

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155124	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/14/2014
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NAME OF PROVIDER OR SUPPLIER  VERMILLION CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1705 S MAIN ST CLINTON, IN 47842
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This included the investigation of Complaint #IN00150590.</p> <p>Complaint #IN00150590 substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey Dates: August 5-8, 11-14, 2014</p> <p>Facility number: 000052 Provider number: 155124 AIM number: 100290340</p> <p>Survey Team: Laura Brashear, RN, TC Mary Weyls, RN Vicki Nearhoof, RN August 11-14, 2014 Geoff Harris, RN August 11-14, 2014</p> <p>Census bed type: SNF/NF: 81 Total: 81</p> <p>Census payor type: Medicare: 7 Medicaid: 65 Other: 9 Total: 81</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p> <p>Please find enclosed the plan of correction for the survey ending August 14, 2014. Due to the low scope and severity of the survey findings, please also find enclosed sufficient documentation providing evidence of compliance with the plan of correction.</p> <p>The documentation serves to confirm the facility's allegation of compliance. Should additional information be necessary to confirm compliance, feel free to contact me.</p> <p>Respectfully,  Melissa Gum Administrator</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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F000164 SS=D	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 08/17/2014 by Brenda Marshall, RN.</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution;</p>						

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	<p>law; third party payment contract; or the resident.</p> <p>Based on observation, and record review the facility failed to provide privacy during care for 1 of 2 random observation of privacy. (Resident #99)</p> <p>Finding includes:</p> <p>On 8/13/14 at 12:30 p.m., LPN #1 was observed to administer medications through a gastrostomy tube to Resident #99. The resident was in a low bed, had abdomen exposed and hands inside of pants. The resident's roommate was transferred into the room by a staff member in a geri chair and positioned in the the area between each resident's area of the room. The privacy curtain was not pulled while the nurse checked the tube placement, flushed and administered the medicines.</p> <p>The resident's clinical record was reviewed on 8/14/14 at 12:53 p.m. A plan of care, dated 6/17/14, indicated the resident masturbated most of the time. Interventions included, but were not limited to, provide privacy and pull the curtain. .</p> <p>A facility policy titled "Care Pre and Post Nursing Skills," dated 9/05, included but was not limited to: "PROCEDURE:</p>	F000164	<p>1.Resident #99 was not harmed. Upon notification, the privacy curtains were checked for proper length/width as to provide full privacy.Staff involved were immediately re-educated on providing personal privacy.</p> <p>2.All residents have the potential to be affected. All resident rooms were checked to ensure privacy curtains were hung correctly with tracks functioning properly and adequate length/width to provide full privacy. New privacy curtains were ordered to replace any privacy curtains not providing privacy requirements. All nursing staff were re-educated on providing personal privacy, (please see attachment A).</p> <p>3.As a means to ensure ongoing compliance, the DON or designee will monitor resident care to ensure personal privacy is provided on 5 residents 5 times weekly at random times/shifts for 4 weeks, then 3 times weekly for 4 weeks, then weekly for 4 weeks, then monthly ongoing, (please see attachment B). Should concerns be observed, immediate corrective action shall be taken.</p> <p>4.As a measure of quality assurance, the DON or designee will review any findings and subsequent corrective actions taken in the facility's quarterly quality assurance meeting. The</p>	08/22/2014			

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	Initial Steps 8. Close curtains, drapes, and doors. Keep resident covered. Expose only the area of Resident's body necessary to do procedure."  3.1-3(p)(2)		plan will be revised (i.e., frequency increased should non-compliance be observed) as warranted.				
F000242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on observation, interview, and record review the facility failed to ask residents for preference of number of times for bathing and/or time to get up in the morning for 2 of 3 residents reviewed who met the criteria for choices. (Residents #51 and #103)	F000242	1.Resident #51 and #103 were not harmed. Said preference concerns had not been previously reported to staff. The shower schedule and time to get up in the morning for resident #51 was revised to reflect resident preferences and updated on the care plan and CNA assignment	08/22/2014			

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	<p>Findings include:</p> <p>1. On 8/7/14 at 2:04, Resident #51 was interviewed. When asked if the resident was able to choose what time she gets up in the morning and how many times a week she received a bath or shower the resident indicated no. The resident indicated she was gotten up at 5:30 a.m. and it was too early. She indicated she got one or two showers a week. The resident indicated if she were at home, she would shower once a week.</p> <p>The Resident's clinical record was reviewed on 8/11/14. A form titled "Care Plan Worksheet," completed on admission indicated the resident preferred showers. The form did not address preferences for number of showers. The worksheet did not include preferences for time to go to bed or get up.</p> <p>A CNA assignment sheet provided by the Social Service Director on 8/11/14 at 10:55 a.m., indicated the resident received showers on Tuesdays and Thursdays. The form did not include information regarding preferred time for going to bed and getting up.</p> <p>A Minimum Data Set (MDS) assessment, dated 3/10/14, coded the</p>		<p>sheet. The shower schedule for resident #103 was revised to reflect resident preferences and updated on the CNA assignment sheet and care plan.</p> <p>2.All residents have the potential to be affected. All residents and/or the responsible party were interviewed in regards to preferences for time to get up in the morning and frequency of bathing. CNA assignment sheets and care plans were revised accordingly. The resident interview form has been revised to include preferences for time to get up in the morning and frequency of bathing, (please see attachment C).</p> <p>3.As a means to ensure ongoing compliance, the Social Services Director or designee will complete resident interviews, which includes preferences for time to get up in the morning and frequency of bathing, upon admission and at least quarterly thereafter. All CNA assignment sheets and careplans will be revised accordingly to reflect preferences and/or revision of chosen preferences on the basis of interview.</p> <p>4.As a measure of quality assurance the Social Services Director or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.</p>	

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	<p>resident with no cognitive impairment, very important to choose tub, shower, or sponge baths not very important to choose bed time, required extensive assistance with transfers.</p> <p>2. Resident #103 was interviewed on 8/7/14 at 9:50 a.m. The resident indicated she had not been asked how many times a week she would prefer a shower. The resident indicated she had been put on a schedule for showers two times a week and would prefer less. The resident indicated she had reported this to staff but the request was not honored.</p> <p>The resident's clinical record was reviewed on 8/12/14 at 2:00 p.m. A form, titled "Care Plan Worksheet," dated 6/10/14, indicated it was very important to bathe according to her preferences. The assessment did not include number of times preferred for number of showers.</p> <p>The SSD (Social Service Director) was interviewed on 8/12/14 at 3:00 p.m. The Director indicated she completed the Care Plan Worksheets upon admission. The SSD indicated if the resident requested showers different than the standard two times a week, it would be documented on the form.</p> <p>3.1-3(u)(1)</p>				

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F000247 SS=D	<p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed.</p> <p>Based on interview and record review, the facility failed to ensure the resident's right to receive a notice before a room change for 1 of 1 resident interviewed, identifying a room change.(Resident #89)</p> <p>Findings include:</p> <p>During interview of Resident #89, on 8/7/14 at 10:08 a.m., the resident indicated she had a room change in the past few months. The resident indicated "They came in on a Sunday and said I was moving to another room . They indicated they needed my room. They didn't indicate if I had a choice or have me sign anything, just packed me up and moved me to another room."</p> <p>During interview of the social service director (SSD), on 8/14/14 at 1:26 p.m., the SSD indicated she was on vacation when resident #89 was moved. The SSD indicated she had forms she used when</p>	F000247	<p>1.Resident #89 was not harmed. The POA for resident #89 was informed prior to the room change.</p> <p>2.All residents experiencing a room change have the potential to be affected. All nurses have been educated on the facility's intra-facility transfer procedure, so that in the absence of the Social Services Director, the facility policy will continue to be followed.</p> <p>3.As a means of ensuring ongoing compliance, the Social Services Director or designee will monitor to ensure all intra-facility transfers are completed per the facility policy (with appropriate notifications completed and documented) on a weekly basis ongoing, (please seeattachment D). Should non-compliance be noted, responsible staff members will be identified and re-educated.</p> <p>4.As a measure of quality assurance, the Social Services Director or Designee will review any findings and subsequent</p>	08/22/2014

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	<p>the facility requested a move to another room, but indicated when she was absent the nurses were responsible for following the facility policies concerning room moves and should have documented the information in the nurses notes.</p> <p>On 8/14/14 at 1:40 p.m., The SSD provided a nurses note, indicating at 12:45 p.m., "After talking with POA [power of attorney] about room change Res [resident] moved to Rm [room] 327 D." The SSD indicated that was the only documentation concerning the room change.</p> <p>A facility policy, dated September 2008, titled "INTRAFACILITY TRANSFERS", and received from the SSD on 8/14/14 at 2 p.m., documentation indicated under heading of "Policy" "Relocation of residents will only be made as medically necessary or at the request of the resident and/or responsible party." Documentation also indicated "3. Resident and/or responsible party will be given two days notice before relocation, except when a. The safety of individuals in the facility would be endangered. b. The health of individuals in the facility would be endangered. c. The resident's health improves sufficiently to allow a more immediate transfer. d. An immediate transfer is required by the</p>		corrective action in the facility's quarterly quality assurance meeting. The plan will be revised, as warranted		

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F000253 SS=D	<p>resident's urgent medical needs." The policy also indicated "5. The content of the intrafacility notice shall contain: a. Reason for relocation. b. Effective date of relocation and room number. c. Agreement with the relocation and whether or not they have waived two day notice ...." "6. The notice shall be distributed to the resident, legal representative , and/or family." "7. The notice will be placed in the medical record." "8. Prior to making any room change, social staff will evaluate the impact of the following: a. Residents expressed desire to move and but not limited, to e. roommate compatibility." The number on the policy indicated "Social service will obtain the resident's preference for the new room based on the available options."</p> <p>3.1-3(v)(2)</p> <p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to ensure the facility was free from odors for 1 of 4 resident care units.</p> <p>Findings include:</p>	F000253	<p>1.The South hallway carpet was deep cleaned which resolved the odor.</p> <p>2.All units have the potential to be affected. All carpet in the facility was deep cleaned. All facility carpet will continue to be</p>	08/22/2014

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F000332 SS=D	<p>On 08/11/2014 at 10:35 a.m., there was a strong urine odor in the South Hallway. The urine odor was again noted on 8/11/2014 at 2:32 p.m., 8/12/2014 at 9:40 a.m. and 1:15 p.m., 8/13/2014 at 9:45 a.m. and 3:15 p.m., 8/14/2014 at 10:00 a.m. and 12:25 p.m.</p> <p>Staff were observed on 8/11/2014 at 2:32 p.m., 8/12/2014 at 9:40 a.m., 8/13/2014 at 9:45 a.m., 8/14/2014 at 10:00 a.m. spraying "Odadban" on the South Hallway carpet.</p> <p>The Housekeeping Supervisor was interviewed on 8/14/2014 at 12:45 p.m. She indicated there was a urine odor in the South Hallway and utilized "Odaban" spray to try to eliminate odors. Housekeeping had a weekly schedule to deep clean one carpeted hall per week. 3.1-19(f)</p> <p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. Based on observation, and record review, the facility failed to ensure it was free</p>	F000332	<p>deep cleaned per the schedule and as needed.</p> <p>3.As a means to ensure ongoing compliance, the Housekeeping Supervisor or designee will complete facility rounds to monitor for odors and immediately address the root cause 5 times weekly for 4 weeks, then 3 times weekly for 4 weeks, then weekly ongoing, (please see attachment E). Additional deep cleanings will be performed if indicated.</p> <p>4.As a measure for ongoing compliance, the HousekeepingSupervisor or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised as warranted.</p> <p>1.Resident #104 and # 72 were not harmed. The physician and</p>	08/22/2014			

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	<p>from medication errors for 2 of 33 medications administered resulting in an error rate (6.06 percent) exceeding 5 percent. [Residents #104 and #72]</p> <p>Findings include:</p> <p>1. On 8/13/14 at 12:00 p.m., LPN #1 was observed to administer medications to Resident #72. The nurse gave the resident Reglan (Antiemetic) 5 mg by mouth. The resident was eating lunch.</p> <p>The physician's orders were reviewed on 8/13/14 at 12:00 p.m. An order was noted dated 12/23/13, for Reglan 5 mg one tablet by mouth before meals for reflux.</p> <p>2. On 8/13/14 at 12:11 p.m., LPN #1 was observed to administer medications to Resident #104. The resident was eating lunch. The resident was given Cranberry plus Vitamin C softgel two capsules by mouth.</p> <p>The physician's orders were reviewed on 8/13/14 at 12:11 p.m. An order was noted dated 3/20/14 for Cranberry plus Vitamin C Softgel give two capsules by mouth three times a day before meals for urinary tract preventative.</p> <p>A form titled "Hours of Administration,"</p>		<p>responsible party for both residents were notified. A new order was obtained for resident # 104's Cranberry plus vitamin C to be administered three times daily with no regard for meals.</p> <p>2.All residents with medication to be administered before meals have the potential to be affected. All nurses and QMA's have been re-educated on the facility's policy on medication administration.</p> <p>3.As a means to ensure ongoing compliance, the DON or designee will complete medication pass observations at varied times with varied staff 5 times weekly for 4 weeks, then 3 times weekly for 4 weeks, then weekly for 4 weeks then monthly ongoing, (please see attachment F) to ensure medications are administered per physician orders. Should non-compliance be observed, corrective action shall be taken.</p> <p>4.As a measure for quality assurance, the DON or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting.</p>	

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F000460 SS=E	<p>provided by the Administrator on 8/5/14 at 1 p.m. schedule of medication administration times included the times of medications to be given before meals are 6:00 a.m., 11:30 a.m., and 4:00 p.m.</p> <p>3.1-9(b)(9)</p> <p>483.70(d)(1)(iv)-(v) BEDROOMS ASSURE FULL VISUAL PRIVACY Bedrooms must be designed or equipped to assure full visual privacy for each resident.</p> <p>In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains.</p> <p>Based on observation, record review and interview the facility failed to ensure resident rooms were equipped to provide full visual privacy for 4 of 4 resident beds observed during care and/or environmental tour in that privacy</p>	F000460	<p>1.Rooms 249D, 250D, 255W, and 403W were affected. The privacy curtains were replaced and tracks repaired in said rooms to provide full privacy.</p> <p>2.All rooms have the potential to be affected. All rooms have been checked to ensure the</p>	08/22/2014

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	<p>curtains did not completely surround the residents' bed (Resident rooms 249D (door), 250D, 255W (window) and 403W).</p> <p>Findings include:</p> <p>1. On 8/12/14 at 11:30 a.m., CNA's #2 and #3 were observed to reposition a resident (Resident #10) in room 403 W from his right side to his back. Prior to caring for the resident, CNA #2 pulled the resident's privacy curtain. The curtain covered the space between the beds, but stopped at the end of the resident's bed. The curtain did not extend completely around the resident's bed. RN #4 was in the room during care of the resident. The RN indicated, when the curtain was pulled and did not provide full visual privacy, she would need to tell the housekeeper.</p> <p>2. During an environmental tour with the Maintenance Supervisor on 8/14/2014 which began at 12:15 p.m., the following was observed:</p> <p>a. Room 403 (W) window the privacy curtain did not provide visual privacy and did not completely enclose the bed.</p> <p>b. Room 250(D) door the privacy curtain track was broken and could not be closed.</p>		<p>privacy curtains provide full privacy and that the tracks are in proper working order. Curtains have been ordered to replace curtains that did not meet full privacy requirements. Staff were re-educated on completing maintenance request forms when repairs are needed.</p> <p>3.As a means to ensure ongoing compliance, the Housekeeping Supervisor or designee will complete facility rounds monthly ongoing to ensure all privacy curtains are adequate to provide full privacy, (please see attachment G). Should concerns be noted, corrective action shall be taken.</p> <p>4.As a measure of ongoing compliance, the Housekeeping Supervisor or designee will review any findings and subsequent corrective action in the facility's quarterly quality assurance meeting. The plan will be revised if warranted.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155124	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  08/14/2014
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	<p>c. Room 249(D) the privacy curtain track was broken and could not be closed.</p> <p>d. Room 255(W) the privacy curtain did not provide visual privacy and did not completely enclose the bed.</p> <p>The Director of Nursing provided the facility policy, "Care, Pre and Post Nursing Skills," on 8/14/2014 at 9:15 a.m., which included but was not limited to: "...Close curtains, drapes, and doors. Keep Resident covered. Expose only the area of Resident's body necessary to do procedure..."</p> <p>A policy titled, "Your Rights As A Nursing Home Resident" and identified as a current facility policy by the DON on 8/13/2014 at 4:00 p.m., indicated, "... You have the right to: Privacy in your room and during bathing, medical treatment, and personal care."</p> <p>3.1-19(k)</p>				