STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	155273		02/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS GROVE REHABILITATION CENTER	4255 MEDWELL DR NEWBURGH, IN 47630

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00191735. Complaint IN00191735 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F314. Survey dates: February 1 and 2, 2016 Facility number: 000173 Provider number: 155273 AIM number: 100290920 Census bed type: SNF/NF: 72 Total: 72 Census payor type: Medicare: 7 Medicaid: 47 Other: 18 Total: 72 Sample: 5 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by #02748 on	F 0000	The creation and submission of this Plan of Correction doesnot constitute an admission by this provider of any conclusion set forth in thestatement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan ofCorrection be considered the Letter of Credible Allegation and requests a PostCertification Desk Review in lieu of the Post Survey Revisit on February 29,2016	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	February 10, 2016.			
F 0157 SS=D Bldg. 00	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically			

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	update the address and phone number of the resident's legal representative or interested family member. Based on observation, interview , and record review, the facility failed to ensure the physician and family were notified of new pressure areas, for 1 of 5 residents reviewed for notification, in a sample of 5. Resident D Findings include: On 2/1/16 at 9: 20 a.m., during the initial tour, RN # 1 indicated Resident D had areas of skin impairment. A dressing, dated 1/28/16, was observed on the posterior right lower leg. On 2/1/16 at 10:00 A.M., the clinical record of Resident D was reviewed. A diagnosis included , but was not limited to, quadriplegia. Documentation indicated Resident D had an open area on the posterior right lower leg, found on 1/11/16 and healed on 1/22/16. A "Pressure Wound Skin Evaluation Report," dated 1/25/16, indicated: "Description, Open area of scar tissue [with] appearance of Stage II. Stages of pressure wounds/definitions...Stage II - Partial thickness loss of skin layers that	F 0157	**1. What Corrective action(s) will beaccomplished for those residents found to have been affected by the deficientpractice** ·Resident D's MD and family were notified ofcurrent wounds and progression of healing. **2. How will you identify other residentshaving the potential to be affected by the same deficient practice and whatcorrective action will be taken?** ·All residents with wounds have the potential tobe affected by the alleged deficient practice. ·An audit of all resident with current wounds wascompleted by Wound Nurse on 2-3-2016 to ensure that MD and family notification waspresent for any residents with new or existing areas of impaired skin integrity. **3. What measures will be put into place orwhat systemic changes will you make to ensure that the deficient practice doesnot recur?** ·Licensed Staff will be in-serviced byDNS/designee by 2/29/2016 on Skin Management Policy to include notification ofMD and family for any new area of impaired skin integrity. ·Nursing documentation will be	02/29/2016

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	presents clinical as an abrasion, blister or shallow crater. Stage III - Full thickness of skin is lost, exposing the subcutaneous tissue - presents as a deep crater with/without undermining tissue...Date originally noted, 1/11/16...Site: [Right] posterior lower leg...0.5 cm x 0.5 cm x <0.1 cm...wound color pink...drainage scant serous...Current treatment, Cleanse, xeroform, foam. Additional Event Info...Removed pillows which may have caused pressure. Care Plan Reviewed: IDT [interdisciplinary team]. Date/Time: 1/28/16." A "Pressure Wound Skin Evaluation Report," dated 1/28/16, indicated: "Description, Open area of scar tissue [with] appearance of Stage II...New area. Wound present on admission: No. Date originally noted, 1/28/16...Site: [Right] posterior lower leg ([upper] site)...1.5 cm x 1.5 cm x <0.1 cm...wound color red...drainage scant serosanguineous...Current treatment, Cleanse, xeroform, foam...Care Plan Reviewed: IDT [interdisciplinary team]. Date/Time: 1/28/16." Documentation that the physician or family was notified of the new pressure areas was not found in the clinical record. On 2/2/16 at 9:40 A.M., during an		reviewed byDNS/designee daily during clinical review to ensure notification of MD and family forany residents experiencing new area of impaired skin integrity ·An audit of all residents with current woundswill be completed daily by DNS/designee to ensure that treatment orders andcare plans are in place with documented MD and family notification of new orexisting areas of impaired skin integrity and current treatment. **4. How the corrective action(s) will bemonitored to ensure the deficient practice will not recur, i.e., qualityassurance program will be put into place?** ·The Wound Skin CQI Audit Tool will be completedfor six months with audits being completed once weekly for one month andmonthly for 5 months by the DNS or designee. The Skin ManagementCQI Audit Tool will be reviewed monthly by the CQI Committee for six monthsafter which the CQI team will re-evaluate the continued need for the audit. Ifa 95% threshold is not achieved an action plan will be developed. Deficiency inthis practice will result in disciplinary action up to and includingtermination of the responsible employee. **5. Date of compliance: 2-29-2016**	

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	interview with the Assistant Director of Nursing (ADON), she indicated she was also the facility wound care nurse. She indicated the resident had an area of skin impairment on her right lower leg that had healed on 1/22/16. She indicated when she checked the resident's leg on 1/28/16, she found the new area. She indicated she placed a foam dressing on the area, but did not notify the physician or family. This Federal tag relates to Complaint IN00191735. 3.1-5(a)(3)			
F 0314 SS=D Bldg. 00	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. Based on observation, interview , and record review, the facility failed to update	F 0314	**1. What Corrective action(s) will beaccomplished for those**	02/29/2016

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	and implement a plan of care for treatment and prevention of pressure sores, notify the physician and obtain treatment orders for a newly discovered pressure area, and failed to accurately document the site of the pressure areas, for one of 3 residents reviewed with pressure ulcers in a sample of 5. Resident D. Findings include: On 2/1/16 at 9: 20 A.M., during the initial tour, RN # 1 indicated Resident D had areas of skin impairment. A dressing, dated 1/28/16, was observed on the posterior right lower leg. On 2/1/16 at 10:00 A.M., the clinical record of Resident D was reviewed. A diagnosis included , but was not limited to, quadriplegia. The resident's annual Minimum Data Set (MDS) assessment, dated 11/26/15, indicated Resident D scored a 15 out of 15 for cognition, which indicated no memory impairment. The resident required extensive assist of two for bed mobility and extensive assist of one for personal hygiene. The MDS assessment indicated the resident did not ambulate. The MDS assessment indicated the resident did not have any pressure ulcers.		**residents found to have been affected by the deficientpractice** ·Resident D's wounds were accurately assessed,measured, and documented. ·MD and family were notified of current woundsand progress of healing. ·Treatment orders were obtained for Resident D'swounds with accurate description of wound sites. ·Care plan for wound was printed and placed onchart. **2. How will you identify other residentshaving the potential to be affected by the same deficient practice and whatcorrective action will be taken?** ·All residents with wounds have the potential tobe affected by the alleged deficient practice. ·An audit of all residents with current wounds wascompleted by Wound Nurse on 2-3-2016 to ensure that MD notification andtreatment orders were obtained upon identification of new areas of skinimpairment. ·An audit of clinical documentation andobservation of all residents with current wounds was completed by Wound Nurseon 2-3-2016 to ensure accurate description of wound sites had been documentedand care plan for wounds updated. **3. What measures will be put**	

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	A Care Plan, dated 12/17/14, indicated, " Resident is at risk for skin breakdown due to: quadriplegia... colostomy... need for extensive/dependent assistance for bed mobility..." Interventions included, but were not limited to: "Assess and document skin condition weekly and as needed. Notify MD (medical doctor) of abnormal findings." A Care Plan regarding the lower right posterior leg pressure area was not found in the clinical record. On 2/1/16 at 10:30 A.M., review of a "New Skin Event," dated 1/11/16, indicated the resident had an area of skin alteration on the right posterior leg measuring 0.9 x 0.7 x 0.2 cm. (centimeters). Documentation indicated, "Apply foam drsg [dressing] as preventative." A Physicians order, dated 1/12/16, indicated to apply aquacel AG dressing to the posterior right leg for 10 days and to change every 3 days and as needed. Nurse's Notes, dated 1/22/16 at 4:00 A.M., indicated, "Stage II [right] posterior low leg is closed. Skin prep applied."		**into place orwhat systemic changes will you make to ensure that the deficient practice doesnot recur?** · LicensedStaff will be in-serviced by DNS/designee by 2-29-2016 on Skin Management Policyto include notification of MD and family, as well as obtaining treatment ordersand temporary care plans for any resident with new are of impaired skinintegrity. ·Nursing documentation will be reviewed byDNS/designee daily during clinical review to ensure treatment orders are obtained, wound care plans are in place,and notification of MD and family is documented for any residents experiencing newarea of impaired skin integrity ·An audit of all residents with current woundswill be completed daily by DNS/designee to ensure that treatment orders andwound care plans are in place, with documented MD and family notification of newor existing areas impaired skin integrity and current treatment. ·Observations will be completed for all residentswith current wounds daily by DNS/designee to ensure that accurate documentationis present in the clinical record of current wound sites. **4. How the corrective action(s) will bemonitored to ensure the deficient practice will not recur, i.e., qualityassurance program**	

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	A "Pressure Wound Skin Evaluation Report," dated 1/25/16, indicated: "Description, Open area of scar tissue [with] appearance of Stage II. Stages of pressure wounds/definitions...Stage II - Partial thickness loss of skin layers that presents clinical as an abrasion, blister or shallow crater. Stage III - Full thickness of skin is lost, exposing the subcutaneous tissue - presents as a deep crater with/without undermining tissue...Date originally noted, 1/11/16...Site: [Right] posterior lower leg...0.5 cm x 0.5 cm x <0.1 cm...wound color pink...drainage scant serous...Current treatment, Cleanse, xeroform, foam. Additional Event Info...Removed pillows which may have caused pressure. Care Plan Reviewed: IDT [interdisciplinary team]. Date/Time: 1/28/16." A "Pressure Wound Skin Evaluation Report," dated 1/28/16, indicated: "Description, Open area of scar tissue [with] appearance of Stage II...New area. Wound present on admission: No. Date originally noted, 1/28/16...Site: [Right] posterior lower leg ([upper] site) [sic]...1.5 cm x 1.5 cm x <0.1 cm...wound color red...drainage scant serosanguineous...Current treatment, Cleanse, xeroform, foam...Care Plan Reviewed: IDT [interdisciplinary team]. Date/Time: 1/28/16."		**will be put into place?** ·The Wound Skin CQI Audit Tool will be completedfor six months with audits being completed once weekly for one month andmonthly for 5 months by the DNS or designee. The Skin ManagementCQI Audit Tool will be reviewed monthly by the CQI Committee for six monthsafter which the CQI team will re-evaluate the continued need for the audit. Ifa 95% threshold is not achieved an action plan will be developed. Deficiency inthis practice will result in disciplinary action up to and includingtermination of the responsible employee. **5. Date of compliance:** **2-29-2016**	

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	Documentation that the physician was notified of the new pressure areas was not found in the clinical record. A "Pressure Wound Skin Evaluation Report," dated 2/1/16, indicated: "Description, Open area on scar tissue [with] appearance of Stage II... Date originally noted, 1/11/16...Site: [Right] posterior lower leg...0.5 cm x 0.5 cm x <0.1 cm...wound color pink...drainage scant serous...Current treatment, Cleanse, xeroform, foam...Care Plan Reviewed: [left blank]...." A "Pressure Wound Skin Evaluation Report," dated 2/1/16, indicated: "Description, Open area on top of scar tissue appearance of Stage III... Date originally noted, 1/28/16...Site: [Right] posterior lower leg ([upper] site) [sic]...2 cm x 2 cm x 0.2 cm...wound color, yellow... drainage minimal seropurulent...Current treatment, Cleanse, calcium alginate, foam...Care Plan Reviewed: [left blank]...." A Physicians order, dated 2/1/16, indicated to cleanse the posterior lower leg with wound cleanser, apply a small piece of calcium alginate, cover with bordered foam dressing and change every 3 days and as needed.			

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	Documentation of a treatment to the pressure area from 1/28/16 to 2/1/16 was not found in the clinical record. The foam dressing remained in place to the pressure area from 1/28/16 though 2/116, without a treatment, assessment, or physician notification.On 2/2/16 at 9:40 A.M., during an interview with the Assistant Director of Nursing (ADON), she indicated she was the staff person who was responsible for wound documentation. The ADON indicated she had healed the wound on Resident D's right lower leg on 1/22/16. She indicated she checked the area on 1/28/16 and observed a new pressure area on the right lower leg. The ADON indicated she applied a foam dressing, but did not call the physician. The ADON indicated, "Triage lets me write the wound care orders" On 2/2/16 at 10:20 A.M., a skin assessment of Resident D was requested. LPN # 1 removed a dressing, dated 2/1/16, from Resident D's right lower leg. A small amount of yellowish drainage was present on the old dressing. Two areas were observed; the upper wound was superficial and almost closed. The lower wound was open, with a yellow wound bed. The ADON indicated at that			

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	time that the wound was a Stage 3. On 2/2/16 at 11:15 A.M., during an interview with the Director of Nursing (DON) and ADON, the ADON indicated the right leg upper wound had reopened on 1/25/16. She indicated on 1/28/16, the upper pressure area had healed, but the lower pressure area had opened. The ADON indicated the Pressure Wound Skin Evaluation Report, dated 1/28/16, was incorrect. The site was documented as the upper site, when it should have been the lower site. The ADON indicated the skin report, dated 2/1/16, was also incorrect. The site was documented as the upper site, and should have been documented as the lower site. The DON indicated the ADON did put a foam dressing on the area, although the physician was not notified. The DON indicated she thought there was a care plan for the pressure area. On 2/2/16 at 11:45 A.M., the DON provided a care plan, dated 1/28/16. The care plan indicated: "Resident has impaired skin integrity...wound to R [right] lateral post calf. She has multiple risk factors including quadriplegia with spastic movements...need for extensive/dependent assistance for bed mobility, refusal to get out of the bed much of the time....Approach:...Assess			

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	wound weekly documenting measurements and description...Notify MD of worsening or no change in wound or for signs of infection...." The DON indicated the care plan was found in the MDS office. The care plan was not available to the direct care nursing staff. On 2/2/16 at 12:00 P.M., the Corporate Nurse provided the current facility policy, "Skin Management Program," revised 1/2016. The policy included, "Procedure:...Alterations in skin integrity will be reported to the physician and family member(s). All alterations in skin integrity will be documented in the medical record...Direct care givers will be notified of skin alterations and specific care needs. A plan of care will be initiated to include resident specific risk factors with appropriate interventions...When a new alteration in skin integrity is identified such as a bruise, skin tear, abrasion, rashes...Treatment order obtained as indicated...." This Federal tag relates to Complaint IN00191735. 3.1-40(a)(2)			

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