

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/05/2014
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NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129
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F000000	<p>This visit was for the Investigation of Complaints IN00152651 and IN00153204.</p> <p>Complaint IN00152651 Substantiated. Deficiency related to the allegations is cited at F514.</p> <p>Complaint IN00153204 Substantiated. Deficiency related to the allegations is cited at F514.</p> <p>Survey dates: August 4 and 5, 2014</p> <p>Facility number : 000059 Provider number: 155697 AIM number: 100266560</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF: 9 SNF/NF: 66 Total: 75</p> <p>Census payor type: Medicare: 7 Medicaid: 49 Other: 19 Total: 75</p>	F000000		
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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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F000514 SS=D	<p>Sample: 8</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 6, 2014 by Randy Fry RN.</p> <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 interview and record review the facility failed to document assessment of resident conditions for 2 of 8 residents reviewed for resident assessment in a sample of 8. (Resident # L and Resident #M)</p> <p>Findings include:</p>	F000514	<p>F-514 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·Resident L had passed away prior to survey ·Resident M no longer resides at the facility <p>How other residents having the potential to be affected by the</p>	08/22/2014

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	<p>1. Resident #L's record was reviewed on 8-4-2014 at 5:02 PM. Resident #L's diagnoses included, but were not limited to, volvulus (a twisting of the intestine), GERD, and anemia.</p> <p>Resident #L's Medication Administration Record (MAR) dated 5-2014 indicated Resident #L received Phenergan (an antiemetic) 25 mg by mouth on 5-22 and 23-2014. There was no indication on the back of the MAR why the medication had been given.</p> <p>A review of Resident #L's Nurse's Notes indicated there was no note dated 5-22-2014 to indicate why the Phenergan was given.</p> <p>A review of Resident #L's Nurse's Notes dated 5-23-2014 indicated Resident #L was given Phenergan at 7:11 AM for dark brown emesis. There was no further description of the emesis.</p> <p>In an interview on 8-5-2014 at 8:21 AM, LPN #1 indicated she remembered Resident #L having nausea on 5-22 and 23. LPN #1 further stated Resident #L persisted drinking Pepsi despite being nauseated and the vomitus was dark brown thin liquid the color of Pepsi with mucous flecks in it. LPN #1 further indicated the assessment of Resident #L's</p>		<p>same deficient practice will be identified and what corrective action(s) will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the alleged deficient practice. ·Resident progress notes will be reviewed daily for any resident change of condition by the DNS/Designee and any change of condition will be reviewed with the licensed nurses daily to ensure continued follow-up, MD notification, and plan of care updated as needed. ·An audit will be completed to ensure assessments are documented when prn medications are administered, and hydration assessed for residents at risk for altered fluid balance by the DNS/Designee. ·Residents identified with a change of condition will be added to the "hot charting" list to alert each nurse that follow-up documentation is needed. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? ·Resident progress notes will be reviewed daily for any resident change of condition by the DNS/Designee and any change of condition will be reviewed with the licensed nurses daily to ensure continued follow-up, MD notification, and plan of care updated as needed. ·An audit will be completed to 	

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	<p>emesis should have been included in the documentation.</p> <p>2. Resident #M's record was reviewed on 8-5-2014 at 8:28 AM. Resident #M's diagnoses included, but were not limited to, chronic kidney disease, bladder cancer, and chronic kidney disease.</p> <p>Resident #M's lab results on 6-19-2014 were as follows: BUN 37, and Creatinine 1.8. Both results were high, but not unusually so considering Resident #M's kidney disease.</p> <p>Resident #M's Nurse's notes dated 7-6-2014 at 4:16 PM indicated resident #M's mucous membranes were pink and moist.</p> <p>On 7-9-2014, Resident #M's Nurse's Notes indicated he had become combative and was refusing care.</p> <p>Nurse's Notes dated 7-10-2014 at 9:43 AM indicated Resident #M was refusing some meals and fluids, and staff were offering food and fluid replacements as appropriate. There was no documentation regarding the status of Resident #M's mucous membranes.</p> <p>On 7-10-2014 at 2:33 PM Nurse's Notes indicated resident #M told the staff to</p>		<p>ensure assessments are documented when prnmedications are administered, and hydration assessed for residents at riskaltered fluid balance by the DNS/Designee.</p> <ul style="list-style-type: none"> ·Licensed nurses have been re-educated on change of condition, assessing,documentation, and timely MD notification by the DNS/Designee on or before8/22/14. ·Residents identified with a change of condition will be added to the "hotcharting" list to alert each nurse that follow-up documentation is needed. ·The DNS/designee will review any resident with change of condition toensure assessments completed for altered fluid balance and prn medicationsadministered. <p>Howthe corrective action(s) will be maintained to ensure the deficient practicewill not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·To ensure compliance, the DNS/Designeeis responsible for the completion of the change in condition, and unnecessarymedication CQI tool weekly times 4 weeks, bi-monthly times 2 months, monthlytimes 6 and then quarterly to encompass all shifts until continued complianceis maintained for 2 consecutive quarters. The results of these audits will be reviewedby the CQI committee overseen by 				

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	<p>"Leave him alone." There was no indication of the status of Resident #M's fluid balance, by noting the state of mucous membranes.</p> <p>Nurse's Notes on 7-11-2014 at 12:26 AM, indicated the staff had encouraged Resident #M to take fluids, but there was no documentation the status of Resident #M's mucous membranes.</p> <p>Nurse's Notes indicated on 7-11-2014 at 1:25 PM, several attempts had been made to initiate an IV , but the facility was unable to do so after repeated attempts. There was still no indication in the documentation of the state of Resident #M's fluid balance by noting the state of skin turgor or mucous membranes.</p> <p>In an interview on 8-5-2014 at 1:24 PM, LPN #2 indicated Resident #M's skin turgor was good, and mucous membranes were moist on 7-10-2014, but she had just forgotten to document. LPN #2 further indicated she should have documented her assessment.</p> <p>This Federal tag relates to Complaints IN00152651 and IN00153204.</p> <p>3.1-50(a)(1)</p>		<p>the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. Completed on or before 8/22/14 Attachments A, B, C, D, E</p>				

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

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