

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155149	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/16/2015
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NAME OF PROVIDER OR SUPPLIER  HARCOURT TERRACE NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8181 HARCOURT RD INDIANAPOLIS, IN 46260
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F 000  Bldg. 00	<p>This visit was for a Post Survey Re-visit (PSR) for the Investigation of Complaint IN00163279 completed on January 29, 2015.</p> <p>This visit was in conjunction with the PSR for a Recertification and State Licensure Survey and the Investigation of Complaint IN00162422 completed on January 29, 2015.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00168651 and IN00169541 completed on March 16, 2015.</p> <p>Complaint IN00163279-not corrected</p> <p>Survey dates: March 11, 12, 13, 15 and 16, 2015.</p> <p>Facility Number: 000070 Provider number: 155149 AIM number: 100266190</p> <p>Survey Team: Sandra Nolder, RN-TC Michelle Hosteter, RN (March 11, 12, 13 and 16, 2015) Gloria Bond, RN (March 11, 12, 13 and</p>	F 000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Review on or after March 30, 2015. This provider respectfully requests a face to face Informal Dispute Resolution (IDR) for tags F309 as facility disagrees with scope and severity	
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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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F 309 SS=G Bldg. 00	<p>16, 2015)</p> <p>Census bed type: SNF: 5 SNF/NF: 96 Total: 101</p> <p>Census payor type: Medicare: 9 Medicaid: 70 Other: 22 Total: 101</p> <p>Sample: 10</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by Tammy Alley RN on March 23, 2015.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, record review and interview, the facility failed to assess a resident in regards to pain and bowel</p>	F 309	Provider respectfully requests a face to face IDR as facility disagrees with scope and severity <b>What corrective</b>	03/30/2015			

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	<p>concerns, which resulted in severe pain and fecal impaction for 1 of 4 residents reviewed for care concerns. (Resident C)</p> <p>Finding included:</p> <p>On 3/11/15 at 3:30 p.m., the record review for Resident C was completed. Diagnoses included, but were not limited to, constipation, depression, left sided stroke and congestive heart failure.</p> <p>On 3/11/2015 at 4:01 p.m., CNA #1 and LPN #2 were observed transferring resident via a stand up lift. The resident was taken to the bathroom and transferred via a stand up lift from the wheelchair to the toilet.</p> <p>On 3/11/2015 at 4:16 p.m., Resident C was grimacing indicating her bottom hurt. CNA #1 indicated she was not aware of any open areas on the resident's bottom. The resident indicated she had been having problems with her bowels lately and sometimes it felt as if she was going to have surgery when she had a bowel movement (BM). CNA #1 applied barrier cream to the area. The resident indicated after the barrier cream was applied her bottom felt better. LPN #2 asked the resident, during transfer when she complained of pain, if she wanted to stop and she would say yes. They would</p>		<p><b>action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>Resident C is assessed daily for pain and bowel concerns by the charge nurse and documented in the medical record.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>All residents have the potential to be affected by the alleged deficient practice.</li> <li>Executive Director and Nurse Managers reviewed Facility Activity Report including weekly summary and pain interview for the past 7 days to look for documentation of signs and symptoms of pain and bowel concerns and will be reassessed to determine if pain or bowel concerns are still present. If pain or bowel concerns were still present nurse managers assessed pain and bowel concerns, implemented interventions, and reevaluated effectiveness of intervention.</li> <li>DON/Designee reviewed Medication Administration Record for residents who received PRN pain medication in the last 7 days to determine if pain was still present. If pain was still present nurse managers made sure assessment of pain was present</li> </ul>	

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	<p>stop, then when they needed to continue with care they asked her permission to start again and she would indicate it was all right.</p> <p>Resident C was observed on 3/12/2015 at 9:38 a.m., getting therapy to her left hand and the resident indicated to the therapist at that time she was having pain in her bottom. The therapist indicated she would reposition her.</p> <p>On 3/12/2015 at 10:35 a.m., the resident indicated to LPN #3 that her bottom was hurting.</p> <p>CNA #4 and CNA #5 were observed transferring Resident C on 3/12/2015 at 10:52 a.m., from her bed to the wheelchair and the wheelchair to the toilet. CNA #5 went to change the bedding and it was observed to have some bowel movement smearing on the incontinence pad.</p> <p>On 3/12/2015 at 11:12 a.m., CNA #4 and CNA #5 left Resident C on the toilet with the call light in her hand. CNA #5 indicated the resident had a few small pieces of hard BM in her brief. Resident C complained of pain in her bottom again. CNA #5 was observed leaving the resident and indicated she needed to get sheets for the bed due to their being food</p>		<p>and interventions were implemented andreevaluated for effectiveness of intervention.</p> <ul style="list-style-type: none"> <li>·Licensed nurses will be in serviced on painmanagement program including pain assessment, bowel elimination programincluding bowel assessment by Director of Nursing Services Specialist/Designee byMarch 30, 2015.</li> <li>·CNA's will be in serviced on Pain ManagementProgram including reporting signs and symptoms of pain to Nurse and BowelElimination Program by Director of Nursing Services Specialist/Designee by March 30, 2015.</li> <li>·Therapy staff will be in serviced PainManagement Program including pain assessment Director of Nursing/Designee by March 30, 2015.</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>·Executive Director and Nurse Managers willreview Facility Activity Report including weekly summary and pain interviewdaily to look for documentation of signs and symptoms of pain and/or bowelconcerns and ensure that pain and/or bowel assessment were completed,interventions were implemented and reevaluated to ensure interventions wereeffective.</li> </ul>		

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	<p>in the bed.</p> <p>On 3/12/2015 at 11:16 a.m., the resident was complaining off and on again of discomfort, CNA #5 asked at that time if she was all right. CNA #5 told her she was going to leave for a moment and get something else and ensured the resident had the call light in her hand. About 11:19 a.m., after CNA # 5 left the room , the resident started moaning loudly. She was also yelling to go get CNA #5 and calling out loudly while on the toilet.</p> <p>On 3/12/2015 at 11:21 a.m., the Clinical Consultant Specialist (CCS) came in and started helping her. CNA #5 and an unidentified CNA were assisting to clean up the resident. The resident's stools were observed as very dark in appearance.</p> <p>On 3/12/15 at 11:30 a.m., LPN #3 came into the room and asked the resident where she hurt. The resident told LPN #3 her tailbone hurt. LPN #3 indicated at that time, she had been in a couple of times this morning and the resident had complained of pain and LPN #3 had repositioned her a couple of times.</p> <p>During an interview on 3/12/15 at 1:25 p.m., the CCS indicated a bowel assessment was completed. The CCS</p>		<ul style="list-style-type: none"> <li>·Nurse Managers will review Medication AdministrationRecord daily for residents who received PRN medication daily to determine ifpain was assessed, intervention was implemented and was reevaluated foreffectiveness.</li> <li>·Licensed nurses will be in serviced on painmanagement program including pain assessment, location, and intensity and bowelelimination program including bowel assessment by Director of Nursing ServicesSpecialist/Designee by March 30, 2015.</li> <li>·CNA's will be inserviced on Pain ManagementProgram including reporting signs and symptoms of pain to Nurse and BowelElimination Program by Director of Nursing Services Specialist/Designee by March 30, 2015.</li> <li>·Therapy staff will be inserviced PainManagement Program including pain assessment Director of Nursing/Designee by March 30, 2015. <b>How the corrective action(s) will be monitoredto ensure the deficient practice will not recur, i.e., what quality assuranceprogram will be put into place?</b></li> <li>·Pain Management CQI tool and Bowel Elimination tool will becompleted by DNS/Designee weekly x 4 weeks, monthly x 6 months, and thenquarterly for one</li> </ul>	

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	<p>indicated the Physician's Assistant (PA) had indicated upon her assessment the resident had active bowel sounds and hard stool in her rectum. The CCS indicated the PA digitally removed the stool and had a large amount of soft stool. The CCS indicated the resident was also given an enema to assist in the removal of remaining soft stool and the resident's stool had a greenish tint to it, which was from the iron the resident received.</p> <p>On 3/12/2015 at 2:46 p.m., LPN #2 indicated if a resident complained of pain he would possibly do a pain assessment. He indicated he had not done a bowel assessment due to the fact that she had soft smearing in her brief and had indicated she had a bowel movement recently. He also indicated that the resident had soft smearing, which indicated she was not constipated. LPN #2 indicated the pain was more related to the high cushion on the toilet, which the family had requested be placed on the toilet, since the resident spent a lengthy amount of time sitting on the toilet. He also indicated this caused discomfort because of the way the resident was weak on the left side and the fact she had to be lifted higher in the transfer sling in order to get up on top of the toilet cushion. He indicated CNA #1 had not reported any</p>		<p>year with results reported to the Continuous QualityImprovement Committee overseen by the Executive Director</p> <p>If a threshold of 95% is not achieved, anaction plan will be developed to ensure compliance</p>				

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	<p>pain to the nurse because he was in the room, but that aids were expected to report pain to the nurse. LPN #2 indicated he felt that the pain was more from the transfer and that was why he had tried to stop the transfer, but the resident had indicated to go ahead. LPN #2 also indicated the resident had problems with constipation in the past and that was one of the concerns the family had communicated to him upon admission.</p> <p>During an interview on 3/12/2015 3:08 p.m., the CCS indicated she expected the nurse to assess the resident if a resident complained of pain, when it was explained to her that the resident indicated she had pain feeling like she was going to have surgery when having a bowel movement.</p> <p>A progress note dated 3/12/15 at 11:45 a.m., indicated, "Resident was complaining of pain in her bottom while on toilet. Resident had just had pain medication within the last hour. After resident was transferred to bed, smear of dark stool noted on incontinence pad. Resident bowel sounds assessed and active in all quads. Abdomen distended and firm, but this is usual for resident per report of charge nurse. NP [Nurse Practitioner] in building and contacted to</p>			

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	<p>assess resident and notified of assessment.... " This progress note had a note to indicate it had been edited.</p> <p>The progress note dated 3/12/15 at 11:56 a.m., indicated, "...Per report of NP at bedside. Resident had soft stool in the rectal vault that was manually removed by the NP. She stated that stool did not appear black and tarry but greenish as she is on iron. She stated there was no indication for hemacult [test to check for blood in the stool] due to the color. Enema administered.... " This progress note had a note to indicate it had been edited. The original version indicated, "...Per report of NP at bedside. Resident has hard stool in the rectal vault that was manually removed by the NP. She stated that stool did not appear black and tarry but greenish as in she is on iron., She stated there was no indication for hemacult [sic] due to the color. Enema administered...."</p> <p>The progress note dated 3/12/15 at 12:07 p.m., indicated, "Present during assessment of resident pain and bowel status. NP asked resident if she would like assistance in removing stool to rectum and resident consented. NP ordered enema due to soft stool higher up, Resident tolerated enema well with initial small results. No further</p>			

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	<p>complaints of pain after resident received enema...."</p> <p>The Physicians Assistant document titled, "HMC Comprehensive Assessment" dated 3/12/15 at 11:45 a.m., indicated, "...fecal impaction...patient complaining of rectal pain and constipation with associated abdominal pain-aching, bilateral lower quadrant, constant...physical exam...abdomen: positive bowel sounds, soft, tender to palpation large amount black green soft stool removed from rectal vault increased soft stool palpated higher up no bright red blood per rectum. Assessment: 1) Fecal impaction manual disimpaction performed fleets enema, add stool softener...."</p> <p>This deficiency was cited on 1/29/15. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-37(a)</p>			
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