

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155303	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2012
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY SHAKAMAK RETIREMENT COMM	STREET ADDRESS, CITY, STATE, ZIP CODE 800 E OHIO ST JASONVILLE, IN 47438
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F0000	<p>This visit was for the Investigation of Complaint IN00114821.</p> <p>Complaint IN00114821 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: August 22 & 23, 2012</p> <p>Facility number: 000200 Provider number: 155303 AIM number: 100367980</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 59 Total: 59</p> <p>Census payor type: Medicare: 7 Medicaid: 39 Other: 13 Total: 59</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/24/12 by Suzanne Williams, RN</p>	F0000		

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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F0323 SS=D	<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 interview and record review, the facility failed to ensure a resident had adequate supervision to prevent a fall for 1 of 3 residents reviewed for falls in a sample of 3. Resident #B</p> <p>Findings include:</p> <p>During initial tour of the facility on 08/22/12 at 9:31 a.m. with the Director of Nursing [DON] present, the DON indicated Resident #B had a recent fall, was in a wheelchair in which the resident could propel herself, and the resident was not interviewable.</p> <p>Resident #B's clinical record was reviewed on 08/23/12 at 11:00 a.m. and indicated the resident had dementia, transient ischemic attacks, osteoarthritis, coronary artery disease, hyperlipidemia, hypertension, hallucinations, hypothyroidism, and Pick's disease.</p> <p>Resident #B's most recent annual Minimum Data Set [MDS] assessment dated 07/16/12 indicated the resident was</p>	F0323	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Shakamak Good Samaritan Center that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Shakamak Good Samaritan Center. RE: F323 ACCIDENTS AND SUPERVISION</p> <p>I. Resident B was immediately assessed by the registered nurse on duty on Aug. 21, 2012. She was then monitored per protocol including Neuro Checks for the following 24 hours. The Certified Nurse Aide that assisted and left Resident B on the toilet was immediately counseled and re-educated by her Charge Nurse. She also received a written warning by the Director of Nursing Services.</p> <p>II. An Audit was performed by the Staff Development Nurse on the falls within the last 3 months of residents with Dementia on Aug.</p>	08/27/2012	

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	<p>severely cognitively impaired with daily decision making skills and needed extensive assist of 2 persons with transfers.</p> <p>Resident #B's care plan dated 07/18/12 for "Risk For injury ..." indicated approaches which included, but were not limited to, "... DO NOT LEAVE UNATTENDED IN BR [Bathroom]...."</p> <p>Review of Resident Progress Notes dated 07/25/12 indicated the resident had not used her walker for quite some time and requested a change in activity level to "up as tolerated in w/c [wheelchair]." The physician gave the order to change to up in wheelchair as tolerated the same day.</p> <p>Review of Incident Details dated 08/21/12 at 5 a.m. indicated Resident #B was found "sitting upright on buttocks on floor in front of toilet c [with] legs in front of her." Contributing Factors, which indicated to check all that apply, had rubber sole footwear checked, gait belt/transfer belt checked, wheelchair checked, and personal alarm system checked, but where "Did alarm sound?" yes or no boxes were not checked on either.</p> <p>The Incident Detail report indicated the resident complained of arthritic leg pain,</p>		<p>23, 2012. A trending analysis revealed that no other residents had falls due to being left unattended on the toilet. All nursing staff were in serviced on supervision of the residents, focusing on the Dementia residents. The in-services were held and completed between Aug. 23 rd and Aug. 27 th . The were instructed that anyone with an alarm can not be left alone on the toilet.</p> <p>III. In an effort to assure ongoing compliance, the Charge Nurses will observe that proper supervision procedures are being followed for residents with alarms while toileting, each shift X 1 week, then 1X a day for 1 week then 1X a week for 4 weeks. The Charge Nurses will correct staff and report any and all situations that they are concerned of to the DNS, Staff Development Nurse or the Administrator. The Charge Nurses will supervise for compliance on an ongoing basis and report any non-compliance to the DNS. Disciplinary Action, with possible termination, will be given to any staff that is corrected.</p> <p>IV. As a means of quality assurance, the DNS or her designee will audit the charge nurses observation documentation daily for 2 weeks then weekly for 4 weeks. The</p>				

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	<p>left thumb pain when she moved it, and had a 1 centimeter [cm] purple area behind left thumbnail with light discoloration beginning behind it. Neurochecks were within normal limits. A head to toe assessment was completed with no inward or outward rotation noted to hips. The report indicated the left thumb was cleansed with soap and water and an ice pack was applied.</p> <p>Immediate intervention put in place to prevent this incident from happening again was staff member must be present with resident while on stool.</p> <p>Interview with the DON on 08/23/12 indicated the staff left Resident #B unattended in the bathroom and went to answer a call light for another resident.</p> <p>This federal tag is related to Complaint IN00114821.</p> <p>3.1-45(a)(2)</p>		<p>DNS will provide corrective action and/or re-education as appropriate. Out comes will be brought to the attention of the Administrator. All results will be reported to the Quality Assurance Committee, for review and recommendations. QA committee will review and make recommendations if audits are not 100% compliant. Should concerns be noted corrective action and re-education will be implemented as appropriate.</p> <p>Completion Date: Aug. 27 th 2012</p>		