

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155455	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/16/2015
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NAME OF PROVIDER OR SUPPLIER  WESLEYAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 729 W 35TH ST MARION, IN 46953
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00175125.</p> <p>Complaint IN00175125 -Substantiated. Federal/State deficiency related to allegation are cited at F157.</p> <p>Survey dates: June 15 and 16, 2015</p> <p>Facility number: 000557 Provider number: 155455 AIM number: 100291240</p> <p>Census bed type: SNF: 11 SNF/NF: 110 Residential: 7 Total: 128</p> <p>Census payor type: Medicare: 11 Medicaid: 85 Other: 32 Total: 128</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		
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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 0157 SS=D Bldg. 00	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the guardian</p>	F 0157	In Liew of facility survey results on 6-16-15, the facility respectfully requests a paper	07/08/2015			

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	<p>was notified when there was an accident for 1 of 4 residents reviewed for family/responsible party notification in a sample of 4. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident (B) was reviewed on 6/15/15 at 9:45 a.m. Diagnoses for Resident (B) included, but were not limited to, mental retardation, congestive heart failure, depressive disorder, schizoaffective disorder and closed fracture of tibia. Resident (B) was severely cognitively impaired.</p> <p>Nursing Notes, dated 5/22/15 at 3:20 a.m., indicated Resident B fell forward onto the floor, hitting his face. Resident B had a laceration to his right cheek that measured 2.3 cm x 0.2 cm and an abrasion to his nose that measured 0.4 cm x 0.2 cm. The nurse practitioner was notified.</p> <p>During review of the June, 2015 Medication Administration Record, Resident B was given acetaminophen (for pain relief) 650 mg at 3:35 a.m. Resident B complained of facial pain.</p> <p>Review of the Nurse's Notes, dated 5/22/15 at 8:43 a.m., indicated Resident B's guardian arrived at the facility for a</p>		<p>compliance for the citation. Resident B, the family is aware of the occurrence. All residents have the potential to be affected by the alleged deficient practice. Nursing staff to be in-serviced to notify family members, whatever time of day should an injury occur. Occurrences will be audited each business day to ensure that families have been notified on a timely basis by the Unit Managers/DON/Designee will review the audits upon completion. Results of audits will be discussed at the monthly QAA Committee meetings ongoing.</p>	

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	<p>visit. She was notified of the fall when she arrived.</p> <p>During an interview on 6/16/15 at 10:20 a.m., RN #1 indicated she was covering the hall at the time of the fall. She indicated Resident B was found on the floor with a small laceration under his right eye. She indicated she applied Steri-strips to the laceration and gave him pain medication. She indicated she notified the physician, but told the 1st shift nurse to call the sister during day time hours.</p> <p>During an interview with the guardian on 6/16/15 at 10:00 a.m., she indicated she was not notified of the fall. She indicated when she came in to visit Resident B; she immediately knew he was in pain. He had a laceration to his cheek covered with a butterfly band aid and his right eye was very swollen. She indicated her phone was ringing as she entered the facility.</p> <p>During an interview on 6/16/15 at 1:55 p.m., RN #2 indicated staff were to call the family at the time of the fall, unless there were no injuries.</p> <p>During an interview on 6/16/15 at 1:58 p.m., the Corporate Nurse indicated staff were to notify the family at the time of</p>			

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	<p>the fall, unless there were no injuries.</p> <p>Review of a current facility policy, dated 4/2014, titled "PHYSICIAN/FAMILY/RESPONSIBLE PARTY NOTIFICATION FOR CHANGE IN CONDITION", which was provided by the DON on 6/16/15 at 3:15 p.m., indicated the following:</p> <p>"Purpose: To ensure that medical care problems are communicated to the attending physician and family/responsible party in a timely, efficient, and effective manner.</p> <p>...Policy: 1. Physician and family/responsible party notification is to included, but is not limited to: ...Any accident or incident...Change in condition that may warrant a change in current treatment..."</p> <p>This Federal tag relates to Complaint IN00175125.</p> <p>3.1-5(a)(3)</p>				