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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155762 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 07/13/2016 |
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| NAME OF PROVIDER OR SUPPLIER FOREST PARK HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP CODE 2401 S L ST RICHMOND, IN 47374 |
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| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00204093.</p> <p>Complaint IN00204093 - Substantiated. Federal/state deficiency related to the allegations is cited at F318.</p> <p>Survey dates: July 11, 12 and 13, 2016</p> <p>Facility number: 011387 Provider number: 155762 AIM number: 200853180</p> <p>Census bed type: SNF: 23 SNF/NF: 44 Residential: 19 Total: 86</p> <p>Census payor type: Medicare: 21 Medicaid: 29 Other: 17 Total: 67</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> | F 0000 | | |
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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 0318 SS=D Bldg. 00 | <p>Quality review completed by 30576 on July 15, 2016</p> <p>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 interview and record review, the facility failed to ensure 2 of 3 residents reviewed for therapy services had the services of restorative nursing care provided, monitored and documented, in a sample of 3. (Residents #A and #C)</p> <p>Findings include:</p> <p>1. Resident #A's clinical record was reviewed on 7-11-16 at 12:15 p.m. Her diagnoses included, but were not limited to, nontraumatic subarachnoid hemorrhage with left hemiplegia (paralysis), cerebrovascular accident (CVA or stroke), hypertension and general muscle weakness.</p> <p>Review of the discharge summary from Physical Therapy Department, dated 3-25-16, indicated Resident #A had</p> | F 0318 | <p>F: 318 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Residents A and C'S computer ADL documentation system has been updated so ROM can be documented when provided. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: An audit of all healthcare residents was conducted on 7/18/16 to ensure that all residents with ROM plans were able to be documented in the ADL documentation system and added as needed by the DHS and/or designee. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS will inservice nursing management on setting up resident ROM programs in the</p> | 07/27/2016 |

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| | <p>shown "limited improvement towards goals...reached max [maximum] rehab potential...referred to RNP [restorative nursing program] for daily BLE [bilateral lower extremity] exercises." It indicated "Post discharge recommendations for RNP follow through include daily transfers and ROM exercises on BLE."</p> <p>Review of the discharge summary from the Occupational Therapy Department, dated 4-7-16, indicated Resident #A, "Pt [patient] initially demo [demonstrated] progress towards goals, but has met maximum functional potential at this time...Patient continues to require extensive assist in all areas of ADL's [activities of daily living] and mobility due to deficits with strength, activity tolerance, and balance...Patient and nursing [department] educated on restorative nursing for functional maintenance."</p> <p>Review of Resident #A's care plans related to CVA, dated 2-20-16, approaches included, but were not limited to, "AROM [active or resident initiated range of motion exercises] to (R) side extremities 10 reps [repetitions] 3x/day with verbal cues... "PROM [ROM exercises provided by someone else] to (L) extremities, 10 reps 3x/day," dated</p> | | <p>computer ADL documentation system. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: DHS and/or designee will reveiw ROM documentation daily x 5 days a week at the clinical care meeting x 4weeks then monthly x 5 months Completion Date: 7/27/16</p> | |

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| | <p>6-23-16. Another care plan for "ADL's," dated 4-16-16 indicated, "I require assistance with ADL's due to recent CVA with paralysis." One of the approaches identified for this, included, but was not limited to, "PROM to (L) hand and leg, 10 reps 3x/day," dated 6-23-16.</p> <p>In an interview with the Corporate Nurse on 7-12-16 at 9:34 a.m., she indicated the facility's computer system for the CNA's to document ADL's and restorative nursing care had changed in the last few weeks. "Corporate wide, we identified a problem with it being somewhat complicated and not providing thorough information as to what was done." She indicated when the parameters for the restorative nursing services were entered into the computer system, there was a failure to enter the time/frequency parameters. "So this did not call it up for the staff to actually document on the restorative nursing [care]. It did not prompt the aides to document, just listed [the information] on the profile as a task to complete." On 7-12-16 at 12:05 p.m., the Corporate Nurse indicated the computer system was still being worked on in regards to restorative nursing documentation.</p> <p>In interview with the Assistant Director of Health Services on 7-13-16 at 11:55</p> | | | |

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| | <p>a.m., she indicated the documentation for nursing rehabilitation services was, "Another computer glitch...Until last week, it would not allow us to put in the frequency [for nursing rehabilitation services], so it wouldn't pop up on their profiles for the aides to document it. So, I have no ROM or restorative documentation for [names of Resident #A or Resident #C.]"</p> <p>In an interview with the Executive Director on 7-12-16 at 12:10 p.m., he indicated the computer systems have not allowed facility staff to document exactly what was being done, specific to restorative. "Apparently there were several areas the computer system was causing problems, not just restorative."</p> <p>In review of the clinical record, there was an absence of any documentation the active and/or passive range of motion exercises were being provided or monitored by staff for Resident #A.</p> <p>2. Resident #C's clinical record was reviewed on 7-13-16 at 10:35 a.m. Her diagnoses included, but were not limited to right fibula fracture, rheumatoid arthritis, osteoarthritis and osteoporosis.</p> <p>Review of Resident #C's care plan related to fall-risk, dated 6-22-16, indicated</p> | | | |

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| | <p>approaches that included, but were not limited to, "I should complete 10 reps [repetitions] 3x [daily] of AROM [active or resident initiated range of motion exercises] to UE [upper extremities] and LE [lower extremities] through all planes with verbal cues," dated 7-7-16.</p> <p>In an interview with the Corporate Nurse on 7-12-16 at 9:34 a.m., she indicated the facility's computer system for the CNA's to document ADL's and restorative nursing care had changed in the last few weeks. "Corporate wide, we identified a problem with it being somewhat complicated and not providing thorough information as to what was done." She indicated when the parameters for the restorative nursing services were entered into the computer system, there was a failure to enter the time/frequency parameters. "So this did not call it up for the staff to actually document on the restorative nursing [care]. It did not prompt the aides to document, just listed [the information] on the profile as a task to complete." On 7-12-16 at 12:05 p.m., the Corporate Nurse indicated the computer system was still being worked on in regards to restorative nursing documentation.</p> <p>In interview with the Assistant Director of Health Services on 7-13-16 at 11:55</p> | | | |

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| | <p>a.m., she indicated the documentation for nursing rehabilitation services was, "Another computer glitch with the ROM. Until last week, it would not allow us to put in the frequency [for nursing rehabilitation services], so it wouldn't pop up on their profiles for the aides to document it. So, I have no ROM or restorative documentation for [names of Resident #A or Resident #C.]"</p> <p>In an interview with the Executive Director on 7-12-16 at 12:10 p.m., he indicated the computer systems have not allowed facility staff to document exactly what was being done, specific to restorative. "Apparently there were several areas the computer system was causing problems, not just restorative."</p> <p>In review of the clinical record, there was an absence of any documentation the active and/or passive range of motion exercises were being provided or monitored by staff for Resident #C.</p> <p>On 7-13-16 at 1:50 p.m., the Corporate Nurse provided a copy of a policy entitled, "Nursing Assistant ADL Documentation." She indicated this is the current policy utilized by the facility. This policy indicated its purpose as, "To document the type and amount of assistance provided to the resident for</p> | | | | | | |

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| | <p>activities of daily living. Completion of ADL services well be validated through the use of the [brand name of computer program/system]...ADL services will be conducted and documented by the CNA each shift at the kiosk, or as reasonably possible after care..."</p> <p>This Federal tag relates to Complaint IN00204093.</p> <p>3.1-42(a)(2)</p> | | | |