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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155680 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 06/05/2012 |
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| F0000 | <p>This visit was for the Investigation of Complaints IN00108748 and IN108853.</p> <p>Complaint IN00108748-Substantiated. Federal/state deficiency related to allegations are cited at F309.</p> <p>Complaint IN00108853- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: June 4 and 5, 2012.</p> <p>Facility number : 002703 Provider number: 155680 AIM number: 200309250</p> <p>Survey team: Michelle Hosteter RN, TC Michelle Carter, RN</p> <p>Census bed type: SNF: 17 SNF/NF: 29 Residential: 33 Total: 79</p> <p>Census payor type: Medicare: 7 Medicaid :19 Other : 53 Total : 79</p> <p>Sample : 6</p> | F0000 | <p>Submission of this plan of correction does not constitute an admission by Homewood Health Campus of any wrong-doing or failure to comply with the Federal or State Regulations. Homewood Health Campus submits this plan of correction as its letter of credible allegation and is requesting a desk review. Date of Compliance: 06.29.12</p> | |

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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| | <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 7, 2012 by Bev Faulkner, RN</p> | | | |

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| F0309 SS=D | <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 record review and interview, the facility failed to ensure a resident was thoroughly and consistently assessed when displaying shortness of breath, nausea and vomiting and edema of the left leg. This affected 1 of 3 residents reviewed for assessments out of a sample of 3 residents. [Resident B]</p> <p>Findings include:</p> <p>Record review for Resident B was completed on 6/5/12 at 9:25 A.M. Diagnoses included but were not limited to, diabetes, high blood pressure, asthma, history of stroke, and chronic renal insufficiency.</p> <p>Resident B was admitted on 4/30/12 at 3:45 P.M., from the hospital after having surgery on 4/24/12 for a fracture to her left ankle.</p> <p>A document titled Nursing Admission Assessment, dated 4/30/12, indicated Resident B had no shortness of breath.</p> | F0309 | <p>F -309</p> <p>Date: June 29, 2012</p> <p>Corrective Actions accomplished for those residents found to have been affected by the alleged deficient practice:</p> <p>Resident B discharged.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:</p> <p>Current residents that are presenting with symptoms of shortness of breath, nausea and vomiting and edema have been assessed. Physician and families notified. Change in</p> | 06/29/2012 | | | |

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| | <p>The resident had no signs or symptoms of nausea and vomiting. The resident had a pain rating of 9/10 on the pain scale.</p> <p>A fax to the physician, dated 5/3/12, indicated "...c/o (complaint) not feeling well, stated it started last noc (night) v/s (vital signs) blood pressure 117/60, heart rate 116-130 tachy-ing, 98.7 temperature, 24-respirations, 94% -96% oxygen saturation. She had had a 1 lb (pound) (arrow up) increase since admission (4/30) admit wt (weight) 184, 5/2 yesterday wt 185. states she used 02 e noc (at night), presently using for comfort..." The physician in response, ordered a chest x-ray which turned out normal.</p> <p>In reviewing nurses notes, there was no indication of any other assessment of resident in the notes.</p> <p>A physician's order for 5/5/12 indicated, "Chest x-ray R T (related to) SOB (shortness of breath)."</p> <p>Nurses notes indicated on 5/9/12 at 10 A..M., that resident " ...BS 97 at 4P (4 P.M.) feeling sweaty weak given ensure-explained BS (blood sugar) has run so high (600.500) [sic] that being normal at 97 would take getting used to...20 [sic] (8 P.M.) Pt still c/o feeling weak (physician name) notified orders</p> | | <p>condition monitored for 72 hours if indicated.</p> <p>Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur:</p> <p>All licensed nurses have been inserviced on the following systems (related to shortness of breath, nausea/vomiting and edema): Respiratory, Gastrointestinal and Integumentary systems. Documentation of the assessment completed i.e.; shortness of breath, nausea/vomiting and edema on the change of condition form and 72 hour follow up. Inservice included the change of condition policy and procedure stating upon assessment of a resident change in status, the nurse shall initiate the change of condition form.</p> <p>Certified nursing assistants have been inserviced on reporting to the nurse any</p> | | | | |

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| | <p>changed for insulin during day"</p> <p>A physician's progress note indicated that the resident's physician was in to see her on 5/10/12. The note indicated the resident was having fluctuating blood glucose levels. Abdominal c/o N/V. (abdominal complaints nausea/vomiting). The assessment from physician indicated an 'x;' over SOB in an area designated for Respiratory and that the resident had decreased air movement.</p> <p>A fax to the physician, dated 5/10/12 with time of 10:10 A.M., indicated complaints of nausea and vomiting and the physician's reply was to discontinue Vicodin. A physician's order, dated 5/10/12, for Zofran 4 mg one tab every eight hours as needed for nausea and vomiting.</p> <p>The next entry in the nursing notes following the 5/9/10 note was not until 5/10/12 at 2315 (11:15 P.M.) "...Res. (Resident) assisted to BR (bathroom) c/o " horrible pain all over" pain unrelieved by Vicodin given around 2100 (9:00 P.M.)...2330 (11:30 P.M.) Returned to room to give resident repeat dose of Vicodin. Found resident unresponsive, cyanotic, no pulse or resp. (respirations) CPR immediately started 911 called-sister notified..."</p> | | <p>signs of shortness of breath, nausea/vomiting and edema.</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</p> <p>Director of Health services/designee will review changs in condition related to shortness of breath, nausea/vomiting and edema Monday thru Friday during clinical meeting and nurse manager on Sat and Sun will review during rounds for 60 days then 3 times a week for 60 days then 2 times a week for 60 days until compliance is achieved. Review in Quality Assurance monthly times 6 months or until compliance is achieved.</p> | | | | |

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| | <p>There was no documentation in the nursing notes to indicate the facility staff had thoroughly assessed the resident between the time the physician was faxed at 10:10 a.m. on 5/10/12 regarding a change in condition until the note documented at 11:15 p.m., 13 hours later.</p> <p>A document titled "24 hour nursing report" indicated the following :</p> <p>5/3/12- the resident had vital signs of 117/60, heart rate of 116, oxygen saturation level of 94%, and respirations were 24.</p> <p>5/4/12- had notation regarding blood sugars, no other assessment information documented</p> <p>5/5/12 -had notation regarding blood sugars and that resident had no pain and refused shower.</p> <p>5/6/112- had vital signs of blood pressure of 117/67, temperature of 97.6, respirations of 28, and heart rate of 113 on AM shift.</p> <p>5/7/12- had blood sugars documented and that resident was "ok"</p> <p>5/8/12- had AM blood sugars, and in evening that her left leg became swollen knee down dependent all day with patient in wheelchair and that toes warm.</p> <p>5/9/12- indicated information regarding blood sugars, that resident now has sutures out, is 50% partially weight</p> | | | |

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| | <p>bearing, and had her 2nd step TB done. Indicated resident complaining of weakness and referred to see nurses notes. 5/10/12- had blood sugars and that resident complaining of nausea and that Tylenol Extra Strength ordered and that resident received Vicodin two tablets at 10 P.M.</p> <p>There was no documentation from 4/30/12 through 5/10/12 relating to the assessment of the resident related to the change in condition of shortness of breath on 5/3/12 or nausea and vomiting on 5/10/12. There were no lung sounds documented, no information relating to the amount and frequency when the resident vomited, or no abdominal assessment. There was no assessment when the swelling of leg occurred on 5/8/12 to know if this was a change in condition for the resident. The documentation pertaining to edema was present, but did not include if it was pitting edema and if so the amount of edema to monitor to determine if there was a change or not.</p> <p>A request was made 6/5/12 at 11:30 A.M., to the Unit Manager #1 for any information in regards to assessment of the resident pertaining to the shortness of breath and nausea and vomiting documented in the resident's record.</p> | | | |

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| | <p>In an interview with Unit Manager #1 on 6/5/12 at 12:10 P.M., she indicated she did not have any assessment information related to the resident other than the 24 hour sheets that were requested.</p> <p>As of the exit conference on 6/5/12 at 3:45 P.M., no other information related to assessment was provided.</p> <p>This Federal tag relates to Complaint IN00108748</p> <p>3.1-37(a)</p> | | | | |