

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155241	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/30/2013
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NAME OF PROVIDER OR SUPPLIER FOREST CREEK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 525 E THOMPSON RD INDIANAPOLIS, IN 46227
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F000000	<p>This visit was for the Investigation of Complaint IN00140133 and IN00140641.</p> <p>Complaint IN00140133 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00140641 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey date: December 30, 2013</p> <p>Facility number: 000145 Provider number: 155241 AIM number: 100275110</p> <p>Survey team: Diana Zgonc, RN-TC Karyn Homan, RN Dorothy Plummer, RN</p> <p>Census bed type: SNF: 16 SNF/NF: 98 Total: 114</p> <p>Census payor type: Medicare: 20 Medicaid: 77 Other: 17</p>	F000000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Forest Creek Village desires this Plan of Correction to be considered the facility's allegation of compliance. Compliance is effective on December 31, 2013.</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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	<p>Total: 114</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on December 31, 2013; by Kimberly Perigo, RN.</p>			

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F000323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interview, the facility failed to ensure staff followed the resident's plan of care which resulted in a fall with a forehead hematoma and fractured finger for 1 of 3 residents reviewed for falls in a sample of 6 (Resident # B and CNA #1).</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 12/30/13 at 10:30 A.M.</p> <p>Diagnoses for Resident #B included, but were not limited to dementia with behaviors, muscle weakness, debility, vitamin D deficiency, hyponatremia, history of falls, reflux and delusional disorder.</p> <p>A hospital note dated 12/1/13 indicated the resident was treated in the hospital emergency room for a left forehead hematoma and superficial abrasion above the left eye and for a left hand 3rd finger fracture related to</p>	F000323	<p>F323</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>CNA #1 was terminated for not following Resident #B's plan of care. Resident is being transferred per plan of care with 2 staff members.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be accomplished?</p>	12/31/2013

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	<p>a fall.</p> <p>A "Fall Event Report" dated 12/2/13 indicated the resident received 2 abrasions above the left eye and the 3rd finger on the left hand was out of alignment. The report also indicated CNA #1 had taken Resident #B to the bathroom by herself and she became combative and fell to the floor. The CNA was educated at that time to follow the CNA assignment sheet, as the resident was a 2 person assist with transfers.</p> <p>A care plan originally dated 6/13/12, indicated the resident was at risk for falls due to decreased strength and balance with a history of falls and required assistant with transfers. The care plan was updated on 11/8/13 (before the fall on 12/1/13) with an intervention of assistance of 2 for transfers.</p> <p>The current Quarterly Minimum Data Set (MDS assessment) dated 11/18/13 indicated the resident's cognitive status was severely impaired (BIMS - brief interview mental status "4") and she was an extensive assist of 2 staff members for transfers.</p> <p>During an interview with the</p>		<p>All residents</p> <p>requiring an assist of two with transfers or who are at risk for falls have the</p> <p>potential to affected by the same alleged deficient practice. All nursing staff</p> <p>are being inserviced by the Clinical Education Coordinator/Designee on</p> <p>following plan of care/resident profiles to ensure the alleged deficient</p> <p>practice does not occur again.</p> <p>What measures will be put into place or what systematic changes will</p> <p>be made to ensure the deficient practice does not recur?</p> <p>Nursing staff will</p> <p>continue no less than monthly inservicing on following plan of care/resident</p> <p>profiles to ensure the deficient practice does not recur. The IDT</p>	

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	<p>Administrator on 12/30/13 at 4:00 P.M., he indicated the facility had done a lot of inservicing with the staff related to falls; but the resident was a 2 person assist, CNA #1 had assisted the resident by herself, and the resident fell.</p> <p>This Federal tag relates to complaint IN00140641.</p> <p>3.1-45(a)(2)</p>		<p>team will</p> <p>review all residents that require an assist of 2 for transfers or have a</p> <p>current fall intervention weekly to ensure care plans and resident profiles are</p> <p>appropriate and to ensure the alleged deficient practice does not recur. The</p> <p>DNS/Designee will conduct daily rounds</p> <p>every shift to ensure fall interventions are in place.</p> <p>How will the corrective action(s) be monitored to ensure the</p> <p>deficient practice does not recur? What quality assurance program will be put</p> <p>into place?</p> <p>Inservicing on</p> <p>following plan of care/resident profiles will be required and provided to the</p> <p>nursing staff once every 2 weeks for 2 months and then monthly for 6 months. A CQI tool on fall</p>	

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			<p>management/interventions will be utilized once every 2 weeks for 2 months and then</p> <p>monthly X6 to ensure compliance. If a threshold of 95% is not met an action</p> <p>plan will be initiated to ensure compliance.</p> <p>Systematic changes</p> <p>have been completed as of December 31, 2013</p>	