

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/02/2015
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NAME OF PROVIDER OR SUPPLIER EASTLAKE TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3109 E BRISTOL ELKHART, IN 46514
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint #IN00181431.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on July 15, 2015.</p> <p>Complaint #IN00181431 - Substantiated. State findings related to the allegations are cited at R0036 and R0217.</p> <p>Survey dates: August 31, September 1 and 2, 2015.</p> <p>Facility number: 010065 Provider number: 010065 AIM number: N/A</p> <p>Residential census: 84</p> <p>Sample: 5</p> <p>These State findings are cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 14454 on September 4, 2015.</p>	R 0000	This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies. This plan of correction is being submitted as required by the regulation. On or before September 30, 2015 the Administrator will ensure all corrective action in the following POC has been completed.	

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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R 0036 Bldg. 00	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on observation, record review and interviews, the facility failed to ensure the family and physician were notified of a significant weight loss for 1 of 3 residents reviewed for weight loss and nutritional needs. (Resident B)</p> <p>Finding includes:</p> <p>The clinical record for Resident #2 was reviewed on 08/31/15 at 1:45 P.M. Resident B was admitted to the facility, on 11/18/12, with diagnoses, including but not limited to hypertension, hypothyroidism, Zenker diverticula, anemia, constipation, retinal pigmentthios, atrial fibrillation and declining function.</p> <p>The current service plan for Resident B, completed on 08/03/15 and current through 02/03/16, indicated the resident required the following:</p>	R 0036	<p>· The physician and legal representative will be notified of a significant weight loss in a resident. · Nursing will be in-serviced on the requirement for notifying physicians and legal representatives in the event of a significant weight loss in a resident. · Monthly, the Director of Wellness will audit nurse's notes for physician and legal representative notification in the event of a significant weight loss in a resident. · Quarterly, the QA committee will review the monthly audits to ensure ongoing compliance.</p>	09/30/2015			

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	<p>*extended service for mobility needs, *was pushed in her wheelchair, *required a two person physical assist with her transfers, *was assisted by staff to eat, *required a pureed diet, *was independent with medications and treatments as the family administered all medications and treatments.</p> <p>The Resident B's weight record for 2015 indicated the only weight recorded was in July 2015. The weight was recorded as 68.4 pounds.</p> <p>A physician's office visit note, completed on 06/18/15, indicated Resident B's weight was 84 pounds. The percent of weight loss from June 2015 to July 2015 was 19 percent of her total body weight.</p> <p>The service notes, from June 2015 through August 2015, indicated there was no documentation the physician had been notified of the significant weight loss.</p> <p>During an interview on 09/01/15 at 3:30 P.M., the Director of Nursing indicated the physician was not notified of the significant weight loss because she was unaware of the resident's weight as a weight was not recorded for January 2015.</p>			

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R 0217 Bldg. 00	<p>During an interview on 09/02/15 at 10:00 A.M. the Director of Nursing indicated the physician's office documentation was not faxed to the facility until the survey on 07/15/15. She was unclear as to when in July the 68.4 pound weight had been obtained.</p> <p>The current facility policy and procedure titled "Weight Variance Monitoring," undated, and provided by the Administrator on 09/01/15 at 3:15 P.M. included the following: "...Notify family and physician of any significant unplanned weight variance (10% in 6 months)...."</p> <p>This State tag relates to Complaint #IN0018143.1</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope;</p>			

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	<p>(B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on observation, record review and interviews, the facility failed to ensure an updated service plan effectively addressed the limited mobility and pressure relief needs for 1 of 3 residents reviewed for impaired skin. (Resident B)</p> <p>Finding includes:</p> <p>The clinical record for Resident #2 was reviewed on 08/31/15 at 1:45 P.M. Resident B was admitted to the facility, on 11/18/12, with diagnoses, including but not limited to hypertension, hypothyroidism, Zenker diverticula, anemia, constipation, retinal</p>	R 0217	<ul style="list-style-type: none"> · Service plans will include pressure relieving interventions in those residents who have impaired skin and limited mobility. · Director of Wellness has been in-serviced on the requirement of service plans including pressure relieving interventions in those residents who have impaired skin and limited mobility. · Monthly, the Director of Wellness will audit the service plans of those residents who have impaired skin and limited mobility for pressure relieving interventions. · Quarterly, the QA committee will review the monthly audits to ensure ongoing compliance. 	09/30/2015			

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	<p>pigmenthios, atrial fibrillation, and declining function.</p> <p>The current service plan for Resident B, completed on 08/03/15 and current through 02/03/16, indicated the resident required the following:</p> <ul style="list-style-type: none"> *extended service for mobility needs, *was pushed in her wheelchair, *required a two person physical assist with her transfers, *required total staff assistance with dressing and personal hygiene, *was incontinent and was checked for incontinence and changed in the morning and before and after meals and at night, *had two caregivers that provided showers, *was assisted by staff to eat, *required a pureed diet, *was independent with medications and treatments as the family administered all medications and treatments. <p>The service plan also indicated the resident had frequent rashes, skin tears, and other skin conditions or changes and "family provides treatment" was documented of the plan.</p> <p>Resident B was observed, on 08/31/15 at 11:50 A.M., seated in a recliner in her room. The resident's legs and feet were noted to be wrapped in gauze and she</p>			

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	<p>was sitting on a air filled waffle cushion. The foot rest for the recliner was elevated and the bottom of the resident's feet were positioned on the edge of the foot rest. There was a regular twin sized mattress and box spring with a mat beside it located in the resident's room.</p> <p>A nursing service note, dated 08/01/15, indicted the nurse had been notified and assessed a skin tear to Resident B's anterior right lower extremity. The skin tear measured 40 mm (millimeters) by 25 mm. The resident also complained of pain to the area. Another nursing service note, dated 08/08/15, indicated the resident had a new skin tear to her left forearm.</p> <p>Confidential interview with Resident B's family indicated the resident had a chronic recurrent pressure area to the bony prominence of her spine and the family treated the area with a border dressing. She also indicated for the past 5 - 6 weeks the resident had been experiencing multiple skin tears, especially around her ankles.</p> <p>During an interview on 08/31/15 at 2:55 P.M., Hospice RN #1 indicated she had changed the dressing and assessed Resident B at approximately 1:30 P.M. on 08/31/15. RN #1 indicated she was</p>			

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	<p>not the resident's routine Hospice nurses and it was her first time to work with Resident B. RN #1 indicated she had been notified by the facility nursing staff because Resident B had expressed some discomfort earlier in the morning. RN #1 indicated she had removed the dressings from Resident B's bilateral legs and had noted 3 open areas to her left leg and 2 open areas to her right leg and a skin tear to the top of her hands and a skin tear to her right elbow. She indicated all of the lower extremity open areas appeared to be skin tears which were "weeping" except for a "full thickness" pressure ulcer noted to the left leg on the inside aspect just below the knee.</p> <p>During an interview on 09/01/15 at 3:15 P.M., the Administrator indicated a pressure relief bed or other pressure relief interventions had not been discussed with the facility because Hospice communicated with Resident B's family. She indicated the facility had not implemented any plan to relieve pressure from the resident's extremities and/or pressure points because the family was "in charge" of providing wound treatments and they had obtained "Hospice" services.</p> <p>This state tag relates to complaint #IN00181431.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/25/2015
FORM APPROVED
OMB NO. 0938-0391

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