

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155491	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/02/2012
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NAME OF PROVIDER OR SUPPLIER LINCOLN CENTERS FOR REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1029 E 5TH ST CONNERSVILLE, IN 47331
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F0000	<p>This visit was for the Investigation of Complaints IN00112873 and IN00112953.</p> <p>Complaint IN00112873, Substantiated, Federal/State deficiencies related to the allegations are cited at F-241 and F-244.</p> <p>Complaint IN00112953, Substantiated, Federal/State deficiencies related to the allegations are cited at F-309.</p> <p>Survey dates: August 1 and 2, 2012</p> <p>Facility number: 000316 Provider number: 155491 AIM number: 100286370</p> <p>Survey team: Sharon Lasher, RN-TC</p> <p>Census bed type: SNF/NF: 120 Total: 120</p> <p>Census payor type: Medicare: 17 Medicaid: 75 Other: 28 Total: 120</p>	F0000	<p>This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by state and Federal law.</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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	<p>Sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 7, 2012 by Bev Faulkner, RN</p>			

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F0241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on interview and record review, the facility failed to, ensure staff responded in a timely manner when residents used their call lights to request assistance for 7 of 12 residents interviewed for call light use. (Resident #A, #B, #C, #F, #G, #H and #I)</p> <p>Findings include:</p> <p>Review of a list of residents identified as alert, oriented and interviewable was provided on 8/1/12 at 10:55 a.m., by the DON (Director of Nursing) and included Residents #A, #B, #C, #G, #H, #F, and #I.</p> <p>1.) During an interview with Resident #A on 8/1/12 at 12:10 p.m., she indicated she has to wait on her call light to be answered up to an hour frequently almost ever day.</p> <p>2.) During an interview with Resident #B on 8/1/12 at 12:15 p.m., Resident # B indicated the staff take 30 minutes to 1 hour at least once a day to answer call lights.</p>	F0241	<p>F 241 SS: D Dignity and Respect of Individuality It is the policy of this facility to comply with Dignity and Respect of Individuality. 1.) Resident A, B, C, F, G, H, I and all other residents residing at facility, will have call lights answered in a prompt, timely manner. 2.) The management team met with residents to address concerns related to call bell response time. Social Services will log and respond within 24 hours of all reported resident grievances and bring grievance form to management meeting to discuss concerns and action plan. 3.) Nursing staff have been re-educated on the facility policy and procedure related to call lights and resident rights. DON or designee will QA monitor resident rooms and randomly pull call lights for staff response time daily ensure timely response (5 days/week) x 4 weeks, weekly x 4 weeks, then monthly x 2 months pending QA review to determine if discontinuation of monitoring is appropriate. 4.) Results of QA reviews will be forwarded to the Facility Risk Management Quality Initiative, (RMQI), for further</p>	08/20/2012			

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	<p>3.) During an interview with Resident #C on 8/1/12 at 12:55 p.m., she indicated the staff were slow to answer her call light and she has had to wait up to an hour a lot of times.</p> <p>4.) In interview with Resident #G on 8/2/12 at 3:00 p.m., Resident # G indicated "I have to wait at least 1/2 hour almost every time I use my call light."</p> <p>5.) During interview with Resident #H on 8/1/12 at 3:35 p.m., she indicated she has to wait 40 minutes or more at least once a week for the staff to answer her call light.</p> <p>6.) During interview with Resident #F on 8/1/12 at 12:50 p.m., Resident # F indicated it takes up to an hour frequently for the staff to answer her call light.</p> <p>7.) During an interview with Resident #I on 8/2/12 at 2:30 p.m., Resident # I indicated it takes 1/2 hour to 45 minutes at night a lot of times because one CNA has to do all three halls by themselves.</p> <p>Review of the Resident Council Meeting Minutes on 8/2/12 at 10:00 a.m., indicated concerns were voiced, in March, April, June and July about staff not answering call lights timely. No minutes for the May meeting were available for</p>		evaluation and recommendations acted on as indicated. Allegation of Compliance: August 20, 2012	

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	<p>review.</p> <p>This Federal tag relates to Complaint IN00112873.</p> <p>3.1-3(t)</p>			

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F0244 SS=E	<p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>Based on interview and record review, the facility failed to act upon grievances expressed during Resident Council Meetings related to untimely call-light response for 4 of 4 months of minutes reviewed. This affected 7 of 12 residents interviewed with the potential to affect any resident who requested assistance by utilizing the call light. (Resident #A, #B, #C, #F, #G, #H and #I)</p> <p>Finding include:</p> <p>Review of the Resident Council Meeting Minutes on 8/2/12 at 10:00 a.m., indicated concerns were voiced, in March, April, June and July about staff not answering call lights timely. The minutes included the following: 3/5/12, complaint of "nursing comes in and turns light off says they will be back and never come and having call light on for an hour before anyone answers them." 4/5/12, " residents want to know why CNAs are being pulled to other building and leaving this building working short</p>	F0244	<p>F244 Participation in Groups</p> <p>It is the policy of the facility to listen to the views of the resident or family group and act upon the grievances and recommendations of the residents.</p> <p>1.) Resident A, B, C, F, G, H, I and all other residents residing at facility, call lights will be answered in a timely manner. Resident Council meeting held 08/20/12.</p> <p>2.) The management team met with residents on 8/20/12 to address concerns related to call bell response time.</p> <p>3.) Issues presented by Resident Council will be responded to via communication forms that will go from Council to responsible department manager who will correct and respond in writing to the Council.</p> <p>Social Services will log and respond within 24 hours of all reported Resident grievances and bring grievance form to management</p>	08/20/2012			

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	<p>staff, nursing is slow to respond when residents need them, need to do something about call ins and takes too long to answer call lights." 5/12 No minutes for the May meeting were available for review. 6/12, "not enough nursing CNAs." 7/12, "CNAs not answering call lights."</p> <p>A list of residents identified as alert, oriented and interviewable was provided on 8/1/12 at 10:55 a.m., by the DON (Director of Nursing) and included Residents #A, #B, #C, #G, #H, #F, and #I.</p> <p>1.) During an interview with Resident #A on 8/1/12 at 12:10 p.m., she indicated she has to wait on her call light to be answered up to an hour frequently almost ever day.</p> <p>2.) During an interview with Resident #B on 8/1/12 at 12:15 p.m., Resident # B indicated the staff take 30 minutes to 1 hour at least once a day to answer call lights.</p> <p>3.) During an interview with Resident #C on 8/1/12 at 12:55 p.m. she, indicated the staff were slow to answer her call light and she has had to wait up to an hour a lot of times.</p> <p>4.) During an interview with Resident #G</p>		<p>meeting To discuss concerns and action plan.</p> <p>4.) ED will monitor weekly, timeliness of responses to Resident Council concerns and present results of monitoring activity to RM/QI Committee monthly until resolved.</p> <p>- Allegation of Compliance: August 20, 2012.</p>	

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	<p>on 8/2/12 at 3:00 p.m., Resident # G indicated "I have to wait at least 1/2 hour almost every time I use my call light."</p> <p>5.) In interview with Resident #H on 8/1/12 at 3:35 p.m., she indicated she has to wait 40 minutes or more at least once a week for the staff to answer her call light.</p> <p>6.) During interview with Resident #F on 8/1/12 at 12:50 p.m., Resident # F indicated it takes up to an hour frequently for the staff to answer her call light.</p> <p>7.) During an interview with Resident #I on 8/2/12 at 2:30 p.m., Resident # I indicated it takes 1/2 hour to 45 minutes at night a lot of times because one CNA has to do all three halls by themselves.</p> <p>During an interview with the DON on 8/2/12 at 3:50 p.m., she indicated the residents' complaint of call lights not being answered in the "Resident Council Meeting-Minutes" for March, April, June, and July, 2012 had not been addressed to the resident council but was going to be brought up in the resident council meeting. She also indicated about a month ago they started auditing the call light problem in their Quality Assurance Meetings and about a month ago they hired more staff.</p>			

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	This Federal tag relates to Complaint IN00112873 3.1-3(l)			

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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, interview and record review, the facility failed to administer pain medication for 1 resident complaining of pain for 8 hours and 40 minutes after being admitted to the facility with a fractured leg and for 1 resident complaining of pain near her coccyx after being up in her wheelchair in her room without her call light in reach. This affected 2 of 5 residents reviewed for pain in a sample of 8. (Resident #C and #B)</p> <p>Findings include:</p> <p>1.) Resident #C's record was reviewed on 8/2/12 at 10:00 a.m. Resident #C's diagnoses included but were not limited to, right tibia (the larger and stronger of the 2 bones in the leg below the knee) fracture and external fixator (placing pins or screws into the bone on both sides of the fracture. The pins are then secured together outside the skin with clamps and rods. The clamps and rods are known as</p>	F0309	<p>F 309 SS: D Provide Care/Services for Highest Well Being</p> <p>It is the policy of this facility to comply with regulatory requirement Provide Care/Services for Highest Well Being.</p> <p>1). Resident B, and all other residents residing at facility, will have call lights answered in a prompt timely manner.</p> <p>Resident C and all other residents residing in the facility will receive pain medication as ordered.</p> <p>If staff determines that medication has not been received in a timely manner, and medication is not available in the emergency drug kit, the pharmacy, physician and DON are to be notified. Physician will be requested for pain medication available in emergency drug kit of sufficient quantity of medication until delivery can be accomplished.</p>	08/20/2012			

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	<p>the "external frame").</p> <p>Resident #C was on the facility's alert and oriented list provided on 8/1/12 at 10:55 a.m., by the Director of Nursing.</p> <p>Resident #C's care plan, dated 7/17/12, indicated "Problem, potential for pain related to right tibial fracture and pins and external fixator. Goal, resident will be free of pain 1 hour of attempted interventions. Interventions, use diversional techniques such as TV, soft music, conversation, etc., observe for precipitating factors and remove if can, Hydrocodone (narcotic pain medication) as ordered and Oxycodone (narcotic pain medication) as ordered."</p> <p>Resident #C's physician's orders, dated 7/17/12, included "Hydrocodone 10 mg (milligrams)-Tylenol 325 mg, give 2 tablets orally every 4 hours, as needed for pain, Oxycontin 10 mg, give 1 tablet orally 2 times a day and Xanax (anxiety), 1 mg, give 1 tablet orally 2 times a day as needed."</p> <p>Resident #C's nursing notes, dated 7/17/12 at 6:00 p.m., indicated "Resident arrived per ambulance, transferred to bed with assist times 4, oriented to room...external fixator in place to right leg and non weight bearing on right leg."</p>		<p>The management team met with residents to address concerns related to call bell response time.</p> <p>2.) Nursing staff have been re-educated on the facility policy and procedure related to call lights, pain management and resident rights.</p> <p>3,) DON/designee will conduct random audits of medication carts against MARS and order to determine if medications ordered are available, 5 days/week x 4 weeks, weekly x 4 weeks, then monthly x2 months pending QA review to determine if discontinuation of monitoring is appropriate.</p> <p>4.) DON or designee will QA monitor resident rooms and randomly pull call lights for staff response time daily ensure timely response (5 days/week) x 4 weeks, weekly x 4 weeks, then monthly x 2 months pending QA review to determine if discontinuation of monitoring is appropriate.</p> <p>Results of QA reviews will be forwarded to the Facility Risk Management Quality Initiative, (RMQI), for further evaluation and recommendations acted on as indicated.</p>		

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	<p>Resident #C's nursing notes, dated 7/17/12 at 6:20 p.m. "Spoke with physician, orders verified and faxed to PRN (as needed) pharmacy along with prescription for pain medication and Xanax. Resident has been requesting pain medication since her arrival, explained to resident that her medication wasn't here from pharmacy and that this nurse would bring it to her as soon as I received it, resident expressed her disapproval of this but stated, "ok."</p> <p>Resident #C's nursing notes, dated 7/18/12 at 2:40 a.m., included "awakened for oral pain medication as has had none since arrival...."</p> <p>Resident #C's MAR (Medication Administration Record), dated 7/12, indicated Resident #C received Hydrocodone 10 mg/Tylenol 325 mg, 2 tablets for pain on 7/18/12 at 2:40 a.m. The response to the medication was documented "effective" on 7/18/12 at 3:30 a.m.</p> <p>During an interview on 8/1/12 at 1:30 a.m., Resident #C indicated when she was admitted to the facility she arrived about 6:00 p.m., and with the pain in her leg was bad. She stated "I had that halo on my leg and after a long ride in the</p>		Allegation of Compliance: August 20, 2012	

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	<p>ambulance it was hurting bad and I did not receive any pain medication until about 3:00 in the morning." She also indicated the staff told her they had not received the pain medication from pharmacy.</p> <p>During an interview with the DON (Director of Nursing) on 8/2/12 at 3:20 p.m., she indicated on the evening Resident #C arrived the pain medication the physician ordered was not in their EDK (Emergency Drug Kit), and they did not receive her pain medication until 2:40 a.m., from the pharmacy the next morning.</p> <p>2.) Resident #B's record was reviewed on 8/1/12 at 2:45 p.m. Resident #B's diagnoses included but were not limited to, vertigo, congestive heart failure, morbid obesity, extensive degenerative osteoarthritis, history of rheumatoid arthritis, stroke, dementia, and history of falls.</p> <p>Resident #B's MDS (Minimum Data Set), assessment, dated 5/15/12, indicated the following:</p> <ul style="list-style-type: none"> - makes self understood, understood - ability to understand others, understands - transfer, activity occurred only once or twice, with assist of two+ - walk in room or corridor, activity did 			

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	<p>not occur</p> <ul style="list-style-type: none"> - functional limitation in range of motion - pain presence, no <p>On 8/1/12, Resident #B was observed up in her wheelchair from 1:30 p.m. to 1:45 p.m., in her room, parallel with the right side of the lower end of the bed. Resident #B's call light was on the pillow on the upper left side of her bed. Resident #B was unable to obtain her call light. Resident #B was moaning stating her "tail bone hurts so bad and if I could just lay down I could get rid of the pain, it would be such an easy way for me to stop this pain."</p> <p>During an interview with Resident #B on 8/1/12 at 1:35 p.m., indicated the CNA had returned her to her room from the dining room about 10-15 minutes ago and the CNA indicated she would put her back to bed because she told the CNA her tail bone was hurting so bad because of her arthritis and she could not stand it much longer. She stated "this is why I don't like to go to the dining room and I eat in my room a lot of the time because I always have to wait for 1/2 hour to an hour to get back in bed.</p> <p>During an interview on 8/1/12 at 1:45 p.m., with the CNA #1 that had brought Resident #B back to her room from the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155491	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/02/2012
NAME OF PROVIDER OR SUPPLIER LINCOLN CENTERS FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1029 E 5TH ST CONNERSVILLE, IN 47331		
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	dining room, indicated she did not know Resident #B's call light was not in her reach. She also indicated the CNAs have to stay in the dining room until lunch is over and then take residents back to bed. This Federal tag relates to Complaint IN00112953. 3.1-37(a)				