

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155271	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/08/2013
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NAME OF PROVIDER OR SUPPLIER  MILLER'S SENIOR LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 8400 CLEARVISTA PL INDIANAPOLIS, IN 46256
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F000000	<p>This visit was for the Investigation of Complaint IN00128261 and Complaint IN00128180.</p> <p>Complaint IN00128261-Substantiated. Federal/State deficiencies related to the allegations are cited at F309 and F325</p> <p>Complaint IN00128180-Unsubstantiated, due to lack of evidence.</p> <p>Survey Dates: May 6-8, 2013</p> <p>Facility number: 000171 Provider number: 155271 AIM number: 100267050</p> <p>Survey Team: Beth Walsh, RN-TC Karina Gates, Generalist</p> <p>Census Bed Type: SNF: 23 SNF/NF: 52 Total: 75</p> <p>Census Payor Type: Medicare: 23 Medicaid: 43 Other: 9</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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	<p><b>Total: 75</b></p> <p><b>Sample: 8</b></p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/15/13 by Suzanne Williams, RN</p>			

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F000309 SS=G	<p><b>483.25</b>  <b>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b>  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 interview and record review, the facility failed to accurately assess a resident's lower left extremity and follow up with podiatry plans for the resident resulting in a hospital admission for bacteremia with cellulitis of the leg and septic shock for 1 of 3 residents reviewed for wound care in the sample of 8. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 5/7/13 at 11:00 a.m. Resident B was admitted to the facility on 4/1/13.</p> <p>The diagnoses for Resident B included, but were not limited to: diabetes mellitus, chronic kidney disease, and peripheral vascular disease (PVD).</p> <p>The 4/12/13 podiatry note indicated the following:  "Vascular: Dorsalis pedis pulses are</p>	F000309	<p>An Informal Dispute Resolution (IDR) has been submitted for this citation. This facility disagrees with the citations as presented in the 2567.</p> <p>We are requesting paper compliance for this Plan of Correction.</p> <p>F 309- Provide Care/Services for highest well being</p> <p>The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix F309</p> <p>I. Resident B no longer resides within the facility. Resident B was the only resident cited during the survey.</p> <p>II.</p> <p>a. All current residents with wounds will have a side by side assessment completed by the wound nurse and QA Specially Trained wound nurse or qualified designee, to ensure that each resident's wound has been accurately assessed and has appropriate treatments in place. Physicians will be updated as per the Skin Management Program Policy (Attachments 1)</p> <p>b. A review of all current residents consults will be completed to ensure that follow up was done based on the consultant recommendations.</p> <p>III.</p>	06/07/2013	

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	<p>graded: diminished (1/4) on the right and diminished (1/4) on the left. The posterior tibial pulses are graded: diminished (1/4) on the right and diminished (1/4) on the left.</p> <p>Diminished digital hair growth present bilateral. CFT (capillary refill time) was &lt;3 seconds at toes bilateral. Moderate LE (lower extremity) edema appreciated. Continued left 2nd toe dusky/pigmented color appreciated, with similar but less intense features to other lesser toes.</p> <p>Dermalogical: ...Partial thickness epidermal erosion ulcer appreciated dorsal left foot, 4 cm by 1.5 cm aggregate. The epithelial layer is eroded, with intact and haeathly (sic) pink base tissue covered with mixed firmly adherent thin fibrin. No s/s (signs/symptoms) infection.</p> <p>Assessment: left foot ulcer, likely due to foot crossover contact/epidermal friction, possibly combined with epidermal separation from edema</p> <p>darkening toes left foot-this appears less pigmentary and may be more vascular given start of appearance to other toes</p> <p>DM 2 with neuropathy and</p>		<p>a. All nurses will be inserviced on proper assessment of wounds per our Wound &amp; Non-wound Assessment &amp; Documentation (Attachments 2) and Specific information as it relates to wet and dry Gangrene (Attachment 3)</p> <p>b. All Nurses will be inserviced on the Importance of follow up as it relates to Consultations, specifically through use of the new facility protocol: "Progress Note Review Protocol" (Attachment 4).</p> <p>IV</p> <p>a. The corrective actions will be monitored by use of the Assessment QA Tool, titled Quality Assurance Specialty Wound Oversight (Attachment 5) This will be completed by QA Specially Trained wound nurse or qualified designee. Any areas of discrepancy found will trigger the need for additional education with any assessing nurses. This tool will be completed weekly for 6 weeks, monthly for 3 months, and Quarterly thereafter.</p> <p>b. To track and ensure the protocol is followed the DON has developed a Tool titled: "Outside Consultant Progress note Tracking" (Attachment 6). Every time a resident visits a consultant it will be logged and this will be checked 5 times per week routinely with no end date, to ensure the progress notes are received and recommendations are followed through.</p> <p>IV. All systemic changes and inservicing will be completed by June 7, 2013.</p>		

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	<p>nephropathy leg pain- may be mix of neuropathy, claudication, edema</p> <p>Plan: Discuss findings with patient and his family. Light ulcer debridement to stimulate epithelial creep. Apply Adaptic and DGD (debriding gel dressing). Dressing orders to facility for Xeroform and DGD. Also order soft boot protection with foot separation as well with pillow while in bed. Discuss toe finding. He has appointment soon with (name of physician) for AV fistula graft. Family needs to have LE (lower extremity) perfusion reassessed then. Follow up 2 weeks ulcer reassessment, also reschedule diabetic foot care to then (sic)."</p> <p>The 4/12/13, 1:30 p.m. Physician's Telephone Orders for Resident B indicated, "Start: Cleanse wound to (L) foot (symbol for "with") NS (normal saline) or wound cleanser: Apply Xeroform gauze to wound; wrap (symbol for "with") rolled gauze et (and) secure (symbol for "with") tape QD (every day) (Eve) evening et PRN (as needed) for dislodgement.</p>			

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	<p>Monitor for s/sx (signs/symptoms) infection (symbol for "with") drsg (dressing) changes. Monitor placement of dressing to (L) foot Q (every) shift. Resident to wear black soft pressure boots to bilateral feet while in bed; place pillow in between feet (to keep separated) while in bed."</p> <p>Review of the nurses notes from 4/13/13 to 4/23/13 did not indicate any assessments of Resident B's left foot. The 4/24/13, 12:10 p.m. nurse's note completed by RN #2 indicated, "may send to er (emergency room) to eval (evaluate) et (and) tx (treat). dtr (daughter) on unit et aware."</p> <p>The April 2013 MAR (medication administration record) for Resident B was initialed by nursing daily from 4/13/13 to 4/23/13 for the above orders for daily dressing changes. It was initialed every shift by nursing for "Monitor for s/s infection (symbol for "with") drsg changes" from 4/12/13 to 4/24/13. The order for boots while in bed was initialed by nursing from 4/12/13 through 4/24/13 every shift except for 4/16/13 day shift and 4/18/13 day shift.</p> <p>The nurse, RN #2, who initialed the MAR for changing Resident B's dressing on 4/23/13 as well as</p>			

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	<p>monitoring for s/s of infection on day shift 4/23/13 and 4/24/13 was interviewed on 5/7/13 at 2:30 p.m. She indicated when she monitored for signs and symptoms of infection, she assessed for heat, redness, swelling, pain and drainage. She indicated the skin on Resident B's left toes were dark before his 4/12/13 podiatry appointment, and pink afterwards. She stated, "They were always pink. They were pink on the 23rd. I didn't notice gangrene. The toes were pink. The toes were not black." She indicated Resident B was transferred to the hospital on 4/24/13 because he was slow to respond and was not responding to verbal or tactile stimuli. She indicated she did not document her monitoring of signs and symptoms for infection in detail, but simply initialed the MAR. She indicated the son of Resident B was at the facility on 4/23/13 and had taken off Resident B's dressing to his left foot, but wasn't sure why. She stated, "He saw pink like I did...He looked like he had poor circulation, but it was pink."</p> <p>The Unit Manager was interviewed on 5/7/13 at 2:30 p.m. regarding Resident B's 4/12/13 podiatry consult that indicated he needed to have his LE perfusion reassessed. She</p>			

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	<p>stated, "I try to read consults. I read it, knew it was debrided." She further indicated Resident B did not have the appointment with (name of doctor) that she was aware of to have his LE perfusion reassessed. She stated, "I should have called and talked to (name of physician)'s office. I didn't ask the family either. I trusted (name of Resident B's family member) because she was on top of it. I figured at the next podiatry appointment, he would address it (LE perfusion reassessment) then." She indicated the family provided the order from the podiatrist. She stated, "It looked like a darker skinned (race of Resident B) man....We provided good care for him. To me it looked like he had dark skin, not gangrene, not necrotic. We have a patient with gangrene who is darker... It did not look like necrotic tissue, ready to fall off. He was seen by a podiatrist, why wasn't it caught?" She indicated he had 2 open areas...one on his left great toe and one on the top of his left foot. She indicated she did his weekly skin assessments and on 4/17/13 it (2nd left toe) "looked like it was healing, healthy pink." She indicated she was scheduled to do his next weekly skin assessment on 4/24/13, the day he was sent to the hospital.</p>			

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	<p>The 4/12/13 wound care plan for Resident B's left foot indicated, "Vascular per podiatrist..." An intervention on the care plan was, "Follow up with vascular surgeon."</p> <p>The nurse, LPN #3, who initialed the MAR on night shift daily from 4/18/13 to 4/23/13 for monitoring for signs and symptoms of infection with Resident B's dressing change was interviewed by telephone on 5/8/13 at 11:30 a.m. He indicated when he monitored for signs and symptoms of infection, "I looked for redness around edges and swelling...trying to make sure bandage was clean and dressed, not oozing." He indicated he made sure he had his boot on at night. He stated from 4/18/13 to 4/23/13, "I didn't notice any changes in the 2nd toe, no infection. It was not black the night of the 23rd. It looked good. It was not pink, just normal. Yes, it was pink. There was no gangrene on that toe. Yes, I touched his toe. It was not warm, just normal, cool. It was better on the 23rd than previously." He indicated Resident B had pedal pulses every night from 4/18/13 to 4/23/13 and didn't have any signs or symptoms of infection. He stated, "His 2nd toe was lighter than the rest of his skin."</p>			

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	<p>The nurse who initialed the MAR for changing the dressing and monitoring for s/s of infection on evening shift from 4/20/13 to 4/22/13 was not available for interview.</p> <p>An interview was conducted with Resident B's family member, Family Member #4, on 5/8/13 at 11:00 a.m. He indicated on 4/23/13 at lunchtime, Resident B was in the dining room "slouched over, spilling coffee on his leg. There was a mess on the floor." Regarding what Resident B's 2nd left toe looked like on 4/23/13, he indicated, "It looked black, dry, and freezer burned. This was at lunch time. I visited him twice a week at the facility...On 4/23 when I saw him in the dining room, he was out of it...he looked and sounded weak. I saw him a couple days prior, and he was not as weak and was able to talk more. On 4/23, Daddy said 'Take my sock off.' I think it was bothering him. He sounded in serious pain when I rolled down the sock. (At this time, Family Member #4 made a loud, high pitched scream imitating his father.) I took the sock off in front of the nurses desk." Family Member #4 indicated the date of the dressing on Resident B's left foot was dated 4/21/13 and "blood was through the bandage and</p>			

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	<p>the sock was soft, sticky. On 4/24 at the hospital, his 2nd toe was black and looked hollow. I could see into it. It scared me."</p> <p>An interview was conducted with Resident B's family member, Family Member #5, on 5/8/13 at 1:27 p.m. She indicated she saw Resident B's left foot on 4/23/13 about 8:30 a.m. She stated, "He was slumped over by the elevator...The 2nd toe was black. It was the blackest black possible, much darker than his skin color." She further indicated, "I was there daily or every other day the week prior to his hospital admission. On 4/17/13, I saw the bandage dated 4/14/13. I believe the facility is at fault for his leg amputation. They never told us it went up his leg...I was at his podiatry appointment on the 12th (4/12/13) and the podiatrist said he'd be fine....I asked about the black spots on his toes and he said they'd be fine as long as the dressings were changed. It was black on the 12th, but not as black as it was by the 24th." She indicated Resident B never had the appointment regarding his LE perfusion reassessment because, "I was not under the impression that the podiatrist was saying his lower extremity needed looked at further. He said as long as they follow these</p>			

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	<p>orders it will be fine."</p> <p>An interview was conducted with the Medical Manager at Resident B's podiatrist's office on 5/9/13 at 2:52 p.m. She indicated their office did not treat vascular conditions as Resident B's condition was suspected to be, hence the reason their consultation indicated the family needed to have the LE perfusion reassessed at the appointment with (name of vascular physician). She indicated her office was not made aware by the family or the facility that Resident B never had an appointment with the vascular physician, and had they known, they would have made a referral to one.</p> <p>The 4/24/13, 6:15 p.m. hospital consult by a Forensic Nurse indicated, "Patient's 2nd toe on his left foot black. Left foot much cooler than right. After photos taken..."</p> <p>The 4/25/13, 10:02 a.m. hospital progress note indicated, "Principal Problem: *Cellulitis of left foot...Septic shock. 1. Cellulitis of left foot and shin/Bacteremia (likely staph) / Septic shock...2. Acute encephaloapthy (sic) - much improved but not back to baseline dementia. Cause is combination of dehydration and sepsis. 3. ARF (acute renal failure)</p>			

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	<p>on CKD (chronic kidney disease) - due to dehydration and sepsis...."</p> <p>The 4/25/13, 2:13 p.m. hospital Infectious Disease Consultation indicated, "...Per patient's family about three weeks ago, he developed an ischemic lesion on his left foot. He saw (name of physician) of podiatry. This has gotten progressively worse, especially over the past three days. The patient was sent to the (name of hospital) emergency room yesterday from the nursing home for fever, sweats, chills, increasing confusion, increasing ischemia of the lower extremity...now 2/2 blood cultures drawn from admission are growing Gram-positive cocci...Physical Examination: General: He is quite ill appearing....Musculoskeletal: Reveals definite severe ischemic changes involving the left lower extremity. This is from the tip of the toes to up the tib/fib (tibia/fibula) area. It is exquisitely tender. Pulses are absent and it appears gangrenous...Impression: 1. Bacteremia, early septic shock, acute renal failure, presumably related to ischemic gangrenous changes of the left lower extremity...3. Ischemia, possible wet gangrene of the left lower extremity...Infectious disease consult dictated Imp (Impression) 1.</p>			

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	<p>Gram + bacteremia, sepsis, LLE (lower left extremity) gangrene..."</p> <p>The 4/26/13, 7:13 p.m. hospital cardio/vascular surgery note indicated, "Admitted 48 hours ago with septic shock and multisystem problems; l (left) foot has been severely ischemic for several days before admission...LEA (lower extremity arteriogram) today suggest occlusion...LEA shows no detectible flow in the foot...."</p> <p>The 5/3/13, 11:34 a.m. hospital discharge summary indicated, "Discharge Diagnosis: Principal Problem: *MSSA (methicillin-susceptible Staph Aureus) bacteremia w/cellulitis legs needing AKA (above knee amputation)...Hospital Course:...1. Cellulitis of left foot and shin / Septic shock / MSSA septicemia...an arterial Doppler US showed LLE arterial thrombosis. He underwent a L (left) above knee amputation by vascular surgery on 4/29/13."</p> <p>This federal tag relates to Complaint IN00128261.</p> <p>3.1-37(a)</p>						

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F000325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based to interview and record review, the facility failed to follow dietary recommendations, for a malnourished resident, to advance his diet in order to improve his nutritional status, for 1 of 4 residents reviewed for nursing services, in a sample of 8. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 5/7/13 at 1:30 p.m. The diagnoses for Resident B included, but were not limited to: adult failure to thrive and diabetes mellitus.</p> <p>A review of the Dietary-RD (Registered Dietician) Assessment, indicated a Mini Nutritional Assessment (MNA) was done on 4/2/13. The screening score, of 0-7 points (no specific score documented), indicated Resident B</p>	F000325	<p>F 325- Maintain Nutrition Status Unless Unavoidable</p> <p>The facility is requesting paper compliance with this Plan of Correction.</p> <p>The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix F325</p> <p>I. Resident B no longer resides within the facility. Resident B was the only resident cited during the survey.</p> <p>II. All resident's have the potential to be affected by the cited deficiency. A review of the past years Registered Dietician Recommendations for current residents will be completed. This review will determine if all recommendations were followed up on.</p>	06/07/2013

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	<p>was malnourished. The RD assessment also indicated a recommendation, for an evaluation, for advancement of diet to regular with ground meat. The RD assessment was signed by the Dietitian on 4/5/13.</p> <p>A Progress Note for a Physician Order, dated 4/2/13, indicated the following orders, "ST (Speech Therapy) to eval and treat as indicated. ST to see 5XWK (5 times a week) for 8 weeks to address cognitive linguistic skills and dysphasia...Clarify diet to mechanical soft with thin liquids."</p> <p>A progress note from the RD, dated 4/5/13, indicated "RD assessment has been completed in Assessment section. Recommendation: Changes are recommended. Please evaluate if diet can be advanced to regular with ground meat at this time."</p> <p>A progress note from a Health Care Plan meeting, dated 4/9/13, indicated ST (Speech Therapy) was at the meeting and indicated the resident was on a thin liquid and mechanical soft diet and the last day of therapy was 4/15/13. No other documentation was located in the clinical record regarding an evaluation</p>		<p>III. Register Dietician Recommendations will now be brought to the weekly Wound and Weight meeting (Attachment 7). These will be reviewed at the meeting with the nursing and dietary representative.. The RD recommendations are communicated to the DON or Designee who initiates follow-up and notifies speech if applicable.</p> <p>IV. The corrective actions will be monitored by use the Quality Assessment/ Improvement Program tool, titled: RD Recommendation (Attachment 8). This will be completed by the DON or Designee. This tool will be completed weekly for 4 weeks, monthly for 3 months and Quarterly thereafter.</p> <p>V. All systemic changes and inservicing will be completed by June 7, 2013.</p>				

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	<p>for advancement of diet.</p> <p>In an interview with ST #5, on 5/8/13 at 11:37 a.m., she indicated she had Resident B on her caseload during the above timeframe. She also indicated she never received any information/orders regarding an evaluation for advancement of Resident B's diet. ST#5 indicated she was usually notified by nursing staff, dietary, or family through verbal or email communication of any changes. She also indicated when she received an order for an evaluation, she was able to complete the evaluation within a day or two.</p> <p>On 5/8/13, at 11:45 a.m., the DoN (Director of Nursing) indicated she, the Dietary Manager, and the Administrator review the RD assessments.</p> <p>At 12:25 p.m., on 5/8/13, the DoN indicated the dietary recommendations, after they were reviewed by the DoN, were given to nursing and nursing will ensure the Physician/NP (Nurse Practitioner) see/hear about the recommendation, so that an order can be written.</p> <p>During an interview, on 5/8/13 at 12:50 p.m., the DoN indicated she</p>						

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	<p>was still looking into the dietary recommendation for advancing the Resident's diet.</p> <p>At 1:05 p.m., on 5/8/13, the DoN indicated she was unable to find out any other information/documentation regarding the dietary recommendation being followed-up on. She also indicated, the recommendation must have been overlooked.</p> <p>This federal tag relates to complaint IN00128261.</p> <p>3.1-46(a)(2)</p>			