STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155273	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 01/04/2012
NAME OF PROVIDER OR SUPPLIER CYPRESS GROVE REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4255 MEDWELL DR NEWBURGH, IN47630	

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F0000	This visit was for the Investigation of Complaint IN00101565. Complaint IN00101565- Substantiated, Federal/State findings related to the allegations are cited at F282. Survey dates: January 3 and 4, 2012 Facility number: 000173 Provider number: 155273 AIM number: 100290920 Survey team: Anne Marie Crays, RN Census bed type: SNF: 15 SNF/NF: 77 Total: 92 Census payor type: Medicare: 8 Medicaid: 64 Other: 20 Total: 92 Sample: 7 These deficiencies also reflect state findings cited in accordance with 410 IAC	F0000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law. Cypress Grove Nursing and Rehabilitation Center desires this Plan of Correction to be considered the facility's Allegation of Compliance effective January 24, 2012.	

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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	16.2. Quality review completed on January 5, 2012 by Bev Faulkner, RN			
F0282 SS=D	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, interview, and record review, the facility failed to ensure Nystatin [anti-fungal powder] powder was applied to a resident's reddened areas as ordered by the physician, for 1 of 3	F0282	It is the policy of Cypress Grove to ensure the services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. A head to toe	01/24/2012

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	residents reviewed with skin redness, in a sample of 7. Resident A Findings include: On 1/3/12 at 9:00 P.M., during the initial tour, LPN # 1 indicated Resident A had an order for Nystatin powder to be placed under her breasts, but that it was "just PRN [as needed], and she'll usually ask for it." A skin assessment of Resident A was requested when or if LPN # 1 had to apply the Nystatin powder. On 1/3/12 at 10:30 P.M., LPN # 1 was interviewed regarding the application of Nystatin powder to Resident A's reddened areas. LPN # 1 indicated, "No, I asked her and she said she didn't want it. It's just a PRN med [medication]; sometimes if it gets too hot she needs it." LPN # 1 added that she did look and the areas "looked clear." The clinical record of Resident A was reviewed on 1/3/12 at 11:00 P.M. An admission Minimum Data Set [MDS] assessment, dated 11/8/11, indicated the resident scored a 15 out of 15 for cognitive status, which indicated no memory impairment. A hospital discharge summary, dated 12/16/11, indicated, "...Candidal rash		skin assessment was completed on Resident A with no other areas of skin impairment identified. A 100% medical record review was completed on current in-house residents to identify those residents requiring treatments. Identified residents were assessed for compliance with treatment orders with no errors noted. The Education & Training Director (ETD)/Designee will provide re-education to licensed personnel regarding treatment policy and procedure. During Monday-Friday Clinical Review Meetings, new MD orders for resident treatment will be reviewed for proper transcription and completion. The DON/Designee will conduct a 15% random treatment application observation across all shifts 5 x weekly x 4 weeks, weekly x 8 weeks and monthly thereafter to ensure treatments are applied per physician order. DON/Designee will conduct a treatment administration record audit to ensure appropriate documentation and physician orders are followed 5 X weekly X 4 weeks, weekly X 8 weeks and monthly thereafter. Identified non-compliance will result in 1:1 re-education with progressive discipline up to and including termination. Results of audits will be forwarded to the Quality Assurance Committee monthly for review and recommendations.	

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	underneath breasts - nystatin powder...." An admission skin assessment, dated 12/16/11, indicated, "Excoriation [redness] under breasts...." A Physician's order, dated 12/16/11, indicated, "Nystatin powder...Apply 1 g [gram] topically 3 times daily for 30 days." On 1/3/12 at 11:15 P.M., the Administrator provided a current list of residents, including residents who were interviewable. Resident A was indicated as interviewable. On 1/3/12 at 11:40 P.M., the Treatment Administration Record [TAR] for Resident A was reviewed. The record indicated Nystatin Powder was to be applied at 9:30 A.M., 1:30 P.M., and 9:00 P.M. On 1/4/12 at 10:05 A.M., during interview with Resident A, she indicated she did get the Nystatin powder applied that morning, but that she "usually didn't get it applied." On 1/4/12 at 10:20 A.M., during a skin assessment of Resident A, red crease-like areas were observed beneath each breast. LPN # 2 indicated the areas had			

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	previously had more redness. On 1/4/12 at 12:15 P.M., during interview with the Director of Nursing, she indicated the nurse should have checked the treatment order to determine if it was PRN or routine, and should have called the physician if the medication needed to be changed to PRN. This federal tag relates to Complaint IN00101565. 3.1-35(g)(2)			

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