

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155423	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/07/2013
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NAME OF PROVIDER OR SUPPLIER HAMMOND-WHITING CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 114TH ST WHITING, IN 46394
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F0000	<p>This visit was for the Investigation of Complaint IN00123570.</p> <p>Complaint IN00123570-Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F322, and F514.</p> <p>Survey dates: February 6 & 7, 2013</p> <p>Facility number: 000365 Provider number: 155423 AIM number: 100287460</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: SNF/NF: 67 Total: 67</p> <p>Census payor type: Medicare: 15 Medicaid: 44 Other: 8 Total: 67</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>	F0000	<p>We were unable to scan our documents so a fax will be sent immediately to attach to our POC. The fax consist of 11 pages. Respectfully, Caryn Moore, ED</p>	
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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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	IAC 16.2. Quality review completed on February 11, 2013, by Janelyn Kulik, RN.				

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F0157 SS=D	<p>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).</p> <p>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.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify the Physician in a timely manner related to a new onset of emesis for a</p>	F0157	<p>F 157 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident E no longer resides in</p>	02/22/2013

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	<p>resident receiving tube feeding for 1 of 3 residents reviewed who were receiving tube feeding in the sample of 5. (Resident #E)</p> <p>Findings include:</p> <p>The closed record for Resident #E was reviewed on 2/6/13 at 9:30 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure, high blood pressure, diabetes mellitus, stroke, and hemiplegia (weakness in the extremities on one side of the body.) The resident was originally admitted to the facility on 12/4/12.</p> <p>The 12/2012 Physician orders were reviewed. An order was written on 12/5/12 for the resident to receive Glucerna 1.2 tube feeding at 80 mls (milliliters) per hour for 20 hours a day. The order indicated the tube feeding was to infuse from 2:00 p.m. to 10:00 a.m. The order also indicated the rate of the tube feeding was to be increased 5 ml per shift until a goal rate of 80 mls per hour was reached. A Physician order was written on 12/26/12 at 12:00 a.m. to monitor the resident's temperature every shift for three day.</p>		<p>the facility</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken: Full facility audit of all resident progress noted from the previous 24 hours (Feb.7-8, 2013) was conducted to ensure that no other tube fed residents were affected by emesis. No issues were identified via this audit.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Licensed Nursing Staff were inserviced by 2/22/13 by the Staff Development Coordinator regarding ensuring physician notification is completed in a timely manner related to residents experiencing emesis while receiving tube feeding administration.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur: During the change of condition clinical meeting (held Mon. through Fri.) Nursing Administration will audit the documentation noted on the 24 hour report form related to any residents experiencing emesis and will ensure physician notification is completed in a timely manner. Audit results and</p>		

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	<p>The 12/2012 Nursing Progress Notes were reviewed. An entry made on 12/25/12 at 10:05 p.m. indicated the CNA reported to have found emesis on the resident at 9:00 p.m. The entry also indicated the Physician was notified by leaving a message and the Nurse was waiting for a call back from the Physician. There was no documentation of the Physician returning the call to the facility or of any other attempts made to notify the Physician of the resident having emesis on 12/25/12 at 9:00 p.m. The next entry in the Nursing Progress Notes was entered on 12/26/12 at 2:29 a.m. This entry indicated the resident had an emesis on the 3:00 p.m.- 11:00 p.m. shift. The next entry was entered on 12/26/12 at 8:35 a.m. This entry indicated staff went into the resident's room at 4:30 a.m. and found the resident in bed with emesis around his mouth, bed, and coming out of his nose. The entry also indicated the resident was in no distress, his respiratory rate was 19 breaths per minute, and his oxygen saturation level was 96%. The Physician was called and orders were received to send the resident to the hospital.</p> <p>The facility policy titled "Changes in Resident's Condition or Status" was</p>		<p>system components will be reviewed by the QA Committee with subsequent plans of correction developed and implemented as deemed necessary.</p>		

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	<p>reviewed on 2/7/13 at 10:10 a.m. There was no date on the policy. The policy was provided by the Director of Nursing and was identified as a current policy.</p> <p>The policy indicated Nursing was required to notify the resident's attending Physician when there were any significant changes in the resident's condition or a need to alter the resident's treatment or medications significantly.</p> <p>When interviewed on 2/7/13 at 10:00 a.m., the Director of Nursing indicated staff should have continued to attempt to notify the Physician of the resident's emesis.</p> <p>This federal tag relates to Complaint IN00123570.</p> <p>3.1-5(a)(2)</p>				

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F0322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the resident's head of the bed was elevated while receiving enteral tube feeding through a gastrostomy tube (a tube inserted into the abdomen for feeding) for 1 of 3 residents observed for tube feeding in the sample of 5. (Resident #F) (CNA #1)</p> <p>Findings include:</p> <p>On 2/7/13 8:15 a.m., Resident #F was observed in bed. There were no staff members or visitors in the resident's room. The resident was lying on her back in bed. The head of the resident's bed was elevated approximately 25 degrees. The resident was receiving tube feeding through the gastrostomy tube in her abdomen. The tube feeding was infusing at 70 mls (milliliters) via an</p>	F0322	<p>F 322</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident F was immediately positioned properly with the head of the bed elevated 30-45 degrees. CNA was immediately verbally educated by DON and received written education by DON at the end of the day.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>A full facility audit related to ensuring that any resident receiving tube feedings is positioned properly in his or her bed with the head of the bed elevated to 30-45 degrees was completed per Nursing Administration. No issues were identified via this audit.</p> <p>What measures will be put into place or what systemic</p>	02/22/2013			

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	<p>infusion pump. The resident displayed no signs of respiratory distress at this time.</p> <p>The Director of Nursing was notified and she entered the resident's room at this time. The Director of Nursing indicated the head of the bed did not appear to be elevated to 30 degrees at this time. The Director of Nursing indicated the head of the bed should be elevated 30 degrees or higher as the resident was receiving tube feeding.</p> <p>The record for Resident #F was reviewed on 2/6/13 at 2:00 p.m. The resident's diagnoses included, but were not limited to, diabetes mellitus, high blood pressure, anemia, and gastritis.</p> <p>Review of the 2/2012 Physician Order Statement indicated there were orders for the resident to receive Glucerna 1.2 at 70 mls an hour for 18 hours a day through the gastrostomy tube. There was also an order for the head of the resident's bed to be elevated at a 45 degree angle while receiving tube feeding.</p> <p>The 11/14/12 Minimum Data Set (MDS) significant change full assessment was reviewed. The</p>		<p>changes will be made to ensure that the deficient practice does not recur: Nursing staff and Department Managers were inserviced by 2/22/13 the Staff Development Coordinator regarding proper bed positioning as related to tube feedings and the need for the head of the bed to be elevated 30-45 degrees during tube feeding administration. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: Nursing Administration and Department Managers to complete rounds on residents requiring tube feeding administration to ensure that the head of the bed is elevated 30-45 degrees during the tube feeding administration. Rounds will be conducted daily for 4 weeks; 3 times weekly for 4 weeks; twice weekly for 4 months. Residents will be observed at varied times of the day depending on time of tube feeding administration. Results and system components will be reviewed monthly by the Quality Assurance Committee for 6 months with subsequent plans of correction developed and implemented as deemed necessary.</p>		

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	<p>assessment indicated the resident's cognitive skill for daily decision making were severely impaired. The assessment also indicated the resident required extensive assistance of staff for bed mobility and had limitations in range of motion on both upper extremities and both lower extremities. The assessment also indicated the resident received nutrition through a feeding tube.</p> <p>The resident's written "Current Care Directive" sheet indicated the resident received tube feeding and the head of the resident's bed was to be elevated at 45 degrees.</p> <p>When interviewed on 2/7/13 at 8:28 a.m., CNA #1 indicated she was assigned to care for Resident #F. The CNA indicated she last provided care to the resident at approximately 6:45 a.m. The CNA indicated she lowered the head of the bed some for care. CNA #1 also indicated she did not raise the head of the bed "up like it should be" after she provided care.</p> <p>When interviewed on 2/7/13 at 8:50 a.m., LPN #1 indicated she was assigned to care for the resident. The LPN indicated the resident's head of the bed should have been elevated at a 45 degree angle when the tube</p>				

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	<p>feeding was infusing.</p> <p>This federal tag relates to Complaint IN00123570.</p> <p>3.1-44(a)(2)</p>				

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure clinical records were accurate and complete related to lack of documentation of blood glucose levels, insulin injection, and skin assessments for 1 of 5 residents reviewed for documentation in the sample of 5. (Resident #E)</p> <p>Findings include:</p> <p>1. The closed record for resident #E was reviewed on 2/6/13 at 9:30 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure, high blood pressure, diabetes mellitus, stroke, and hemiplegia (weakness in the</p>	F0514	<p>F 514 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident E no longer resides in the facility How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken: Full facility audit of diabetic residents was conducted to ensure that documentation was completed related to accucheck results and that routine insulin was administered as ordered. Full facility audit of weekly skin assessment documentation was also completed to validate that the assessment was reflective of the current skin condition. Identified issues were immediately addressed.</p>	02/22/2013			

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	<p>extremities on one side of the body.) The resident was originally admitted to the facility on 12/4/12. The resident was sent to the hospital on 12/26/12 and was re-admitted to the facility on 1/3/2013.</p> <p>The 1/2013 Medication Administration Record was reviewed. There were Physician orders for the Resident to receive 66 unit of Lantus insulin injected in the skin every night at 9:00 p.m. There were also Physician orders for staff to complete accucheck (blood glucose tests) at 6:00 a.m., 11:00 a.m., 4:00 p.m., and 9:00 p.m. daily. There were also Physician orders for Novolog insulin to be give according to a sliding scale based on the resident's blood sugar levels at the above times. The Lantus insulin injection was not signed out as given at 9:00 p.m. on 1/23/13 and 1/25/13. There was no documentation of the results of the blood glucose level or any Novolog insulin coverage on 1/25/13 at 6:00 a.m. and on 1/21/13 at 11:00 a.m.</p> <p>A Non-Pressure Skin Condition Record was initiated on 12/4/12. The record indicated the resident had a "scratch/shearing" area observed to the left buttock area. The area measured 4.0 cm (centimeters) x 2.0</p>		<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Licensed Nursing staff will be re-educated by 2/22/13 by the Staff Development Coordinator regarding documentation of blood sugar/accucheck results; documentation of routine insulin administration on the facility glucose monitoring form. Licensed Nurses also re-educated on the importance ensuring that the weekly skin assessment is reflective of the residents' current skin condition.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur: Nursing Administration to audit 25% of weekly skin assessments and blood glucose records twice weekly for 4 weeks; once weekly for 4 weeks and then once monthly for an additional 4 months to ensure documentation is complete and accurate. Audit results and system components will be reviewed by the QA Committee for 6 months with subsequent plans of correction developed and implemented as deemed necessary.</p>				

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	<p>cm and was 100% red. An entry made on 12/11/12 indicated the area measured 4.0 cm x 2.0 cm and was 100% red. An entry made on 12/18/12 indicated the area measured 0.5 cm x 0.5 cm and was 100 % red in color.</p> <p>The Weekly Skin Integrity Data Collection sheets were reviewed. An entry made on 12/6/12 indicated the resident had skin tears on the buttock area. Entries made on 12/13/12 and 12/17/12 indicated the resident's skin was intact. All of the above entries were completed by an LPN.</p> <p>When interviewed on 2/7/13 at 10:30 a.m., the Director of Nursing indicated the Non Pressure Skin Condition Record indicated the resident had a scratch/shearing area to the left buttock from 12/4/12 through 12/18/12 and this area should have been documented on the Weekly Skin Integrity Data Collection sheets.</p> <p>This federal tag relates to Complaint IN00123570.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				

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