

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155743	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/07/2014
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NAME OF PROVIDER OR SUPPLIER GREEN-HILL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN 47944
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F000000	<p>This visit was for the Investigation of Complaint IN00145135.</p> <p>Complaint IN00145135-Substantiated. Federal/State deficiencies related to the allegations are cited at F225, F226 and F309.</p> <p>Survey Dates: March 7, 2014</p> <p>Facility number: 000288 Provider number: 155743 AIM number: 100287380</p> <p>Survey team: Regina Sanders, RN</p> <p>Census bed type: SNF/NF: 26 Total: 26</p> <p>Census Payor type: Medicare: 5 Medicaid: 19 Other: 2 Total: 26</p> <p>Sample: 6</p> <p>These deficiencies reflect State</p>	F000000	<p>Submission of this Plan ofCorrection does not constitute an admission to or an agreement with factsalleged on the survey report. Submission of this Plan ofCorrection does not constitute an admission or an agreement by the provider ofthe truth of facts alleged or corrections set forth on the statement ofdeficiencies. The Plan of Correction isprepared and submitted because of requirements under State and Federal law. Please accept this Plan ofCorrection as our credible allegation of compliance.</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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	findings cited in accordance with 410 IAC 16.2. Quality review completed on March 12, 2014, by Janelyn Kulik, RN.				

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F000225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) 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	The allegation of abuse has been	03/24/2014			

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	<p>interview, the facility failed to investigate an allegation of abuse timely and report the allegation of abuse to the Indiana State Department of Health (ISDH) for 1 of 3 residents reviewed for abuse in a total sample of 6. (Resident #B)</p> <p>Findings include:</p> <p>During an interview on 03/07/14 at 11:20 a.m., the Rehabilitation Manager indicated Resident #B had made an allegation against a nurse. She indicated the nurse was verbally rude to her and would not give her any water. The Rehabilitation Manager indicated she immediately reported the allegation to the Administrator and was told to fill out a, " Report of Concern Form", which she did and turned in to the Administrator.</p> <p>The, "Report of Concern Form", dated 2/19/14, indicated Resident #B reported to the Therapist during her therapy session, "...Nurse (Name) did not offer her an enema, didn't get her water after she asked, was verbally 'cruel' to her..."</p> <p>During an interview on 03/07/14 at 12:15 p.m., the Administrator indicated an allegation of verbal</p>		<p>investigated and reported to the Indiana State Department of Health for Resident #B. All residents have the potential to be affected. Records have been reviewed and anything found to meet the reportable guidelines set forth by Indiana State Department of Health have been investigated and reported to ISDH. The facility's policy for Abuse Prohibition, Reporting, and Investigation has been reviewed and no changes are indicated at this time (See Attachment A). The Administrator has been re-educated on this policy with special focus on investigating and reporting allegations (See Attachment B). An Investigation and Reporting form has been implemented (See Attachment C). The Administrator or designee will complete the Investigation and Reporting form to ensure things are investigated and reported if indicated. This form will be completed on scheduled work days on a daily basis. If concerns are noted, immediate corrective action will occur. Results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly</p>		

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	<p>cruelty was voiced by the resident to the Rehabilitation Manager about a nurse. She indicated the nurse was not working, "That week-end" (concern was voiced on a Wednesday). The Administrator indicated she had went to speak to the resident several days and the resident was fine. The Administrator indicated the allegation had not been reported to the ISDH.</p> <p>Review of the investigation of the allegation indicated:</p> <p>02/19/14 (no time documented), "Went by (Resident's Name) room several times. Sleeping."</p> <p>02/20/14 at 8:30 a.m., "Went to (Resident's Name) room gone to apt (appointment)."</p> <p>02/20/14 at 1:30 p.m., "Went to (Resident's Name) room. Tried to gently wake her, sound asleep."</p> <p>02/20/14 at 3:30 p.m., "Still sleeping."</p> <p>02/20/14 at 4:45 p.m. "Visited with (Resident's Name). Asked how things going she said just fine. Asked about how she felt about her care her (sic) & she said just fine..."</p>						

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	<p>This was the following evening before the Administrator spoke with the resident.</p> <p>02/24/14 (no time documented) (five days later), "Again asked (Resident's Name) about her care here. She indicated she was happy with care."</p> <p>The Investigator's Report, dated 02/19/14 indicated, "(Nurses' Name) was not working that day-over weekend. She had B.M.s (bowel movements) & did not need enema. Interviewed resident & she admits she gets confused." (Resident had not been interviewed until 02/20/14 at 4:45 p.m.)</p> <p>The investigation lacked documentation to indicate the Nurse involved or other staff members or residents were interviewed during the investigation.</p> <p>Review of the Nursing Schedule, dated 02/18/14, indicated the Nurse in the allegation had worked 02/18/14, but had not worked again until 02/21/14.</p> <p>This Federal Tag relates to complaint IN00145135.</p> <p>3.1-28(d)</p>			

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F000226 SS=E	<p>483.13(c) 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 ensure the facility's abuse policy and procedures were implemented, related to not investigating an allegation of abuse timely and not reporting the allegation of abuse to the Indiana State Department of Health (ISDH) for 1 of 3 residents reviewed for abuse in a total sample of 6 (Resident #B). The facility also failed to ensure each covered individual was notified annually of reporting obligations for a suspicion of a crime against a resident related to in-servicing the facility Beautician of the Elder Justice Act, which has the potential to affect residents who utilize the facility's Beauty Shop.</p> <p>Findings include:</p>	F000226	<p>The allegation of abuse has been investigated and reported to the Indiana State Department of Health for Resident #B. The facility's Beautician has been educated on the Elder Justice Act. All residents have the potential to be affected. Records have been reviewed and anything found to meet the reportable guidelines set forth by Indiana State Department of Health have been investigated and reported to ISDH. Also, each covered individual has been reviewed and educated on the Elder Justice Act if indicated. The facility's policies for Abuse Prohibition, Reporting, and Investigation (See Attachment A) and Elder Justice Act (See Attachment D) have been reviewed and no changes are indicated at this time. The Administrator has been re-educated on these policies with special focus on investigating and reporting allegations and</p>	03/24/2014

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	<p>1. During an interview on 03/07/14 at 11:20 a.m., the Rehabilitation Manager indicated Resident #B had made an allegation against a nurse. She indicated the nurse was verbally rude to her and would not give her any water. The Rehabilitation Manager indicated she immediately reported the allegation to the Administrator and was told to fill out a, " Report of Concern Form", which she did and turned in to the Admnistrator.</p> <p>The, "Report of Concern Form", dated 2/19/14, indicated Resident #B reported to the Therapist during her therapy session, "...Nurse (Name) did not offer her an enema, didn't get her water after she asked, was verbally 'cruel' to her..."</p> <p>During an interview on 03/07/14 at 12:15 p.m., the Administrator indicated an allegation of verbal cruelty was voiced by the resident to the Rehabilitation Manager about a nurse. She indicated the nurse was not working, "that week-end" (concern was voiced on a Wednesday). The Administrator indicated she had went to speak to the resident several days and the resident was fine. The Administrator indicated the allegation had not</p>		<p>providing educating to covered individuals for the Elder Justice Act (See Attachment B). An Investigation and Reporting form has been implemented (See Attachment C) and an Elder Justice Act Education Monitoring form has been implemented (See Attachment E) The Administrator or designee will complete the Investigation and Reporting form to ensure things are investigated and reported if indicated. This form will be completed on scheduled work days on a daily basis. The Administrator or designee will complete the Elder Justice Act Monitoring form with any new hires and yearly. If concerns are noted, immediate corrective action will occur. Results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly.</p>		

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	<p>been reported to the ISDH.</p> <p>Review of the investigation of the allegation indicated:</p> <p>02/19/14 (no time documented), "Went by (Resident's Name) room several times. Sleeping."</p> <p>02/20/14 at 8:30 a.m., "Went to (Resident's Name) room gone to apt (appointment)."</p> <p>02/20/14 at 1:30 p.m., "Went to (Resident's Name) room. Tried to gently wake her, sound asleep."</p> <p>02/20/14 at 3:30 p.m., "Still sleeping."</p> <p>02/20/14 at 4:45 p.m. "Visited with (Resident's Name). Asked how things going she said just fine. Asked about how she felt about her care her (sic) & she said just fine..." This was the following evening before the Administrator spoke with the resident.</p> <p>02/24/14 (no time documented) (five days later), "Again asked (Resident's Name) about her care here. She indicated she was happy with care."</p> <p>The Investigator's Report, dated</p>						

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	<p>02/19/14 indicated, "(Nurses' Name) was not working that day-over weekend. She had B.M.s (bowel movements) & did not need enema. Interviewed resident & she admits she gets confused." (Resident had not been interviewed until 02/20/14 at 4:45 p.m.)</p> <p>The investigation lacked documentation to indicate the Nurse involved or other staff members or residents were interviewed during the investigation.</p> <p>Review of the Nursing Schedule, dated 02/18/14, indicated the Nurse in the allegation had worked 02/18/14, but had not worked again until 02/21/14.</p> <p>A facility policy, dated 2/10, titled, "Reporting unusual Occurrences to the State", and received from the Administrator as current, indicated, "...The facility will ensure that all alleged violations involving mistreatment, neglect, or abuse...are reported immediately to the Administrator of the facility and to other officials as applicable...A full investigation will be conducted to accurately determine the causes (s)...The investigation must include: location of incident, Person(s)</p>						

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	<p>involved in the incident, Environment, Physical status of the resident involved...</p> <p>Á facility policy, dated 01/06, titled, "Abuse Prohibition, Reporting and Investigation", received from the Administrator as current, indicated, "...This facility will report all unusual occurrences, which includes abuse, within 24 hours of discovery, to the Long Term Care Division of the Indiana State Department of Health...The Administrator shall initiate and direct the investigation immediately...a comprehensive record of all abuse investigations is to be compiled and kept by the facility, including but not limited to, Incident Reports, statements from witnesses and others involved, reports, communication and all other relevant information..."</p> <p>An undated facility policy, received from the Adminstrator on 03/07/14 at 10 a.m., titled, "Resident Abuse", indicated, "...An investigation will be conducted to assure other residents have not been affected by the incident or inappropriate behavior and the results documented. 10. Statements will be taken from:...involved employees...by any others who might have pertinent</p>				

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	<p>information..."</p> <p>2. During an interview on 03/07/14 at 3 p.m., the Administrator indicated the facility had not notified all covered individuals annually of the reporting obligations of a reasonable suspicion of a crime against a resident (Elder Justice Act).</p> <p>She indicated not all vendors who come to the facility had been notified and indicated the Beautician, who works in the building had not been in-serviced on the Elder Justice Act.</p> <p>A facility policy, dated 09/11, titled, "Reporting a Reasonable Suspicion of a Crime Against a Resident", received as current from the Administrator, indicated, "...The facility will provide education through annual inservice training to notify each covered individual of that individual's reporting obligations..."</p> <p>This Federal Tag relates to complaint IN00145135.</p> <p>3.1-28(a)</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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, record review, and interview, the facility failed to ensure a resident received the necessary treatment and services, related to investigating for causes of bruises, monitoring and assessment of bruises for 1 of 3 residents reviewed for skin conditions. (Resident #D)</p> <p>Findings include:</p> <p>Resident #D's record was reviewed on 03/07/14 at 12:45 p.m. The resident's diagnoses included, but were not limited to dementia and osteoarthritis.</p> <p>The Annual Minimum Data Set Assessment, dated 01/24/14, indicated the resident was cognitively impaired and required extensive assistance of two or more</p>	F000309	An investigation, assessment, monitoring, and treatment have been completed for the bruises for Resident D. Any resident has the potential to be affected. Residents have had skin checks completed and if a skin condition was found, an investigation, assessment, monitoring, and treatment has been completed if indicated. The facility's policy for the Skin Management Program (See Attachment F) and Abuse Prohibition, Reporting, and Investigation (See Attachment A) have been reviewed and no changes are indicated. Nursing staff have been re-educated on the policies with a special focus on investigating, assessing, monitoring, and treating skin conditions (See Attachment G). A Skin Review form has been implemented (See Attachment H). The DON or designee will be responsible for completing the Skin Review form	03/24/2014

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	<p>for transfers.</p> <p>The Physician's Recapitulation Orders, dated 03/14, indicated the resident did not have a medication ordered, which could thin the blood.</p> <p>A) During the initial tour of the facility on 03/07/14 at 8:45 a.m. through 9 a.m., the ADoN (Assistant Director of Nursing) indicated Resident #D had a bruise, which the facility had thought had occurred during a transfer.</p> <p>An "Initial Assessment of Non-Pressure Related Skin Conditions", dated 02/20/14, indicated a bruise in the right axillary/upper arm area was found. The bruise was 10 cm (centimeter) by 7 cm and was pink/purple in color.</p> <p>There was a lack of documentation to indicate the bruise had been further assessed after the initial finding on 02/20/14.</p> <p>There was a lack of documentation in the Nurses' Notes to indicate a full assessment of the bruised area of the right axillary/upper arm had been completed when the area was found.</p>		<p>on scheduled work days as follows: Daily for two weeks then weekly thereafter. If concerns are noted, immediate corrective action will occur. Results of these reviews will be discussed during the facility's quarterly QA meetings and the plan adjusted as indicated.</p>		

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	<p>There was a lack of documentation to indicate an investigation for the cause of the bruise had been completed.</p> <p>The Nurses' Notes indicated: 02/21/14 at 6:10 a.m.- "summoned to room per CNA. upper portion of right breast extending to upper right arm edematous, warm to touch. upper right arm red/warm to touch...Pain expressed during examination of area. Area marked c/ (with) marker. (Physician's Name) notified. ordered doxycycline (antibiotic)..."</p> <p>02/22/14 at 3 a.m.- on doxycycline for cellulitis RUE (right upper extremity), Rt (right) breast sites remain warm to touch, edema, dark pink in color..."</p> <p>02/25/14 at 9 p.m.- "...Area on (R) (right) chest remains edematous c/ yellow bruising..."</p> <p>2/26/14 at 3:10 a.m.- "...rt. chest region c/ yellow bruising..."</p> <p>02/27/14 at 8 p.m.- "...yellowish bruising to (r) chest area fading..."</p> <p>3/2/14 at 4:30 a.m.- "note bruise</p>			

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NAME OF PROVIDER OR SUPPLIER GREEN-HILL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN 47944		
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	<p>brown/yellow in color remains RUE/axillary region..."</p> <p>The ADoN measured the right axillary/upper arm area on 03/07/14 at 18 cm by 14 cm gray/green/brown and fading.</p> <p>During an interview on 03/07/14 at 12:50 p.m., the ADoN indicated the bruise to the right axillary/upper arm should have been measured weekly and had not been measured since it was first found on 02/20/14. She indicated the area started as a bruise and went into cellulitis.</p> <p>During an interview with the DoN (Director of Nursing) with the RN Corporate Consultant present, on 03/07/14 at 1:20 p.m., the DoN indicated there had not been an Incident Report written on the bruise of the right axillary/upper arm area. She indicated she had been told it was cellulitis and was unaware a bruise was found on 02/20/14, so an investigation had not been completed on the area. The RN Corporate Consultant indicated the bruise would not have been reported because the policy states the bruise has to be 10 cm by 10 cm before they have to report it.</p>				

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	<p>B) During an observation and interview on 03/07/14 at 11:20 a.m., CNA #1 and CNA #2 were preparing to transfer Resident #D from the bed to the wheelchair with the mechanical lift. CNA #1 indicated they started using the mechanical lift on 03/06/14, and prior to the lift, the resident was a two person transfer with the use of a gait belt. CNA #1 indicated the resident had a bruise on her right foot, one bruise on her right arm and two bruise on her left arm. The areas were observed to have purple discolorations of the skin. CNA #1 indicated she had found the areas during morning care at 6 a.m. and had reported the areas to the Night Shift Nurse on duty.</p> <p>Resident #D's "Initial Assessment of Non-Pressure Related Skin Conditions" forms lacked documentation to indicate the resident bruises on the right foot, left arm, and right arm. The Nurses' Progress Notes lacked documentation to indicate the Night Shift Nurse had assessed the areas on the resident's skin.</p> <p>During an interview on 03/07/14 at 11:40 a.m., the Assistant Director of Nursing (ADoN) indicated when a bruise was found, an Incident Report</p>						

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	<p>is supposed to be filled out. She indicated there was no Incident Report filled out on the bruising. She indicated there was no documentation of the bruising in the resident's record and no documentation on the Nurses' 24-Hour Report form about the bruising.</p> <p>During a telephone interview on 03/07/14 at 11:55 a.m., LPN #3 (Midnight Shift Nurse), indicated she had gone in and looked at the resident, but had not done anything else because the Evening Shift Nurse indicated they were not using a mechanical lift for transfers because of bruising, so she thought the facility had already knew about the bruises.</p> <p>During an interview on 03/07/14 at 12 p.m., the DoN (Director of Nursing) (Evening Shift Nurse) indicated she had been aware of the old bruising on the resident but not aware of the new bruising. She indicated the policy was to investigate all bruising and skin tears. She indicated when a Nurse was told about a bruise, the Nurse should then do an assessment, measure and describe the areas and start the investigation to attempt to</p>			

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	<p>determine what caused the bruising. She indicated an assessment had not been completed on the bruised areas.</p> <p>The non-pressure skin forms, indicated the resident had a bruise on 02/07/14 on the left thumb, a bruise on 02/20/14 on the left upper posterior forearm, and a bruise on 02/20/14 in the left axillary area.</p> <p>The ADoN measured new bruises on the resident as follows on 03/07/14: Right Foot- 5.5 cm (centimeter) by 4.5 cm, light purple in color Right posterior forearm- 6 cm by 3.5 cm, dark purple in color Right hand by thumb-4 cm by 4.5 cm, dark red/purple in color Left posterior lower forearm- 5.4 cm by 4.5 cm, dark purple in color Left upper posterior forearm-4.5 cm by 4.1, purple in color</p> <p>An undated policy, titled, "Incident & Accident Report", received from the Administrator as current on 03/07/14 at 10 a.m., indicated, "An Incident & Accident Report and Investigation form is to be completed for all incidents involving residents...In all cases of an incident-accident, the following must be observed and</p>						

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	<p>documented: An accurate and detailed accounting of the incident from any and all witnesses. Any potential environmental conditions that may have contributed to the incident...Time of all notifications..."</p> <p>A policy, dated 02/10, titled, "Reporting Unusual Occurrences to the State", received from the Administrator as current, indicated, "...The facility will ensure that all alleged violations involving...injuries of unknown source...are reported immediately to the Administrator...A full investigation will be conducted to accurately determine the cause(s) of the incident..."</p> <p>A policy, dated 01/11, titled, "Skin Management Program", received from the RN Corporate Consultant as current, indicated, "...Residents who receive assistance with bathing and/or peri-care will be observed daily by nursing staff and any note of...bruises...will be reported to the licensed nurse for further assessment...Skin alterations will be documented on the appropriate flow sheet...upon initial finding and at least weekly thereafter until healed...Skin conditions will be reviewed weekly by the DON (sic) or designee for progression or</p>				

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	<p>regression of healing..."</p> <p>This Federal Tag relates to complaint IN00145135.</p> <p>3.1-37(a)</p>				