

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155530	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/23/2015
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NAME OF PROVIDER OR SUPPLIER  SOUTH SHORE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 353 TYLER ST GARY, IN 46402
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F000000	<p>This visit was for the Investigation of Complaint IN00167456.</p> <p>Complaint IN00167456 -Substantiated. Federal/State deficiency related to the allegations is cited at F 221.</p> <p>Survey date: February 23, 2015</p> <p>Facility number: 000369 Provider number: 155530 AIM number: 100275190</p> <p>Survey team: Janet Adams, RN, TC Janelyn Kulik, RN</p> <p>Census bed type: SNF/NF: 71 Total: 71</p> <p>Census payor type: Medicate: 8 Medicaid: 59 Other: 4 Total: 71</p> <p>Sample: 7</p> <p>This deficiency reflects State finding cited in accordance with 410 IAC 16.2-3.1.</p>	F000000		
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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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F000221 SS=D	<p>Quality review completed on February 25, 2015 by Jodi Meyer, RN</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on observation, record review, and interview the facility failed to ensure a resident was free of physical restraints for 1 of 2 residents reviewed for restraints related to the use of hand mitts with no restraint assessment, no medical symptoms, therapeutic use, or care plan for the use of the hand mitts, in a sample of 7 residents. (Resident #B)</p> <p>Finding includes:</p> <p>On 2/23/15 at 4:53 a.m. Resident #B was observed in bed with the head of the bed raised. At the foot of the bed were two hand mitts laying on top of the bed. At that time LPN #1 indicated the hand mitts were used to prevent the resident from pulling at her colostomy.</p> <p>The resident's record was reviewed on 2/23/15 at 5:55 a.m. The resident's</p>	F000221	<p>The facility will ensure that residents who receive restraints are correctly classified and possess appropriate supportive documentation for medically justifiable use. Resident #B has been re-assessed, care plan updated and restraint use discontinued. Appropriate documentation is in place which reflects resident #B's current restraint status. Other residents in the facility have been assessed and no restraints are currently in use facility-wide. Nurses will be re-educated regarding facility policy, medical indications for restraints, and the need to document appropriately when restraints are in use. A systematic change has been implemented whereby the DON or designee will review 24 hour reports and physician orders a minimum of three times per week to ensure that if any restraints are utilized, both medical justification and</p>	02/28/2015

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	<p>diagnoses included, but were not limited to, colostomy.</p> <p>A physician order dated 2/20/15 at 1:00 p.m. indicated may wear mitts to hands during waking hours. There was no indication or diagnosis written on the order for the hand mitts.</p> <p>Review of the Nurse's Notes from 2/1/15 at 5:00 p.m. through 2/22/15 at 9:48 p.m. indicated there was documentation of the resident pulling at her colostomy or that the hand mitts had been applied to the resident.</p> <p>Review of the assessment section of the resident's record indicated no restraint assessment had been completed.</p> <p>Review of the care plan section of the resident's record indicated there was no care plan in place for the resident to have a restraint.</p> <p>Review of the Behavioral Monitoring Book indicated the resident was not on the list of residents with behaviors to be monitored. There were no behavior monitoring records in the resident #B's record or the Behavioral Monitoring Book.</p> <p>Review of the the quarterly MDS</p>		<p>appropriate documentation will support restraint use according to facility policy. The results of such audits will be reported to the QA Committee to ensure continued compliance. The QA Committee will review such audits or other monitoring tools for 3 months or until concern is considered resolved. This concern will be considered resolved when no new issues are identified within a three month period.</p>		

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	<p>(Minimum Data Set) Assessment dated 2/2/15 indicated the resident could be understood and understands. Her BIMS (Brief Interview of Mental Status) was a 1 indicating the resident was severely cognitively impaired. The resident had a continuous behavior of inattention, indicating she had difficulty focusing. The assessment recorded the resident did not have any restraints being used.</p> <p>The current Physical Restraint Policy was provided by LPN #2 on 2/23/15 at 10:20 a.m. The policy indicated, "To allow residents to be free of physical restraints which are not required to treat the resident's medical symptoms or as a therapeutic intervention. Physical restrains shall not be used for the purpose of discipline or convenience. It is recognized that there may be emergency situation in which restraints may be required. The Policy procedure include, but was not limited to, "1. Complete Physical Restraint Assessment. 2. Obtain verbal and/or written consent from resident/legally responsible party (May obtain verbal consent until able to receive written consent). 3. Document in nurses notes the date, time, and which type of consent obtained prior to physical restraints being applied. 4. Obtain M.D. order for the restraint or adaptive device/enabler..... 17. Document in</p>						

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	<p>nurses notes type of restraint being used and resident's response to the physical restraint. 18. Place physical restraining problem on the resident's care plan. The care plan must address the duration, type and circumstances under which the restraint can be used."</p> <p>Interview with LPN #1 on 2/23/15 at 4:56 a.m., indicated she did not consider the hand mitts to be a restraint for Resident #B because they were used to keep her from pulling at her colostomy.</p> <p>Interview with CNA #1 on 2/23/15 at 5:20 a.m., indicated she did not consider the hands mitts to be a restraint for Resident #B. She further indicated when the hand mitts were on she made sure they were removed very two hours and she would rub the resident's hands after she removed the hand mitts.</p> <p>Interview with LPN #1 and CNA #1 on 2/23/15 at 6:40 a.m., indicated per LPN #1 that she had not seen the resident with the hand mitts on today and she had kept them off by talking to her and distracting her. The CNA indicated she had not applied the hand mitts during her shift but the last time she had seen the hands mitts on the resident was when she started her current shift. [shift was 11p.m. to 7 a.m.]</p>			

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	<p>Interview with LPN #2 at 9:00 a.m., indicated the resident had the hand mitts since her last return from the hospital. She was not sure of the exact date. She further indicated the hand mitts were a restraint and they should have been assessed and care planned as restraints. Further interview LPN #2 at 9:30 a.m., indicated the resident had the hand mitts since her last hospitalization. She also indicated an order had not been written for the restraints until 2/20/15 and the resident had the restrains prior to the 2/20/15 order. The LPN also indicated there was no assessment for the restraint, no care plan for the restraint and no assessments of behaviors that would require the use of the the hand mitts.</p> <p>3.1-26(o)</p>			