

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155496	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/26/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 333 W MISHAWAKA RD ELKHART, IN 46517
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F000000	<p>This survey was for the Investigation of Complaint IN00142893.</p> <p>Complaint IN00142893 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: February 25-26, 2014</p> <p>Facility number: 000523 Provider number: 155496 AIM number: 100266930</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF/NF: 102 Total: 102</p> <p>Census payor type: Medicare: 9 Medicaid: 71 Other: 22 Total: 102</p> <p>Sample: 5</p> <p>This deficiency reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on March</p>	F000000	<p>This Plan of Correction is the center's credible allegation of compliance 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 provisions of federal and state law.</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=G	<p>4, 2014, by Brenda Meredith, R.N.</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 record review and interviews, the facility failed to ensure the safety of a resident which resulted in a fall with hip fracture for 1 of 5 residents with a history of falls reviewed in a sample of 5. (Resident "D")</p> <p>Finding includes:</p> <p>The record of Resident "D" was reviewed on 02/26/14 at 700 a.m. Resident "D" was admitted to the facility on 02/04/14 with diagnoses including, but not limited to, back pain, CVA (Cerebral-Vascular Accident: stroke) with (L) (Left) hemiparesis (loss of mobility), and status post exploratory laparotomy (abdominal surgery) for a GI (Gastro-Intestinal) bleed.</p> <p>Review of the admission form, titled, "PATIENT NURSING EVALUATION", dated 02/04/14 at 3:20 p.m., indicated:</p>	F000323	<p>1. Resident "D" no longer resides at the facility.2. The Director of Nursing Services or designee will assess all residents for fall risk and review the plan of care and recommended interventions for residents deemed at risk for falls and initiate corrective action as needed. 3. The Staff Development Coordinator or designee will in-service staff on the Kindred policy and procedures related to the fall prevention program. The Staff Development Coordinator or designee will also review the Fall Prevention Program with appropriate new hires during orientation. The facility will reassess resident's fall risk after each fall. Care plans will be revised to address the assessed fall risks. Angels will do rounds 3x a week to ensure interventions are in place. The interdisciplinary team will review all incidents and accidents on the next scheduled day of service to ensure appropriate plan of care and interventions have been implemented and are in place.4. The Director of Nursing or</p>	03/28/2014	

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	<p>"...Morse Fall Risk Scale:...35 (Medium Risk)..." due to "Secondary Diagnosis" and "Gait: Impaired". Under "Functional Impairment of Range of Motion" the resident was noted to have impairment to the "1. Upper extremity (shoulder, elbow, wrist, hand) and "2. Lower extremity (hip, knee, ankle, foot)." The documentation indicated this effected the (L) side as "flaccid" (no purposeful movement).</p> <p>Review of a 14 day MDS (Minimum Data Set: a tool to assess a resident's abilities and to facilitate resident care), dated 02/18/14, indicated the resident's BIMS (Brief Interview for Mental Status) to determine cognitive patterns, as a "10" (Moderately Impaired) on a "00-15" scale. The BIMS indicated the resident's ability to recall 3 objects described in the first question, followed by 3 new questions, as "could not recall" for 1 word and "unable without cueing" for 2 words. The MDS indicated: "Mood" as exhibiting symptom for 2-6 days for "...H. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual." The MDS</p>		<p>designee will monitor through 5 observations per week during clinical meetings, and review fall prevention care plans and assure interventions are in place to ensure and maintain compliance. The results of these audits will be reviewed and analyzed with a subsequent plan of action developed and implemented as indicated at the monthly Performance Improvement Committee meeting. The Performance Improvement Committee will review monthly for 6 months. The Administrator is responsible for overall compliance.</p>	

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	<p>indicated the resident required extensive assistance of 1 person for bed mobility and extensive assistance of 2 or more for "Toilet use-how resident uses the toilet room, commode, ...;transfers on/off toilet;..". The resident assessment for "Balance During Transitions and Walking" indicated: "...2. Not steady, only able to stabilize with staff assistance" for "...D. Moving on and off toilet." The resident was noted to have "Impairment on one side: A. Upper extremity (shoulder, elbow, wrist and hand" and "B. Lower extremity (hip, knee ankle,, foot)".</p> <p>Review of the record indicated the resident had incurred 3 falls in 18 days, on 02/15/14, 02/20/14 & 02/22/14. The resident's fall, on 02/22/14, resulted in a (L) hip fracture. The resident remained in a local ACF (Acute Care Facility: hospital) at the time of survey.</p> <p>Review of fall documentation indicated: "02/15/14 2245 [10:45 p.m.] POST FALL EVALUATION:...Unwitnessed... Resident states she attempted to stand to look for her controller to her bed. Her leg gave out. She fell to the floor. No injuries..." The resident</p>			

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	<p>was noted to have a history of CVA, unsteady gait, and admission in the last 30 days. The resident was reeducated regarding asking for assistance when needed.</p> <p>"02/20/14 2145 [9:45 p.m.] POST FALL EVALUATION: Witnessed....Resident slid off bed attempting to look on the floor for bed controller..No injury." The resident was noted to have a history of CVA, history of falls, hemiplegia, and admission in the last 30 days. A sensor pad (alarm with movement) to bed was added.</p> <p>"02/22/14 1:15 p.m. POST FALL EVALUATION: Unwitnessed...Injury...Severe (L) hip pain...reaching for w/c [wheelchair]...sitting on commode...sent to hospital. Will be added to falling stars [program to alert staff resident high risk for falls] when return from hospital..." The resident was noted to have a history of CVA, history of falls, and hemiplegia.</p> <p>Review of the "SBAR" (Situation Background Assessment Request) report for the fall on 02/22/14, indicated: "Res [Resident] was on commode. Res found on floor...Res</p>			

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	<p>c/o severe (L) hip pain....Res stated she was reaching for w/c that was behind her. CNA er [and] nurse transferred Res to bed...N.O. [New Order] to send to ER for eval [evaluation] et tx [treatment]." The SBAR review did not address staff members presence.</p> <p>Review of "RESIDENT PROGRESS NOTES indicated: "02/04/14 1900 [7:00 p.m.]...Bedside commode used per [by] request, she says she can't use bed pan...2 assist for transfer to BSC [bedside commode]. Pt [patient is very weak...."</p> <p>"02/05/14 0300 [3:00 a.m.] Resident resting in bed up to BSC X [times] 7 this shift...Res has no use of (L) side extremities and is a 2 person assist...."</p> <p>"02/06/14 [untimed] Resident restless today, found resident adjusting bed having the bed too high in the air, found resident laying sideways X 2 in the bed. Resident place in w/c [wheel/chair] @ [at] ts time for safety measures...."</p> <p>"02/10/14 0105 1:05 a.m. Resident confused...."</p>						

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	<p>"02/12/14...Extensive assist X2 for transfers, left side flaccid..."</p> <p>Review of the Care Plans for Resident "D" indicated: "02//04/14 Impaired Functional Mobility: R/T [Related/To] weakness CVA (L) side weakness. Goal: Resident will be safely transferred from bed to chair or wheelchair daily as tolerated without injury to resident or staff. Approach:...Ambulation/Mobility...Limited Assist. Extensive Assist of 2...."</p> <p>"02/04/14 Falls: At risk for fall related to injury as evidenced by: Fall History: 2/15/14 Fall in the last month....Related to: Disease process/condition...CVA (L) side weakness. Goal: Resident will not sustain a fall related injury by utilizing fall precautions through next review date: 05/2014. Approach: Use fall risk screen to identify risk factors...."</p> <p>The review of the fall care plan indicated an area to "Institute Falling Star Program," which was not marked. Review of the record indicated falling star approach was not noted except in the SBAR notes following the third fall. The record</p>			

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	<p>did not indicate a reevaluation of the resident's fall risks had been completed following any of the Resident's 3 falls.</p> <p>The DNS (Director of Nursing Services) was interviewed on 02/26/13 at 9:00 a.m. The DNS indicated the resident did not require standby assist while using the bedside commode, next to the bed.</p> <p>The Unit Manager was interviewed on 02/26/14, at 9:00 a.m., with the DNS. The Unit Manager indicated the resident was sitting on the bedside commode and was left unattended.</p> <p>The Case Manager was interviewed on 02/26/14 at 10:15 a.m. The Case Manager indicated the resident's need for assistance varied, from 1 assist to 2 assist, daily. The Case Manager indicated Resident "D" did not require standby assist despite the history of falls and the loss of movement on the (L) side.</p> <p>On 02/26/14 at 12:00 p.m., the DNS provided documentation from the ACF. Review of a Radiology report, dated 02/22/14 15:05 (3:05 p.m.), indicated: "comminuted intertrochanteric fracture of the left</p>			

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	<p>femoral neck with varus angulation" (left hip fracture). The reports indicated the resident would have an open reduction with internal fixation (hip surgery) to the (L) hip.</p> <p>This Federal tag relates to Complaint IN00142893.</p> <p>3.1-45(a)(2)</p>			