

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155833	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/24/2015
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NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 12315 PENNSYLVANIA STREET CARMEL, IN 46032
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00180577.</p> <p>Complaint IN00180577 - Substantiated. Federal/State deficiencies cited at F225 and F226.</p> <p>Survey Dates: August 20, 21 & 24, 2015</p> <p>Facility number: 013444 Provider number: 155833 AIM number: 201294880</p> <p>Census bed type: SNF: 15 SNF/NF: 10 Other: 5 Total: 30</p> <p>Census payor type: Medicare: 9 Medicaid: 6 Other: 10 Total: 25</p> <p>Sample: 6</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during a Complaint (IN00180577) Survey on August 24, 2015. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	

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 0225 SS=D Bldg. 00	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his</p>			

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	<p>designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on observation, interview and record review, the facility failed to conduct a complete and thorough investigation in regard to bruising of unknown origin for 1 of 3 dependent residents sampled for bruising of unknown origin in a sample of 6. (Resident "B").</p> <p>Findings include:</p> <p>The record for Resident "B" was reviewed on 08-20-15 at 1:00 p.m. Diagnoses included, but were not limited to, dementia, memory impairment, chronic kidney disease, congestive heart failure, anemia and peripheral vascular disease. These diagnoses remained current at the time of the record review.</p> <p>A report dated 08-10-15 indicated the resident had bruising noted to the left upper arm which measured 4 cm (centimeters) by 2 cm - red/purple in color.</p> <p>A report dated 08-17-15 indicated "one bruise was present during the assessment</p>	F 0225	<p>F 225 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #B - A thorough investigation in regards to bruising was completed and reported to the ISDH by the Executive Director on 8/26/15.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected by the same alleged deficient practice. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Executive Director, Director of Post Acute Services, Assistant Director of Health Services, and MDS Coordinator on the following guidelines: 1). Abuse and Neglect 2). Accident and Incident Reporting How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for the</p>	08/25/2015	

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	<p>to the residents right upper posterior arm, which measured 11 cm by 5 cm. - purple/black in color."</p> <p>The section titled "Activity during bruise occurrence," indicated, "Daughter believes bruise occurred when staff was trying to scoot resident up and back in her chair."</p> <p>A review of the Resident Progress Notes, dated 08-17-15 at 4:05 p.m., indicated "Writer identified a new bruise to the resident's upper posterior right arm. When questioning daughter and resident, daughter stated that she believes the bruise occurred 3 days prior when staff was trying to 'scoot resident up in her wheelchair.' Bruise at this time is 11 cm by 5 cm and is purplish-black in color. Resident is currently on Xarelto [an anticoagulant]."</p> <p>A subsequent notation, dated 08-17-15 at 4:14 p.m., indicated, "Resident's bruises present upon admission have all resolved with the exception of the one on her upper left posterior arm. The one appears to have healed in some areas, and is now 3 smaller ones." However the Initial skin assessment lacked documentation of bruising, measurements or color of the bruising to the left posterior arm.</p>		<p>following 2 times per week times 8 weeks, then monthly times 4 months: 1). a thorough investigation of injury of unknown origin is complete 2). Immediate notification to the State Agency of injury of unknown origin The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>				

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	<p>A progress note, dated 08-17-15 at 4:58 p.m. indicated, "Bruise - in speaking with [name of resident] daughter re: [regarding] bruise on posterior left upper arm, it was determined that nursing consistently moves resident in chair using under arm lift method which is inconsistent with bruise pattern."</p> <p>During an observation on 08-20-15 at 10:00 a.m., with the Director of Nursing in attendance, an assessment of the resident's bruising was completed. Bruising to the left upper posterior arm were noted to be 5 circular bruises - brownish/red in color and the bruising to the right upper posterior arm extended from the axila area to approximately 2 inches from the resident's antecubital area. The bruising was approximately 4 inches in width across the posterior of the resident's arm and was bright red in color.</p> <p>A request was made to measure the resident's bruising.</p> <p>The Assistant Director of Nurses assessed the resident's bruising and indicated the areas measured as follows: "Left inner inferior upper arm - 1.4 cm by 2.0 cm." "Left inner superior upper arm - .4 cm by .4 cm." "Left outer superior upper arm - 4.0 cm</p>			

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	<p>by 1.0 cm." "Left outer inferior upper arm - 5.5 cm by 3.0 cm." "Right upper arm - 1.7 cm by 14.0 cm."</p> <p>Upon review of the documentation there was no description or measurement of the 5 circular bruises to the left posterior upper outer arm.</p> <p>A request was made to review the investigation which had been conducted by the Director of Nursing.</p> <p>The investigation was dated 08-17-15 as the "Date of Occurrence." The investigation indicated the Director of Nursing interviewed the Assistant Director of Nursing, the Medical Records staff member, the Administrator in Training and Certified Nurse Aide employee #9.</p> <p>Although the Director of Nurses interviewed one employee who cared for the resident from 08-14-15 thru 08-17-15, no other staff members, or residents were assessed or interviewed regarding bruising of unknown origin or related care concerns.</p> <p>During an interview on 08-21-15 at 10:45 a.m., the Administrator indicated "an investigation includes: interview with</p>			

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	<p>residents, staff involved and anyone aware of the situation."</p> <p>A review of the facility policy on 08-20-15 at 9:30 a.m., titled "Abuse and Neglect Procedural Guidelines," and dated as "revised 09-16- 2011," indicated the following:</p> <p>"Purpose: Trilogy Health Services has developed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident abuse and neglect."</p> <p>"Procedure: 1. THS [Trilogy Health Services] has implemented processes in an effort to provide a comfortable and safe environment. 2. The Executive Director and Director of Health Services are responsible for the implementation and ongoing monitoring of abuse standards and procedures. Definitions: Injuries of Unknown Source - means an injury that occurs when both of the following conditions are met: The source of the injury is not observed by any person or the source of the injury could not be explained by the resident AND the injury is suspicions in nature because of the extent of the injury or the location of the injury."</p> <p>"Investigation: The Executive Director is</p>			

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	<p>accountable for investigating and reporting."</p> <p>A review of the "Incident and Accident Program," on 08-24-15 at 9:40 a.m., and dated 11/2010, indicated the following:</p> <p>"Purpose: To ensure all accident's, incidents and allegations of abuse involving residents, visitors, or employees are investigated and reported to the facility administration."</p> <p>"Procedure:... 5. Reporting of incident, accidents and abuse to State and Federal agencies shall be in compliance in accordance with agency guidelines. ... The following data shall be included in either the Accident and Incident form (front and back) and/or the Circumstance and Reassessment form: a. Date and time the accident, incident or abuse allegation took place. b. Nature of the injury/illness. c. Circumstances surrounding the occurrence. d. Where the occurrence took place. e. Name(s) of witness(s) and their account of the occurrence - account should be conducted by an in-person or phone interview. The statement taken by the administrative staff shall be reviewed with the witness for accuracy and signed by the witness. The injured person's account of the occurrence if they are able to convey the</p>			

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F 0226 SS=D Bldg. 00	<p>information. ...condition of the victim - including vital signs."</p> <p>This Federal tag relates to Complaint IN00180577.</p> <p>3.1-28(d)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on observation, interview and record review the facility failed to immediately notify the State Agency of bruising of unknown origin for 1 of 1 programs reviewed. (Resident "B").</p> <p>Findings include: The record for Resident "B" was reviewed on 08-20-15 at 1:00 p.m. Diagnoses included, but were not limited to, dementia, memory impairment, chronic kidney disease, congestive heart failure, anemia and peripheral vascular disease. These diagnoses remained current at the time of the record review.</p> <p>A report dated 08-10-15 indicated the resident had bruising noted to the left upper arm which measured 4 cm</p>	F 0226	<p>F 226 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #B - A thorough investigation in regards to bruising was completed and reported to the ISDH by the Executive Director on 8/26/15. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected by the same alleged deficient practice. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Executive Director, Director of Post Acute</p>	08/25/2015	

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	<p>(centimeters) by 2 cm - red/purple in color.</p> <p>A report dated 08-17-15 indicated "one bruise was present during the assessment to the residents right upper posterior arm, which measured 11 cm by 5 cm. - purple/black in color."</p> <p>The section titled "Activity during bruise occurrence," indicated, "Daughter believes bruise occurred when staff was trying to scoot resident up and back in her chair."</p> <p>A review of the Resident Progress Notes, dated 08-17-15 at 4:05 p.m., indicated "Writer identified a new bruise to the resident's upper posterior right arm. When questioning daughter and resident, daughter stated that she believes the bruise occurred 3 days prior when staff was trying to 'scoot resident up in her wheelchair.' Bruise at this time is 11 cm by 5 cm and is purplish-black in color. Resident is currently on Xarelto [an anticoagulant]."</p> <p>A subsequent notation, dated 08-17-15 at 4:14 p.m., indicated, "Resident's bruises present upon admission have all resolved with the exception of the one on her upper left posterior arm. The one appears to have healed in some areas, and is now</p>		<p>Services, Assistant Director of Health Services, and MDS Coordinator on the following guidelines: 1). Abuse and Neglect 2). Accident and Incident Reporting How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for the following 2 times per week times 8 weeks, then monthly times 4 months: 1). a thorough investigation of injury of unknown origin is complete 2). Immediate notification to the State Agency of injury of unknown origin The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>				

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	<p>3 smaller ones." However the Initial skin assessment lacked documentation of bruising, measurements or color of the bruising to the left posterior arm.</p> <p>A progress note, dated 08-17-15 at 4:58 p.m. indicated, "Bruise - in speaking with [name of resident] daughter re: [regarding] bruise on posterior left upper arm, it was determined that nursing consistently moves resident in chair using under arm lift method which is inconsistent with bruise pattern."</p> <p>During an observation on 08-20-15 at 10:00 a.m., with the Director of Nursing in attendance, an assessment of the resident's bruising was completed. Bruising to the left upper posterior arm were noted to be 5 circular bruises - brownish/red in color and the bruising to the right upper posterior arm extended from the axila area to approximately 2 inches from the resident's antecubital area. The bruising was approximately 4 inches in width across the posterior of the resident's arm and was bright red in color.</p> <p>A request was made to measure the resident's bruising.</p> <p>The Assistant Director of Nurses assessed the resident's bruising and indicated the areas measured as follows:</p>			

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	<p>"Left inner inferior upper arm - 1.4 cm by 2.0 cm." "Left inner superior upper arm - .4 cm by .4 cm." "Left outer superior upper arm - 4.0 cm by 1.0 cm." "Left outer inferior upper arm - 5.5 cm by 3.0 cm." "Right upper arm - 1.7 cm by 14.0 cm."</p> <p>Upon review of the documentation there was no description or measurement of the 5 circular bruises to the left posterior upper outer arm.</p> <p>During interview on 08-20-15 at 11:00 a.m., the Director of Nurses indicated the bruising of unknown origin was not reported to the State Agency.</p> <p>A review of the facility policy on 08-20-15 at 9:30 a.m., titled "Abuse and Neglect Procedural Guidelines," and dated as "revised 09-16- 2011," indicated the following:</p> <p>"Purpose: Trilogy Health Services has developed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident abuse and neglect."</p> <p>"Procedure: 1. THS [Trilogy Health Services] has implemented processes in</p>						

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	<p>an effort to provide a comfortable and safe environment."</p> <p>"Investigation: The Executive Director is accountable for investigating and reporting. Refer to the Incident and Accident Program for investigation procedures."</p> <p>"Reporting: Any staff member, resident, visitor or responsible party may report known or suspected abuse, neglect, or misappropriation to local or state agencies. Immediately and not more than 24 hours complete an initial report to applicable state agencies."</p> <p>A review of the "Incident and Accident Program," on 08-24-15 at 9:40 a.m., and dated 11/2010, indicated the following:</p> <p>"Purpose: To ensure all accident's, incidents and allegations of abuse involving residents, visitors, or employees are investigated and reported to the facility administration."</p> <p>"Procedure: 5. Reporting of incident, accident's and abuse to State and Federal agencies shall be in compliance in accordance with agency guidelines."</p> <p>This Federal tag relates to Complaint IN00180577.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/11/2015
FORM APPROVED
OMB NO. 0938-0391

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	3.1-28(a)				