

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/30/2014
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NAME OF PROVIDER OR SUPPLIER BROOKDALE PLACE AT WILLOW LAKE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2725 LAKE CIRCLE DR INDIANAPOLIS, IN 46268
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: July 28, 29 and 30, 2014.</p> <p>Facility number: 010234 Provider number: 010234 AIM number: N/A</p> <p>Survey team: Sandra Nolder R.N., Team Coordinator Gloria Bond R.N.</p> <p>Census bed type: Residential: 51 Total: 51</p> <p>Census payor type: Other: 51 Total: 51</p> <p>Sample: 8</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2.5</p> <p>Quality Review was completed by Tammy Alley RN on August 4, 2014.</p>	R000000	<p>The following is the Plan of Correction for Brookdale Place of Willow Lake in regards to the Statement of Deficiencies for the annual survey completed on July 30th 2014. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective.</p>	
R000193	410 IAC 16.2-5-1.6(q)(1-2)			

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>Physical Plant Standards - Deficiency (q) The facility shall have laundry services either in-house or with a commercial laundry by contract as follows: (1) If a facility operates its own laundry, the laundry shall be designed and operated to promote a flow of laundry from the soiled utility area toward the clean utility area to prevent contamination. (2) Written procedures for handling, storage, transportation, and processing of linens shall be posted in the laundry and shall be implemented.</p> <p>Based on observation, record review and interview, the facility failed to ensure 2 of 3 of the facility's dryers lint screens and traps were kept clean. This deficiency had the potential to affect 51 residents residing in the facility.</p> <p>Findings include:</p> <p>During an environmental tour on 7/28/14 at 9:43 A.M., with the Maintenance Coordinator in attendance.</p> <p>1. The industrial dryer lint screen in the basement laundry room was observed to be covered in lint. The Maintenance Director was observed to take his hand and pulled the lint off the lint screen in one large sheet. The sheet of lint that he pulled off the screen was observed to be approximately one-fourth inch thick.</p> <p>2. The residential dryer lint trap in the</p>	R000193	<p><u>R 193 Physical Plant Standards (Deficiency)</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <ul style="list-style-type: none"> · Going forward, a written "How To: Using the Dryer" will be posted in all areas where laundry is handled. · The Industrial dryer lint screen in the basement laundry room was observed to be covered in lint. The lint screen was immediately cleaned after made aware of the alleged deficient practice. · The residential dryer lint trap in the basement laundry room was observed to be full of lint. The lint trap was immediately cleaned after made aware of the alleged deficient practice. <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to 	08/16/2014
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	<p>basement laundry room was observed to be full of lint. The Maintenance Director was observed to take his hand and swept his hand into the trap and pulled a ball of lint out of the trap. The ball of lint he pulled out of the trap was observed to be the approximately the size of a softball.</p> <p>During an interview with the Maintenance Director at that time, he indicated that the lint from the lint screen and the lint trap had been there for awhile. He indicated the CNA's were responsible for checking and removing the lint from the screen and trap "after every load."</p> <p>During an interview on 7/28/14 at 11:40 A.M., the Executive Director (ED) indicated the CNA's were responsible for cleaning the lint screens and traps "after every load." She indicated the Maintenance Director's responsibility was to vacuum weekly under the industrial dryer to remove the lint off the floor to prevent buildup and fires.</p> <p>A current policy titled "How To: Using the Dryer" dated June 2002, was provided by the ED on 7/30/14 at 12:06 P.M., indicated "...Suggested Guidelines: ...3. Clean lint out of filter after each load (check the filter before drying a new load)... 10. Clean lint traps after each</p>		<p>be affected by the alleged deficiency.</p> <ul style="list-style-type: none"> ·The Industrial dryer lint screen in the basement laundry room was observed to be covered in lint. The lint screen was immediately cleaned after made aware of the alleged deficient practice. ·The residential dryer lint trap in the basement laundry room was observed to be full of lint. The lint trap was immediately cleaned after made aware of the alleged deficient practice. <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <ul style="list-style-type: none"> ·All Residential Care Associates & the Maintenance Coordinator were in-serviced on How To: Using the Dryer and the state requirement. ·An industrial dryer lint audit tool for vacuuming will be completed weekly until the alleged deficient practice does not recur. ·A dryer lint audit tool for lint traps/screen will be completed daily until the alleged deficient practice does not recur. ·Results of audits will be reviewed by the Executive Director on a daily to weekly basis to monitor for continued compliance. ·The ED will utilize this information in order to identify trends and provide direction as to the appropriate action. <p>How will the corrective actions be monitored to ensure the deficient</p>	

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R000214	<p>load."</p> <p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident. Based on interview and record review, the facility failed to evaluate the individual needs of residents related to significant changes in conditions and update Service plans for 2 of 7 residents reviewed for Service plans. (Residents #30 and #43) Findings include:</p>	R000214	<p>practice will not recur, i.e., what quality assurance programs will be put into place? ·The Executive Director will be provided a copy of the dryer lint audit tools. ·This process will continue daily/weekly and on-going to audit for continued compliance with the state requirement. ·Additional action will be taken by the E.D. as warranted, based on results of audits. By what date will these systemic changes be implemented? ·8-16-14</p> <p><u>R 214 Evaluation (Deficiency)</u> What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? ·Resident #30's personal service plan was immediately updated reflecting the significant change of condition with the addition of the diagnoses of GI Bleed and Constipation. ·Resident #43 had an addendum to the personal service plan in her</p>	08/16/2014

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	<p>1. Resident #30's record was reviewed on 7/28/14 at 3:29 P.M. Diagnoses included, but were not limited to, anemia, gastrointestinal bleed, melena (black tarry stools caused by the digestion of blood in the gastrointestinal tract), constipation and gastroesophageal reflux disease.</p> <p>The resident's current "Personal Service Plan" dated 4/16/14, the "Bathroom Assistance" area indicated the resident required assistance with clothing management such as pulling his pants up and down, changing protective undergarments, he was incontinent of his bladder and bowel and the staff needed to be alert to areas of skin breakdown. The resident or whoever he designated would monitor his incontinence products and order them. He was able to stand and pivot with stand by supervision and the aid of grab bars. He would call for assistance to the bathroom when needed and his bathroom safety had improved.</p> <p>The resident's current "Personal Service Plan" lacked documentation of the resident's significant change of condition. A Physician's HPI (History Physical Information) document dated 6/18/14, indicated "post hospitalization for Acute GI [gastrointestinal] bleed. Medications adjusted...."</p>		<p>medical record that reflected the acknowledgement of the 3 open blisters to the right lower extremity which we were monitoring for infection dated 6/29/14. In addition, the addendum dated 7/2/14 stated that Brookdale Home Health admitted resident for wound care. All treatments were completed by Home Health and they were monitoring dressings for signs and symptoms of infection and for the integrity of the dressings.</p> <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> ·The Health and Wellness Director will audit the shift log, alert charting, and all new orders daily to identify residents in need of re-evaluation. ·The Health and Wellness Director will update the Personal Service Plan as required by resident condition. <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <ul style="list-style-type: none"> ·The Health and Wellness Director has been re-educated on Brookdale's Policy for Change of Condition by the Executive Director and audits will be performed on a daily basis ·The ED will be notified by the HWD of any changes of condition completed on a routine basis during morning meetings. ·Nurses will be in-serviced on 				

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	<p>During an interview on 7/28/14 at 5:45 P.M., the Health and Wellness Director (HWD) indicated she had not updated this resident's service plan for GI bleed after he returned from the hospital.</p> <p>2. Resident #43's record was reviewed on 7/29/14 at 2:36 P.M. Diagnoses included, but were not limited to, coronary artery disease, legally blind, weight loss, cerebrovascular accident and mixed vascular Alzheimers dementia with depression.</p> <p>The resident's current "Personal Service Plan" dated 3/18/14, lacked documentation of the resident's significant change of condition and that she had been started on Home Health care Services for dressing changes to her right leg.</p> <p>An Interdisciplinary Progress Note dated 6/20/14 at 3:30 A.M., indicated "...I was given report that resident had a blister on [R with a circle around it] [right] leg due to old abrasion and that M.D. was notified to see would Home Health or staff nurse dress the blister. Still awaiting call from MD preventative 4 x 4 and conforming gauze ... noted will pass on to A.M. Nurse for follow up will cont [continue] to monitor"</p>		<p>change of condition policy and alert charting clinical guidelines.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?</p> <ul style="list-style-type: none"> ·The Health and Wellness Director will audit the shift log, alert charting, and all new orders daily to identify residents in need of re-evaluation. ·Results of audits will be reviewed by the Executive Director on a weekly basis to monitor for continued compliance. ·In the event a non-compliance is noted, the ED will designate next steps and monitor results. <p>By what date will these systemic changes be implemented? 8-16-14</p>	

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	<p>An Interdisciplinary Progress Note dated 6/20/14 at 10:40 A.M., indicated "Dressing intact to [R with a circle around it] lower leg, ... awaiting M.D. orders."</p> <p>An Interdisciplinary Progress Note dated 6/29/14 at 12:30 P.M., indicated "Blisters on [R with a circle around it] lower outer leg + [and] [R with a circle around it] lower inner leg ruptured ... Received [sic] new order for resident to be referred to ISC [home health care] for wound care...."</p> <p>An Interdisciplinary Progress Note dated 7/1/14 at 10:55 A.M., indicated "Dressing intact to [R with a circle around it] lower leg,"</p> <p>An Interdisciplinary Progress Note dated 7/1/14 at 11 A.M., indicated "Call placed to ISC at this time to make sure order was received [sic]... resident will be seen on Wednesday by skilled nurse."</p> <p>A Physician Order dated 6/29/14, indicated "Refer to ISC for wound Care for right lower leg."</p> <p>A "Wound Record Report" from the Home Health Agency, dated 7/2/14 at 12:37 P.M., indicated the right lower front wound was a pressure ulcer Stage</p>			

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R000349	<p>II. The wound measured 6.0 x 5.0 x 0.0 cm (centimeters). The drainage was bloody with the wound bed 50-75% epithelial tissue (the color of the tissue is ground glass to pink). The drainage type was bloody. The right front side wound was a pressure ulcer Stage II. The wound measured 4.0 x 4.0 x 0.0 cm. The drainage was bloody with the wound bed 75-100% epithelial tissue. The right inner leg wound was a pressure ulcer Stage I. The wound measured 4.0 x 3.0 x 0.0 cm. There was no drainage and the wound bed was 100% epithelial tissue.</p> <p>During an interview on 7/30/14 at 11 A.M., the Heath and Wellness Director indicated the resident's Service plan was not updated after she developed the blisters on her legs and started on Home Health Care services.</p> <p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible.</p>			

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	<p>(4) Systematically organized.</p> <p>Based on interview and record review, the facility failed to ensure resident's records were documented accurately for 2 of 8 records reviewed for accurately documented records. (Resident #21 and #43)</p> <p>Findings include:</p> <p>1. Resident #21's record was reviewed 7/29/14 at 9:56 A.M. Diagnoses included, but were not limited to, senile dementia and bipolar disorder.</p> <p>"Interdisciplinary Progress Notes" for the following dates and times indicated the following:</p> <p>12/28/13 at 1:40 P.M., indicated "... pt was very combative while in the beauty salon. Pt was scratching, kicking and cursing. Pt was only able to get her hair shampoo + [and] blow dried."</p> <p>6/14/15 at 1355, indicated "Pt refused pre lunch accucheck. pt was very combative; kicking, scratching, and cursing @ [at] this nurse. 3 attempts made pt cont [continue]. to get combative...."</p> <p>6/16/14 at 6 P.M., indicated "Resident refused accuchk [sic] for evening. Resident was combative to writer with</p>	R000349	<p><u>R 349-Clinical Records Non-compliance</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <ul style="list-style-type: none"> Resident #21's current Personal Service Plan reflects reluctance to accept care with the following: medication assistance, dressing and grooming assistance, showering or bathing assistance, and bathroom assistance. Resident #43 had an addendum to the personal service plan in her medical record that reflected the acknowledgement of the 3 open blisters to the right lower extremity which we were monitoring for infection dated 6/29/14. In addition, the addendum dated 7/2/14 stated that Brookdale Home Health admitted resident for wound care. All treatments were completed by Home Health and they were monitoring dressings for signs and symptoms of infection and for the integrity of the dressings. <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> The Health and Wellness Director will audit the shift log, alert charting, all new orders and review clinical record to identify residents with clinical concerns daily. The Health and Wellness Director 	08/16/2014

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	<p>scratching and digging nails into writers hand. Several attempts made to redirect + Stress importance of testing bloodsugar. Resident remained verbally abusive and refusing."</p> <p>7/2/14 no time, indicated "Seen Podiatrist very combative and verbally abusive."</p> <p>The "Psychotropic Medication Review" dated for 6/18/14, indicated "Previous dose reductions have resulted in [arrow up] [increased] aggressive behavior toward care givers during care + inability of staff to provide required personal care attention.</p> <p>The resident's "Personal Service Plan" dated 7/16/14, indicated "Resident demonstrates reluctance to accept medication assistance... Resident demonstrates reluctance to accept showering or bathing assistance...Resident demonstrates reluctance to accept bathroom assistance...Comments: Resident is often reluctant to care from staff. She often yells, curses and sometimes swings arms. She is able to be calmed at times...."</p> <p>During an interview on 7/29/14 at 10:40 A.M., the Health and Wellness Director (HWD) indicated the resident had these combative behaviors almost daily, but her</p>		<p>will contact Nursing staff as needed to ensure all clinical documents are complete.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur? ·Nurses will be in-serviced on change of condition policy and alert charting clinical guidelines. ·Individual counseling will be provided to nurses that display inadequate charting. ·The Health and Wellness Director will notify the ED of any changes in condition or concerns during morning meeting.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place? ·The Health and Wellness Director will audit the shift log, alert charting, all new orders and review clinical record to identify residents with clinical concerns daily. ·In the event non-compliance with documentation requirements is noted, the HWD will present corrective action notices to the nurses involved. ·Such corrective action may include additional training, suspension, and up to termination of employment for repeated infractions or omissions. ·Audit findings will be provided to the Executive Director to determine</p>	

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	<p>staff had not done an accurate job of charting the behaviors. She indicated she would be educating them on accurate documentation of the resident's behaviors to paint the full picture of the resident.</p> <p>2. Resident #43's record was reviewed on 7/29/14 at 2:36 P.M. Diagnoses included, but were not limited to, coronary artery disease, legally blind, weight loss, cerebrovascular accident and mixed vascular Alzheimers dementia with depression.</p> <p>An Interdisciplinary Progress Note dated 6/20/14 at 3:30 A.M., indicated "...I was given report that resident had a blister on [R with a circle around it] [right] leg due to old abrasion and that M.D. was notified to see would Home Health or staff nurse dress the blister. Still awaiting call from MD preventative 4 x 4 and conforming gauze ... noted will pass on to A.M. Nurse for follow up will cont to monitor"</p> <p>An Interdisciplinary Progress Note dated 6/20/14 at 10:40 A.M., indicated "Dressing intact to [R with a circle around it] lower leg, ... awaiting M.D. orders."</p> <p>An Interdisciplinary Progress Note dated 6/29/14 at 12:30 P.M., indicated "Blisters</p>		<p>if additional corrective action will be required.</p> <p>By what date will these systemic changes be implemented? ·8-16-14</p>	

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	<p>on [R with a circle around it] lower outer leg + [and] [R with a circle around it] lower inner leg ruptured ... Received [sic] new order for resident to be referred to ISC [home health care] for wound care...."</p> <p>An Interdisciplinary Progress Note dated 7/1/14 at 10:55 A.M., indicated "Dressing intact to [R with a circle around it] lower leg,"</p> <p>An Interdisciplinary Progress Note dated 7/1/14 at 11 A.M., indicated "Call placed to ISC at this time to make sure order was received [sic]... resident will be seen on Wednesday by skilled nurse."</p> <p>A Physician Order dated 6/29/14, indicated "Refer to ISC for wound Care for right lower leg."</p> <p>During an interview on 7/30/14 at 11 A.M., the HWD indicated she had talked to the nurse that had taken care of the resident on day shift on 6/20/14. The HWD indicated the day shift nurse indicated the blister was not open and she applied a dressing over it for the resident's comfort. She indicated the nurse talked to the Physician that day and he indicated there was nothing he could do for the blister, so he did not order a treatment for it, but the nurse failed to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/30/2014
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NAME OF PROVIDER OR SUPPLIER BROOKDALE PLACE AT WILLOW LAKE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2725 LAKE CIRCLE DR INDIANAPOLIS, IN 46268
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	<p>document the conversation with the doctor. The HWD indicated she had talked to the nurse that provided care for the resident on day shift on 6/21/14, and she indicated the nurse had removed the dressing from the resident's right lower leg, but she failed to document the dressing removal or the assessment of the blister. She indicated the nurses from 6/20/14 to 6/29/14 failed to document the status of the resident's right lower leg. She indicated she could not determine from the documentation in the resident's record if the blister was discovered on 6/19/14 by the evening nurse or 6/20/14 by the midnight nurse.</p> <p>The HWD indicated she expected the nurses to have placed the resident on "hot charting" and documented what the wound looked like from 6/20/14 to 6/29/14, but the nurses were not painting the full picture of the resident. The HWD indicated the nurses have indicated to her the resident has had small blisters before on her legs then the blisters would disappear, but never this large. She indicated the nurses had not been documenting the resident's previous blisters.</p>			