STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155673	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKLE HEALTH & REHABILITATION	170 N TRACY ST MARKLE, IN 46770

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for the Investigation of Complaints IN00107144 and IN00107179. Complaint IN00107144 - Substantiated. No deficiencies related to the allegation are cited. Complaint IN00107179 - Substantiated. Federal/state deficiencies related to the allegations are cited at F282 and F314. Survey dates: April 23, 24, 2012 Facility number: 000544 Provider number:155673 AIM number: 100267340 Surveyor: Jeri Curtis, RN Census bed type: SNF/NF: 72 Total: 72 Census payor type: Medicare: 10 Medicaid: 49 Other: 13 Total: 72 Sample: 7 These deficiencies also reflect state	F0000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and request a desk review certification of compliance on or after 5/24/12.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	findings cited in accordance with 410 IAC 16.2. Quality review 4/27/12 by Suzanne Williams, RN			

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F0282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.			
	Based on observation, record review, and interview, the facility failed to ensure care plan interventions of assessing the skin for redness or signs of infection, and floating the heels when in bed, to prevent the development of new pressure ulcers, were provided for 1 (Resident C) of 3 residents among the sample of 7, reviewed for skin breakdown. Findings include: Wound care on the stage II right heel ulcer of Resident (C) was observed at 11:15 A.M. on 4/23/12. Licensed Practical Nurse (LPN #1) held the leg up, while the Director of Nursing (DoN) removed the old dressing, washed hands, re-gloved, then applied a new dressing, and covered the ulcer with a gauze wrap. Inquiry was made about another ulcer observed, to the upper, outer, aspect of the right foot. Both LPN #1 and the DoN indicated they were unaware of a new pressure ulcer to the outer aspect of the foot.	F0282	F282 – Services by Qualified Persons/Per Care PlanIt is the practice of this provider that services provided or arranged by the facility be provided by qualified persons in accordance with each resident's written plan of care. ***What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:Resident C's care plan has been reviewed and updated to reflect his current status and needs as it relates to wound treatment and prevention.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:*****All residents at risk for pressure ulcer development have the potential to be affected by this finding and will be identified through a facility audit. This audit will include review of all care plans for residents at risk for skin breakdown and care plans for residents with current skin breakdown. This audit will be completed by the IDT team. It will ensure skin integrity care**	05/24/2012

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	The DoN indicated she had made wound rounds 3 days ago, on Friday, 4/20/12, and Resident (C) did not have a new pressure ulcer to the outer aspect of the right foot at that time. LPN #1 measured the new pressure area as 1.2 by 1.5 centimeters (cm). The DoN indicated the new area was unstageable because the wound bed was not visible. The left foot was also inspected by the DoN. Resident (C) had a red area to the outer aspect of the left upper foot which was blanchable when touched. The DoN indicated the red area (left foot) was probably due to the resident pressing against the bottom foot board. LPN #1 indicated Resident (C) was to wear protective boots when in bed. LPN #1 indicated Resident (C) had showers twice weekly with a complete skin inspection and the certified nursing assistants (CNAs) were to observe with the daily care. LPN #1 indicated CNA #1 had been assigned care of Resident (C) this A.M., 4/23/12. CNA #1 was interviewed at 12:40 P.M., 4/23/12, and indicated Resident (C) had showers on second shift every Tuesday and Friday. CNA #1 indicated she had dressed Resident (C) early this morning and had put on his socks. CNA #1 indicated she had not observed the area to		**plans accurately reflect each resident's needs and include resident specific interventions for prevention and treatment of skin issues as identified by the IDT Team.** *What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:*A Nursing In-service will be held on or before 5/22/12. This in-service will include review of the facility policy related to Care Plan Review and Maintenance. This in-service will also stress the importance of following established care plan interventions to prevent skin problems. This in-service will be conducted by the DNS/designee. Residents who are at risk for pressure ulcer development will have a care plan that is specific to the resident's needs, as determined by the IDT team.***How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:To ensure ongoing compliance with this corrective action, the DNS/designee will be responsible for completion of the CQI Audit Tool titled, "Care Plan Review" weekly for 4 weeks then monthly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI**	

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	the upper, outer, right foot. CNA #1 indicated the room had been dark and she had not looked at the feet. The record of Resident (C) was reviewed on 4/23/12, at 2:30 P.M., and indicated an 8/22/11 admission with diagnoses including Lewy body dementia, Parkinson's, atrial fibrillation, and peripheral vascular disease. Resident (C) had been assessed on the 2/14/12, quarterly review of the Minimum Data Set (MDS) assessment as being at risk for the development of pressure ulcers. A concern of impaired integrity with a right heel stage II pressure ulcer was addressed on the 4/20/12, plan of care. The goal was no further skin breakdown through 5/21/12. Interventions included heel protectors, floating the heels when in bed, and assessing and documenting the skin condition weekly and as needed. Family member #1 of Resident (C) was interviewed by telephone at 2:00 P.M., 4/24/12. Family member #1 indicated satisfaction with care other than finding the resident without heel protectors and the heels against the bedframe occasionally. The facility's 3/10, Skin Management		**Committee for review.** *By what date the systemic changes will be completed:*Compliance date = 5/24/12.	

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	Program was provided by the Administrator on 4/23/12. The documented purpose was an assessment of each resident to determine the risk of potential skin integrity impairment upon admission, quarterly, annually, and with significant change. Residents were to have a skin assessment completed no less than weekly by the licensed nurse in an effort to assess the over all skin condition, skin integrity, and skin impairment. Points #2 and 3 under procedure #2 indicated the care plan was to be developed specific to the resident's needs including prevention interventions, and direct care givers were to be notified of the specific prevention interventions. Procedure #3 indicated weekly skin assessments were to be completed on all residents with or without alterations in skin integrity and documented on the weekly skin assessment form and/or nursing notes. Procedure #4 indicated any skin alterations noted by direct care givers during daily care and/or shower days were to be reported to the licensed nurse for further assessment, including bruises, open areas, redness, skin tears, blisters, and rashes. This federal tag relates to Complaint IN00107179.			

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	3.1-35(g)(2)			

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F0314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.			
	Based on observation, record review, and interview, the facility failed to ensure 1 (Resident C) of 3 residents, among the sample of 7, reviewed for pressure ulcers, was assessed for redness or signs of infection, and the heels floated, to prevent the development of new pressure ulcers. Findings include: Wound care on the stage II right heel ulcer of Resident (C) was observed at 11:15 A.M. on 4/23/12. Licensed Practical Nurse (LPN #1) held the leg up, while the Director of Nursing (DoN) removed the old dressing, washed hands, re-gloved, then applied a new dressing, and covered the ulcer with a gauze wrap. Inquiry was made about another ulcer observed, to the upper, outer, aspect of the right foot. Both LPN #1 and the DoN indicated they were unaware of a new	F0314	F314 – Treatment/Services to Prevent/Heal Pressure SoresIt is the practice of this provider to ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the resident's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. ***What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:*****Resident C is seen routinely by the specialty wound clinic for care and treatment of his foot ulcers. All current treatments and prevention interventions are in place for his wounds and his wounds are without redness or signs and symptoms of infection. How other residents**	05/24/2012

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	pressure ulcer to the outer aspect of the foot. The DoN indicated she had made wound rounds 3 days ago, on Friday, 4/20/12, and Resident (C) did not have a new pressure ulcer to the outer aspect of the right foot at that time. LPN #1 measured the new pressure area as 1.2 by 1.5 centimeters (cm). The DoN indicated the new area was unstageable because the wound bed was not visible. The left foot was also inspected by the DoN. Resident (C) had a red area to the outer aspect of the left upper foot which was blanchable when touched. The DoN indicated the red area (left foot) was probably due to the resident pressing against the bottom foot board. LPN #1 indicated Resident (C) was to wear protective boots when in bed. LPN #1 indicated Resident (C) had showers twice weekly with a complete skin inspection and the certified nursing assistants (CNAs) were to observe with the daily care. LPN #1 indicated CNA #1 had been assigned care of Resident (C) this A.M., 4/23/12. CNA #1 was interviewed at 12:40 P.M., 4/23/12, and indicated Resident (C) had showers on second shift every Tuesday and Friday. CNA #1 indicated she had dressed Resident (C) early this morning		**having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:All residents have the potential to be affected by this finding. A facility skin sweep will be conducted by the Nurse Management Team. This skin sweep will ensure all current skin issues are receiving appropriate treatments and pressure relieving/reducing interventions such as heel floating, etc., and that all skin issues are free from redness and signs and symptoms of infection. In addition, the Nurse Management Team/designee will conduct daily resident rounds/inspections on different shifts each day to ensure that all prevention interventions and treatment interventions are in place per individual care plan. Any noted discrepancies will be corrected at the time noted.** *What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:*A Nursing In-service will be held on or before 5/22/12. This in-service will will include a review of facility policy related to wound management & also stress the importance of following established care plan interventions to prevent skin problems and established treatment interventions for	

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	and had put on his socks. CNA #1 indicated she had not observed the area to the upper, outer, right foot. CNA #1 indicated the room had been dark and she had not looked at the feet. At 2:10 P. M., 4/23/12, the DoN indicated the facility did not have a wound nurse. The DoN indicated she and the Assistant DoN (ADoN) were responsible for wound management and weekly skin inspections of all residents with pressure ulcers every Friday. The record of Resident (C) was reviewed on 4/23/12, at 2:30 P.M., and indicated an 8/22/11 admission with diagnoses including Lewy body dementia, Parkinson's, atrial fibrillation, and peripheral vascular disease. Resident (C) had been assessed on the 2/14/12, quarterly review of the Minimum Data Set (MDS) assessment as being at risk for the development of pressure ulcers. A concern of impaired integrity with a right heel stage II pressure ulcer was addressed on the 4/20/12, plan of care. The goal was no further skin breakdown through 5/21/12. Interventions included heel protectors, floating the heels when in bed, and assessing and documenting the skin condition weekly and as needed.		residents with impaired skin integrity. The Nurse Management Team will also conduct a skin sweep to ensure all current skin issues are receiving appropriate treatments and pressure relieving/reducing interventions such as heel floating, etc. In addition, the Nurse Management Team/designee will conduct daily resident rounds/inspections on different shifts each day to ensure that all prevention interventions and treatment interventions are in place per individual care plan. Any noted discrepancies will be corrected at the time noted. How the corrective action(s) will be monitored to **ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** Ongoing compliance with this corrective action will be monitored through the facility CQI Program. The DNS/designee will be responsible for completion of the CQI Audit Tool titled, "Skin Management Review" weekly for 4 weeks then monthly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up. ***By what date the systemic changes will be completed:*****Compliance Date = 5/24/12.date the systemic changes will be completed:**	

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	Family member #1 of Resident (C) was interviewed by telephone at 2:00 P.M., 4/24/12. Family member #1 indicated satisfaction with care other than finding the resident without heel protectors and the heels against the bedframe occasionally. The facility's 3/10, Skin Management Program was provided by the Administrator on 4/23/12. The documented purpose was an assessment of each resident to determine the risk of potential skin integrity impairment upon admission, quarterly, annually, and with significant change. Residents were to have a skin assessment completed no less than weekly by the licensed nurse in an effort to assess the over all skin condition, skin integrity, and skin impairment. Points #2 and 3 under procedure #2 indicated the care plan was to be developed specific to the resident's needs including prevention interventions, and direct care givers were to be notified of the specific prevention interventions. Procedure #3 indicated weekly skin assessments were to be completed on all residents with or without alterations in skin integrity and documented on the weekly skin assessment form and/or nursing notes.			

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	Procedure #4 indicated any skin alterations noted by direct care givers during daily care and/or shower days were to be reported to the licensed nurse for further assessment, including bruises, open areas, redness, skin tears, blisters, and rashes. This federal tag relates to Complaint IN00107179. 3.1-14(a)(1) 3.1-14(a)(2)			