

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155038	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/23/2014
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NAME OF PROVIDER OR SUPPLIER PARKVIEW NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 WHITERIVER BLVD MUNCIE, IN 47303
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F000000	<p>This visit was for the Investigation of Complaint IN00150442.</p> <p>Complaint IN00150442 - Substantiated. Federal/State deficiency related to the allegation is cited at F323.</p> <p>Survey dates: June 20, 23, 2014</p> <p>Facility number: 000013 Provider number: 155038 AIM number: 100266100</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 63 Total: 63</p> <p>Census payor type: Medicare: 8 Medicaid: 55 Total: 63</p> <p>Sample: 4</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by Debora</p>	F000000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report.</p> <p>We respectfully request a desk review. We have included our re-education and monitoring tools for your convenience. Please feel free to contact Jay Myers at 765-289-3341 should you need additional information to assist you with your consideration.</p>	
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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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F000323 SS=D	<p>Barth, RN.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, clinical record review, and interview, the facility failed to ensure a resident was transferred in a manner to prevent possible injury and in accordance with her plan of care and failed to ensure an investigation following a fracture of unknown origin was complete in order to prevent possible reoccurrence for 1 of 1 resident reviewed for a femur fracture of unknown origin in a sample of 4. (Resident #B)</p> <p>Findings include:</p> <p>During an observation on 6/23/14 at 11 a.m., CNA #'s 3, 4, and 5 were observed transferring Resident #B from her bed to her reclining wheelchair using the hooyer lift. The lift pad was placed correctly under the resident and the hooyer lift was completed in a smooth manner. The resident was smiling during the transfer and did not express any signs or</p>	F000323	<p>A one time audit of residents requiring the use of a mechanical lift has been completed for current resident population to ensure the use of a mechanical lift has been identified. A one time audit of reported events has been completed reviewing the past 30 days to ensure staff have a complete investigation. Nursing staff have been re-educated on following the plan of care, utilizing the mechanical lift as identified, as well as the expectation of the use of a gait belt during non-mechanical lift transfers. The Interdisciplinary Team has been re-educated on completing a thorough investigation utilizing the Accident/Incident reporting process.</p> <p>It is the responsibility of the Nursing staff to provide lift techniques as per plan of care. The DON/designee will be responsible to review 5 mechanical lift transfers weekly, across shifts, for 8 weeks, 1 lift process weekly for 2 months, 1 lift</p>	07/16/2014
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	<p>symptoms of pain.</p> <p>Review of a facility reportable incident follow-up form, dated 6/9/14, included, but was not limited to, the following:</p> <p>"Brief Description of Incident</p> <p>"...6/4/14 During morning care it was reported by staff that the resident had new swelling in right leg from the hip to below the knee with no known injury. The resident denied pain or injury, she did grimace during repositioning in bed. A small 3 cm [centimeter] by 3 cm purple and red colored bruise was noted to the medial aspect of the right upper inner thigh.</p> <p>Type of Injury</p> <p>"...6/4/14 Swelling to the right leg from the hip to below the knee was present with no known injury. A 3 by 3 cm purple and red colored bruise was noted to the medial aspect of the right upper inner thigh. Preliminary x-ray films indicate a fracture of the right femur.</p> <p>Immediate Action Taken</p> <p>"...6/4/14 The resident was immediately assessed by nursing, including vital signs and for pain. [Name of resident] was</p>		<p>process monthly for 2 months, and then quarterly for 2 quarters to ensure the lift process is being completed as per plan of care. It is the responsibility of the Interdisciplinary Team to complete a thorough investigation as deemed necessary. The DON/designee will be responsible to review reported events daily for 30 days, weekly for 4 weeks, monthly for 4 months, and the quarterly for 2 quarters, to ensure a complete investigation has been documented. Any issues identified will be immediately corrected, with 1:1 re-education, and progressive disciplinary action as deemed appropriate, up to and including termination.</p> <p>The ADM/designee will be responsible to review the results of the audit as per the timelines outlined above. Results of the reviews will be forwarded to the Quality Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QPI committee.</p>				

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	<p>given PRN [as needed] pain medication for discomfort. The physician was notified and an order for a mobile 2 view x-ray of the right hip and femur was obtained. An investigation was initiated immediately, and preliminary findings do not indicate any incidents have occurred to cause the injury.</p> <p>Preventive Measures Taken</p> <p>"...6/4/14 The physician was notified immediately of the preliminary x-ray results and the resident was transferred to the Emergency Room of [name of hospital] for further evaluation and treatment.</p> <p>Follow up:</p> <p>"...6/9/14 Investigation of the fracture did not reveal a traumatic event causing a fracture. Per conversation with [name of doctor] something 'seemingly trivial' likely would have caused the fracture because of her 'very osteoporotic bones'. [Name of resident] returned to the facility on 6/5/14 following evaluation at [name of hospital]. Per conversation with [name of orthopedic surgeon] after consulting with the internist and speaking to [name of resident] guardian, it was felt that [name of resident] was high risk medically for any type of surgical</p>			

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	<p>intervention. It was also the opinion of [name of orthopedic doctor] due to poor bone density the surgery itself was high risk for failure and unable to support the hardware. Her treatment goal is to be for comfort. [Name of resident} careplans have been reviewed and updated. She is monitored by nursing for signs and symptoms of pain or distress."</p> <p>The clinical record for Resident #B was reviewed on 6/20/14 at 12:20 p.m. Diagnoses for the resident included, type 2 diabetes mellitus, Alzheimer's dementia, anemia, degenerative joint disease, osteoporosis, and right femur fracture.</p> <p>The clinical record indicated the resident had a history of femur/hip fractures with non-union dating back to January of 2013.</p> <p>A quarterly minimum data set (MDS) assessment, dated 3/24/14, indicated the resident was severely cognitively impaired and required extensive assistance from the staff for all activities of daily living.</p> <p>A health care plan problem, originating on 12/3/13, indicated the resident was at risk for falls and/or injuries related to a history of falls, pain, osteoarthritis,</p>			

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	<p>osteoporosis, poor weight bearing, weakness, and dementia. One of the approaches, added to this health care plan on 3/20/14, was for the resident to be transferred with a mechanical lift and the assistance of two staff members.</p> <p>A "Multi-Disciplinary Therapy Screening Tool", dated 3/20/14, indicated the resident was screened following a fall with increased hip pain. The form indicated the therapy department had instructed the nursing department that the resident should be transferred utilizing a "dependent lift".</p> <p>A nursing note entry, dated 6/4/14 at 8:15 a.m., indicated "Notified by CNA's while doing am care resident's rt [right] leg swollen and turned outward, pain with movement, contacted [name] at doctors office. NO [new order] for stat [immediate] xray of rt hip and femur, elevate rt leg above heart for one hour bid [twice daily]."</p> <p>During a review of the facility investigation following the self reported incident, occurring on 6/4/14, and multiple staff interviews, no fall or incident related to the fracture of unknown origin above was identified. The investigation did determine that the resident had been inappropriately</p>			

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	<p>transferred after edema had already been noted by the staff on the evening of 6/3/14 as noted:</p> <p>Written, but undated, statement from CNA #8 (one of the CNAs providing care to the resident on the 2-10 p.m. shift on 6/3/14):</p> <p>"... I helped get her up yesterday, with [name of CNA #7]. We used the hoyer lift to transfer her from the bed to her chair. She acted like she didn't want to get up, but once we got her up she was fine. I also fed her dinner last night, she ate about 75%."</p> <p>Written, but undated, statement from CNA #7 (the other CNA providing care to the resident on the 2-10 p.m. shift on 6/3/14):</p> <p>"On Tuesday, 6/3/14, while I was getting her up for dinner I noticed that her thigh was a little swollen. I thought that her leg was acting up from the last time her hip was broken. Me and [name of LPN #2] looked at it. I did not think it was broke. If I had thought it was broken or swollen I would have told the nurse. Her foot and leg was in a normal position."</p> <p>Written statement, dated 6/4/14, of LPN #2, taken via telephone by the ADoN on</p>			

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	<p>6/4/14 at 11:35 a.m.:</p> <p>"I have not heard about or seen any incident, accident, or anything out of the ordinary with [resident's name] in the last couple of days. I assisted [name of CNA #7] to transfer [name of resident] from her wheelchair to bed last night after dinner. We did not use a lift. I did notice minor swelling in her leg and told CNA to tell [name of Resident #B's primary nurse] to come look at swelling. Other than that I do not know anything about an injury."</p> <p>Written statement, dated 6/4/14, from LPN #6 [primary nurse for Resident #B on 2-10 shift on 6/3/14]:</p> <p>"I was the nurse for resident on 6/3/14. I was not informed of any fall or injury to resident. I was unaware of swollen leg on my shift. (2-10p)"</p> <p>Review of a second written statement for LPN #6, taken via telephone on 6/21/14 at 10:45 a.m. by the ADoN:</p> <p>"I didn't notice any swelling at all. She was complaining of pain, non-specific tho (sic). I gave her a PP [pain pill] around 8 p.m. Only time she was up was for dinner service. But I don't recall anything abnormal with her."</p>				

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	<p>CNA #8 was interviewed on 6/23/14 at 10:15 a.m. CNA #8 indicated that she did assist CNA #7 with getting Resident #B up for supper on 6/3/14. She indicated the resident was already dressed in sweat pants when she came into the room. She assisted CNA #7 when they transferred Resident #B from her bed to her wheelchair using the hooyer lift. She indicated the resident did not appear to be in pain during the transfer. She indicated she was not aware of any swelling of the resident's leg.</p> <p>LPN #2 was interviewed on 6/23/14 at 9:35 a.m. LPN #2 indicated she did assist CNA #7 put the resident back to bed after the supper meal. LPN #2 indicated the resident was agitated with the staff and she did not feel there was time to wait for a hooyer lift to be obtained. She indicated she and CNA #7 transferred the resident back to bed by lifting her under her arms and holding on to the waist band of her pants. She indicated a gait belt was not used to assist with the transfer. She indicated she had noted some swelling of the resident's right leg while she was still up in the chair, but did not see any bruising. She indicated she told CNA #7 to tell LPN #6 [Resident #B's primary nurse] about the swelling.</p>			

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	<p>LPN #6 was interviewed on 6/23/14 at 3:20 p.m. LPN #6 indicated she was the primary nurse for Resident #B on the 2-10 shift on 6/3/14. She indicated CNA #7 had told her to check Resident #B's right leg related to swelling. She indicated she did check the resident's leg. She indicated she didn't notice any swelling or redness. She indicated she moved the resident's legs, but did not do full range of motion. She indicated she did not chart the assessment because she had not noted anything pertinent at that time. When asked why she had completed a second statement related to incident, LPN #6 indicated she had been asked to update her statement related to assessing the resident for edema after survey queries had been made related to the lack of assessment information on the second shift on 6/3/14.</p> <p>The Administrator, DoN, and ADoN (Assistant DoN) were interviewed on 6/23/14 at 1:15 p.m. Additional information was requested related to whether the LPN and CNA who transferred the resident without using the hooyer lift had been educated and/or disciplined related to the unsafe transfer. Additional information was requested related to an evaluation of the timeline for when the edema was first noted.</p>						

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	<p>The facility failed to provide any additional information related to the above requests prior to exit on 6/23/14.</p> <p>The ADoN [who completed most of the investigation for the 6/4/14 fracture of unknown origin] and the Administrator were interviewed on 6/23/14 at 1:45 p.m. Additional information was requested related to what CNA provided care on the 10-6 shift starting at 10 p.m. on 6/3/14. The ADoN reviewed schedules and provided the names of CNA #'s, 9, 10, and 11. The statements for CNA #'s 9 and 11 indicated they did not provide care to the resident on that shift. The investigation packet lacked any statement for CNA #10. The investigation packet contained one undated, unsigned statement. The ADoN indicated he would check and find out who provided care to the resident that night.</p> <p>The ADoN and Administrator were interviewed on 6/23/14 at 2:15 p.m. The ADoN provided a telephone statement obtained at that time from CNA #10. The statement indicated CNA #10 had not provided care to the resident on the night shift starting on 6/3/14 at 10:00 p.m. The ADoN indicated he had conferred with other staff related to the unsigned statement noted</p>			

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	<p>above and indicated it was from CNA #12. He indicated she had provided care to Resident #B that night and she had traded assignments with one of the other CNA's on the residents' unit. He indicated he had not been aware she was the CNA who provided care on that shift until the present time. Additional information was requested regarding the failure of the investigation to determine what staff had been the primary caregivers for the Resident in the 48 hours prior to the fracture having been identified and the failure to obtain statements and/or interview all of the staff providing the care. The facility failed to provide any additional information as of exit on 6/23/14.</p> <p>Review of the current, but undated, facility policy, titled "Transferring a Person Using a Mechanical Lift (Two Assistants), provided by the Administrator on 6/23/14 at 2:15 p.m., included, but was not limited to, the following:</p> <p>"Why You Do It</p> <p>Using a mechanical lift to move a person who is helpless or very heavy is safer for both you and the person...."</p> <p>This federal tag relates to Complaint</p>						

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

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