

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155026	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2016
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NAME OF PROVIDER OR SUPPLIER GREENWOOD VILLAGE SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 295 VILLAGE LANE GREENWOOD, IN 46143
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00206073.</p> <p>Complaint IN00206073 - Substantiated. Federal/State deficiencies related to the allegation(s) are cited at F323.</p> <p>Survey date: August 4, 2016</p> <p>Facility number: 000010 Provider number: 155026 AIM number: 100453660</p> <p>Census bed type: SNF/NF: 120 Residential: 44 Total: 164</p> <p>Census payor type: Medicare: 17 Medicaid: 62 Other: 41 Total: 120</p> <p>Sample: 03</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Preparation and execution of this Plan of Correction in no way constitutes an admission or agreement by Greenwood Village South of the truth of the facts alleged in this statement of deficiencies and Plan of Correction. Greenwood Village South reserves the right to challenge illegal proceedings all deficiencies, statements, finding, facts, and conclusions that form the basis of the deficiency. This Plan of Correction serves as our credible allegation of compliance.</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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F 0323 SS=D Bldg. 00	<p>Q.R. completed by 14466 on August 10, 2016.</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 interview, the facility failed to ensure the use of moist heat packs as indicated by facility policy and procedure for 1 of 1 resident reviewed therapy use of moist heat packs in a sample of 3 (Resident #A).</p> <p>Findings include:</p> <p>Clinical record reviewed on 8/4/16 at 10:30 a.m., indicated Resident A's diagnoses included but were not limited to: sacral spina bifida without hydrocephalus, spastic hemiplegia, and cerebral palsy. Resident #A has documentation of no feeling in legs related to diagnoses.</p>	F 0323	<p>I. Resident A affected, resolving without complications. Resident A voices no concerns. It is the policy of GVS to prevent potentially hazardous situations.</p> <p>II. Resident A was the only resident receiving moist heatpack therapy. No other residents identified at risk. No residents currently receiving moist heat pack therapy. III. Education provided to RehabCare therapy staff regarding the hydrocollator/moist heat pack therapy including assessment of resident's skin for all areas coming into contact with heat therapy and not allowing resident's weight to rest on the moist heat pack. Hydrocollator/moist heat pack</p>	08/22/2016

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	<p>Resident #A had a BIMS (brief mental status) score dated 7/25/15, of 15/15 (cognitively intact).</p> <p>Resident #A's current July and August 2016, plan of care included application of heat therapy to elbows for Resident #A's complaint of elbow and shoulder pain.</p> <p>OT (occupational therapist) notes indicated on 7/25/16 (no time given), pain in elbows and shoulders reported as 3, on a scale of 0 to 10, prior to pain management interventions. OT indicated they performed a skin assessment of lateral elbow region to ensure good skin integrity in addition to prepping moist heat packs with added layers for added protection. Skin was intact prior to application. No assessment of legs were completed.</p> <p>Interview with OT (occupational therapist) #1 on 8/4/16 at 10:40 a.m., indicated Resident #A's elbows were checked every 5 to 7 minutes and Resident #A did not complain of any burning or pain associated with the moist heat packs. Since the moist heat packs were layered with towels, no assessment of the legs (the moist heat packs were sitting on) was assessed.</p>		<p>therapy education to occurwith therapists upon new hire and annually. IV. RehabCare Director and/or designee will: Audit and observeresidents receiving hydrocollator/moist heat pack therapy for properadministration and skin assessment documentation while receiving heat therapy, weeklyx 12 weeks, and then monthly x a total of 12 months. Audits will be submittedto Quality Assurance Committee.</p>	

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	<p>Review of moist heat packs temperature logs on 8/4/16 at 10:45 p.m., indicated for the months of June and July 2016, temperatures were within the limits (160 to 165 degrees) as indicated in the policy and procedure, dated 7/29/16, presented by the Rehabilitation Director.</p> <p>Skin risk evaluation form dated 7/25/2016, indicated Resident #A's sensory perception was very limited. Blisters measurements to right knee were length 3.00, width 2.00, depth 0.10. Appearance reddened/blanchable. Left knee was length 3.50, width 2.00, depth 0.0 (No indication of whether the measurements were inches or centimeters were noted). Appearance also reddened/blanchable. Nursing comments indicated area sustained when resident placed elbows wrapped with moist heat and dry exterior towels on knees resulting in compromised skin causing a blister.</p> <p>Skin assessment performed 7/29/2016, indicated the left knee blister had been resolved and right knee measurements with small clear drainage, the length was 3.00, width 2.00, depth 1.00, and appearance was non-blanchable.</p> <p>Skin assessment dated 8/4/2016, indicated right knee measurements with small amount of clear drainage, the</p>			

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	<p>length was 2.00 (down 1.00), width 1.70 (down 0.30), and depth 0.10 (down 0.90), and appearance was healing pink reddened, non-blanchable.</p> <p>On 8/4/2016 at 10:40 a.m., interview with OT (occupational therapist) #1 who was assisting Resident #A in therapy that day and applied the moist heat packs to be used for Resident #A's complaint of bilateral elbow pain. OT #1 indicated the moist heat packs are wrapped with 10-12 layers to help prevent burns. OT #1 indicated Resident #A wanted to relax their elbows on their knees with the moist heat packs positioned on their legs, as it was more comfortable position for them.</p> <p>Interview with Resident #A on 8/4/2016 at 11:30 a.m., Resident #A did indicate they requested to rest elbows on legs and does not have any feeling, nor did they feel anything was wrong while implementation of moist heat packs.</p> <p>Upon record review at 8/4/16 at 1:00 p.m., of the rehab policy related to hydrocollator packs (moist heat packs), provided by the rehab director on 8/4/16, at 10:30 a.m., and indicated it was the one used within the facility, indicated on page 3 guideline #7 "do not leave the resident unattended, checking the skin under the hot pack after the first 5</p>			

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	<p>minutes ...#8 [in bold lettering] it is recommended to place hot pack on the patient vs allowing the patient's weight to rest on the pack, as this may cause burns..."</p> <p>This Federal tag relates to Complaint #IN00206073</p> <p>3.1-45(a)(2)</p>				