

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/19/2012
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NAME OF PROVIDER OR SUPPLIER RIVERBEND HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7519 WINCHESTER RD FORT WAYNE, IN 46819
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 15, 16, 17, 18, & 19, 2012</p> <p>Facility number: 000250 Provider number: 155359 AIM number: 100289980</p> <p>Survey team: Sue Brooker RD TC Rick Blain RN Diane Nilson RN Angie Strass RN</p> <p>Census bed type: SNF/NF: 51 Total: 51</p> <p>Census payor type: Medicare: 2 Medicaid: 28 Other: 21 Total: 51</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/23/12</p>	F0000	This Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by State and Federal law. Date of Compliance 11/18/2012	

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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	Cathy Emswiler RN				

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview, record review and observation the facility failed to develop an Activity Care Plan with measurable goals and interventions for 1 resident (#19) in a sample of 39 residents whose care plans were reviewed.</p> <p>Findings includes: On 10/17/12 at 1:45 p.m. review of the clinical record for resident #19</p>	F0279	F 279 Comprehensive Care Plan --Addendum 11/5/121. Resident #19 had the Activity care plan updated with measurable goals and interventions to meet specific individual needs of resident.2. No other residents were affected by the alleged deficient practice.3. The Activity Director has been re-educated regarding the approach to care plan development and the importance of individualizing care plans to meet the residents social needs that are identified in comprehensive assessment.4. The facility care plan audits for Activities will be completed	11/18/2012	

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	<p>indicated the resident was admitted to the facility with diagnoses including, but not limited to, cerebral cortical atrophy, Alzheimer's disease, and depression.</p> <p>Observation of the resident during the survey indicated the following:</p> <p>10/15/12 at 1:45 p.m. - Resident in bed sleeping 10/16/12 at 10:00 a.m. - Resident in bed, sleeping 10/16/12 at 1:30 p.m. - Resident in bed, sleeping 10/16/12 at 3:00 p.m. - Resident in bed, sleeping 10/17/12 at 1:30 p.m. - Resident observed sleeping in room. No TV on. Room dark. 10/18/12 at 8:45 a.m. - Resident observed in bed, dressed with blanket pulled over head. Room dark. 10/18/12 at 10:20 a.m. - Resident in bed, dressed, with blanket over her head. 10/18/12 at 11:10 a.m. - Resident in bed, dressed, blanket over head. 10/18/12 at 1:40 p.m. - Resident observed sleeping in bed with her eyes closed. Room dark.</p> <p>On 10/18/12 at 2:05 p.m., an interview with the Activity Director indicated the resident will attend</p>		<p>weekly times 2 months on all new admissions and then quarterly times 6 months to achieve 100% compliance. Audits will be completed by Director of Nursing and MDS Coordinator. Results will be forwarded to the Risk Management Quality Improvement (RMQI) monthly for further review and recommendations.</p>				

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	<p>church, music programs, watch TV and likes to watch the birds. The Activity Director also indicated Resident #19 also was not observed in activities since she spent a lot of time in her room sleeping and was difficult to get her to go to activities.</p> <p>On 10/18/12 at 2:15 p.m. review of the clinical record indicated an "Activity Plan of Care" for Resident #19 which was a check off sheet with the residents activity preferences for current, past and no interest activities. Review of the form indicated it had been signed and dated every 2 months by the Activity Director.</p> <p>On 10/18/12 at 2:30 p.m. review of a form dated 8/13/12 "Activity Plan of Care Progress Note" indicated it was a quarterly form and the resident was alert, verbal, confused at times and wore glasses. The form listed the resident as having interest in games, music, pets, religion, TV, talking and socials.</p> <p>The form listed the "Current Activity Problem": Resident needs encouragement to participate in activities.</p> <p>Goal: Will encourage resident to participate in activities per choice.</p>			

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	<p>Review of the form indicated there were no interventions listed on the form or a measurable goal.</p> <p>Interview with the Activity Director on 10/18/12 at 2:35 p.m. indicated the form was the Care Plan and they used the same form as their assessment.</p> <p>On 10/19/12 at 10:40 a.m. review of the Facility Policy for Care Planning, dated 3/12 indicated "The facility must develop a comprehensive Care Plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment."</p> <p>3.1-35(a)</p>				

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F0456 SS=D	<p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. Based on observation and interview, the facility failed to ensure 1 of 40 resident call light cord did not have exposed wires. (Resident #31).</p> <p>Findings include:</p> <p>During observation of Resident #31's room, at 10:16 a.m., on 10/16/12, the call light over the resident's bed was checked for proper functioning. The call light, laying on the resident's bed was depressed, but did not function and the light indicator over the doorway was not lit. The plastic cord on the call light was split, and the insides of the cord could be seen.</p> <p>At 10:20 a.m., on 10/16/12, CNA (Certified Nursing Assistant) #1 attempted to turn on the call light and it did not function. The CNA indicated she would make out a work order for maintenance since the call light was not functioning.</p> <p>The maintenance supervisor was observed in the resident's room, at 10:35 a.m., on 10/16/12. He indicated he had replaced the call</p>	F0456	<p>F 456--Addendum 11/5/121. Call light for resident #31 was repaired immediately on 10/16/12. A complete audit of call light system was completed on 10/18/12.2. No other residents were affected by the alleged deficient practice.3. ED will re-educate the facility Maintenance Director on conducting preventative maintenance rounds weekly related to the call light system. The facility interdisciplinary team will conduct daily room reviews to ensure call light system is functioning properly,any identified concerns with the call light system will be immediately reported to maintenance for corrective action. The facility maintenance will conduct weekly QA reviews of residents call light system and report findings to the ED for further review and recommendations. 4. The facility call light audits will be completed weekly times four weeks and then monthly times 6 months to acheive 100% compliance. Audits will be completed completed by ED or designee. Results will be forwarded to the Risk Management Quality Improvement (RMQI) for further review and recommendations.</p>	11/18/2012			

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	<p>light, and the plastic cord on the old call light was split, so he replaced it with a new call light. The call light was depressed at this time, and was noted to be functioning.</p> <p>RN # 2 was interviewed, at 1:10 p.m., on 10/17/12 and indicated Resident #31 was very cooperative, never complained, and she didn't know if the resident could turn on the call light. She indicated if she handed him the call light and told him to turn it on, he probably could, but she didn't know if the resident would know what the call light was used for, and she had not seen him turn it on herself.</p> <p>CNA #3 was interviewed, at 1:45 p.m., on 10/17/12, and indicated the resident required total care, and needed assistance to get out of bed. She indicated the resident never called out or used his call light. She indicated he probably could use his call light, but she hadn't seen him do this.</p> <p>3.1-19(bb)</p>			

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F0463 SS=D	<p>483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 40 resident call lights was functioning (Resident #31).</p> <p>Findings include:</p> <p>During observation of Resident #31's room, at 10:16 a.m., on 10/16/12, the call light over the resident's bed was checked for proper functioning. The call light, laying on the resident's bed was depressed, but did not function and the light indicator over the doorway was not lit. The plastic cord on the call light was split, and the insides of the cord could be seen.</p> <p>At 10:20 a.m., on 10/16/12, CNA (Certified Nursing Assistant) #1 attempted to turn on the call light and it did not function. The CNA indicated she would make out a work order for maintenance since the call light was not functioning.</p> <p>The maintenance supervisor was observed in the resident's room, at</p>	F0463	<p>F 463 --Addendum1. Call light for resident #31 was repaired immediately on 10/16/12. A complete audit of call light system was completed on 10/18/12.2. No other residents were affected by the alleged defient practice.3. ED will re-educate the facility Maintenance Director on conducting preventative maintenance rounds weekly related to the call light system. The facility interdisciplinary team will conduct daily room reviews to ensure call light system is functioning properly,any identified concerns with the call light system will be immediately reported to maintenace for corrective action. The facility maintenance will conduct weekly QA reviews of residents call light system and report findings to the ED for further review and recommendations. 4. The facility call light audits will be completed weekly times four weeks and then monthly times 6 months to acheive 100% compliance. Audits will be completed completed by ED or designee. Results will be forwarded to the Risk Management Quality Improvement (RMQI) for further</p>	11/18/2012	

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	<p>10:35 a.m., on 10/16/12. He indicated he had replaced the call light, and the plastic cord on the old call light was split, so he replaced it with a new call light. The call light was depressed at this time, and was noted to be functioning.</p> <p>RN # 2 was interviewed, at 1:10 p.m., on 10/17/12 and indicated Resident #31 was very cooperative, never complained, and she didn't know if the resident could turn on the call light. She indicated if she handed him the call light and told him to turn it on, he probably could, but she didn't know if the resident would know what the call light was used for, and she had not seen him turn it on herself.</p> <p>CNA #3 was interviewed, at 1:45 p.m., on 10/17/12, and indicated the resident required total care, and needed assistance to get out of bed. She indicated the resident never called out or used his call light. She indicated he probably could use his call light, but she hadn't seen him do this.</p> <p>3.1-19(u)(1)</p>		review and recommendations.				

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F0465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure floors and equipment in resident bathrooms and the shower room (on East hall) were in good repair, in 2 of 3 halls of the facility.</p> <p>Findings include:</p> <p>1. The environmental tour was conducted between 10:25 a.m., and 11:45 a.m., on 10/18/12, accompanied by the Housekeeping Supervisor, the Administrator, and the Maintenance Director.</p> <p>The following was observed on the East Hall:</p> <p>a. In the shower room on the East hall, there was an 3/4 inch area extending from the top back of the sink with chipped and/or missing paint. The Maintenance Director indicated the sink came loose the end of September and was repaired at that time, but he had not re-caulked or painted the area above the sink.</p>	F0465	F 465 --Addendum1. A complete audit was done by Maintenance Director of all resident restrooms for other issues with tile, cove base, caulking, and sinks. The sink in East hall shower room has been repaired and in working order. The bathrooms between 137 and 138, 132 and 134, 103 and 104, 105 and 106 will be completed by 11/18/2012 with new flooring cove base and caulking.2. No other residents were affected by the alleged deficient practice.3. ED will re-educate the facility Maintenance Director on environmental issues specific to safety of flooring, proper placement of cove base and caulking around sinks and toilets. The facility interdisciplinary team will conduct daily room reviews to ensure resident bathrooms are safe for residents,any identified concerns will be immediately reported to maintenance for corrective action. The facility maintenance will conduct weekly QA reviews of the resident bathrooms and report findings to the ED for further review and recommendations. 4. The facility environmental audits will be completed weekly times four weeks and then monthly times 6	11/18/2012	

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	<p>b. In the adjoining bathroom between resident room 137 and 138, there were brown stains around the back of the toilet base, identified by the Maintenance Director as rust. He indicated the area needed to be re-caulked.</p> <p>There were also 2 areas, between the wall and floor tile to the left of the toilet, one 5 inches in length, and one 3 inches in length, with open gaps between the wall and the floor tile. There were also 2 areas on the floor tile to the right of the toilet base, one 8 inches in length, one 6 inches in length, where there were 1/8 inch and 1/16 inch gaps in the floor tile. The Maintenance Supervisor indicated the floor tile needed to be replaced. The Maintenance Supervisor indicated they were working on re-doing the bathrooms in South Hall right now, and 3 bathrooms had been completed.</p> <p>c. In the adjoining bathroom, between resident room 132 and 134, on the East hall, the entire area around the base of the toilet, including the spaces between the floor tiles were brown-stained. This effected 9 floor tiles around the base of the toilet. There were gaps noted between the</p>		<p>months to acheive 100% compliance. Audits will be completed by ED or designee. Results will be forwarded to the Risk Management Quality Improvement (RMQI) for further review and recommendations.</p>				

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	<p>tiles all around the toilet. The Maintenance Supervisor indicated it looked like there had been a water leak at one time, which had been repaired . He indicated he had started employment at the facility the first week of August, so it must have occurred before this time.</p> <p>On the West hall, the following were observed:</p> <p>d. In the adjoining bathroom between resident room 103 and 104, 1/2 of the baseboard on the wall behind the toilet was loose, and a gap was noted between the wall and baseboard. There were also brown stains all around the toilet base. The Administrator indicated the toilet was replaced about 3 months ago, but was not re-caulked.</p> <p>e. In the adjoining bathroom between resident 105 and 106, there were rusted/brown stains around the base of the toilet on 3 sides of toilet base. There was also rust inside the toilet basin in the fill hole and in the exhaust hole. The Housekeeping supervisor indicated she noticed this today and put lime away in the toilet which helped a little, but rust was still noted in the toilet.</p>			

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