

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155064	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/23/2014
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NAME OF PROVIDER OR SUPPLIER  FAIRMONT REHABILITATION CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3518 S LAFOUNTAIN ST KOKOMO, IN 46902
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F000000	<p>This visit was for the Investigation of Complaints #IN00140960 and #IN00142352.</p> <p>Complaint #IN00140960- Substantiated. Federal/state deficiencies related to the allegations are cited at F309.</p> <p>Complaint #IN00142352- Substantiated. Federal/state deficiencies related to the allegations are cited at F279 and F514.</p> <p>Survey dates: January 21, 22, and 23, 2014</p> <p>Facility number: 000025 Provider number: 155064 AIM number: 100274850</p> <p>Survey team: Michelle Carter, RN</p> <p>Census bed type: SNF- 9 SNF/NF- 47 Total- 56</p> <p>Census payor type: Medicare: 17 Medicaid: 31</p>	F000000	By submitting the enclosed information we are not admitting the truth of accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the Plan of Correction be considered our allegation of Compliance to the state findings of the survey completed January 23, 2014. The facility also respectfully requests a DESK REVIEW.	

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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	<p>Other: 8 Total: 56</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on January 31, 2014.</p>				

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>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 record review and interview, the facility failed to ensure a care plan was developed for an assistive device used for toileting, for 1 of 4 residents reviewed for care plans, in a sample of 4. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 1/22/14 at 10:00 a.m.</p> <p>Diagnoses for Resident B included,</p>	F000279	<p>Corrective ActionCare plans have been developed that include assistive devices for toileting. IdentificationResidents that use assistive devices for toileting have the potential to be affected. System ChangesResidents that use assistive devices for toileting have been identified and the care plans developed. The licensed nurses were inserviced on 1/28/14 and 2/7/14 on the requiremnt for care planning toileting assistive devices. MonitoringDON, MDS Coordinator will implement care plan after physican order is</p>	02/22/2014

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	<p>but were not limited to, high blood pressure, advanced rheumatoid arthritis, congestive heart failure, recurrent lower extremity cellulitis, edema, gout, chronic lymphedema, chronic pain, cervical and spinal thoracic fracture, diabetes mellitus, debility, and degenerative joint disease.</p> <p>During an interview with the Assistant Director of Nursing (ADoN), on 1/22/14, at 11:19 a.m., she indicated Resident B had attempted to use a plastic, raised toilet seat, to aid in the comfort of using the toilet. This assistive device, a toilet riser, was provided by the facility. Resident B complained that the device did not fit, "it was not tall enough". The facility staff obtained a taller toilet riser and positioned it over the toilet. Resident B refused to attempt to use it, in order for facility staff to make a "fit" assessment for possible adjustments. As a result, the facility staff obtained a bedside commode and created a custom fit device that fit over the toilet. Resident B refused to use it.</p> <p>During the clinical record review, a care plan for an assistive toileting device and documentation of the</p>		<p>received for toileting assistive devices. All orders will be reviewed in morning meeting Monday through Friday with nurse management team. Any identified issues/concerns/problems will be reported to the QA Committee for further discussion/review and recommendations.</p>				

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F000309 SS=D	<p>aforementioned events were not evident.</p> <p>During an interview with the ADoN, on 1/22/13, at 12:00 p.m., she indicated the toilet riser events were not documented and not care planned, because the resident did not use the device.</p> <p>This federal tag relates to Complaint #IN00142352.</p> <p>3.1-35(a) 3.1-35(b)(1) 3.1-35(b)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to follow the facility protocol for lack of bowel movements, for 1 of 4 residents reviewed for the monitoring of bowel movements, in a sample of 4. (Resident C)</p> <p>Findings include:</p>	F000309	<p>Corrective Action All resident records were audited for documentation of bowel movements and action taken per policy and physician orders updated to comply with new Bowel Elimination policy. Identification Residents could have the potential to be affected by this alleged deficient practice. System Changes A new</p>	02/22/2014			

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	<p>The clinical record for Resident C was reviewed on 1/22/14 at 2:15 p.m.</p> <p>Diagnoses for Resident C included, but were not limited to, altered mental status, bipolar disorder, anxiety disorder, peripheral neuropathy, chronic renal failure, chronic pain syndrome, immobilization syndrome, insulin dependent diabetes mellitus, depressive disorder, fibromyalgia, high blood pressure, chronic obstructive pulmonary disorder, schizophrenia, peripheral artery disease, coronary artery disease-end stage, history of narcotic overdose, and opiod dependence.</p> <p>A form, titled "BM (bowel movement) Record", and dated for October 2013, indicated Resident C did not have a bowel movement on the following days:</p> <p>10/1, 10/2, 10/3, 10/4 - 4 consecutive days without a BM. 10/15, 10/16, 10/17, 10/18, 10/19, 10/20, 10/21 - 7 consecutive days without a BM. 10/23, 10/24, 10/25, 10/26, 10/27, 10/28 - 6 consecutive days without a BM.</p>		<p>policy on Bowel Elimination has been written. An inservice was done on this new policy for licensed nurses on 1/26/14 and 2/7/14. MonitoringDON/Designee will monitor Bowel movement documentation daily for 90 days and weekly for 9 months.Any identified issues/concerns/problems will be reported to the QA Comittee for further discussion.</p>				

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	<p>A form, titled "BM Record", and dated for November 2013, indicated Resident C did not have a bowel movement on the following days:</p> <p>11/1, 11/2, 11/3, 11/4, 11/5, 11/6 - 6 consecutive days without a BM.</p> <p>During record review, documentation did not indicate bowel assessments were completed, during the time frame as listed above. Thus, the physician was not notified regarding the lack of bowel movements for Resident C, and did not receive an order for a laxative.</p> <p>During an interview with the Nurse Unit Manager, on 1/23/14, at 12:00 p.m., she indicated if a resident was noted to go 3 days without a bowel movement, the CNA was expected to notify the nurse, and the nurse was expected to offer a laxative, such as Milk of Magnesia or prune juice. She indicated the BM protocol was not followed for Resident C.</p> <p>The facility's BM protocol, dated October 2009, indicated the following:</p> <p>"1. BM records will be reviewed daily by the Charge Nurse.</p>				

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	<p>2. If resident is found to have no BM after 3 days, a laxative is to be administered and documented in the TAR [treatment administration record]. The House Supervisor is to be advised of residents known to have had no BM. The House Supervisor shall report at the AM meetings.</p> <p>3. If no results, the resident to be given a suppository.</p> <p>4. If no results from the suppository, then the MD is to be notified and an order obtained for an enema. The notification of MD and order received is to be documented in the clinical record."</p> <p>This federal tag relates to Complaint #IN00140960.</p> <p>3.1-35(g)(1)</p>			

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F000514 SS=D	<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 documentation was completed for 1 of 4 residents reviewed for complete and accurate documentation, in a sample of 4. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 1/22/14 at 10:00 a.m.</p> <p>Diagnoses for Resident B included, but were not limited to, high blood pressure, advanced rheumatoid arthritis, congestive heart failure, recurrent lower extremity cellulitis, edema, gout, chronic lymphedema, chronic pain, cervical and spinal thoracic fracture, diabetes mellitus,</p>	F000514	<p>Corrective Action Resident records reviewed to assure documentation of Toilet assistive devices. Identification Residents that use assistive devices for toileting have the potential to be affected. System Changes Residents that use assistive devices for toileting have been identified and documentation completed. The licensed nurses were inserviced on 1/28/14 and 2/7/14 on required documentation of assistive devices. Monitoring DON/designee will review documentation of assistive devices for toileting weekly for 90 days and monthly for 90 days and monthly for 6 months. Any identified issues/concerns/problems will be reported to the QA Committee for further discussion/review and recommendations.</p>	02/22/2014	

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	<p>debility, and degenerative joint disease.</p> <p>During an interview with the Assistant Director of Nursing (ADoN), on 1/22/14, at 11:19 a.m., she indicated Resident B had attempted to use a plastic, raised toilet seat, to aid in the comfort of using the toilet. This assistive device, a toilet riser, was provided by the facility. Resident B complained that the device did not fit, "it was not tall enough". The facility staff obtained a taller toilet riser and positioned it over the toilet. Resident B refused to attempt to use it, in order for facility staff to make a "fit" assessment for possible adjustments. As a result, the facility staff obtained a bedside commode and created a custom fit device that fit over the toilet. Resident B refused to use it.</p> <p>During the clinical record review, documentation related to the use of an assistive toileting device and documentation of the aforementioned events were not evident.</p> <p>During an interview with the ADoN, on 1/22/13, at 12:00 p.m., she indicated the toilet riser events were</p>				

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	<p>not documented and not care planned, because the resident did not use the device.</p> <p>This federal tag relates to Complaint #IN00142352.</p> <p>3.1-50(a)(1)</p>			