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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155076 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 07/24/2013 |
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| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER- BROOKVIEW | STREET ADDRESS, CITY, STATE, ZIP CODE 7145 E 21ST ST INDIANAPOLIS, IN 46219 |
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| F000000 | <p>This visit was for the Investigation of Complaint IN00131572.</p> <p>Complaint IN00131572 - Substantiated. A federal/state deficiency related to the allegations is cited at F323.</p> <p>Survey date: July 23, 24, 2013</p> <p>Facility number 000031 Provider number 155076 AIM number 100266150</p> <p>Survey team: Chuck Stevenson RN</p> <p>Census bed type: SNF/NF: 115 Total: 115</p> <p>Census payor type: Medicare: 11 Medicaid: 91 Other: 13 Total: 115</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</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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| | Quality review 7/31/13 by Suzanne Williams, RN | | | |

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| F000323 SS=D | <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 a resident (Resident B) was protected from injury (skin tears to the left lower leg) occurring when CNA #1 transferred the resident manually, when the resident's assessments and daily assignment sheet indicated a mechanical (Hoyer) lift was to be used. This affected 1 resident of 3 reviewed for transfers in a sample of 3.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 7/23/13 at 11:00 a.m.</p> <p>Diagnoses included, but were not limited to, a history of cerebrovascular accident, anemia, persistent mental disorder, hypertension, gastro esophageal reflux disease, and a history of gastro intestinal hemorrhage.</p> <p>A hospital physical therapy evaluation dated 5/21/13 indicated Resident B</p> | F000323 | <p>F323 It is the practice of this facility to ensure that the resident's environment remains as free of accident hazards as is possible. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice are as follows: _ Resident B no longer resides in facility, however the CNA caring for Resident B on the day of the incident was immediately suspended pending investigation of the incident. Also, on the day of the incident the plan of care and CNA care sheet for Resident B were verified to contain the correct information about appropriate lifting techniques for the resident. How other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions will be taken are as follows: An audit of all residents requiring use of mechanical lifts was completed on 6/19/13 to verify the presence of current lift assessments as well as matching notation of the needed lifting technique on the resident plan of</p> | 08/12/2013 |

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| | <p>was totally dependent for care and required a mechanical lift for transfers.</p> <p>A facility "Lift/Mobility Assessment for Residents" form dated 5/22/13, the day of Resident B's admission to the facility, indicated Resident B required assistance with moving in bed or turning, required assistance with lateral transfers, and had "other circumstances resulting in a difficult move..."</p> <p>A physical therapy "Progress and Discharge Summary" dated 6/24/13 indicated Resident B had treatment diagnoses of difficulty in walking and muscular disuse atrophy, and recommended as a safety precaution use of a Hoyer (mechanical) lift.</p> <p>A C.N.A. daily assignment sheet dated 6/14/13, the date of Resident B's injury, indicated Resident B was to be transferred using a mechanical lift.</p> <p>A progress note for Resident B dated 6/14/13 at 5:15 p.m. indicated "Resident was transferred to chair by staff and received 2 skin tears to her lower left leg...Assessment: Resident has 2 skin tears to left lower leg measuring approximately .5 cm</p> | | <p>care and CNA care sheets. Nursing staff were re-educated on the importance of using CNA care sheets as they reflect the resident plan of care which provides direction in achieving the safest and most effective way to deliver care for each individual resident. What measures will be put into place and the systemic changes will be made to ensure that this deficient practice does not recur are as follows: Nursing staff (nurses and CNA's) were re-educated on 6/14/13 - 6/17/13 regarding the requirement to use CNA care sheets as they reflect the resident plan of care which provides direction in achieving the safest and most effective way to deliver care for each individual resident. Resident lift assessments will continue to be completed on admission and with significant change in condition; they will also be reviewed quarterly and updated as changes occur. Any changes will be noted in resident care plan and on CNA care sheets immediately. CNA staff will continue to utilize CNA care sheets to guide ADL assistance provided to residents. How the corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:Nursing management monitored</p> | | | | |

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| | <p>(centimeters) in length...Response: MD was notified and orders for Bacitracin, Telfa and Kerlix...Resident to only be transferred using Hoyer lift..."</p> <p>A "Facility Incident Reporting Form," identified as relating to Resident B and an Incident Date of 6/14/13, indicated "Brief Description: Resident was noted to have two small skin tears to anterior LLE (left lower extremity) after receiving her shower. Areas are linear and measure approximately .5 cm each. Resident alleges CNA was rough with her during transfer. Interviewed CNA who reports she transferred resident by pivoting her. CNA reports she was not rough but did move resident quickly from one surface to the other before and after shower. CNA states she was unaware that resident was to be transferred per mechanical lift though it was indicated on CNA care sheet."</p> <p>During an interview on 7/23/13 at 1:00 p.m. the Director of Nursing (D.O.N.) indicated CNA #1 did transfer Resident B without using a mechanical lift as noted on the CNA daily sheet, resulting in injuries consisting of skin tears to the lower left leg. She indicated that Resident B's transfer status was indicated on</p> | | <p>possession and utilization of CNA care sheets with random checks of 5 CNA's daily for 2 weeks, 3 days per week for 2 weeks, 1 day per week for 2 weeks, and will continue monitoring 1 day per month. Non-compliance with the required practice has been and will continue to be corrected. Nursing management randomly observed 2 resident transfers for correct transfer technique as directed by CNA care sheets on each shift daily for 2 weeks, 3 days per week for 2 weeks, 1 day per week for 2 weeks, and will continue monitoring 1 day per month. Non-compliance with the required practice has been and will continue to be corrected. Director of Nursing or designee will ensure updated lift assessments are completed with changes as well as updated care plans and CNA care sheets. Audits and corrections will be reported monthly at the Quality Assurance and Performance Improvement meeting. By what date the systemic changes will be completed is as follows: 8/12/13.</p> | | |

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| | <p>the CNA daily assignment sheet and that CNA #1 should have used a mechanical lift to transfer the resident. She also indicated CNA #1 had been promptly suspended while the allegation of rough treatment was investigated.</p> <p>CNA #1 was interviewed on 7/24/13 at 8:50 a.m. She indicated she did transfer Resident B on 6/14/13 without using a mechanical lift, and was aware the resident had suffered skin tears during the transfer. She indicated the facility had counseled her on the importance of adhering to directions provided by the daily assignment sheets, and that she would do so in the future.</p> <p>A facility policy titled "CNA Assignment Sheets" dated 10/11/11 received from the D.O.N. on 7/24/13 at 8:30 a.m. indicated:</p> <p>" Guideline: All CNA's will follow a CNA Assignment Sheet to provide care according to resident's plans of care.</p> <p>Procedure: 1. All CNA's will be given a CNA Assignment Sheet by the Charge Nurse for their assigned group of residents at the beginning of their shift. 2. The CNA Assignment</p> | | | | |

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| | <p>Sheet will include, but not be limited to, the following areas of care...mechanical lift...3. The CNA's will keep their CNA Assignment Sheet in their possession during their shift and follow it according to their resident's plan of care."</p> <p>This federal tag relates to Complaint IN00131572.</p> <p>3.1-45(a)(2)</p> | | | | |