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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15A014 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/12/2013 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>VERNON MANOR CHILDRENS HOME | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1955 S VERNON ST<br>WABASH, IN 46992 |
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| F000000            | <p>This visit was for the Investigation of Complaint IN00141066.</p> <p>Complaint<br/>IN00141066-Substantiated.<br/>Federal/State deficiencies related to the allegations are cited at F225, F226, and F323.</p> <p>Survey dates: December 11, and 12, 2013</p> <p>Facility number: 000274<br/>Provider number: 15A014<br/>AIM number: 100271660</p> <p>Survey team:<br/>Betty Retherford, RN</p> <p>Census bed type:<br/>SNF/NF: 84<br/>Total: 84</p> <p>Census payor type:<br/>Medicaid: 84<br/>Total: 84</p> <p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> | F000000       | Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute and admission or agreement of the facts alleged or conclusions set forth in this statement of deficiencies. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. The plan of correction and specific corrective actions are prepared and/or executed in compliance with the state and federal laws. Please accept this plan of correction as it constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is January 4, 2014 |                      |

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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|  | Quality review completed by Debora Barth, RN. |  |  |  |
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| F000225<br>SS=D   | <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4)<br/>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and</p> | F000225   | F225 What corrective action(s)  | 01/04/2014  |  |   |  |

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|   | <p>interview, the facility failed to ensure that an injury of unknown origin was fully investigated to ensure abuse had not occurred for 1 of 1 resident reviewed who had an episode of spontaneous bruising of the penis in a sample of 6. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 12/11/13 at 12:05 p.m.</p> <p>Diagnoses for the resident included, cerebral palsy, severe mental retardation, seizures disorder, legal blindness, aphasia, and spasticity.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 10/7/13, indicated Resident #B was severely cognitively impaired and was totally dependent on the staff for transfers and bed mobility. The assessment indicated the resident had an impairment of range of motion of his upper and lower extremities.</p> <p>A nursing note entry, dated 11/26/13 at 9:10 a.m. indicated "Res [resident] found with bruising to shaft of penis 10.6 cm [centimeters] by 8.3 cm in size. No swelling or drainage noted at area . During a.m. care, res with</p> |   | <p>will be accomplished for those residents found to have been affected by the deficient practice? Resident B has been discharged from facility. 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? A skin assessment was completed on current residents with no concerns identified. Staff and interviewable residents denied concerns with abuse when interviewed. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The incident and accident investigation process was reviewed with the Executive Director and Director of Nursing by the Regional Director of Clinical Services on 12/16/13 (exhibit A). As a precaution staff were re-educated on the abuse policy. The Executive Director will review investigations to ensure the investigation was thorough and complete. 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? Investigation audits will be conducted by the Executive Director, designee, on all incidents and accidents and abuse investigations to ensure the investigation was thorough and complete (Exhibit B). Audits will be presented to Quality</p> |   |  |   |  |

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|   | <p>no s/s [signs/symptoms] pain or discomfort when area palpated.... Physician and guardian notified."</p> <p>A nursing note entry, dated 11/27/13 at 7 a.m., indicated the resident's penis and scrotum were all dark purple. The bruising was noted to have spread to the lower abdomen and underneath the scrotum and towards the buttocks during a shower given at 8 a.m. The resident also showed signs of pain during this time and the resident was put back into bed.</p> <p>The physician was contacted and the resident was sent to a nearby hospital at 10:15 a.m. for evaluation and treatment of the continued bruising. The penis and scrotum appeared black in color by the time of the transfer.</p> <p>The nursing notes indicated the resident returned to the facility on 11/27/13 at 4 p.m. Emergency room information was sent back to the facility with the resident. Information related to the resident's physical exam. These included, but were not limited to, the following:</p> <p>"Physical Exam<br/>The patient is awake alert smiles</p> |   | Assurance Committee (QAC) for review and recommendation monthly for 6 months. There will be ongoing monthly reports to the facility and regional QAC as part of the Quality Assurance Program. |                      |   |

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|                    | <p>appropriately and shows not outward signs of distress. Lungs clear abdomen is flat and soft and non tender across the lower abdominal wall there is some ecchymoses in a crescent shape all the way across lower abdomen pelvic area just above the suprapubic area.... Likewise there is symmetrical ecchymoses without swelling associated with the scrotum and shaft of the penis. There is even evidence of dependency as the ecchymoses seems to become more central in the lower portion and posterior portion of the scrotal sac is if gravity is pulling at downward. Entire process in non tender he has no penile discharge or bleeding. Entire process is not warm or hot or indurated ...</p> <p>...The exact etiology of the ecchymoses is at this time unknown however there is no evidence of significant trauma requiring further workup evaluation and treatment or admission...."</p> <p>The encounter diagnosis was listed as "Spontaneous ecchymoses."</p> <p>During a review of the facility investigation, provided by the Administrator on 12/11/3 at 10:30 a.m., the investigation listed the</p> |               |   |                      |

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|   | <p>names of 9 staff members who were interviewed regarding the injury of unknown origin related to the bruising on Resident #B's penis found on the morning of 11/26/13. The 9 staff members had written statements related to the interview questions.</p> <p>Schedules of all staff working in the vicinity of Resident #B's room and/or who provided direct care to Resident #B on 11/25/13 and 11/26/13 (prior to the bruise being found) were provided by the DoN on 12/11/13 at 1 p.m.</p> <p>The schedules identified six CNAs (CNA #1, 4, 5, 6, 9, and 10) who had worked during that time period and had not been interviewed. (CNA #10 was Resident #B's direct care giver on the day shift on 11/25/13.)</p> <p>The schedules identified 2 LPNs (LPN #7 and 8) and 1 RN (RN #11) who had worked during that time period and had not been interviewed.</p> <p>The Administrator and DoN were interviewed on 12/12/13 at 10:45 a.m. The DoN indicated some of the above staff had been interviewed briefly in a hall setting, but no official statements had been obtained. When queried if any abuse inservice had been completed following the observation</p> |   |   |   |  |   |  |

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|   | <p>and investigation related to the bruising on the resident's penis, the Administrator indicated "no." She further indicated the facility had currently started abuse inservices for all staff and it was in progress at this time.</p> <p>This federal tag relates to Complaint IN00141066.</p> <p>3.1-28(d)</p> |   |   |                      |   |

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| F000226<br>SS=D   | <p>483.13(c)<br/>DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to fully implement their written policy in regards to a thorough investigation for possible abuse following the discovery of bruising on a resident's penis for 1 of 1 resident reviewed who had an episode of spontaneous bruising of the penis in a sample of 6. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 12/11/13 at 12:05 p.m.</p> <p>Diagnoses for the resident included, cerebral palsy, severe mental retardation, seizures disorder, legal blindness, aphasia, and spasticity.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 10/7/13, indicated Resident #B was severely cognitively impaired and was totally dependent on the staff for transfers and bed mobility. The assessment indicated</p> | F000226   | F226 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B has been discharged from facility. 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? A skin assessment was completed on current residents with no concerns identified. Staff and interviewable residents denied concerns with abuse when interviewed. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The incident and accident investigation process was reviewed with the Executive Director and Director of Nursing by the Regional Director of Clinical Services on 12/16/13 (exhibit A). As a precaution staff were re-educated on the abuse policy. The Executive Director will review investigations to ensure the investigation was thorough and complete. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what | 01/04/2014  |  |   |  |

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|   | <p>the resident had an impairment of range of motion of his upper and lower extremities.</p> <p>A nursing note entry, dated 11/26/13 at 9:10 a.m. indicated "Res [resident] found with bruising to shaft of penis 10.6 cm [centimeters] by 8.3 cm in size. No swelling or drainage noted at area . During a.m. care, res with no s/s [signs/symptoms] pain or discomfort when area palpated.... Physician and guardian notified."</p> <p>A nursing note entry, dated 11/27/13 at 7 a.m., indicated the resident's penis and scrotum were all dark purple. The bruising was noted to have spread to the lower abdomen and underneath the scrotum and towards the buttocks during a shower given at 8 a.m. The resident also showed signs of pain during this time and the resident was put back into bed.</p> <p>The physician was contacted and the resident was sent to a nearby hospital at 10:15 a.m. for evaluation and treatment of the continued bruising. The penis and scrotum appeared black in color by the time of the transfer.</p> <p>The nursing notes indicated the</p> |   | <p>quality assurance program will be put into place? Investigation audits will be conducted by the Executive Director, designee, on all incidents and accidents and abuse investigations to ensure the investigation was thorough and complete (Exhibit B). Audits will be presented to Quality Assurance Committee (QAC) for review and recommendation monthly for 6 months. There will be ongoing monthly reports to the facility and regional QAC as part of the Quality Assurance Program.</p> |                      |   |

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|                    | <p>resident returned to the facility on 11/27/13 at 4 p.m. Emergency room information was sent back to the facility with the resident. Information related to the resident's physical exam. These included, but were not limited to, the following:</p> <p>"Physical Exam<br/>The patient is awake alert smiles appropriately and shows not outward signs of distress. Lungs clear abdomen is flat and soft and non tender across the lower abdominal wall there is some ecchymoses in a crescent shape all the way across lower abdomen pelvic area just above the suprapubic area.... Likewise there is symmetrical ecchymoses without swelling associated with the scrotum and shaft of the penis. There is even evidence of dependency as the ecchymoses seems to become more central in the lower portion and posterior portion of the scrotal sac is if gravity is pulling at downward. Entire process in non tender he has no penile discharge or bleeding. Entire process is not warm or hot or indurated ...</p> <p>...The exact etiology of the ecchymoses is at this time unknown however there is no evidence of significant trauma requiring further</p> |               |   |                      |

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|                    | <p>workup evaluation and treatment or admission...."</p> <p>The encounter diagnosis was listed as "Spontaneous ecchymoses."</p> <p>During a review of the facility investigation, provided by the Administrator on 12/11/3 at 10:30 a.m., the investigation listed the names of 9 staff members who were interviewed regarding the injury of unknown origin related to the bruising on Resident #B's penis found on the morning of 11/26/13. The 9 staff members had written statements related to the interview questions.</p> <p>Schedules of all staff working in the vicinity of Resident #B's room and/or who provided direct care to Resident #B on 11/25/13 and 11/26/13 (prior to the bruise being found) were provided by the DoN on 12/11/13 at 1 p.m.</p> <p>The schedules identified six CNAs (CNA #1, 4, 5, 6, 9, and 10) who had worked during that time period and had not been interviewed. (CNA #10 was Resident #B's direct care giver on the day shift on 11/25/13.)</p> <p>The schedules identified 2 LPNs (LPN #7 and 8) and 1 RN (RN #11) who had worked during that time</p> |               |   |                      |

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|   | <p>period and had not been interviewed.</p> <p>The Administrator and DoN were interviewed on 12/12/13 at 10:45 a.m. The DoN indicated some of the staff had been interviewed briefly in a hall setting, but no official statements had been obtained. When queried if any abuse inservice had been completed following the observation and investigation related to the bruising on the resident's penis, the Administrator indicated "no." She further indicated the facility had currently started abuse inservice for all staff and it was in progress at this time.</p> <p>Review of the current facility policy, dated 8/8/13, titled "Abuse, Neglect, and Misappropriation of Property", provided by the RN Consultant on 12/11/3 at 11:42 a.m., included, but was not limited to, the following:</p> <p>"Purpose:</p> <p>Prevent abuse, neglect and misappropriation of property.</p> <p>Procedure:</p> <p>...2. the facility staff will conduct an investigation of alleged or suspected abuse, neglect, or misappropriation of</p> |   |   |                      |   |

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|   | <p>property, and , will provide notification of information to the proper authorities according to sate and federal regulations....</p> <p>...Identification:</p> <p>...4. Any events of unknown origin will be investigated.</p> <p>...Investigation:</p> <p>...2. The facility will thoroughly investigate all alleged violations and take appropriate actions.</p> <p>3. Investigations will be prompt, comprehensive and responsive to the situation and contain founded conclusions...."</p> <p>This federal tag relates to Complaint IN00141066.</p> <p>3.1-28(a)</p> |   |   |                      |   |

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| F000323<br>SS=D   | <p>483.25(h)<br/>FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br/>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 observation, record review, and interview, the facility failed to ensure they had assessments and/or physician's orders for the type of transfer method and sling to be used during resident transfers and failed to ensure a pommel cushion was checked after being put into place to ensure it was not too tight against the body following a transfer for 2 of 3 residents reviewed for safety during transfers in a sample of 6. (Resident #D and #B)</p> <p>Findings include:</p> <p>The following was observed on 12/12/13 at 9:05 a.m.:</p> <p>CNA #1 and CNA #2 prepared Resident #D for a transfer from her bed to her specialized wheelchair using an electrical hoier lift and a criss-cross sling. The resident was fully dressed and lying supine in bed. The sling was placed beneath the resident in the proper position and the two lower straps were brought up</p> | F000323   | F323 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B has been discharged from facility. Resident D was assessed with no findings. 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 have been reviewed for transfers, mechanical lift use, and proper assist devices by the interdisciplinary team. The care plans and CNA assignment sheets have been updated to reflect current resident status. (Exhibit C, D ) What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Staff education was provided related to transfers, mechanical lifts, and assist devices (Exhibit E). Competency observations of transfers, use of mechanical lift and assist devices will be conducted to ensure staff understanding of education weekly times 4 weeks, bi-weekly times 2 months, monthly times 3 months and randomly thereafter. | 01/04/2014  |  |   |  |

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|   | <p>between her legs and criss crossed to the other side of her body. The upper and lower straps of the sling were attached to the rings on the mechanical lift and she was safely lifted from the bed into her specialized wheelchair which was slightly reclined.</p> <p>The CNAs did not remove the criss-cross strips from the resident's pelvic/crotch area. The resident's specialized wheelchair was equipped with a pommel cushion (a raised, formed section of cushion that goes between the residents legs like a saddlehorn and prevents them from sliding out of the chair). The pommel cushion was on a bar that folded down in front of the chair and was then flipped up into position after the resident was placed into the chair. The pommel cushion becomes a wedge between the residents thighs that extends back into the crotch area when it is flipped up into place to secure the resident's position in the chair and prevent sliding out of the chair.</p> <p>After the pommel cushion was flipped into place, the CNAs then raised the back of the resident's chair from a semi reclined position into an upright position. The CNAs did not check the</p> |   | <p>A reassessment of transfer method and device use will be conducted a minimum of quarterly and with significant change in assessment. 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?</p> <p>Transfer/mechanical lift/positioning device audit will be conducted weekly times 4 weeks; then bi-weekly times 2 months, then monthly times 3 months and randomly thereafter. Audits will be presented to (QAC) for review and recommendation monthly for 6 months. There will be ongoing monthly reports to the facility and regional QAC as part of the Quality Assurance Program.</p> |                      |   |

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|   | <p>placement of the pommel cushion and criss cross straps to ensure they were not too tightly wedged into the resident's crotch area and ensure the resident was sitting safely and comfortably until a request was made for the resident to be checked.</p> <p>1.) The clinical record for Resident #D was reviewed on 12/12/13 at 11:20 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, cerebral palsy, seizure disorder, scoliosis, abnormal posture, aphasia, and mental retardation.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 10/28/13, indicated Resident #D was severely cognitively impaired and was totally dependent on the staff for transfers and bed mobility. The assessment indicated the resident had an impairment of range of motion of her upper and lower extremities.</p> <p>The signed, but undated, December recapitulation of physician's orders for Resident #D indicated the resident had an order to be "up as tolerated with chest harness, seatbelt and pommel for positioning and safety enhancement of posture during</p> |   |   |   |  |   |  |

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|   | <p>seating with emphasis on prevention of deformities." The physician's orders lacked any order for the use of a mechanical lift and the type of sling to be used to transfer the resident.</p> <p>The DoN was interviewed on 12/12/13 at 10:40 a.m., related to the failure of the CNAs to check the resident's pelvic/crotch area for comfort following the transfer noted above. Additional information was requested related to the procedures used with the hoyer lift and sling and the pommel cushion placement to ensure the resident's comfort when these devices are used. The DoN indicated the facility had both full body slings and criss-cross body slings that could be used for residents.</p> <p>The DoN was interviewed on 12/12/13 at 5:10 p.m. She indicated there was no physician's order found related to the use of a mechanical lift for transfer and/or the type of sling to be used for Resident #D. She indicated the facility had no written procedure for the pommel cushion in regards to checking the placement of the cushion after it was put into place in front of the resident.</p> <p>2.) The clinical record for Resident</p> |   |   |                      |   |

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|                    | <p>#B was reviewed on 12/11/13 at 12:05 p.m.</p> <p>Diagnoses for the resident included, cerebral palsy, severe mental retardation, seizures disorder, legal blindness, aphasia, and spasticity.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 10/7/13, indicated Resident #B was severely cognitively impaired and was totally dependent on the staff for transfers and bed mobility. The assessment indicated the resident had an impairment of range of motion of his upper and lower extremities.</p> <p>The signed, but undated, November 2013 recapitulation of physician's orders for Resident #B indicated the resident had an order to be up in "adaptive wheelchair with seat belt, cummerbund, pommel, anti-thrust cushion, and shoe holders to promote proper body positioning/alignment." The physician's orders lacked any order for the use of a mechanical lift and the type of sling to be used to transfer the resident.</p> <p>The clinical record lacked any physical and/or occupation therapy evaluation indicating the most appropriate lift and sling to be used to</p> |               |   |                      |

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|   | <p>transfer this resident.</p> <p>The Speech Therapist was interviewed on 12/12/13 at 3:45 p.m. She indicated she had reviewed the therapy department records and the therapy department had never reviewed this resident in regards to the type of transfer to be done or the sling to be used.</p> <p>The DoN was interviewed on 12/11/13 at 11:35 a.m. She indicated Resident #B was currently in the hospital for a gastrostomy/jejunostomy tube replacement, but the staff used a mechanical lift and the use of a criss cross sling for transfers with this resident.</p> <p>A nursing note entry, dated 11/26/13 at 9:10 a.m. indicated "Res [resident] found with bruising to shaft of penis 10.6 cm [centimeters] by 8.3 cm in size. No swelling or drainage noted at area . During a.m. care, res with no s/s [signs/symptoms] pain or discomfort when area palpated.... Physician and guardian notified."</p> <p>A nursing note entry, dated 11/27/13 at 7 a.m., indicated the resident's penis and scrotum were all dark purple. The bruising was noted to</p> |   |   |   |  |   |  |

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|                    | <p>have spread to the lower abdomen and underneath the scrotum and towards the buttocks during a shower given at 8 a.m. The resident also showed signs of pain during this time and the resident was put back into bed.</p> <p>The physician was contacted and the resident was sent to a nearby hospital at 10:15 a.m. for evaluation and treatment of the continued bruising. The penis and scrotum appeared black in color by the time of the transfer.</p> <p>The nursing notes indicated the resident returned to the facility on 11/27/13 at 4 p.m. Emergency room information was sent back to the facility with the resident. Information related to the resident's physical exam. These included, but were not limited to, the following:</p> <p>"Physical Exam<br/>The patient is awake alert smiles appropriately and shows not outward signs of distress. Lungs clear abdomen is flat and soft and nontender across the lower abdominal wall there is some ecchymoses in a crescent shape all the way across lower abdomen pelvic area just above the suprapubic</p> |               |   |                      |

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|   | <p>area.... Likewise there is symmetrical ecchymoses without swelling associated with the scrotum and shaft of the penis. There is even evidence of dependency as the ecchymoses seems to become more central in the lower portion and posterior portion of the scrotal sac is if gravity is pulling at downward. Entire process in nontender he has no penile discharge or bleeding. Entire process is not warm or hot or indurated ...</p> <p>...The exact etiology of the ecchymoses is at this time unknown however there is no evidence of significant trauma requiring further workup evaluation and treatment or admission...."</p> <p>The encounter diagnosis was listed as "Spontaneous ecchymoses."</p> <p>CNA #3 (who frequently provided care to Resident #B) was interviewed on 12/11/13 at 8:15 P.M. She indicated she had seen the bruising on Resident #B's penis and scrotum and was very concerned about it. When queried if she had any information related to how the problem could have occurred, she indicated she did not know for sure but wondered if his penis got pinched by the pommel cushion or the</p> |   |   |   |  |   |  |

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|   | <p>criss-cross sling.</p> <p>The DoN was interviewed on 12/12/13 at 10:40 a.m., related to the lack of a physician's order for the mechanical lift and sling to be used during transfers for Resident #B and what procedures were used with the hoyer lift and sling and the pommel cushion placement to ensure resident safety and comfort when these devices are used.</p> <p>The DoN was interviewed on 12/12/13 at 5:10 p.m. She indicated there was no physician's order found related to the use of a mechanical lift for transfer and/or the type of sling to be used for Resident #B. She indicated the facility had no written procedure for the pommel cushion in regards to checking the placement of the cushion after it was put into place in front of residents.</p> <p>3.) Review of the current facility policy, dated 1/22/12, titled "Mechanical Lift", provided by the DoN on 12/12/13 at 1:45 p.m., included, but was not limited to, the following:</p> <p>"Purpose</p> <p>Transfer a dependent resident safely.</p> |   |   |                      |   |

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|   | <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. Confirm mechanical lift to be used.</li> <li>2. Place sling under resident ...<br/>[Different types of slings not listed.]</li> <li>...10. If sling is to remain under resident assure no wrinkles are under resident. Tuck sling/straps beside resident to promote resident dignity."</li> </ol> <p>This federal tag relates to Complaint IN00141066.</p> <p>3.1-45(a)(2)</p> |   |   |                      |   |