

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155254	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2015
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NAME OF PROVIDER OR SUPPLIER SUGAR CREEK REHABILITATION AND CONVALESCENT CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 5430 W US 40 GREENFIELD, IN 46140
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00186017.</p> <p>Complaint IN00186017-Substantiated. Federal and State deficiencies related to allegations are cited at F-312, F-314 and F-323.</p> <p>Survey date: November 19 & 20, 2015</p> <p>Facility number: 000157 Provider number: 155254 AIM number: 100274720</p> <p>Census bed type: SNF/NF: 50 Total: 50</p> <p>Census payor type: Medicare: 8 Medicaid: 30 Other: 12 Total: 50</p> <p>Sample: 9</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on</p>	F 0000		

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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F 0312 SS=D Bldg. 00	<p>November 30, 2015</p> <p>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, interview, and record review the facility failed to assist dependent residents with showers and transferring off the toilet for 2 of 9 residents reviewed for quality of care (Resident #H and Resident #I).</p> <p>Findings include:</p> <p>1.) Review of the record of Resident #H on 11/20/15 at 10:18 a.m., indicated the resident's diagnoses included, but were not limited to, multiple sclerosis, seizure disorder, depression, chronic pain, insomnia, muscle weakness, anxiety and obesity.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #H, dated 10/20/15 indicated the resident was independent with cognitive skills for</p>	F 0312	<p>By submitting the enclosed material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request that the Plan of Correction be considered our allegation of compliance effective 12/23/2015 to the complaint survey conducted on 11/20/15. The facility requests that the Plan of Correction be considered for desk review Sugar Creek Rehabilitation does assure a resident who is unable to carry out activities of daily living receives the necessary services to maintain grooming and personal hygiene.</p> <p>1.Resident H and Resident #1 are being provided with grooming and personal hygiene according to care plan.</p>	12/23/2015

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	<p>daily decision making regarding daily life task and his decision making was consistent and reasonable. The resident was dependent of two staff for transfers and dependent of one staff for bathing.</p> <p>Interview with Resident #H on 11/20/15 at 10:40 a.m., indicated he did not feel the facility had enough staff to assist him with his needs. The resident indicated he had not had a shower in over a month. The resident indicated when he requested showers from the staff he was told they did not have enough staff to give him a shower. The resident indicated he would like to receive two showers a week as he felt being washed off was not sufficient enough. The resident indicated he liked to keep his hair long so he could donate his hair to a charity and felt liked it needed washed. During observation at this time, Resident #H's hair was long, greasy and dirty in appearance.</p> <p>The "preferences for customary routines" for Resident #H, dated 8/4/15, indicated it was very important to the resident to choose a shower, bed bath or sponge bath.</p> <p>Review of Resident #H's bathing flow record for September 2015, indicated the resident received two showers for the month.</p>		<p>2.All residents requiring assistance with grooming and personal hygiene were identified through MDS review.</p> <p>3.All audit of bathing preferences was completed with all residents and a new shower schedule was established. CNA assignment sheets were updated to reflect current preferences and care plans updated.. All CNA's were provided with a copy of updated assignment sheets and educated. For residents declining grooming and personal hygiene, shower sheets with be completed with either the resident's signature or two staff signatures. All CNA's will be educated on Provision of Grooming and Hygiene Care.</p> <p>4.In addition to the process noted above, the DON or designee will audit shower sheets for 5 residents weekly on day and evening shift. These audits will be unannounced and will continue until 100% compliance has been achieved for one full quarter. Results will be presented in QA meeting monthly.</p>		

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	<p>Review of Resident #H's bathing flow record for October 2015, indicated the resident received no showers in October 2015.</p> <p>Review of Resident #H's bathing flow record for November 2015, indicated the resident had not received a shower in November 2015.</p> <p>Interview with the Assistant Director Of Nursing (ADoN) on 11/20/15 at 2:12 p.m., indicated it was the charge nurses responsibility to ensure residents receive their showers. The ADoN indicated the aides filled out shower sheets and the nurse signed them. The ADoN provided the shower sheets for September 2015, October 2015 and November 2015. The Shower sheets indicated Resident #H last received a shower on 9/2/15 and 9/6/15.2. Resident #I's record was reviewed on 11/20/15 at 1:40 p.m. Her diagnoses documented on her October 2015 physician's recapitulation orders included but were not limited to, neuropathy, osteoarthritis, atherosclerosis, and chronic pain.</p> <p>Resident #I's quarterly Minimum Data Set assessment dated 10/28/15, indicated she was understood and had the ability to understand others. She was cognitively</p>			

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	<p>intact in her daily decision making skills. She required limited assistance of 1 person for bed mobility, transfers, and to walk in her room. She utilized a wheelchair as a mobility device. She required extensive assistance of 1 person to toilet and was continent of her bowel and bladder.</p> <p>During an interview with Resident #I on 11/20/15 at 10:40 a.m., Resident #I indicated staff were not timely responding to her call light when she was in the bathroom and left her on the toilet for extended periods of time of up to 45 minutes. She indicated staff would respond to her call light while she was waiting for assistance off of the toilet and then leave her there, informing her they would be right back. She indicated the past Sunday, 3 different staff responded to her call light while she was in the bathroom and all 3 staff left her on the toilet, informing her they would be right back. The 3rd staff member who had left Resident #I on the toilet, had returned and assisted her after she had sat on the toilet for 45 minutes waiting for assistance. Resident #I indicated she required assistance cleaning herself after toileting and stated "It is just miserable to have to sit there."</p> <p>This Federal tag relates to complaint</p>			

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F 0314 SS=D Bldg. 00	<p>IN00186017.</p> <p>3.1-38(a)(2)(A)(B)(C)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>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.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident, with a history of pressure ulcers, had a pressure relieving device in his chair when up, and failed to ensure a supplement, to aid in wound healing, was given according to physician's orders. This affected 1 of 3 residents reviewed for pressure ulcers. (Resident #C)</p> <p>Findings include:</p> <p>Resident #C's record was reviewed on 11/19/15 at 2:15 p.m. The "Admission Nursing Assessment" indicated Resident #C was admitted with diagnoses that included, but were not limited to, quadriplegia (paralysis of all four</p>	F 0314	<p>By submitting the enclosed material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the finding or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request that the Plan of Correction be considered our allegation of compliance effective 12/23/2015 to the complaint survey conducted on 11/20/15. The facility requests that the Plan of Correction be considered for desk review Sugar Creek Nursing and Rehab does assure based on the Comprehensive Assessment of a Resident, the facility must ensure that a resident who enters the facility, without pressure ulcers, does not develop pressure ulcers unless</p>	12/23/2015

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	<p>extremities), anxiety, emphysema, skin integrity (pressure ulcer tailbone area), and respiratory failure.</p> <p>An Admission Minimum Data Set assessment, dated 9/29/15, indicated Resident #C was moderately impaired in cognitive skills for daily decision making, was totally dependent on one of staff for bed mobility and personal hygiene, was always incontinent of bowel and bladder, and was admitted with a pressure ulcer.</p> <p>The "Admission Nursing Assessment" included an area for "General Skin Condition" that indicated: "pressure ulcer, 1 cm (centimeter) x (by) 1 cm wound bed, moist, slough (dead tissue) present, stage 3" on the coccyx or tailbone area. The areas for "pressure reducing mattress and pressure reducing cushion in chair" were not checked on this form that they were being utilized.</p> <p>A "Weekly Pressure Ulcer Record", dated 9/27/15, indicated a stage 3 pressure area, (on the coccyx) 1 cm x 1 cm with no depth, serosanguineous (bloody) drainage, slough on the wound bed with normal color skin surrounding the wound.</p> <p>A "Weekly Pressure Ulcer Record", dated</p>		<p>the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure ulcers receives necessary treatment and services to promote healing, prevent infection and prevent newulcers from developing.</p> <p>1.Resident C will be assessed by therapy to provide a safe pressure reliving device to Broda chair. The zinc sulfate was discontinued per MD and order written. Resident continues on multi-vitamin and Med pass for assistance with wound healing.</p> <p>2.A skin sweep will be conducted to identify all current areas of skin break down. Braden risk assessments will be reviewed for all residents to identify those at high risk. Those identified as high risk will be assessed to ensure adequate pressure relieving devices are in place.</p> <p>3.A Prevention Ulcer Policy will be reviewed and approved through QA. A Pressure UlcerTreatment and Evaluation Policy will be reviewed and approved through QA. All Nursing staff will be educated on the policy as well as prevention, identification, treatment and documentation of pressure ulcers.</p> <p>4.In addition to the process above, the DON or designee will visualize all wounds weekly and review weekly wound assessment documentation, RD</p>	

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	<p>10/6/15, indicated the area was stage 2, measured 1.5 cm by 1.2 cm, had a small amount of serosanguineous (bloody) drainage, with normal pink skin surrounding the wound. The wound was measured weekly and documented.</p> <p>A physician's order, dated 9/22/15, indicated: "Pressure redistribution mattress."</p> <p>A physician's order, dated 10/15/15, indicated: "Reposition every 2 hours to prevent skin breakdown."</p> <p>A care plan, dated as initiated on 10/4/15, indicated a focus of: "The resident has impaired skin r/t (related to) current ulcer, decreased mobility. Goal: The resident's pressure ulcer will show signs of healing and remain free from infection by/through review date. (10/12/15) Interventions: Administer medications as ordered. Monitor/document for side effects and effectiveness. Administer treatments as ordered and monitor for effectiveness...."</p> <p>The area was documented on the care plan as healed on 11/14/15.</p> <p>On 11/20/15, at 10:20 a.m., CNA #3 and CNA #4 were observed as they transferred Resident #C from a (brand</p>		documentation and wound care plan weekly during Nutrition at Risk Meetings. Results will be presented in QA meeting monthly.		

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	<p>name of specialty chair that leans back and can be rolled) to his bed with the use of a mechanical lift. When the resident was placed in bed, there was no pressure reducing pad in his chair, there was a folded incontinence pad and a pillow. The pillow was taken from the chair and placed under the resident's head.</p> <p>On 11/20/15, at 1:45 p.m., CNA #5 was with Resident #C to get him ready to get up in his (brand name of specialty chair). There was no cushion in his chair and CNA # 5 said she didn't know anything about a cushion for his chair. At that time, Resident #C indicated he never had a cushion in his chair; he sat on the pillow.</p> <p>An observation with the Director of Nurses (DoN), on 11/20/15 at 4:20 p.m., indicated the area on the coccyx had flaking dry skin in the center where the wound had been and was healed without any reddened or open areas. The DoN said she didn't see a pressure reducing device for his chair.</p> <p>A physician's telephone order, dated 10/15/15, indicated: "Vitamin C 500 mg (milligrams)1 tab (tablet) po (by mouth) BiD (twice a day) X 30 days. Zinc Sulfate 220 mg 1 tab po QD (every day) x 30 days. Medpass supplement 120 cc</p>			

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	<p>(cubic centimeters) TiD (three times a day) document amount consumed...."</p> <p>Medication Administration Records (MARs), dated 11/1/15 through 11/20/15, failed to indicate the physician's order for Zinc Sulfate 220 mg had been carried over from October to November, and the Zinc Sulfate had not been given in November.</p> <p>During an interview, on 11/20/15 at 3:50 p.m., the DoN indicated when she inquired about this order, the nurse told her she had gotten an order on 10/29/15, from the Nurse Practitioner, to discontinue the Zinc Sulfate but she could not find the written order.</p> <p>A policy and procedure for "Skin Management" was provided by the Administrator on 11/19/15 at 2:45 p.m. The policy included, but was not limited to, "Overview: Residents who are at risk or with wounds and/or pressure ulcers and those at risk for skin compromise are identified, assessed and provided appropriate treatment to encourage healing and/or integrity. Ongoing monitoring and evaluation are provided to ensure optimal resident outcomes. A pressure ulcer is defined as any lesion caused by unrelieved pressure resulting in damage of underlying tissue. Pressure</p>			

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F 0323 SS=D Bldg. 00	<p>ulcers are usually over bony prominences and are staged to classify the degree of tissue damage observed...."</p> <p>This Federal tag relates to complaint IN00186017.</p> <p>3.1-40(a)(2)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review the facility failed to provide a resident access to her call light to prevent accidents, resulting in one resident falling two times while trying to reach her call light, (Resident #F).</p> <p>Findings include:</p> <p>On 11/20/15 at 9:45 a.m., review of Resident #F's record indicated her diagnoses included but were not limited to, Myoclonus with intermittent agitation and delirium with unclear etiology, urinary retention, chronic kidney disease, altered mental status, dementia with delusions and depression.</p> <p>Review of nurses notes dated 11/3/15 at</p>	F 0323	<p>By submitting the enclosed material, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the finding or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request that the Plan of Correction be considered our allegation of compliance effective 12/23/2015 to the complaint survey conducted on 11/20/15. Sugar Creek Nursing and Rehab ensures that the resident environment remains free of accident hazards as is possible.</p> <p>1. Resident F continues to be non-complaint with safety concerns. A chair alarm has been added to alert staff when</p>	12/23/2015

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	<p>8:50 p.m., indicated "Resident found seated on floor in between bed and wheelchair. Resident states, "I was trying to reach my call light." Denies hitting head. Does complain of left knee pain but states has had this pain for some time now, before the fall. B/P 169/92, pulse 85, respirations 20, temperature 97.0, O2 at 97%, no signs or symptoms of injury. No change in mentation. Alert and oriented times 3. Nurse Practitioner. Director of Nursing notified. Neuro checks initiated due to fall not witnessed."</p> <p>An Interdisciplinary Post-Fall Assessment dated 11/3/15 indicated: "Description of fall: Resident found sitting on floor in between bed and wheelchair. Resident stated, "I was trying to reach my call light." No injury... Gait balance deficits: unsteady due to tremors. Consider a probable cause for this fall based on review and investigation: call light not in reach. Recommendations from review team: re-education to staff on call light placement and non-skid foot wear. Physician notified."</p> <p>Review of nursing notes dated 11/7/15 at 9:30 p.m., indicated "Resident #F was found by staff sitting on the foot rests of her wheelchair. Her alarm was sounding, she was attempting to replace the call</p>		<p>resident attempts unassisted transfers and care plan updated In addition, staff assignment sheet was updated to ensure call light is within reach of resident at all times when inroom.</p> <p>2.All residents have the potential to be affected by this finding.</p> <p>3.All staff in-service will be conducted to ensure call lights are within reach and accessible at all times.</p> <p>4.DON or designee check five call lights randomly, on days and evenings, weekly to ensure they are in reach of the resident. This audit will continue until 100% compliance is achieved for one quarter. Results will be presented to QA meeting monthly.</p>	

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	<p>light cord into the wall junction so the call light would work, even though the cord was out of the wall it was not alarming. Resident #F denies bumping her head. She does have a bruise right mid back approximately 6 cm x 5 cm and a bruise on her left thigh approximately 5 cm x 7 cm. She also has a small abrasion on top of her left thigh just below the bruise. Vital signs and neuro checks within normal limits for her. Physician notified."</p> <p>An Interdisciplinary Post-Fall Assessment dated 11/7/15 indicated: "Description of fall: Resident was attempting to place call light back into socket. Resident was found sitting on floor on wheelchair foot rests. Injury: Resident has a bruise right back approximately 6 cm x 5 cm and left thigh 5 cm x 7 cm. Abrasion to left thigh... Consider a probable cause for this fall based on review and investigation: resident was attempting to fix call light without supervision. Recommendations from review team: encourage resident to ask roommate to get assistance."</p> <p>Review of Minimum Data Set (MDS) quarterly review dated 9/23/15 indicated Brief Interview for Mental Status (BIMS) indicated Resident #F understood and had the ability to understand others. She</p>			

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NAME OF PROVIDER OR SUPPLIER SUGAR CREEK REHABILITATION AND CONVALESCENT CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 5430 W US 40 GREENFIELD, IN 46140
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	<p>was cognitively intact in her daily decision making skills. Resident #F had impairment in range of motion of both lower extremities. She transferred from surface to surface with the assistance of one person and utilized a wheelchair for mobilization.</p> <p>Falls Risk Assessment dated 11/3/15 indicated Resident #F was a high risk for falls.</p> <p>Interview with Resident # F on 11/20/15 at 10:00 a.m., indicated she had 2 falls recently, the first fall she was trying to reach her call light that was behind her bed and the second fall she was trying to plug the call light back into the wall because it was pulled out of the wall.</p> <p>Care plan in place for falls indicated "Focus: Resident #F has a history of falls related to unaware of safety needs, confusion. Goal: Will minimize her risk of injury with falls through the review date. Initiated 8/18/14. Target date: 12/27/15. Interventions: Add chair alarm. Anticipate and meet the resident's needs. Educate the resident, family/caregivers about safety reminders and what to do if a fall occurs. Follow facility fall protocol. Physical and Occupational therapy screen, PRN. Reacher provided." (No dates)</p>			

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	<p>Review of document provided by the Assistant Director of Nursing dated 11/19/15 at 2:45 p.m., titled Fall Management indicated: Overview: Each resident is assisted in attaining/maintaining his or her highest practicable level of function by providing the resident adequate supervision, assistive devices and/or functional programs as appropriate to minimize the risk for falls. The Interdisciplinary Team evaluates each residents fall risks. A plan of care is developed and implemented, based on this evaluation, with ongoing review."</p> <p>This Federal tag relates to complaint IN00186017.</p> <p>3.1-45(a)(2)</p>			