

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155608	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/01/2015
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NAME OF PROVIDER OR SUPPLIER WITTENBERG LUTHERAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 E LUTHER DR CROWN POINT, IN 46307
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00182044</p> <p>Complaint IN00182044- Substantiated. Federal/state deficiencies related to the allegations were cited at F157, F282, and F309.</p> <p>Survey date: October 1, 2015</p> <p>Facility number: 000515 Provider number: 155608 AIM number: 100290820</p> <p>Census bed type: SNF: 24 SNF/NF: 95 Total: 119</p> <p>Census payor type: Medicare: 28 Medicaid: 58 Other: 33 Total: 119</p> <p>Sample: 4</p> <p>These deficiencies reflect 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>Quality review completed by 26143, on October 8, 2015.</p> <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>			

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	<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 a resident's Physician and Responsible Party were notified of a change in condition, related to an increase of edema and redness of the resident's foot, for 1 of 3 resident's reviewed for skin conditions in a total sample of 4. (Resident #B)</p> <p>Finding includes:</p> <p>Resident #B's record was reviewed on 10/01/15 at 12:11 p.m. The resident's diagnoses included, but were not limited to, coronary artery disease and Alzheimer's disease.</p> <p>A Nurses' Progress Note, dated 08/14/15 at 7:40 p.m., indicated the resident's left lower extremity was red with 4+ (plus) pitting edema (large amount of fluid in the tissues), the left foot was warm to touch, the Physician was paged and the facility was waiting for the Physician to return the call.</p> <p>The next Nurses' Progress Note, after 08/14/15 at 7:40 p.m. was 08/15/15 at 8:30 p.m., which did not indicate the Physician had returned the call to the</p>	F 0157	<p>What Corrective action (s) will be accomplished for thoseresidents found to have been affected by the deficient practice;</p> <p>Resident B discharged fromfacility prior to alleged deficiency</p> <p>How other residents having the potential to be affected bythe same deficient practice will be identified and what corrective actions willbe taken;</p> <p>All residents on pertinent charting were assessed for family/M.Dnotification and notification completed where applicable.</p> <p>What measures will be put into place or what systemicchanges will be made to ensure that the deficient practice does not recur</p> <p>Nursing education will be provided on physician and family notificationpolicy. Policy revised. See attachment</p> <p>How the corrective actions will be monitored to ensure thedeficient practice will not recur</p> <p>Audit by nursing supervisor/designee will be completed of pertinentcharting for 5 residents/day 5 days per week to ensure M.D./family notificationis completed in a timely manner. DON/Designee will report findings of audit</p>	10/26/2015

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	<p>facility. The notes did not indicate the resident's family had been notified.</p> <p>There were no follow up attempts to notify the Physician of the change in the resident's condition when the Physician' had not returned the call to the facility until 08/16/15 at 4 p.m., when the Physician was notified of the left foot edema and a pink blister, which measured 7 centimeters (cm) by 2 cm. At this time the resident's Responsible Party was also notified.</p> <p>During an interview on 10/01/15 at 1:07 p.m., the Nursing Supervisor indicated she could not locate any indication the Physician had called the facility back or the Nurses' had continued to attempt to reach the Physician.</p> <p>During an interview on 10/01/15 at 1:07 p.m., the Director of Nursing (DoN) indicated she would look on the 24-hour report sheet to see if the Physician had called back.</p> <p>During an interview on 10/01/15 at 2:37 p.m., the DoN indicated there had been no follow up after the Physician had been paged.</p> <p>During an interview on 10/01/15 at 3:14 p.m., the DoN indicated the facility</p>		<p>inQA monthly for 3 months or until 100% compliance is established</p>	

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	<p>policy had not been followed.</p> <p>A facility policy, dated 02/28/06, titled, "Resident Change of Condition and the Notification of Medical Director", received from the DoN as current, indicated, "Purpose: Timely notification of a physician in the event the residents' condition changes, and to notify the Medical Director when the residence (sic) primary physician does no respond within the appropriate time...If primary physician does no respond within 20 minutes notify the Medical Director of needs...The resident's family should also be notified of change of condition..."</p> <p>This Federal tag relates to Complaint IN00182044.</p> <p>3.1-5(a)(2) 3.1-5(a)(3)</p>			

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F 0282 SS=D Bldg. 00	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow Physician's Orders, related to medication, for 1 of 4 residents reviewed for Physician's Orders in a total sample of 4. (Resident #B)</p> <p>Finding includes:</p> <p>Resident #B's record was reviewed on 10/01/15 at 12:11 p.m. The resident's diagnoses included, but were not limited to, coronary artery disease and Alzheimer's disease.</p> <p>A Physician's Order/prescription, dated 08/11/15, indicated Xanax (anti-anxiety) 0.25 mg (milligram) at bedtime daily as needed.</p> <p>A Nurses' Progress Note, dated 08/19/15 at 3 p.m., indicated the resident was anxious with all care.</p> <p>The MAR (Medication Administration Record), dated 08/15, indicated the resident had not received the as needed Xanax.</p>	F 0282	<p>What Corrective action (s) will be accomplished for thoseresidents found to have been affected by the deficient practice;</p> <p>ResidentB discharged from facility prior to alleged deficiency</p> <p>How other residents having the potential to be affected bythe same deficient practice will be identified and what corrective actions willbe taken;</p> <p>All medication binders for the month of October have been reviewed formissed or omitted medications.</p> <p>What measures will be put into place or what systemicchanges will be made to ensure that the deficient practice does not recur</p> <p>Education will be provided to nursing on the emergency drug kit,process for obtaining medications from the pharmacy.</p> <p>How the corrective actions will be monitored to ensure thedeficient practice will not recur</p> <p>Auditby nursing supervisor/designee will be completed of medication sheets for 5residents/day 5 days per</p>	10/26/2015

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	<p>A Care Plan Conference Note, dated 08/19/15, indicated the resident's Responsible Party had requested the Xanax be given each night. The Responsible Party indicated the resident had taken the Xanax routinely at home.</p> <p>A Physician's Order, dated 08/20/15, indicated an order for Xanax 0.25 mg every night and 0.25 mg as needed daily in addition to the routine order.</p> <p>The MAR, dated 08/15, indicated initials with a circle around them (medication not given), on 08/20/15 and 08/21/15. The back of the MAR indicated the medication had not been available.</p> <p>During an interview on 10/01/15 at 1:07 p.m., the DoN indicated if the medication was not in the facility, the Nurse was to call the Pharmacy. The DoN indicated a prescription of the Xanax would have been needed because the Xanax was a controlled substance.</p> <p>During an interview on 10/01/15 at 2:15 p.m., the Nursing Supervisor indicated the Pharmacy indicated there was not a policy for receiving medications. She indicated she called the Pharmacy and they called the Physician to get a prescription after the order was faxed to them. She indicated the Xanax was</p>		<p>week to ensure medications are obtained from pharmacy and administered in a timely manner. DON/Designee will report findings of audit in QA monthly for 3 months or until 100% compliance is established</p>	

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F 0309 SS=D Bldg. 00	<p>available in the Emergency Drug Kit and the Pharmacy had to be called so the facility could receive a code to open the kit. She indicated before the code could be given, the Pharmacy would have needed a prescription. She indicated the Pharmacy had indicated they had not received the order or the prescription on 08/11/15. She indicated they had not received the order on 08/20/15. She indicated when the Pharmacy had received the order on 08/22/15, they notified the Physician and then they gave the pass code to the Nurse, so the resident had received the Xanax on 08/22/15.</p> <p>This Federal tag relates to Complaint IN00182044.</p> <p>3.1-35(g)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and</p>			

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	<p>services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to provide necessary care and services, related to not thoroughly assessing a resident's change of condition, related to a change in skin and edema changes, for 1 of 3 resident's reviewed for skin conditions, in a total sample of 4. (Resident #B)</p> <p>Finding includes:</p> <p>Resident #B's record was reviewed on 10/01/15 at 12:11 p.m. The resident's diagnoses included, but were not limited to, coronary artery disease and Alzheimer's disease.</p> <p>An Admission Assessment, dated 03/11/15 (sic) (date was 08/11/15), indicated the resident's left foot was pink and swollen and had a scratch scab, which measured 0.25 cm (centimeter) and the right foot was swollen.</p> <p>A Physician's Order, non-dated (written between two orders dated 08/13/15), indicated to use Ace wraps to the left lower leg from the toes to the knee and to change every shift.</p>	F 0309	<p>What Corrective action (s) will be accomplished for thoseresidents found to have been affected by the deficient practice;</p> <p>Resident B discharged from facility priorto alleged deficiency</p> <p>How other residents having the potential to be affected bythe same deficient practice will be identified and what corrective actions willbe taken;</p> <p>Documentation for all residents on pertinent charting has been reviewedto ensure a complete assessment has been completed. All identified concernshave been addressed.</p> <p>What measures will be put into place or what systemicchanges will be made to ensure that the deficient practice does not recur;</p> <p>Small group learning sessions will be provided to licensed nurses onnursing assessment guidelines, physician and family notification and medicationdelivery/administrati on guidelines.</p> <p>How the corrective actions will be monitored to ensure thedeficient practice will not recur</p> <p>Audit by nursing supervisor/designee will be completed of pertinentcharting for 5 residents/day 5 days per</p>	10/26/2015

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	<p>A Nurses' Progress Note, dated 08/14/15 at 7:40 p.m., indicated the resident's left lower extremity was red with 4+ pitting edema (large amount of fluid in the tissues), the left foot was warm to touch.</p> <p>The Nurses' Progress Notes, dated 08/15/15 at 8:30 p.m. (sic) (a.m.) and 2 p.m., had no assessment of the resident's left lower extremity condition.</p> <p>A Nurses' Progress Note, dated 08/16/15 at 4 p.m., indicated the resident's left foot was swollen with a pink blister, which measured 7 cm by 2 cm.</p> <p>A Physician's order, dated 08/16/15, indicated to cleanse the top of the left foot, pat dry and apply a non-adherent dressing, then wrap with Kerlex Gauze daily and as needed and Augmentin (antibiotic) 250 mg (milligram)/125 mg, three times a day for seven days for wound.</p> <p>The Nurses' Progress Notes, dated 08/16/15 at 9 p.m., 08/17/15 at 3 p.m. and 11:40 p.m., 08/18/15 at 8:45 a.m. and 08/18/15 at 11:40 p.m. had no assessment of the resident's left lower extremity conation.</p> <p>A Nurses' Progress Note, dated 09/19/15 at 3 p.m., indicated the blister on the top</p>		<p>week to ensure a thorough assessment iscompleted in a timely manner. DON/Designee will report findings of audit in QAmnthly for 3 months or until 100% compliance is established</p>	

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	<p>of the left foot had busted, no signs or symptoms of infection, and the resident had bilateral non-pitting edema of the lower legs.</p> <p>The Nurses' Progress Notes, dated 08/20/15 at 9 a.m., 10:45 a.m. and 6 p.m., 08/21/15 at 9:15 a.m., 08/22/15 at 9:15 a.m., 08/23/15 at 8:40 a.m. had no assessment of the resident's left lower extremity condition.</p> <p>A Nurses' Progress Note, dated 08/24/15 at 5 p.m., indicated the left foot remained swollen.</p> <p>There were no further assessments of the condition of the resident's left lower extremity on 08/25/15, 08/26/15, 08/27/15, and 08/28/15.</p> <p>The resident's Discharge/Transfer Summary Tool, dated 08/28/15, indicated the resident was discharged to home. The skin/wound area was left blank and the skin/wound treatment, indicated to cleanse the left foot with normal saline and cover the area with a non-adherent dressing daily until healed.</p> <p>During an interview on 10/01/15 at 1:07 p.m., the Director of Nursing (DoN) indicated the Nurses' assessed the skin when the treatment was administered.</p>			

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	<p>She stated, "our policy is to chart by exception" and if there was no change, the Nurses' would not have charted. The DoN and the Nursing Supervisor (present during the interview) indicated there was not a thorough assessment of the legs when the resident was admitted.</p> <p>During an interview on 10/01/15 at 2:47 p.m., the DoN indicated with a change of condition, the resident would be placed on pertinent charting. She indicated the resident was on pertinent charting because she was a new admission. The DoN acknowledged the Nurses' were documenting the resident had cellulitis, but no assessment of the area.</p> <p>A facility policy, dated 02/01/13, titled, "Assessment of a change in Resident Condition", received from the DoN as current, indicated, "... Licensed professionals will document all phases of the resident's condition including changes in the nurse's observation record...Place the resident on the comprehensive assessment list "pertinent charting" to ensure the condition is monitored and documented until the resident has met their highest practicable physical, mental, and social well-being..."</p> <p>This Federal tag relates to Complaint IN00182044.</p>			

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

PRINTED: 10/21/2015
FORM APPROVED
OMB NO. 0938-0391

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	3.1-37(a)				