STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155277	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 01/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING PINES HEALTH CARE CENTER	3301 N CALUMET AVE VALPARAISO, IN 46383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
F000000	This visit was for the Investigation of Complaints IN00142493, IN00142570, and IN00142795. Complaint IN00142493-Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F309. Complaint IN00142570-Substantiated. Federal/State deficiencies related to the allegation are cited at F166, F282, F312, F314, and F318. Complaint IN00142795-Substantiated. Federal/State deficiencies related to the allegations are cited at F166, F282, F312 and F441. Survey Dates: January 28, & 29, 2014 Facility Number: 000176 Provider Number: 155277 Aim Number: 100288940 Survey Team: Heather Tuttle, RN, TC Regina Sanders, RN Yolanda Love, RN	F000000		

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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	(1/28/14) Census Bed Type: SNF/NF: 113 Total: 113 Census Payor Type: Medicare: 28 Medicaid: 64 Other: 21 Total: 113 Sample: 10 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on February 1, 2014, by Janelyn Kulik, RN.			

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F000157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. Based on record review and interview, the facility failed to promptly notify the resident's Physician of a significant change in condition related to lethargy and	F000157	It is the policy of this facility to immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative when there is a significant change	02/13/2014

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	continuous refusals of meals for 1 of 3 residents reviewed for notification of change in the sample of 10. (Resident #D) Findings include: The record for Resident #D was reviewed on 1/28/14, at 1:45 p.m. The resident's diagnoses included, but were not limited to, failure to thrive, dementia, schizophrenia, convulsions, reflux, and muscle weakness. Review of Nursing Progress Notes dated 12/8/13, at 8:00 a.m., indicated the nurse had attempted to give the resident her morning medications and she was observed to be lethargic and could not hold her head up at that time. The resident's vital signs were taken and the Physician was paged. The next documented entry in Nursing Progress Notes was on 12/8/13, at 10:00 a.m., which indicated "Resident resting in room with eyes closed. Refused breakfast and fluids." Continued review of Nursing Progress Notes indicated the next documented entry was on 12/8/13, at 1:00 p.m., which indicated the		in the resident's physical, mental or psychosocial status. Resident #D does not reside at this facility. All residents have the potential to be affected by a change in condition requiring notification of a physician. 24 hour reports sheets and nurses notes were reviewed by the DON and Unit Managers to determine if there were any further notifications that were not properly addressed. Nurses will be in serviced before 2/13/14 regarding physician notification following a change in resident condition. There will also be education on facility policy that nurses should follow if a physician does not return pages in a timely fashion. 24 hour report sheets will be reviewed along with the nurse's notes 5 times a week by the DON or designee to ensure that all changes of condition have been properly addressed. This is also discussed in the daily clinical meeting run by the DON and attended by an interdisciplinary team. The DON or designee will monitor 5 times a week for 6 months and the results reported at the monthly QA.	

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	resident was in bed and now had slurred speech and was unable to answer questions. She refused lunch and fluids. Her vital signs were taken and the resident's Power of Attorney was notified and requested the resident be sent to the Emergency Room for evaluation. The Physician was again paged times two. Further review of Nursing Progress Notes for 12/8/13, indicated there was no evidence the Physician was notified of the resident's change in condition at 8:00 a.m. Review of the daily diet monitor record indicated the resident had been refusing meals earlier in the week. The resident had refused all three meals on 12/3, 12/4, 12/6, 12/7 and 12/8/13. The resident had refused breakfast and supper on 12/5/13 and only ate 25% of lunch on that day. There was no evidence of any documentation the resident's Physician was notified of the continuous refusals of meals and her change in condition. Interview with the Timber Community Manager on 1/29/14, at 1:00 p.m., indicated Nursing staff should have attempted three times			

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	to notify the Physician within 20 minutes. If no answer, Nursing staff were to notify the Medical Director with their concerns. She further indicated the resident's Physician should have been notified of the refusals of meals and the significant change in condition in a more timely manner. This Federal tag relates to Complaint IN00142493. 3.1-5(a)(2)			
F000166 SS=D	483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. Based on observation, record review, and interview, the facility failed to ensure all resident and family member's complaints and grievances were documented and followed through with resolution according to the facility's policy and procedure for 2 of 10 sampled residents. (Residents #B & # C) Findings include: 1. Interview with Resident #B on	F000166	It is the policy of this facility that every resident has the right to prompt efforts by the facility to resolve grievances the resident may have. Social Service Director spoke with resident #B and resident #C's family to discuss grievance and paperwork filled out. All residents have the potential to be affected by an unresolved grievance. Social Services or designee conducted random satisfaction surveys to help uncover unresolved grievances. Department Heads worked to	02/13/2014

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	1/28/14 at 11:20 a.m., indicated he had many complaints regarding the midnight shift staff and the way they took care of him. He further indicated the midnight staff hardly ever turned and repositioned him, as well as, checked him for bowel incontinence. The resident also indicated he does not get his showers twice a week. He indicated there were times in December and January when he did not have a shower for a week. He indicated he had told many people at the facility his concerns, including nursing staff, the Administrator and the Social Service Director. The resident indicated on 1/8/14 in the evening he had met with the Administrator and the Social Service Director and voiced his complaints, however, he stated, the Social Service Director had a pen and paper, but did not write anything down. The record for Resident #B was reviewed on 1/28/14 at 12:30 p.m. The resident's diagnoses included, but were not limited to, quadriplegic, chronic pain, tracheostomy, depression, and history of seizures. Review of the 11/1/13 Quarterly Minimum Data Set (MDS) Assessment indicated the resident's		resolve any grievance pertaining to their departments. Staff will be educated prior to 2/13/14 regarding the appropriate procedure for reporting a grievance. This includes the definition of a grievance, where the grievance forms are located and how to fill them out properly. The Social Service Director or designee will pick up the grievance forms daily from the units and will be discussed in the interdisciplinary team meeting held each morning. Random interviews of 3 residents weekly for 6 months to be conducted by the Social Service Director or designee and results reported at the monthly QA meeting to determine if compliance has been achieved.	

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	Brief Interview for Mental Status (BIMS) score was a 15 indicating he was alert and oriented to person, place, and time. The resident had no behavior problems and was totally dependent on staff for bed mobility, transfers, bathing, dressing, eating, and toilet use. The resident had an indwelling foley catheter but was always incontinent of bowel. Interview with LPN #1 on 1/29/14 at 9:15 a.m., indicated the resident had complained to her many times in the past two months regarding the midnight shift. She further indicated, she had told her Unit Manager his concerns, but did not complete a grievance form. Interview with the Pines Unit Manager on 1/29/14 at 9:45 a.m., indicated she had just been in the position as Unit Manager for one week. She further indicated the resident had complained to her many times over the last couple of months regarding the midnight shift. She indicated when she was just a staff nurse on the 3-11 shift she just told the midnight CNAs about his complaints, but did not write anything down. She further indicated he had also complained to her just recently while she was the			

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	Unit Manager, and she informed the Director of Nursing and the Timber Community Manager. The Pines Unit Manager further indicated there was a lot of agency staff working the midnight shift and they did not know how to take care of the residents. Interview with the Administrator on 1/29/14 at 10:30 a.m., indicated he was aware of the resident's concerns and did speak with him regarding his complaints about the midnight shift, however, he did not complete a grievance form. Review of the complaint and grievance log for the months of December 2013 and January 2014 indicated there was no evidence a complaint form had been completed with the resident's concerns regarding the midnight staff. 2. During the initial tour of the Pines South Unit on 01/28/14 at 8:55 a.m. through 9:15 a.m., RN #1 indicated Resident #C was unable to be interviewed and was dependent on staff for all activities of daily living. During an interview on 01/28/14 at 09:20 a.m., Resident #C's family member had indicated she had voiced a concern to the staff about Resident #C's care. She indicated			

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	her concerns voiced were about Resident #C not receiving showers or getting out of bed and into a chair. She indicated she continued to have those concerns. During an interview on 01/29/14 at 9:50 a.m., the Social Service Director indicated she was unaware of care concerns voiced from Resident #C's family. She indicated sometimes the family will talk to the Activity Director about concerns. She indicated the Activity Director was out of the facility for a few days. (The Activity Director was unable to be interviewed due to not being in the facility during the survey) An interview with RN #1 on 01/29/14 at 11:10 a.m., indicated Resident #C's family member had voiced a concern a few weeks ago about Resident #C not receiving a shower and not getting out of bed. RN #1 indicated she had informed the Activity Director of the concerns. RN #1 indicated she had not filled out a Grievance Report Form. An interview with the Timber Community Manager on 01/29/14 at 11:15 a.m., indicated the family had a concern in the past about the resident not getting out of bed, and			

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	the facility had worked out a schedule to get the resident up in a chair. She indicated she was unaware of any further concerns from Resident #C's family. She indicated RN #1 should have written out a Grievance Report Form and given the form to the Social Service Director. She indicated the facility's Department Supervisors meet daily and there had been no concerns from Resident #C's family discussed in any of the meeting she had attended. A facility policy, dated 02/09, titled, "Grievance Policy" and received from the Interim Director of Nursing as current, indicated, "...Complaints must be in writing by the resident or by the person filing the complaint on behalf of the resident...The form may be turned in to the Administrator or any Department Head. A response will be given to the resident or resident's representative with 5 working days..." This Federal Tag relates to Complaints IN00142570 and IN00142795. 3.1-7(a)(2)			

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F000282 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 Physician Orders and care plans were followed related to turning and repositioning, splint application, and dressing changes for 3 of 10 sampled residents. (Resident #B, #C, and #H) Findings include: 1. On 1/28/14 at 8:50 a.m., Resident #B was observed lying in bed. The privacy curtains were pulled completely around the resident, therefore, the resident could not be seen from the door. The resident was observed with a tracheostomy. He was awake and was able to talk. Interview with the resident at that time, indicated he had not been turned or repositioned since 8:30 p.m., the night before.	F000282	It is the policy of this facility that any services provided or arranged must be provided by qualified persons in accordance with each resident's written plan of care. Resident #B was immediately provided peri care and fresh linen. He was also positioned in a manner comfortable and pleasing to him. Resident #C had her splints placed as appropriate per her facility care plan. Resident #H had a fresh dressing applied to her coccyx as per physician order. All residents have the potential to be affected if services provided are not in accordance with their individual plan of care. DON and restorative nurse compiled a list of residents requiring assistive devices and observations of compliance began. Nursing staff will be educated regarding proper turning and repositioning and incontinent care with particular emphasis given to note if a	02/13/2014

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	LPN #2 was also present in the room and was asked to check the resident for incontinence. The resident was incontinent of bowel movement in which it was soaked to the bottom of the incontinence pad and had dried rings noted around the pad. The bowel movement was observed sticking to his skin. The resident indicated he did not know when that had occurred, as sometimes he does know but then other times he does not know when he was having a bowel movement. Interview with LPN #2 at that time, indicated she had not checked the resident for incontinence during her shift, nor had she turned or repositioned the resident in bed. Interview with CNA #3 on 1/28/14 at 9:10 a.m., indicated she had started her shift at 6:00 a.m. She further indicated she had not turned or repositioned the resident since she had been there. She also indicated she had not checked the resident for incontinence since she had been there. CNA #3 indicated she was under the impression the resident was able to tell staff when he was incontinent and when he wanted to be turned and repositioned.		dressing is not in place. The restorative nurse and the facility restorative cnas will round 5 times a week to document assistive devices are correctly placed on residents requiring them and assist the floor cnas with any questions. Rounds will be made 5 times a week by unit managers to monitor for turning, repositioning and incontinent care needs and that treatments are in place. Random audits of 25% of the residents with assistive devices will be performed by DON or designee three times a week for 6 months to ensure compliance. Results will be reported at the monthly QA meeting to determine if compliance has been achieved.	

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	The record for Resident #B was reviewed on 1/28/14 at 12:30 p.m. The resident's diagnoses included, but were not limited to, quadriplegic, chronic pain, tracheostomy, depression, and history of seizures. Review of the 11/1/13 Quarterly Minimum Data Set (MDS) Assessment indicated the resident's Brief Interview for Mental Status (BIMS) score was a 15 indicating he was alert and oriented to person, place, and time. The resident had no behavior problems and was totally dependent on staff for bed mobility, transfers, bathing, dressing, eating, and toilet use. The resident had an indwelling foley catheter but was always incontinent of bowel. Review of Physician Orders on the current 1/2014 recap indicated turn every two hours for repositioning. Interview with LPN #1 on 1/29/14 at 9:15 a.m., indicated the resident was dependent on staff for all activities of daily living and should have been turned and repositioned and checked for incontinence every two hours. 2. Resident #C's record was reviewed on 01/28/14 at 11:50 a.m. The resident's diagnoses included,			

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	but were not limited to, brain injury and seizures. The Physician's Recapitulation Orders, dated 01/14 indicated orders for bilateral wrist and hand orthosis (splints) from 7 a.m. to 7 p.m., originally written on 11/11/13. A care plan, dated 05/20/13, indicated the resident was dependent on others for all aspects of activity of daily living. The approaches included, "... (12/13/2013) up in customized chair as tolerated..." A care plan, dated 08/01/13, indicated, the resident had contractures to her bilateral hands and wears bilateral upper extremity roll splints. The approaches included, "...BUE (bilateral upper extremity) roll splints on in the a.m. and off in the p.m. The CNA Care Sheet, received as current from the Pines Unit Manager on 01/28/14 at 11:40 a.m., indicated the resident was to be up in a chair daily after lunch and had hand splints. A care plan, written by the resident's Mother, and placed on wall in room			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	at the resident's head of the bed, indicated to get the resident out of bed and into her chair from 11 a.m. to 1:30 p.m. or 1 p.m. to 3:30 p.m. During observations on 01/28/14 at 9 a.m., 11:20 a.m., 11:25 a.m., 11:40 a.m., 1:00 p.m., and 2:10 p.m., the resident was observed in bed and there were no hand splints applied to the resident bilateral hands. During an interview on 01/28/14 at 11:20 a.m., the resident's family member indicated she would like the resident up in a chair daily. During an interview on 01/28/14 at 2:10 p.m., CNA #1 indicated the day shift CNA had reported to her the resident had not been up in a chair. CNA #1 indicated the resident did not have her hand splints on. During an interview on 01/28/14 at 2:15 p.m., CNA #2 indicated they did not have time to get the resident out of bed because they were getting other residents up. She indicated she had thought therapy put the hand splints on the resident. She acknowledged the CNA Care Sheet indicated the resident was to wear bilateral hand splints.			

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	During observations on 01/29/14 at 7:15 a.m., 8:20 a.m., 9:45 a.m., and 10:10 a.m., Resident #C was lying in bed. The resident did not have bilateral hand splints on. During an interview on 01/29/14 at 11:10 a.m., RN #1 indicated the resident was suppose to have splints on her bilateral hands. 3. Resident #H's record was reviewed on 01/28/14 at 1 p.m. The resident's diagnosis included, but were not limited to, Alzheimer's Disease. A Wound/Skin Healing Record, dated 01/17/14, indicated the resident had partial thickness of skin loss (Stage 2) on the coccyx, which measured 2 centimeters (cm) by 1 cm. A Physician's order, dated 01/18/14, indicated an order for Xenaderm (wound protection), apply to the Stage 2 area on the coccyx and cover the area with a dressing. During an observation on 01/28/14 at 11 a.m., with the Pines Unit Manager present, there was no dressing on the resident's coccyx			

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	wound. During an interview on 01/28/14 at 11:05 a.m., the Pines Unit Manager indicated if a dressing comes off during care, the CNA's were to inform the Nurse, so a new dressing could be reapplied. During an interview on 01/28/14 at 11:10 a.m., CNA #2 indicated she had repositioned the resident less than two hours ago and provided incontinence care. She indicated there was no dressing on the resident's coccyx wound. She indicated when she repositioned the resident and provided incontinence care to the resident around 7 a.m., there was no dressing on the resident's coccyx wound. This Federal Tag relates to Complaints IN00142570 and IN00142795. 3.1-35(g)(2)			

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F000309 SS=D	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. Based on record review and interview, the facility failed to provide the necessary treatment and services related to a significant change in condition of lethargy and continuous refusals of meals and then hospitalization for 1 of 3 residents reviewed for death in the sample of 10. (Resident #D) Findings include: The record for Resident #D was reviewed on 1/28/14, at 1:45 p.m. The resident's diagnoses included, but were not limited to, failure to thrive, dementia, schizophrenia, convulsions, reflux, and muscle weakness. Review of the 9/24/13 Quarterly Minimum Data Set (MDS) Assessment indicated the resident was not alert and oriented. She had no mood or behavior problems and she had no issues with her nutritional status. The resident	F000309	It is the policy of this facility that 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. Resident #D is not at the facility. All residents have the potential to be affected if the facility does not provide the necessary care and services to attain or maintain their highest practicable level of function in accordance with the comprehensive assessment and plan of care. Nurses notes and 24 hour report sheets were reviewed by the DON and unit managers to identify any residents that may have had a change in condition that was not actively being addressed. Nurses will be educated by 2/13/14 regarding providing necessary treatment and physician notification following a significant change in condition in any resident. 24 hour report sheets and all nursing notes will	02/13/2014

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	required supervision with eating. Review of a Dietary Progress Note dated 9/24/13 indicated the resident had no difficulty with chewing or swallowing and fed herself with set up and cueing. Review of Nursing Progress Notes dated 11/30/13, at 2:47 p.m., indicated the resident was able to make her needs known. The resident eats all her meals in the main dining room and requires set up help only. The resident had no complaints of pain, no difficulty breathing, and her vital signs were within normal limits. Review of Nursing Progress Notes dated 12/7/13 at 3:36 p.m., indicated "Resident remained in bed this shift. Assisted with feeding by staff. Resident complained of not feeling good. Stated stomach was upset. Vitals stable.... Will continue to monitor." The next documented entry in Nursing Progress Notes was on 12/8/13, at 8:00 a.m., which indicated the nurse had attempted to give the resident her morning medications and she was observed to be lethargic and could not hold		be reviewed daily by the DON or designee to ensure that all changes in condition have been documented, treatments initiated and parties notified as per policy. This monitoring will occur 5 times a week for 6 months.. Any further issues will be discussed in the interdisciplinary team meeting held daily. The results of these audits will be shared at the monthly QA meeting.	

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	her head up at that time. The resident's vital signs were taken and the Physician was paged. There was no evidence of any assessment or documentation of the resident's condition and her complaints of not feeling good after 3:36 p.m., on 12/7/13. The next documented entry in Nursing Progress Notes was on 12/8/13, at 10:00 a.m., which indicated "Resident resting in room with eyes closed. Refused breakfast and fluids." Further review of Nursing Progress Notes indicated the next documented entry was on 12/8/13, at 1:00 p.m., which indicated the resident was in bed and now had slurred speech and was unable to answer questions. She refused lunch and fluids. Her vital signs were taken and the resident's Power of Attorney was notified and requested the resident be sent to the Emergency Room for evaluation. The Physician was again paged times two. The resident expired in the hospital on 12/14/13. Review of the daily diet monitor record indicated the resident had been refusing meals earlier in the week. The resident had refused all			

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	three meals on 12/3, 12/4, 12/6, 12/7 and 12/8/13. The resident had refused breakfast and supper on 12/5/13 and only ate 25% of lunch on that day. There was no evidence of any assessment, documentation of other measures or substitutes that might have been provided to the resident due to the refusals of meals. There was also no evidence the resident's Physician had been notified of the continuous refusals of meals. Interview with the Timber Community Manager on 1/29/14, at 1:00 p.m., indicated Nursing staff should have continued to monitor and assess the resident after her complaints of not feeling good on 12/7/13. The Timber Community Manager also indicated at that time, Nursing staff should have been monitoring the resident's refusals of meals and notified her Physician of her sudden change in condition. This Federal tag relates to Complaint IN00142493. 3.1-37(a)			

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F000312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, record review, and interview, the facility failed to ensure residents who were dependent on staff for Activities of Daily Living received the help they needed related to turning, repositioning, and bathing for 3 of 3 residents reviewed for Activities of Daily Living in the sample of 10. (Residents #B, #C, and #E) Findings include: 1. The record for Resident #E was reviewed on 1/29/14 at 9:02 a.m. The resident's diagnoses included, but were not limited to, respiratory failure, anoxic cephalopathy, stroke, right hemiplegia, tracheostomy, and lethargic state. Review of the 10/29/13 Significant Change Minimum Data Set (MDS) Assessment indicated the resident was totally dependent on staff for bed mobility, transfer, bathing, eating, dressing and personal hygiene. The resident needed two	F000312	It is the policy of this facility that any resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming and personal and oral hygiene. Resident #B was immediately provided peri care and fresh linen. He was also positioned in a manner comfortable and pleasing to him. Resident #C and #E both received their showers on their scheduled shower days. The facility initiated shower/skin sheets that are checked off by the charge nurse at the completion of the activity to ensure the tasks were completed and refusals (if any) were properly addressed. Unit managers are responsible for checking the shower books and monitoring for compliance. Nursing staff will be educated on the importance of performing and documenting Activities of Daily Living. This is especially important for any resident dependent upon them for this activity to occur. Any staff members failing to adhere to the policy will be subject to the disciplinary process. The DON or designee will review ADL	02/13/2014

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	person assist with all his activities of daily living. The resident was not assessed for cognition as he was in a vegetative state. Review of the CNA sheet dated 1/21/14 indicated the resident was to receive a shower on Monday and Wednesday during the 6-2 shift and on Friday on the midnight shift. The resident was a hoyer lift for all transfer with the assist of two. Review of the Point of Care documented by the CNA staff indicated the resident received a shower on 12/9, 12/17, 12/24, and 12/27/13 for the month of December. The resident had only received a shower on 1/8/14 for the month of January. Interview with the Pines Unit Manager on 1/29/14 at 9:45 a.m., indicated the resident was to receive showers three times a week and was totally dependent on staff to do so. She further indicated there was no reason the resident could not get out of bed and receive a shower. She further indicated because the resident was totally dependent it was a lot work to get him up. 2. On 1/28/14 at 8:50 a.m., Resident		charting and round on the units paying particular notice to hygiene and dependent residents. This audit will be done five times a week for 6 months with any issues discussed at the daily interdisciplinary team meeting. Results will be reported at the monthly QA meeting.	

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	#B was observed lying in bed. The privacy curtains were pulled completely around the resident, therefore, the resident could not be seen from the door. The resident was observed with a tracheostomy. He was awake and was able to talk. Interview with the resident at that time, indicated he had not been turned or repositioned since 8:30 p.m., the night before. LPN #2 was also present in the room and was asked to check the resident for incontinence. The resident was incontinent of bowel movement in which it was soaked to the bottom of the incontinence pad and had dried rings noted around the pad. The bowel movement was observed sticking to his skin. The resident indicated he did not know when that had occurred, as sometimes he does know but other times he does not know when he was having a bowel movement. Interview with LPN #2 at that time, indicated she had not checked the resident for incontinence during her shift, nor had she turned or repositioned the resident in bed. Interview with CNA #3 on 1/28/14 at 9:10 a.m., indicated she had started her shift at 6:00 a.m. She further			

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	indicated she had not turned or repositioned the resident since she had been there. She also indicated she had not checked the resident for incontinence since she had been there. CNA #3 indicated she was under the impression the resident was able to tell staff when he was incontinent and when he wanted to be turned and repositioned. The record for Resident #B was reviewed on 1/28/14 at 12:30 p.m. The resident's diagnoses included, but were not limited to, quadriplegic, chronic pain, tracheostomy, depression, and history of seizures. Review of the 11/1/13 quarterly Minimum Data Set (MDS) assessment indicated the resident's Brief Interview for Mental Status (BIMS) score was a 15 indicating he was alert and oriented to person, place, and time. The resident had no behavior problems and was totally dependent on staff for bed mobility, transfers, bathing, dressing, eating, and toilet use. The resident had an indwelling foley catheter but was always incontinent of bowel. Review of Physician Orders on the current 1/2014 recap indicated turn every two hours for repositioning.			

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	Review of the CNA sheet dated 1/21/14 indicated the resident was to turned every two hours. The resident was also to receive a shower on Monday and Thursday during the day shift. The resident needed the hoyer lift for all transfers with the assist of two persons and was incontinent of bowel. Review of the Point of Care documented by the CNA staff indicated the resident did not receive a shower as scheduled on 12/2, 12/5, 12/10/13, 1/2, 1/6, and 1/20/14 for the months of December 2013 and January 2014. Interview with LPN #1 on 1/29/14 at 9:15 a.m., indicated the resident was dependent on staff for all activities of daily living and should have been turned and repositioned and checked for incontinence every two hours. Interview with the Pines Unit Manager on 1/29/14 at 9:45 a.m., indicated the resident should have received his showers every Monday and Thursday. She indicated there was no reason the resident could not have been gotten out of bed to receive a shower.			

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	3. Resident #C's record was reviewed on 01/28/14 at 11:50 a.m. The resident's diagnoses included, but were not limited to, brain injury and seizures. A Quarterly Minimum Data Set Assessment, dated 11/11/13, indicated the resident required total dependence on staff for hygiene and bathing. During an interview on 01/28/14 at 09:20 a.m., Resident #C's family member had indicated she had voiced a concern to the staff about Resident #C's care. She indicated Resident #C had not been receiving showers. The CNA Care Sheet, received as current from the Pines Unit Manager on 01/28/14 at 11:40 a.m., indicated the resident's showers were scheduled on the 6 a.m. to 2 p.m. shift on Tuesdays and Fridays. The CNA Care Record, dated 12/2013, indicated the resident had not received a shower on December 3, 6, and 27, 2013, as scheduled. The CNA Care Record, dated 01/2014, indicated the resident had not received a shower on January 3,	F000312	It is the policy of this facility that any resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming and personal and oral hygiene. Resident #B was immediately provided peri care and fresh linen. He was also positioned in a manner comfortable and pleasing to him. Resident #C and #E both received their showers on their scheduled shower days. The facility initiated shower/skin sheets that are checked off by the charge nurse at the completion of the activity to ensure the tasks were completed and refusals (if any) were properly addressed. Unit managers are responsible for checking the shower books and monitoring for compliance. Nursing staff will be educated on the importance of performing and documenting Activities of Daily Living. This is especially important for any resident dependent upon them for this activity to occur. Any staff members failing to adhere to the policy will be subject to the disciplinary process. The DON or designee will review ADL charting and round on the units paying particular notice to hygiene and dependent residents. This audit will be done five times a week for 6 months with any issues discussed at the daily interdisciplinary team meeting. Results will be reported	02/13/2014

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	7, 10, 14, 17, and 21, 2014, as scheduled. There was a lack of documentation in the Nurses' Progress Notes on the above dates to indicate the reason the resident's shower had not been given. During an interview on 01/29/14 at 11:15 a.m., the Timber Community Manager, indicated she could not acknowledge if the resident received a shower on the scheduled days. A facility policy, dated 04/01, received from the Interim Director of Nursing as current, and titled, "Bath,Shower", indicated, "...Residents should receive a minimum of 2 showers a week or as indicated by condition and the Care Plan..." This Federal Tag relates to complaints IN00142570 and IN00142795. 3.1-38(b)(2)		at the monthly QA meeting.	

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WHISPERING PINES HEALTH CARE CENTER	3301 N CALUMET AVE VALPARAISO, IN 46383

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F000314 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 a resident received the necessary treatment to promote healing of a pressure sore, related to a treatment not completed on a resident as ordered for 1 of 3 residents reviewed for pressure ulcers in a total sample of 10 (Resident #H) Findings include: Resident #H's record was reviewed on 01/28/14 at 1 p.m. The resident's diagnosis included, but were not limited to, Alzheimer's Disease. A Wound/Skin Healing Record, dated 01/17/14, indicated the resident had partial thickness of skin loss (stage 2) on the coccyx, which measured 2 centimeters (cm) by 1	F000314	It is the policy of this facility that it 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. Resident #H had a fresh dressing applied immediately. All residents have the potential to be affected if they enter the facility without pressure sores and develops them unless their clinical condition demonstrates they were unavoidable. A resident may also be affected if they have a pressure sore and they do not receive necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. All residents with skin issues and	02/13/2014

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	cm. A Wound/Skin Healing Record, dated 01/22/14, indicated the pressure area on the resident's coccyx was 1.6 cm by 0.8 cm with a depth of less than 0.1 cm and was a Stage 2. A Physician's order, dated 01/18/14, indicated an order for Xenaderm (wound protection), apply to the Stage 2 area on the coccyx and cover the area with a dressing. During an observation on 01/28/14 at 11 a.m., with the Pines Unit Manager present, there was no dressing on the resident's coccyx wound. During an interview on 01/28/14 at 11:05 a.m., the Pines Unit Manager indicated if a dressing comes off during care, the CNA's were to inform the Nurse, so a new dressing could be reapplied. During an interview on 01/28/14 at 11:10 a.m., CNA #2 indicated she had repositioned the resident less than two hours ago and provided incontinence care. She indicated there was no dressing on the resident's coccyx wound. She		treatments were seen by Dr. Stone on 1/29/14 and are seen weekly in the facility. The unit managers round with Dr. Stone and address any skin issues that are noted. Shower/skin sheets are filled out by the CNAs on shower day with any new areas noted by the charge nurse and reported to the unit manager. Nursing staff will be educated on the importance of noting and reporting to the nurse if a dressing or treatment is not in place. The nurse is then responsible to ensure the correct treatment is applied to the resident. Any failure to follow this policy will result in disciplinary process. The DON or designee will perform random audits of residents with treatments 3 times a week for 6 months to ensure that treatments are in place. The results will be reported at the monthly QA meeting.	

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	indicated when she repositioned the resident and provided incontinence care to the resident around 7 a.m., there was no dressing on the resident's coccyx wound. This Federal Tag relates to Complaint IN00142570. 3.1-40(a)(2)			
F000318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on observation, record review, and interview, the facility failed to ensure a resident with limited range of motion received appropriate treatment and services to prevent further decrease in range of motion, related to bilateral hand splints not applied as ordered for 1 of 3 dependent residents reviewed for activity of daily living in a total sample of 10 (Resident #C)	F000318	It is the policy of this facility to ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Resident #C had her splints and other assistive devices placed as per her facility care plan. All residents have the potential to be affected if treatment and services are not provided to increase	02/13/2014

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	Findings include: Resident #C's record was reviewed on 01/28/14 at 11:50 a.m. The resident's diagnoses included, but were not limited to, brain injury and seizures. The Physician's Recapitulation Orders, dated 01/14 indicated orders for bilateral wrist and hand orthosis (splints) from 7 a.m. to 7 p.m., originally written on 11/11/13. A care plan, dated 08/01/13, indicated, the resident had contractures to her bilateral hands and wears bilateral upper extremity roll splints. The approaches included, "...BUE (bilateral upper extremity) roll splints on in the a.m. and off in the p.m. The CNA Care Sheet, received as current from the Pines Unit Manager on 01/28/14 at 11:40 a.m., indicated the resident had hand splints. During observations on 01/28/14 at 9 a.m., 11:20 a.m., 11:25 a.m., 11:40 a.m., 1:00 p.m., and 2:10 p.m., Resident #C was observed without her bilateral hand splints applied.		range of motion and/or to prevent further decrease in range of motion. Restorative nurse compiled a list of all residents with limited range of motion or that use assistive devices and these were compared with the current physician order and that the treatments were in place. Nursing staff will be educated by 2/13/14 regarding the importance of applying assistive devices as per physician order and resident care plan. Restorative nurse and/or restorative CNAs will round five times a week for 6 months to document that assistive devices are correctly placed as per resident care plan.. Random audits will be performed by DON or designee three times a week for six months and results reported at the facility monthly QA meeting.	

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	During an interview on 01/28/14 at 2:10 p.m., CNA #1 indicated the resident did not have her hand splints on. During an interview on 01/28/14 at 2:15 p.m., CNA #2 indicated she had thought therapy put the hand splints on the resident. She acknowledged the CNA Care Sheet indicated the resident was to wear bilateral hand splints. During observations on 01/29/14 at 7:15 a.m., 8:20 a.m., 9:45 a.m., and 10:10 a.m., Resident #C was observed without her bilateral hand splints applied. During an interview on 01/29/14 at 11:10 a.m., RN #1 indicated the resident was suppose to have splints on her bilateral hands. This Federal Tag relates to Complaint IN00142570. 3.1-42(a)(2)			

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F000441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, record review, and interview, the facility	F000441	It is the policy of this facility that it must establish and maintain an	02/13/2014

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	failed to prevent the spread of infection related to changing of gloves, soiled gloves on the floor, and changing suctioning canisters for 2 of 10 sampled residents. (Residents #C & #G) Findings include: 1. On 1/28/14 at 9:30 a.m., Resident #G was observed in bed. At that time, the suctioning canister was observed on the night stand. The canister was half full of sputum. The canister was dated 1/25/14. Interview with LPN #3 at that time, indicated the midnight nurse was supposed to change the canister every 24 hours. She further indicated agency staff had worked this unit the past couple of nights. Review of the current and undated nasopharyngeal suctioning policy provided by the interim Director of Nursing indicated all medivac suction canister inner linings and tubing shall be changed every 24 hours. Interview with the Director of Nursing on 1/29/14 at 1:30 p.m., indicated they had just decreased their audits to two times a week and the last		infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. The suction canister was immediately changed for resident #G. Education was provided to the employee providing the treatment to resident #C. All residents have the potential to be affected if a facility does not establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Department heads performed rounds 5 times a week with specific attention paid to proper infection control practices. Nursing staff will be educated on the importance of infection control. Training will be provided to nurses reviewing proper wound treatment technique. One on one education was provided to the Pines Unit Manager regarding wound dressing change technique. Audits will be conducted by the DON or designee 5x weekly for six months to ensure suction canisters are changed and other infection control is performed per policy. Rounds will be conducted 5 times a week for 6 months by unit managers to ensure that infection policies are being	

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	audit was on 1/24/14. She further indicated the canister should have been changed within 24 hours. 2. On 1/28/14 at 9:30 a.m., and 11:55 a.m., there was a soiled pair of gloves observed on the floor by the trash can in Room 2 on the Pines North Unit. Interview with LPN #2 on 1/28/14 at 9:45 a.m., indicated she was made aware the gloves were on the floor by the trash can. Interview with the Director of Nursing on 1/29/14 at 1:30 p.m., indicated soiled gloves were to be placed in the trash can and not left on the floor. 3. During an observation of Resident #C's dressing change of the right hip on 01/28/14 at 11:25 a.m. The Pines Unit Manager prepared the supplies to complete the dressing change and RN #1 was assisting in positioning the resident for the dressing change. The Pines Unit Manager washed her hands, and applied gloves. She then removed the resident's soiled dressing and discarded the dressing		followed. Results will be reported at the monthly QA meeting.	

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	in the garbage can. The Pines Unit Manager then cleansed the wound using a spray cleanser and gauze. After cleansing the right hip wound, the Pines Unit Manager then applied Iodasorb (wound treatment) to the wound with a cotton swab, then took a gauze and folded it over in half and then half again, touching all areas of the gauze and then packed the gauze inside the right hip wound and then taped a gauze over the packed dressing on the right hip. The Pines Unit Manager then removed her gloves and placed them in the garbage can and dated the dressing. The Pines Unit Manager did not change gloves or wash hands during the right hip dressing change. During an interview on 01/28/14 at 11:40 a.m., the Pines Unit Manager indicated she should have washed her hands and changed her gloves after removing the soiled dressing. An undated facility policy, received on 01/28/14 at 2:50 p.m. as current from the Interim Director of Nursing, titled, "Dressings, Non-Sterile", indicated, "...12. Put on gloves and remove soiled dressings and discard in appropriate container. 13.			

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	Remove and discard gloves. Wash your hands. Put on clean pair of gloves...14. Clean wound..." This Federal Tag relates to Complaint IN00142795. 3.1-18(a)			