

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155679	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/26/2015
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NAME OF PROVIDER OR SUPPLIER BETHLEHEM WOODS NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4430 ELSDALE DR FORT WAYNE, IN 46835
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00180762.</p> <p>Complaint IN00180762 Substantiated. Findings related to the allegations are cited at F 280, F 282, F 309, and F 312</p> <p>Survey dates: August 25, and 26, 2015</p> <p>Facility number : 000260 Provider number: 155679 AIM number: 100267820</p> <p>Census bed type: SNF/NF: 86 Total: 86</p> <p>Census payor type: Medicare: 9 Medicaid: 61 Other: 16 Total: 86</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>The creation and submission of this Plan of Correction doesnot constitute an admission by this provider of any conclusion set forth in thestatement of deficiencies, or any violation of regulation. This provider respectfully requests that the2567 Plan of Correction be considered the Letter of Credible Allegation. Based upon past survey history and no harmidentified to any resident; this facility respectfully requests a desk reviewin lieu of a post survey revisit on or before 9/10/15.</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 0280 SS=D Bldg. 00	<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 interview and record review, the facility failed to update a care plan for 1 of 3 residents reviewed for care plans in sample of 3. (Resident #Z)</p> <p>Findings include:</p> <p>Resident #Z's clinical record was reviewed on 8-26-2015 at 1:26 PM. Resident #Z's diagnoses included, but were not limited to, anxiety, anemia, and dementia.</p>	F 0280	F0280 It is the practice of this provider that all care plans will be reviewed and updated by interdisciplinary team in accordance with each resident's assessment schedule. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice: Resident #Z's care plans were reviewed by interdisciplinary team and updated appropriately on 8/27/15. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective	09/10/2015

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	<p>A review of Resident #Z's care plan entitled ADL (Activities of Daily Living) Assistance dated 8-5-2015 indicated Resident #Z should be encouraged to complete ADL'S per self.</p> <p>A review of Resident #Z's Significant Change MDS (Minimum Data Set) dated 8-5-2015 indicated Resident #Z required extensive physical assist of one person to complete hygiene.</p> <p>In an interview on 8-26-2015 at 2:18 PM, RN #1 indicated the care plan should have been updated.</p> <p>This Federal tag relates to Complaint IN00180762.</p> <p>3.1-35(d)(2)(B)</p>		<p>actions will be taken: Interdisciplinary team will review care plans for all residents who have experienced a significant change in condition within the last six months to ensure that care plans are reflective of current clinical status. Care plans noted with discrepancies will be updated accordingly by interdisciplinary team. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur: All interdisciplinary team members re-educated by Director of Nursing on appropriate initiation, updating, and monitoring of care plans. Interdisciplinary team will review all careplans in accordance with assessment schedule and ensure accuracy of care plan interventions based on each resident's current clinical status and individualized needs. How the corrective actions will be monitored to ensure that the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed: To ensure compliance, the MDS Coordinator is responsible for the completion of the Care Plan Updating CQI and the Care Plan Review CQI weekly for four weeks, monthly for six months, and then quarterly until compliance is maintained for two consecutive quarters. The results</p>		

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F 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to follow physician orders for treatments for 1 of 3 residents reviewed for following treatment orders in a sample of 3. (Resident #Z)</p> <p>Findings include:</p> <p>1. Resident #Z's clinical record was reviewed on 8-26-2015 at 1:26 PM. Resident #Z's diagnoses included, but were not limited to, anxiety, anemia, and dementia.</p> <p>During an observation on 8-25-2015 at 1:59 PM, Resident Z was observed to have a dressing to the right and left lower</p>	F 0282	<p>of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 95% is not achieved, an action plan will be developed to ensure compliance. Non-compliance with facility procedure/protocol will result in re-education and possible disciplinary action. Date systemic change will be completed: 9/10/15</p> <p>F0282 It is the practice of this facility to ensure that all services provided or arranged are provided by qualified persons in accordance with each resident's written plan of care. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice: All orders for resident #Z reviewed by DNS. DNS reviewed current treatment/medication orders with NP on 8/27/15. NP in agreement that resident #Z would benefit from use of prevalon boots at all times. New order received on 8/27/15 for resident #Z to have prevalon boots on at all time. Care plan and resident profile updated to reflect change. ADNS assessed resident#Z on 8/27/15 to ensure that correct treatment</p>	09/10/2015	

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	<p>legs close to the knee. RN #3 removed the following dressings; Kerlix, and a 2 x 3 inch non adherent pad. The skin tears beneath the dressings were observed, and LPN #4 came in to replace the dressings.</p> <p>A physician's order dated 8-18-2015 indicated to dress Resident #Z's skin tears as follows: cleanse wound, apply medihoney to wound bed, cover with ABD pad, and secure with Kerlix daily.</p> <p>In an interview on 8-26-2015 at 2:18 PM, RN #3 indicated Resident Z's wounds should have been dressed according to the physician's order.</p> <p>2. During an observation on 8-25-2015, at 1:26 PM, Resident #Z was observed to be resting in bed. Prevalon boots were on.</p> <p>During an observation on 8-26-2015 at 10:01 AM, Resident #Z was observed in bed with Prevalon boots on.</p> <p>A physician's order dated 8-3-2015 indicated Resident #Z was to have Prevalon boots applied only when up in BRODA chair.</p> <p>In an interview on 8-26-2105 at 2:18 PM, RN #3 indicated Resident #Z's boots should have been off when Resident #Z</p>		<p>was in place for all areas of impaired skin integrity. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: All residents with current skin impairment receiving treatment were assessed by ADNS (wound nurse) on 9/1/15 to ensure that treatments had been administered per plan of care. All residents utilizing prevalon boots were assessed by ADNS on 9/1/15 to ensure that prevalon boots were being worn per plan of care. ADNS reviewed physician's orders, care plans, and resident profiles for all residents utilizing prevalon boots to ensure accuracy. No other residents found to be affected. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur: All residents receiving treatment for impaired skin integrity will be assessed by ADNS weekly to ensure all treatments are in place in accordance with plan of care. Nursing staff will be re-educated on all shifts Monday – Sunday on administering medications and treatments per physician's order. How the corrective actions will be monitored to ensure that the deficient practice will not recur, i.e. what quality assurance program will be put into place;</p>	

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F 0309 SS=D Bldg. 00	<p>was in bed.</p> <p>This Federal tag relates to Complaint IN00180762.</p> <p>3.1-35(g)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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, interview, and record review, the facility failed to ensure treatments for fragile skin were completed as ordered for 1 of 3 residents reviewed with treatment orders in a sample of 3. (Resident #Z)</p> <p>Findings include:</p> <p>1. An observation of a dressing change</p>	F 0309	<p>and by what date the systemic changes will be completed: CEC will complete skills validations for medication and treatment administrations for licensed nurses weekly for four weeks and then monthly for 6 months. CEC will provide immediate education for any nurse not meeting threshold of 100%. Any nursing staff found to be in non-compliance with facility policy/procedure will be subject to re-education and possible disciplinary action. Date systemic change will be completed: 9/10/15</p> <p>F0309 It is the practice of this facility to ensure that facility provides and all residents receive the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice: All physician's orders and care</p>	09/10/2015

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	<p>on 8-25-2015 at 1:59 PM, indicated Resident Z had a dressing to the right and left lower legs close to the knee. RN #3 removed the following dressings: Kerlix, and a 2 x 3 inch non adherent pad. The skin tears beneath the dressings were observed, and LPN #4 came in to replace the dressings over the skin tears.</p> <p>Resident #Z's clinical record was reviewed on 8-26-2015 at 1:26 PM. Resident #Z's diagnoses included, but were not limited to, anxiety, anemia, and dementia.</p> <p>A physician's order dated 8-18-2015 indicated to dress Resident #Z's skin tears as follows: cleanse wound, apply medihoney to wound bed, cover with ABD pad, and secure with Kerlix daily.</p> <p>Resident #Z's Care Plan dated 8-5-2015 entitled fragile skin indicated to treat skin tears per physician orders.</p> <p>In an interview on 8-26-2015 at 2:18 PM, RN #3 indicated Resident Z's wounds should have been dressed according to the physician's order.</p> <p>2. During an observation on 8-25-2015, at 1:26 PM, Resident #Z was observed to be resting in bed. Prevalon boots were on.</p>		<p>plans for resident #Z reviewed by DNS on 8/27/15. Last comprehensive assessment reviewed by DNS/MDS Coordinator to ensure consistency with careplans and current physician's orders on 8/27/15. DNS reviewed current treatment/medication orders with NP on 8/27/15. NP in agreement that resident #Z would benefit from use of prevalon boots at all times. New order received on 8/27/15 for resident #Z to have prevalon boots on at all time. Careplan and resident profile updated to reflect change. ADNS assessed resident #Z on 8/27/15 to ensure that correct treatment was in place for all areas of impaired skin integrity. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: All physician's orders will be reviewed by DNS/ADNS/MDS/Medical Records Director to ensure consistency with comprehensive assessment. Any resident found with discrepancy will be referred to NP for review of current orders. Care plans will be updated appropriately for all residents. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur: Interdisciplinary team will review</p>	

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F 0312 SS=D Bldg. 00	<p>During an observation on 8-26-2015 at 10:01 AM, Resident #Z was observed in bed with Prevalon boots on.</p> <p>A physician's order dated 8-3-2015 indicated Resident #Z was to have Prevalon boots applied only when up in a BRODA chair.</p> <p>Resident #Z's Care Plan dated 8-5-2015 entitled skin risk breakdown indicated Resident #Z should have Prevalon boots on when out of bed.</p> <p>In an interview on 8-26-2105 at 2:18 PM, RN #3 indicated Resident #Z's boots should not have been on when Resident #Z was in bed.</p> <p>This Federal tag relates to Complaint IN00180762.</p> <p>3.1-37(a)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p>		<p>all physician's orders and care plans in accordance with assessment schedule to ensure that plan of care is reflective of resident's current clinical status. Residents receiving treatment for impaired skin integrity will be assessed by ADNS weekly to ensure all treatments are in place in accordance with plan of care. Nursing staff will be re-educated on all shifts Monday – Sunday on administering medications and treatments per physician's order. How the corrective actions will be monitored to ensure that the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed: CEC will complete skills validations for medication and treatment administrations for a minimum of three licensed nurses weekly for four weeks and then monthly for six months. CEC will provide immediate education for any nurse not meeting threshold of 100%. Any nursing staff found to be in non-compliance with facility policy/procedure will be subject to re-education and possible disciplinary action. Date systemic change will be completed: 9/10/15</p>		

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	<p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, interview, and record review, the facility failed to ensure personal hygiene was completed for 2 of 3 residents reviewed for personal hygiene in sample of 3. (Resident #Z and Resident #A)</p> <p>Findings include:</p> <p>1. Resident #Z's clinical record was reviewed on 8-26-2015 at 1:26 PM. Resident #Z's diagnoses included, but were not limited to, anxiety, anemia, and dementia.</p> <p>In an observation on 8-25-2015 at 1:26 PM, Resident #Z was observed in bed, and the resident's hair was not combed, giving the resident a disheveled appearance.</p> <p>In an observation on 8-26-2105 at 9:08 AM, Resident #Z was observed up in the BRODA chair in room, and the resident's hair was not combed, giving the resident a disheveled appearance.</p> <p>A review of Resident #Z's Significant Change MDS (Minimum Data Set) dated</p>	F 0312	<p>F0312 It is the practice of this facility to ensure that any resident who is unable to perform activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice: Resident #Z was assessed on 8/26/15 by DNS with grooming, including hair being combed, performed. Resident #A was assessed by DNS on 8/26/15 and resident was assisted with shaving. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: All residents assessed by DNS, ADNS, MDSC, CEC, and Medical Records Director for grooming/personal care needs. All residents provided with grooming/personal care as needed. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur: Nursing staff on all shifts Monday-Sunday will be re-educated by CEC/Weekend Supervisor on performing grooming/personal care. All</p>	09/10/2015

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	<p>8-5-2015 indicated Resident #Z required extensive physical assist of one person to complete personal hygiene and activities of daily living.</p> <p>In an interview on 8-26-2015 at 2:18 PM, LPN #2 indicated Resident #Z's hair should have been combed.</p> <p>2. Resident #A's record was reviewed 8-26-2015 at 2:21 PM. Resident #A's diagnoses included, but were not limited to, anxiety, high blood pressure, and heart disease.</p> <p>During an observation on 8-25-2015 at 2:41 PM, Resident #A was observed to have several days facial hair growth.</p> <p>During an observation on 8-26-2015 at 9:12 AM, Resident #A was observed to have several days facial hair growth.</p> <p>A review of Resident #A's Significant Change MDS (Minimum Data Set) dated 8-22-2015 indicated Resident #A required extensive physical assist of one person to complete personal hygiene and activities of daily living.</p> <p>During an initial round on 8-25-2015 at 2:41 PM, Resident #A was identified as Alert, oriented, and interviewable.</p>		<p>nursing staff on all shifts Monday-Sunday will be re-educated by CEC/weekend manager on reporting continued refusals of personal care to DNS and SSD. Plan of care will be updated appropriately for all residents with continued refusals of care. How the corrective actions will be monitored to ensure that the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed: To ensure compliance, the DNS/Designee will be responsible for the completion of the Dignity and Privacy CQI (which specifically addresses grooming/personal care) weekly for four weeks, monthly for six months, then quarterly until continued compliance is maintained for two consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 95% is not achieved, an action plan will be developed to ensure compliance. Any nursing staff member found to be non-compliant will be subject to re-education and possible disciplinary action. Date systemic change will be completed: 9/10/15</p>		

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	<p>In an interview on 8-25-2015 at 3:10 PM, Resident #A indicated he didn't get shaved as often as he would like because there was not enough staff on duty.</p> <p>In an interview on 8-26-2015 at 1:01 PM, CNA #5 indicated through the week, there were enough CNAs to get personal hygiene completed for residents requiring assistance, but on the weekends, especially on second shift there were not enough staff to complete personal hygiene as it should be completed for the residents.</p> <p>This Federal tag relates to Complaint IN00180762.</p> <p>3.1-38(a)(3)(E)</p>			