

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155779	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2016
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NAME OF PROVIDER OR SUPPLIER PRAIRIE LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 9730 PRAIRIE LAKES BLVD E NOBLESVILLE, IN 46060
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint #IN00200076.</p> <p>Complaint #IN00200076 - Substantiated. State deficiency related to the allegations is cited at R349.</p> <p>Survey Dates: May 16 and 17, 2016</p> <p>Facility Number: 012305 Provider Number: 155779 AIM number: N/A</p> <p>Residential Census 51</p> <p>Sample: 3</p> <p>This state finding is cited in accordance with 410 IAC 16.2-5.</p> <p>QR completed by 11474 on May 18, 2016.</p>	R 0000	<p>This Plan Of Correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	
R 0349 Bldg. 00	<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</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>follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure resident clinical records were complete and accurate in regards to accident reporting and assessment for 1 of 3 residents reviewed for accidents. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 5/16/16 at 10:00 a.m. Diagnoses for the resident included, but were not limited to, epilepsy, restless leg syndrome, depressive episodes, obstructive sleep apnea and anxiety disorder.</p> <p>Review of the clinical record indicated Resident C fell on 5/5/16 during the evening shift. The nursing notes indicated, on 5/6/16 at 5:36 a.m., LPN #1 noted an abrasion on Resident C's right knee. Resident C told LPN #1 about the fall that occurred earlier that day. The clinical record lacked any assessment of the resident at that time of the fall or the report to the nurse.</p> <p>During an interview on 5/16/16 at 8:47 a.m., Resident C indicated he fell in his</p>	R 0349	<p>1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;Completed fall follow up and assessment completed with resident C. 2) How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;Residents with falls have the potential to be affected. Those potentially affected residents were reviewed daily in clinical meeting. Potentially affected residents were reviewed for compliance with documentation, assessments, and appropriate follow up.3) What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;DHS or designee will educate staff regarding the fall policy and notification process by June 15, 2016.4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; andDHS or designee will review all residents daily Monday through Friday in clinical care meeting for compliance with fall policy and</p>	06/15/2016	

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	<p>bathroom while trying to grab the toilet paper. Resident C indicated two staff members came in and helped him get up. "I was reaching for the toilet paper, lost my balance and fell." Resident C indicated he had fallen more than once and was unsure if a nurse assessed him at that time.</p> <p>During an interview on 5/16/16 at 3:07 p.m., LPN #1 indicated she told the Unit Manager about Resident C's fall and the abrasion to the right knee at the end of her shift on the morning of 5/6/16.</p> <p>During an interview on 5/16/16 at 2:29 p.m., CRCA #3 indicated the following: Thursday around 3:00 p.m., "(name of Unit Director) called me into (name of Resident C)'s room. He was on one knee and I told (name of nurse on duty) we found (name of Resident C) on his right knee and he may need to be looked at, but right then he said he was okay. I wasn't aware that was considered a fall."</p> <p>During an interview on 5/16/16 at 2:38 p.m., the Unit Director indicated Resident C was found down on one knee. "I went in and he was down on his right knee. I called for (name of CRCA #3) to help and we boosted him back up. And then (name of CRCA #3) said she would let the nurse know." The clinical record</p>		<p>notification process. On Saturday and Sunday DHS or designee will be notified of falls and will review for follow up. Audits will be conducted by the DHS or designee daily x 3 months to ensure compliance: DHS or designee will complete an audit by reviewing falls daily in clinical care meeting for compliance with fall policy and follow up. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 3 months then randomly thereafter for further recommendation.5) By what date the systemic changes will be completed. June 15th 2016</p>	

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	<p>lacked any documentation of an assessment or the event of the fall on that date.</p> <p>During an interview on 5/16/16 at 1:15 p.m., Unit Manager #2 indicated she investigated the incident and discovered Resident C had been in the bathroom and attempted to stand unassisted. Resident C lost his balance and went down on one knee and two staff members assisted Resident C back to his wheelchair. The Unit Manager indicated the staff had been re-educated on the definition of a fall. "They didn't think it was a fall. He [Resident C] wasn't assessed by the nurse. Upon finishing the investigation it does not appear the nurse was notified."</p> <p>During an interview on 5/16/17 at 1:25 p.m., the Director of Health Services indicated the nurse on duty at the time of Resident C's fall was no longer employed at the facility. The Director of Health Services indicated she had tried to reach the nurse on duty at the time of Resident C's fall but was unsuccessful.</p> <p>Review, on 5/17/16 at 12:30 p.m., of a current policy, dated 6/2014, titled "Assisted Living Guidelines Nursing Documentation" was provided by the Clinical Consultant on 5/17/16 at 12:30 p.m. The policy indicated the following:</p>			

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	<p>"Purpose: To record nursing interventions care of the resident and condition of the resident in the medical record.</p> <p>Procedure:</p> <ol style="list-style-type: none"> Nursing entries are recorded, authenticated and dated and include the following: ... The Trilogy "Circumstance Forms" should be completed for incidents requiring follow up such as skin concerns, falls, altercations, elopement, etc...." <p>Review, on 5/16/16 at 9:37 a.m., of a current policy, dated 6/2015, titled "Falls Management Program Guidelines" provided by the Director of Health Services on 5/16/16 at 9:37 a.m., indicated the following:</p> <p>"Purpose: Trilogy health [sic] Services (THS) strives to maintain a hazard free environment, mitigate fall risk factors and implement preventative measures. THS recognizes even the most vigilant efforts may not prevent falls and injuries. In those cases, intensive efforts will be directed toward minimizing or preventing injury.</p> <p>Definition: A fall is considered to be: 'an unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g., resident pushes</p>			

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	<p>another resident). An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred.'</p> <p>Procedure:...</p> <p>3. Should the resident experience a fall the attending nurse shall complete the 'Fall Circumstance and Reassessment Form'. The form includes an investigation of the circumstances surrounding the fall to determine the cause of the episode, a reassessment to identify possible contributing factors, interventions to reduce risk of repeat episodes and a review by the IDT to evaluate thoroughness of the investigation and appropriateness of the interventions.</p> <p>4. The staff member attending to the resident at the time of the incident should notify the attending physician or medical director in the absence of the attending physician and the responsible party...."</p>			