

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155666	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/06/2014
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NAME OF PROVIDER OR SUPPLIER  WESLEY HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1751 WESLEY ROAD AUBURN, IN 46706
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F000000	<p>This visit was for the Investigation of Complaint IN00157052.</p> <p>Complaint IN00157052 – Substantiated, deficiency is cited at F-514.</p> <p>Survey Dates: October 3 &amp; 6, 2014</p> <p>Facility number: 000307 Provider number: 155666 AIM number: 100285660</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF/NF: 47 Total: 47</p> <p>Census payor type: Medicare: 7 Medicaid: 30 Other: 10 Total: 47</p> <p>Sample: 4</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on</p>	F000000	<p>This plan of correction is prepared and executed because the state and federal law require it. This plan of correction shall not be deemed an admission to or agreement with the state allegations. Wesley Healthcare maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Wesley Healthcare further maintains that the allegations set forth herein do not substantiate or constitute substandard quality of care. Please accept the last date noted on the plan of correction as the facility's credible allegation of compliance. Wesley Healthcare requests paper compliance for F 514. This was found to be low severity. There was no actual citation of harm to any of the residents.</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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F000514 SS=D	<p>October 7, 2014 by Randy Fry RN.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure nursing staff documented staff finding maggots on 1 resident (B) in a sample of 4 resident records reviewed.</p> <p>Finding includes:</p> <p>Interview with nurse #2 on 10/6/14 at 10:15 a.m. indicated resident (B) was found to have maggots in his</p>	F000514	<ul style="list-style-type: none"> <li>· Corrective actions taken – Nurse #1 in serviced on proper documentation; accurately documenting all information regarding residents. Nursing staff in serviced on proper documentation and importance of doing it accurately in a timely manner. · Other residents have the potential to be affected – Residents throughout the facility have the potential to be affected by alleged deficit practice. · Measures put into place to ensure this deficient practice does not</li> </ul>	10/17/2014

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	<p>bed and on his skin. Nurse #2 indicated she had helped nurse #1 turn the resident to do a treatment and found the maggots.</p> <p>Interview with nurse #1 on 10/6/14 at 11:15 a.m. indicated she and nurse #2 had gone into the residents room to do a treatment and the maggots were found. Nurse #1 indicated resident (B) is very large in size, and lays towards the left side in the bed. Nurse #1 indicated they found the maggots when the resident was turned and immediately got the resident up and to the shower. She indicated the staff also cleaned the resident's bed and room and changed his sheets. Further interview with nurse #1 indicated the resident is non-compliant with care, eats in their room and does not like to be turned or get out of bed.</p> <p>Review of the clinical record on 10/6/14 at 11:40 a.m. indicated resident (B) was admitted to the facility on 2/27/13 with Diagnoses including but not limited to Respiratory Failure, Sleep Apnea, Chronic Kidney Disease, Obesity, Chronic Pain, has a Tracheotomy and is Ventilatory Dependent.</p>		<p>recur – Documentation will be monitored weekly · Corrective action monitored – DON and ADON have conducted a 100% audit from 10/9/14 - 10/13/14 to assure proper documentation has been completed for all change of conditions. Random audits on completion of documentation of change in condition will be done 3 x week x 4 weeks: then monthly x 4: then quarterly thereafter. Random audits will be done under the supervision of the DNS/designee. Results will be submitted to the QA committee for review and corrective action. · Date of compliance - October 17, 2014</p>				

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	<p>Review of the behavior sheets, social service notes and nursing notes indicated the resident often refused to change position, refused showers and bathing, refused wound treatments and ate meals in bed.</p> <p>Review of the clinical record on 10/6/14 at 11:40 a.m. did not indicate any documentation related to the staff finding maggots on the resident and in the bed.</p> <p>Interview with nurse #1 on 10/6/14 at 11:15 a.m. indicated she did not document in the clinical record the maggots found on the resident on 8/17/14. She indicated the Physician and the Psychiatric Nurse Practitioner both were notified and spoke to the resident. Review of the clinical record indicated the physician saw resident (B) on 8/18/14 and the Nurse Practitioner also saw the resident on 8/19/14.</p> <p>Further interview with nurse #1 indicated she had not documented the incident but indicated the resident agreed and received daily showers for a month and is now getting showered 3 times a week.</p> <p>This federal tag is related to</p>						

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	complaint IN00157052.  3.1-50(a)(1) 3.1-50(b)(2)				