indicated the care plan initiated for dialysis on 8/20/14 should have been updated after the permanent access dialysis site was started to the right groin on 8/21/14.</p> <p>An interview with RN #1, on 10/14/14 at 3:14 P.M., indicated she contacted the dialysis center on 10/14/14, and the facility was to not perform routine bruit/thrill checks to the right groin dialysis access site and were to leave the dressing intact applied at the dialysis center and if a small amount of bleeding</p>		<p>the IDT. Care plans for residents with changes in dialysis will be updated by the MDS coordinator or designee in the daily clinical meeting as they occur.</p> <p>1.The Director of Nursing or designee will monitor, using the Dialysis CQI tool for compliance weekly for 2 weeks, then Monthly for 6 months, then quarterly for 6 months and forward results to monthly CQI committee for review. If any findings are out of compliance, then additional monitoring and an additional action plan will continue as determined by the committee. Compliance threshold is 100%. Non-compliance may result in disciplinary action up to and including termination.</p> <p>5. Systems will be implemented by November 1st.</p>	

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F000315 SS=D	<p>on dressing was noted the facility nurse was to apply direct pressure and if a large amount of bleeding was present to the dressing the physician and dialysis center were to be contacted.</p> <p>An interview with the Director of Nursing (DN), on 10/14/3:45 P.M., indicated, between 8/21/14 and 10/13/14, the facility had been documenting post dialysis assessment including bruit/thrill, warmth, redness and drainage at the dialysis access site. The DN indicated the care plan for dialysis was not updated as it should have been following the change of the dialysis access site from the left arm to the right groin on 8/21/14.</p> <p>3.1-35(d)(2)(B)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a</p>				

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	<p>resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on record review and interview, the facility failed to adequately assess bladder incontinence patterns for 1 of 3 residents reviewed for an increase in urinary incontinence. (Resident #74)</p> <p>Finding includes:</p> <p>Resident #74's clinical record was reviewed on 10/14/14 at 2:30 P.M. and indicated the resident was admitted to the facility on 5/23/14. The admission Minimum Data Set (MDS) assessment from 5/30/14, indicated the resident was occasionally incontinent of urine with less than 7 episodes of incontinence in the 7 day review period. The quarterly MDS assessment from 8/8/14, indicated Resident #74 was frequently incontinent of urine with 7 or more episodes of incontinence, but at least one episode of continent voiding during the 7 day review period.</p> <p>On 8/8/14, an Interdisciplinary Team (IDT) bladder continence review indicated Resident #74 did not have an</p>	F000315	<ol style="list-style-type: none"> <li>Resident #74 had a 3 day void pattern completed.</li> <li>Any incontinent resident has the potential to be affected. An audit was completed of all residents with MDS's completed or admitted in the last 30 days to ensure appropriate bladder assessments were completed per policy. Any missing assessments identified were completed by the MDS coordinator and designee.</li> <li>The MDS nurse was educated by the Director of Nursing on proper completion of the 3 day bladder assessments. Any resident, who is admitted to the facility or experiences a change in condition, will be assessed for bladder incontinence by MDS coordinator. The IDT will discuss the incontinence outcomes in the care plan meeting to determine if a 3 day tracker is needed. If needed a 3 day void pattern will be obtained.               <ol style="list-style-type: none"> <li>Director of Nursing or designee will monitor, using the Bladder Program CQI tool for compliance weekly for 2 weeks, then Monthly for 6 months, then quarterly for 6 months and forward results to</li> </ol> </li> </ol>	11/01/2014

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	<p>identified pattern of urinary voiding and had been placed on a scheduled toileting program for toileting upon rising, before or after meals and at bedtime.</p> <p>On 10/15/14 at 9:55 A.M., the Director of Nursing (DN) provided a policy titled Bladder Program, original date 3/2010, and most recently updated 6/2014. The policy indicated each resident will have a 3-day voiding pattern initiated within 72 hours of admission and/or any change in continence status.</p> <p>A 3-day bladder/bowel pattern was provided by LPN #2, on 10/14/14 at 3:10 P.M., for Resident #74 from 5/24/14 through 5/25/14. The record indicated the resident had 2 urinary incontinence episodes during the 3 day period at 7:00 P.M. and 9:00 P.M.</p> <p>An interview with the DN, on 10/14/14 at 3:45 P.M., indicated a 3 day voiding patterning should be done for a significant change in continence status.</p> <p>An interview with the MDS assessment nurse, RN #1, on 10/15/14 at 9:40 A.M., indicated she didn't have a 3 day bladder/bowel patterning assessment done after the MDS assessment of 8/8/14, was completed and indicated a decline from occasional incontinence to</p>		<p>monthly CQI committee for review. If any findings are out of compliance, then additional monitoring and an additional action plan will continue as determined by the committee. Compliance threshold is 90%. Non-compliance may result in disciplinary action up to and including termination.</p> <p>5. Systems will be implemented by November 1st.</p>	

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F000323 SS=E	<p>frequently incontinent. RN #1 indicated she should have initiated a 3 day bladder/bowel patterning assessment to see if Resident #74 had a pattern for urinary incontinence to initiate a toileting program.</p> <p>3.1-41(a)(1)</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 observations, interviews and record reviews, the facility failed to ensure the water temperature was at or below 120 degrees. This deficiency had the potential to affect residents on 2 of the 3 halls observed for hot water temperatures (hall 200 and hall 300).</p> <p>Findings include:</p> <p>An observation, on 10/8/14 at 11:20 a.m., in room 227 in the resident's bathroom the water temperature was noted to be too hot. The Maintenance Director checked the water temperature with his thermometer and the temperature was 127 degrees Fahrenheit.</p>	F000323	<p>1. Residents on hallways 200 and 300 were monitored during the time of the increase water temperature until the effected parts were replaced. Two mixing valves were replaced during the survey and the third one was inspected. No injuries occurred during this time.</p> <p>2. All residents residing on the 200 and 300 hallways had the potential to be effected. Two mixing valves were replaced during the survey and the third one was inspected. No injuries occurred during this time.</p> <p>3. The Maintenance Director was educated by the Executive Director on proper water temperatures and preventative maintenance of mixing valves. Mixing valves will be placed on an</p>	11/01/2014			

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	<p>An interview, on 10/8/14 at 10:25 a.m., with the Maintenance Director indicated he had checked at the valve this morning and the temperature was 119 degrees Fahrenheit the Maintenance Director had turned it down at the mixing valve and now wondered if he had turned the mixing valve the wrong way.</p> <p>On 10/8/14 at 10:30 a.m., with the Maintenance Assistant the water temperatures (T) were observed in the following resident rooms:                      room 228 T 124 degrees Fahrenheit                      room 230 T 123 degrees Fahrenheit                      room 229 T 123 degrees Fahrenheit                      room 232 T 123 degrees Fahrenheit                      room 226 T 124 degrees Fahrenheit                      room 224 T 123 degrees Fahrenheit                      room 222 T 122 degrees Fahrenheit                      room 220 T 124 degrees Fahrenheit                      room 311 T 125 degrees Fahrenheit                      room 203 T 128 degrees Fahrenheit                      room 204 T 128 degrees Fahrenheit                      room 210 T 131 degrees Fahrenheit                      room 212 T 130 degrees Fahrenheit                      room 217 T 126 degrees Fahrenheit</p> <p>On 10/8/14 at 12:30 p.m., an interview with the Maintenance Director indicated the water temperatures are done weekly.</p> <p>On 10/8/14 at 12:30 p.m., water temperature logs documentation was</p>		<p>annual inspection as well as continued water temperatures will be recorded and maintained weekly.</p> <p>ED will review the water temperatures log weekly to ensure water is at safe temperatures.</p> <p>4. Executive Director will monitor, using Weekly Water Temperatures form for compliance weekly for 2 weeks, then Monthly thereafter and forward results to monthly CQI committee for review. If any findings are out of compliance, then additional monitoring and an additional action plan will continue as determined by the committee. Compliance threshold is 90%. Non-compliance may result in disciplinary action up to and including termination.</p> <p>5. Systems will be implemented by November 1st.</p>	

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	<p>provided by the Maintenance Director indicated, on 10/7/14, hot water temperatures ranged from 116 - 120 degrees Fahrenheit.</p> <p>On 10/8/14 at 12:45 p.m., the Administrator was interviewed indicated that no one had been burned by the hot water.</p> <p>On 10/8/14 at 1:00 p.m., a local plumbing company was at the facility working on the mixing valves for the hot water heater.</p> <p>On 10/8/14 at 2:30 p.m. observations with the Maintenance Assistant the following resident rooms hot water temperatures were retaken and indicated: room 227 T 118 degrees Fahrenheit room 210 T 123 degrees Fahrenheit room 204 T 122 degrees Fahrenheit room 205 T 124 degrees Fahrenheit room 311 T 118 degrees Fahrenheit</p> <p>On 10/8/14 at 2:45 p.m., an interview with Administrator indicated he the local plumbing company was coming back tomorrow to replace both mixing valves.</p> <p>On 10/8/14 at 3:00 p.m., room 205 was observed with the Maintenance Assistant. The hot water temperature was now 118 degrees Fahrenheit .</p>			

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	<p>On 10/8/14 at 3:15 p.m., an interview with the Maintenance Director indicated he would be checking the hot water temperatures every hour around the clock until the local plumber could fix the mixing valves.</p> <p>On 10/9/14 at 10:00 a.m., an interview with the Maintenance Director indicated all the hot water temperatures had been monitored throughout last night (10/8/14) and today and the water temperatures were at or below 120 degrees Fahrenheit. The Maintenance Director indicated the local plumber had replaced one mixing valve and was working on replacement of the second mixing valve.</p> <p>On 10/15/14 at 10:00 a.m., an interview with the Maintenance Director indicated on the 10/8/14 when the residents had complained the water was not hot enough the Maintenance Director had turned the mixing valve on the water heater to the temperature of 120 degrees Fahrenheit both mixing valves plugged up and prevented the cold water from flowing through the mixing valve and that made the water too hot.</p> <p>3.1-19(r)</p>			

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

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