

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155507	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/09/2013
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NAME OF PROVIDER OR SUPPLIER SYCAMORE SPRINGS REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 215 W HIGH ST LIBERTY, IN 47353
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F000000	<p>This visit was for the Investigation of Complaint IN00128374.</p> <p>Complaint IN00128374 - Substantiated. Federal/state deficiency related to the allegations is cited at F498.</p> <p>Survey dates: May 8 and 9, 2013</p> <p>Facility number: 000510 Provider number: 155507 AIM number: 100285440</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 29 Total: 29</p> <p>Census Payor type: Medicare: 3 Medicaid: 21 Other: 5 Total: 29</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/10/13 by Suzanne</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction for the survey ending May 9, 2013. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, please feel free to contact me.</p>	
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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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	Williams, RN			

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F000498 SS=E	<p>483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>Based on interview and record review, the facility failed to ensure CNA staff were obtaining resident weights in a consistent and correct manner for 3 of 3 residents reviewed for significant weight loss. This deficient practice affected 8 of 29 residents identified by the facility as a concern regarding weight loss or gain related to inaccurate weights. (Residents #A, #B, #C, and CNA #1 and CNA #2)</p> <p>Findings include:</p> <p>On 5-8-13 at 2:02 p.m., the Director of Nursing (DON) provided a copies of documents related to recent weight fluctuations of residents in the facility. The DON indicated, "We had some concerns about weights and did an inservice of how to correctly use the scales to weigh residents. Two of the CNAs were counseled over this. We have a new system in place and all of the CNAs did get inserviced on this." In an untitled, unsigned and undated</p>	F000498	F0498 Requires the facility to ensure CNA staff are obtaining weights in a consistent and correct mannner for residents reviewed with significant weight loss. 1. The facility reconized the problem and a quality assurance program was initiated on 4/17/13. Resident #A, #B and #C was weighed accurately by the DON and the weight was recorded. Weight loss interventions were placed per physician orders and families were made aware. Residents were placed on daily weights to obtain a baseline weight. 2. All residents have the potential to be affected, thus, all residents were weighed by the DON or ADON to ensure the resident's weights were accurate. Interventions were added to the resident's plan of care as warranted. 3. All nursing staff was educated on how to properly weigh residents. (See attachment A) 4. The DON or her designee will monitor every weight being obtain in the facility to ensure the weight is accurately recorded. If the weight varies by more than two pounds, the resident will be immediately	05/23/2013			

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	<p>document addressed to a corporate staff of the facility, provided by the DON, it indicated, "I reviewed all weight loss and gains in the facility. There are eight resident with concerns. I truly believe that the CNAs were not weighing the residents and if they were, it was not done correctly. (Aides tell me that they did weigh the residents.)...As of Friday [estimated date would be 4-26-13], all weights are verified by ADON [Assistant Director of Nursing] or DON." This document identified 7 residents with weight loss concerns and 1 resident with weight gain concerns. This document also included a current listing of 21 of 29 residents being monitored weekly for weight related concerns.</p> <p>In interview with the DON on 5-9-13 at 9:15 a.m., she indicated, "Several things caused us to look closer at our weights." She indicated there had been issues related to Resident #A's swallowing. She indicated she and the ADON weighed Resident #A and several other residents and "noticed some weight inconsistencies." She indicated at that time, in April, 2013, there were two staff assigned to obtain resident weights. She indicated, "We found out they [the residents] were being weighed at</p>		<p>reweighed. The information will be recorded and if need be the family and physician be notified as well as the dietician. Recommendations will be followed. (See attachment B) The audits will be completed daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter. The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of action will be adjusted accordingly. 5. The above corrective measures was completed on April 17, 2013.</p>		

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	<p>different times throughout the day, some after showers, some in wheelchairs, some in shower chairs. We noticed that compared to our weights [name of ADON] and I did, there could be a 19 pound difference, which is what our shower chairs weigh."</p> <p>In interview with the Registered Dietitian (RD) on 5-9-13 at 11:00 a.m., she indicated there had been issues with weights being obtained correctly in March and April. She indicated, "I'm only as good or can do anything, depending on what information I am provided. So, it was hard to determine exactly what her [Resident #A] actual weight was around the first part of April because of the issue of her weight not necessarily being done correctly."</p> <p>Review of an "Employee Warning," dated 4-22-13 for CNA #1 indicated this document was a "1st Written Warning" for neglect/inattention to the employee handbook related to obtaining accurate weights on April 2, 9, and 16, 2013.</p> <p>Review of an "Employee Warning," dated 4-22-13 for CNA #2 indicated this document was an "Oral Warning" for violation of the employee</p>						

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	<p>handbook on 4-22-13 related to obtaining inaccurate weights.</p> <p>Resident #A's clinical record was reviewed on 5-8-13 at 2:17 p.m. Review of her recent weights indicated her weight on 11-3-12 was 161.8 pounds; on 2-4-13 was 157.8 pounds; on 4-6-13 was 136.2 pounds and on 5-6-13 was 126.8 pounds.</p> <p>Review of Resident #B's clinical record was reviewed on 5-9-13 at 9:35 a.m. Review of her recent weights indicated her admission weight on 3-25-13 was 122.4 pounds; on 4-1-13 was 118.6 pounds; on 4-3-13 was 122.4 pounds; on 4-10-13 was 123 pounds; on 4-16-13 was 107 pounds; on 4-22-13 was 108 pounds; on 4-29-13 was 110 pounds; on 5-6-13 was 106.2 pounds.</p> <p>Resident #C's clinical record was reviewed on 5-9-13 at 11:32 a.m. Review of her recent weights indicated her weight on 11-3-12 was 162.8 pounds; on 2-10-13 was 158.9 pounds; on 4-6-13 was 158.4 pounds; on 5-6-13 was 131 pounds.</p> <p>In interview with the DON on 5-9-13 at 2:10 p.m., she indicated the facility does not have a specific policy for obtaining resident weights, but does</p>			

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	<p>follow the guidelines for weighing residents as outlined in the Indiana State Department of Health's (ISDH) CNA training manual.</p> <p>Review of the ISDH Division of Long Term Care Nurse Aide Training Program, July 1998, Topic 16, Vital Signs and Measurements section indicated weight measurement as an important issue related to nutritional status and assisting the medical professionals in caring for the resident. It indicated it is important to obtain weights with the resident wearing the same type of clothing, with an empty bladder, at the same time of day, following the manufacturer's guidelines for the scale and to subtract the weight of the resident's mobility device, if used.</p> <p>This Federal tag relates to Complaint IN00128374.</p> <p>3.1-14(i)</p>			