

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155458	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/10/2012
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NAME OF PROVIDER OR SUPPLIER HIGHLAND NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 9630 FIFTH ST HIGHLAND, IN 46322
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F0000	<p>This visit was for the Investigation of Complaint IN00107720.</p> <p>Complaint IN00107720-Substantiated. Federal/state deficiencies related to the allegations are cited at F252 and F514.</p> <p>Survey dates: May 9 & 10, 2012</p> <p>Facility number: 000367 Provider number: 155458 AIM number: 100289560</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: SNF/NF: 30 Total: 30</p> <p>Census payor type: Medicare: 6 Medicaid: 17 Other: 7 Total: 30</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 401 IAC 16.2</p>	F0000		
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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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	Quality review 5/14/12 by Suzanne Williams, RN				

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F0252 SS=C	<p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>Based on observation and interview, the facility failed to maintain a clean environment related to dirty chairs, tube feeding poles, stained or dirty privacy curtains, dust and dirt on pipes, stained window curtains, and food spillage and crumbs on the stove in 1 of 1 Nursing Unit, 1 of 1 Therapy room, and 1 of 4 Central bathrooms. This potentially affected 30 of 30 residents in the facility. (The Main Nursing Unit) (The Main Therapy Room) (Central Bathroom #2)</p> <p>Findings include:</p> <p>1. During Orientation Tour on 5/9/12 at 8:15 a.m., the following was observed:</p> <p>a. There were food crumbs in the middle of the floor in Room 3. One resident resided in this room.</p> <p>b. There was dried tube feeding on the tube feeding pump and pole in Room 5 bed 2. There was also dried tube feeding on the sides of the specialty mattress on the resident's bed. Two residents resided</p>	F0252	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>F 252 Safe/Clean/Comfortable/Homelike Environment:</p> <p>a. What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>1.a. Room # 3 – The food crumbs on the floor has been removed and the floor has been cleaned.</p> <p>b. Room # 5 Bed 2 – The Tube feeding pump, pole and mattress have been cleaned of the dried food matter.</p> <p>c. Room # 10 Bed 2 – The dried debris and hair on the wheelchair have been removed and cleaned.</p> <p>d. Room # 17 – The dried spillage on the resident's wheelchair self-releasing belt has been removed and cleaned.</p> <p>e. Room # 17 – The dividers for the drawers for the plastic chest has been cleaned. The blue chair cushion has been cleaned of the Brown stains. The Black dirty spots on the floor have been removed.</p> <p>2.a Hallway across from Nurses' Station – The resident's wheelchair from Room # 9 bed 2 has been cleaned</p>	06/09/2012			

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	<p>in this room.</p> <p>c. The resident in Room 10 bed 2 was sitting a wheel chair in her room There was dried debris and hair on the wheels of her wheelchair. Two residents resided in this room</p> <p>d. The resident in Room 17 bed 2 was observed sitting in a wheel chair in her room. The resident had a self releasing belt on. There was dried spillage observed on the belt.</p> <p>e. The dividers on a three drawer plastic chest in Room 17 were dusty and dirty. Two residents resided in this room. There was also a blue chair cushion on top of the commode chair. There were brown stains on the cushion. There were also black dirty spots on the floor.</p> <p>2. During the Environmental Tour on 5/9/12 at 9:15 a.m., the following was observed:</p> <p>a. The resident from Room 9 bed 2 was sitting in a wheel chair in the hallway across from the Nurses' Station. There was an accumulation of dust and dirt on the bars of his wheel chair. The resident from Room 17 bed 1 was also observed sitting in a wheel chair in the same area. There was dried reddish/pink colored</p>		<p>of all dust and dirt. The resident's wheelchair from Room # 17 bed 1 has been cleaned of all dried Reddish/Pink spillage on the legs of the wheelchair.</p> <p>b. Room # 4 – The white plastic pipes under the sink have been cleaned. The legs of the over bed table for bed 2 have been cleaned of dust. The privacy curtain has been cleaned. The Brownish/Black buildup of wax in the corners has been removed from the door frame.</p> <p>c. Room # 5 – The dirty spots on the cove base outside the room has been cleaned. The dried spillage on the Broda chair has been removed and the Broda chair has been cleaned.</p> <p>d. Room # 8 – The electrical cord from the wall register has been cleaned of dirt. The buildup of rust at the wall outlet has been cleaned. The rust stains on the white pipe below the sink have been cleaned.</p> <p>e. Room # 9 – The privacy curtain in room # 9 has been cleaned. The electrical cord from the wall register has been cleaned was cleaned of dirt and the area around the wall outlet has been cleaned of rust.</p> <p>f. Room # 10 – The privacy curtain has been washed and cleaned of the dirt along the bottom.</p> <p>g. Room # 12 – The buildup of dust in the slots of the register vents has been cleaned. The privacy curtain has been washed and cleaned.</p> <p>h. Room # 13 Bed 1 – The spillage on the sides and foot rests of the Broda chair has been cleaned.</p> <p>i. Bed 2 – The rolled up disposable glove, and rolled up tissue, and rolled up gauze wrap on the floor behind bed 2's head board has been thrown away.</p> <p>j. Room # 18 – The black sticky spots on the floor has been cleaned. The legs of the bed side commode</p>		

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	<p>spillage on the legs of her wheel chair.</p> <p>b. There was dust and dirt on the white plastic pipes under the sink in Room 4. The legs of the over bed table for Bed 2 were dusty. The privacy curtain in the room was stained. Two residents resided in this room. There was a brownish/black build up of wax on the floor at the corners of the door frame.</p> <p>c. There were dirty spots on the cove base just outside of the entrance door of Room 5. There was dried spillage on the sides of a Broda chair in the room. Two residents resided in this room.</p> <p>d. The electrical cord from the wall register was dirty and the area around the wall outlet had a build up of rust in Room 8. There were rust stains on white pipe below the sink. One resident resided in this room.</p> <p>e. There were stains on the privacy curtain in Room 9. The electrical cord from the wall register was dirty and the area around the wall outlet had a build up of rust. Two residents resided in this room.</p> <p>f. The privacy curtain in Room 10 was dirty across the bottom. Two residents resided in this room.</p>		<p>where rusty has been replaced. The window curtain for bed 2 has been cleaned of dirt. The debris on the floor next to the trash can has been throw away. The white plastic pipe under the sink has been cleaned.</p> <p>3.a Central Bath # 2 – The black spots along the walls where the floor tile meet has been cleaned.</p> <p>b. Therapy Room – The food crumbs and dried spillage on top of and in the burners of the stove have been removed and the stove has been cleaned.</p> <p>1.How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken:</p> <p>A facility wide audit was completed to ensure that all common areas, resident rooms, bathrooms and the equipment and furniture in the facility are free of dirt, dust, stains and are in good repair.</p> <p>1.What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <p>Maintenance Director has been in-serviced as to the required components of this tag. The Facility Maintenance Rounds Checklist will be modified to include the verification and compliance to this standard. Any adjustments identified will be addressed immediately.</p> <p>1.How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p>		

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	<p>g. There was a build up of dust in the slots of the register vent below the window in Room 12. There were stains on the privacy curtain in the room. Two residents resided in this room.</p> <p>h. There was spillage on the sides and foot rests of the Broda chair in room 13 bed 1. Two residents resided in this room.</p> <p>i. There was a rolled up disposable glove, rolled up tissue, and a rolled up brown gauze wrap on the floor behind the head of Bed 2's head board.</p> <p>j. There were black sticky spots on the floor in Room 18. The legs of the bed side commode legs were rusty. The window curtain for Bed 2 was dirty . There was some debris on the floor next to the trash can. The white plastic pipe under the sink was dusty.</p> <p>When interviewed at this time, the Maintenance Supervisor indicated the above areas were in need of cleaning or repair.</p> <p>3. The following was observed during the Environmental Tour of the common areas on 5/9/12 at 12:15 p.m.:</p>		<p>The monitoring of this tag will be a joint effort between the NHA and the Maintenance Director as they will make weekly walking rounds for the next four weeks and bi-monthly for 2 months as they review the condition of facility and ensure proper cleaning of the resident rooms and equipment is maintained. Any issues identified will be immediately addressed for correction. A report of their findings will be discussed at the monthly Risk Management/QA meeting to determine when compliance has been met and the committee recommends monthly monitoring by the NHA and Maintenance Director in addition to quarterly monitoring by the Regional Director of Plant Operations/Designee.</p> <p>1.Date of compliance: 6/09/2012</p>	

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	<p>a. There were black spots along the walls where the floor tile and the wall tile met in central Bathroom #2.</p> <p>b. There were food crumbs and dried spillage on top of and in the burners of the oven in the Therapy Room.</p> <p>When interviewed at this time, the Director of Nursing indicated the above areas were in need of cleaning.</p> <p>This federal tag relates to Complaint IN00107720.</p> <p>3.1-19(f)</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 complete and accurately documented related to lack of documentation of wound assessments for 1 of 3 residents in the sample of 5 reviewed for wounds. (Resident #C)</p> <p>Findings include:</p> <p>The closed record for Resident #C was reviewed on 5/9/12 at 10:30 a.m. The resident was admitted to the facility on 4/14/2012 at 3:30 p.m.. The resident was admitted from the hospital. The resident's diagnoses included, but were not limited to, chronic venous insufficiency, chronic left lower extremity ulceration, high blood pressure, right knee surgery, and gouty arthropathy.</p>	F0514	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely</p>	06/09/2012			

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	<p>Admission Physician orders were written on 4/14/12 for staff to clean the left leg wounds with a 5% Dakins solution, cover with a silvacel dressing, the cover with Xtrasorb dressing and wrap with two Kerlix (gauze wraps) and then wrap with two Compralon (compression) wraps daily.</p> <p>A "Nursing Admission Data Review" assessment was completed on 4/14/12. The assessment indicated the resident had edema to both legs and had infections to the right and left feet. The "Skin Condition/Appearance" section on the assessment indicated the resident had a surgical wound to the right leg with a wound vac in place and "other" wounds to the left leg with a dressing in place to the left leg. There was no assessment of the left leg wounds or any measurements of the left leg wounds completed. The "Initial Admission Observation Nurses Notes" section indicated the resident arrived via ambulance at 3:00 p.m. and infection[sic] was present to the right knee and the left leg. There was no documentation of an assessment of the left leg wounds or any measurements of the wounds.</p> <p>The 4/2012 Nurses' Notes and the Daily Skilled Nurses' Notes were reviewed. An</p>		<p>because required.</p> <p>F 514 Clinical Records</p> <p>(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:</p> <p>This information was taken from a closed record Resident C. The licensed nurse LPN #1, responsible for the documentation of wound assessments, at time admission has been given</p>				

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	<p>entry made on 4/15/12 at 12:00 a.m. indicated the resident had a Compralon dressing in place to the left leg. There was no assessment or measurements of the left leg wounds in this entry. The next entries were made on 4/15/12 at 5:30 a.m. and 6:05 a.m. There was no assessment or measurements of the left leg wounds in the above entries. The next entry was made on 4/15/12 at 10:00 a.m. This entry indicated the resident was receiving antibiotics for a leg wound and treatments were rendered to both legs. There was no assessment or measurements of the left leg wounds in this entry. The next entry was made on 4/15/12 at 8:30 p.m. There was no assessment or measurements of the left leg wounds in this entry. The next entries were made on 4/16/12 at 12:15 a.m. and 3:10 a.m. The 12;15 a.m. entry indicated a dressing was in place to the left leg. There was no assessment or measurement of the left leg wounds in the above 4/16/12 entries. The next entry was made on 4/16/12 at 12:30 p.m. This entry was completed by the Wound Care Nurse. The entry indicated a wound assessment was completed and areas were noted was follows:</p> <p>Left upper leg: 4.3 cm. x 9.8 cm. 0.3 cm. Left lateral leg: 3.0 cm x 3.0 cm x 0.3 cm. Left lower lateral leg: 8.0 cm x 5.0 cm x 0.3 cm.</p>		<p>counseling and 1: 1 reeducation for complete documentation of wound assessments.</p> <p>(b) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken:</p> <p>A one time audit of current residents in facility was conducted of admission wound documentation for presence of accurate documentation of assessments and no other residents were</p>	

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	<p>Left lower medial leg: 14.9 cm x 7.0 cm x 0.3 cm Top of left foot: 2.0 cm x 0.9 cm x 0.2 cm.</p> <p>The last entry made in the 4/16/12 Nurses' Notes was made at 8:20 p.m. This entry indicated the resident left the facility via ambulance transport AMA (against medical advice) and the Physician was aware.</p> <p>The first "Wound Progress Records" were completed on 4/16/12 by the facility Wound Nurse. The following areas were noted:</p> <p>1. Top of left foot: full thickness wound measuring 2.0 cm. (centimeters) x 0.9 cm. x 0.2 cm., moderate amount of exudate, with 90% slough (necrotic or avascular tissue in the process of separating from viable tissue) and 10% red granulation to the wound. A moderate amount of drainage was present and the wound edges were attached.</p> <p>2. Left lateral leg: full thickness sound measuring 3.0 cm. x 3.0 cm. x 0.3 cm., moderate amount of serosanguineous drainage , 90% red granulation tissue and 10% of slough present. The wound edges were attached.</p> <p>3. Left upper leg: full thickness wound</p>		<p>identified.</p> <p>(c)What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur:</p> <p>Nursing staff will be re-educated on standard and guidelines, for wound assessment and documentation.</p> <p>Newly admitted residents will have their medical record reviewed by the DNS at the morning clinical meeting to ensure skin issues are assessed,</p>				

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	<p>measuring 4.3 cm. x 9.8 cm. x 0.3 cm. moderate amount of serosanguineous exudate, 50% slough tissue and 50% red granulation. The wound edges were attached.</p> <p>4. Left lower lateral leg: full thickness wound measuring 8.0 cm x 5.0 cm. x 0.3 cm., moderate amount of serosanguinous drainage present, 90% slough and 10% granulation tissue.</p> <p>5. Left lower medial leg: full thickness wound measuring 14.9 cm. x 7.0 cm. x 0.3 cm., moderate amount of serosanguineous drainage, 90% slough and 10 % red granulation tissue.</p> <p>The facility policy titled "Wound treatment & Progress Record" was provided by the Director of Nursing on 5/9/12 at 11:00 a.m. The policy was issued in 8/03 and revised on 7/08. The Director of Nursing indicated the policy was current. The policy indicated the record was to be initiated upon admission or upon discovery of any new wounds. The policy indicated the record was to be used to document the observations and treatments associated with the care and treatment of pressure ulcers, stasis/venous ulcers, arterial/ischemic ulcers, diabetic ulcers, and surgical wounds. The record was to be used to included all necessary</p>		<p>measured, and properly documented.</p> <p>(d) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>DNS/Designee will do a review of all new admissions for accurate and complete wound assessment documentation this audit will be completed weekly for 8 weeks then twice a month X 2 months.</p>				

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	<p>information regarding the treatment and progress of wounds. A separate form was to be used for each wound. The record was to include the condition of the surrounding skin, wound bed color and drainage. Wound measurements were to be completed weekly. The Nurse was to make an abbreviated note weekly on the record. The progress of the wound was to be documented in the note.</p> <p>When interviewed via telephone on 5/10/12 at 11:20 a.m., LPN #1 indicated she had taken care of Resident #C when he was admitted to the facility on 4/16/12. The LPN indicated she had completed the admission assessment. The LPN indicated she assessed the left leg wounds upon the resident's admission to the facility. The LPN indicated she wrote the assessment and measurements down on a paper and did not transfer the assessment and measurements to the admission assessment. LPN #1 also indicated she did not document the wound assessments or measurements on the wound sheets as required.</p> <p>When interviewed on 5/9/12 at 1:45 p.m., the Wound Care Nurse indicated the resident was admitted on the weekend and she did not assess the wounds until 4/16/12 (Monday). The Wound Nurse indicated the resident had ace wraps to the</p>		<p>Any issues identified will be immediately corrected and reported to the HFA. The above audits will be reviewed at the next Risk Management/QA committee meeting and monitoring will be completed quarterly by the RDCO when she completes her systems review which includes wound assessments /documentation.</p> <p>(e)Date of compliance: 6-9-12</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155458	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/10/2012
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	<p>left leg and she removed the wraps and dressing from the left leg to assess the wounds. The Wound Nurse indicated she assessed and measured each of the five areas and completed a wound sheet for each of the wounds. She indicated the resident had a history of spider bites and these areas were from the bites. The Wound Nurse indicated the facility policy is for a Nurse to assess every wound upon admission including measuring and address all the areas on the sheet. The Wound Nurse indicated this was not done for Resident #C until 4/16/12.</p> <p>When interviewed on 5/9/12 at 2:00 p.m., the Director of Nursing indicated Resident #C was admitted on the weekend and discharged home against medical advice on 4/16/12. The Director of Nursing indicated she was not in the facility 4/14/12 thru 4/16/12 and had not seen the resident's wounds. The Director of Nursing indicated the admitting Nurse should have completed an assessment of each wound to show the number of areas and the status of each area. She also indicated separate wound progress sheets should have been completed for each wound on the day the resident was admitted to the facility.</p> <p>This federal tag relates to Complaint IN00107720.</p>				

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	3.1-50(a)(1) 3.1-50(a)(2)			