

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155822	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/31/2016
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NAME OF PROVIDER OR SUPPLIER  CEDAR CREEK HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 18275 BURR STREET LOWELL, IN 46356
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00194860 and IN00195956.</p> <p>Complaint IN00194860- Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F166.</p> <p>Complaint IN00195956- Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F225, F226, and F508.</p> <p>Survey dates: March 30 &amp; 31, 2016</p> <p>Facility number: 013144 Provider number: 155822 AIM number: 201246060</p> <p>Census bed type: SNF: 48 SNF/NF: 6 Residential: 33 Total: 87</p> <p>Census payor type: Medicare: 28 Medicaid: 6 Other: 20 Total: 54</p>	F 0000	<p>This plan of correction is submitted by Cedar Creek Health campus in order to respond to the alleged deficiencies sited during complaint survey which was conducted 3/31/16. Preparation or execution of this plan of correction does not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. Please accept this plan of correction as the credible allegation of compliance effective.</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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F 0157 SS=D Bldg. 00	<p>Sample: 11</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review complete by 32883 on 4/4/16.</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</p>			
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	<p>§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> <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 observation, record review, and interview the facility failed to ensure the resident's Responsible Party or the Physician were notified of a fall and the start of a new medication for 2 of 6 residents reviewed for changes in condition in a sample of 11. (Residents #E and #J)</p> <p>Findings include:</p> <p>1. The closed record for Resident #E was reviewed on 3/30/16 at 10:00 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease, chronic obstructive pulmonary disease, and peripheral artery disease.</p> <p>The 1/3/2016 Minimum Data Set (MDS) quarterly assessment was reviewed. The assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (2). A score of (2) indicated the resident's cognitive patterns were severely impaired.</p> <p>Review of the 10/2015 Physician orders</p>	F 0157	<p>1. E and J have been discharged from the facility. 2. Review past seven days of medication changes and ensure families were notified. Review fall log for past seven days for notification of family and physician. 3. Re-inserve licensed staff on change of condition and notification of MD and family. 4. DHS or designee will audit 5 records per week to ensure notifications of MD and families have been completed. 5. Results will be brought to Quality Assurance monthly x 3 months or until 100% compliance is obtained. Q&amp;A will review monthly and make recommendations as needed to the POC.</p>	04/29/2016	

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	<p>indicated there was an order written on 10/30/15 for the resident to receive Aricept (a medication for Alzheimer's disease treatment) 5 milligrams at bed time for two weeks and then 10 milligrams at bedtime daily. There was a section on the order form to check and record the date the family was notified of the order. This section was not completed.</p> <p>The 10/2015 Nurses' Notes were reviewed. There was no verification of the resident's Responsible Party being notified of the new order for the Aricept. Review of the 11/2015 Nurses' Notes from 11/1/15 through 11/3/15 indicated there was no verification of the resident's Responsible Party being notified of the new order for the Aricept.</p> <p>When interviewed on 3/30/16 at 3:30 p.m., the facility Administrator indicated the resident's Responsible Party should have been notified of the Physician's order.</p> <p>2. On 3/31/16 at 2:00 p.m., Resident #J was observed in bed. The resident was asleep. A personal alarm was in place.</p> <p>The record for Resident #J was reviewed on 3/3/16 at 8:39 a.m. The resident's diagnoses included, but were not limited</p>			

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	<p>to, fracture of the left femur, chronic obstructive pulmonary disease, diabetes mellitus, and osteoarthritis.</p> <p>The 2/24/16 Minimum Data Set (MDS) admission assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (11). A score of (11) indicated the resident's cognitive patterns were moderately impaired. The assessment indicated the resident required extensive assistance of one staff member for bed mobility, transfers, and personal hygiene. The assessment indicated the resident had impairment in range of motion of one lower extremity. The assessment indicated the resident had a history of falls.</p> <p>The 3/2016 Nursing Progress Notes were reviewed. An entry on 3/1/16 at 4:00 a.m. indicated the CNA notified the Nurse the resident was on the bathroom floor. The resident stated she had to use the bathroom and could not wait. The resident slipped on the floor. No visible injuries were noted. The resident complained of right hip pain with weight bearing. The resident also claimed she hit her head on the floor. Page out to the Physician. The next entry was made on 3/1/16 at 6:21 a.m. This entry entry indicated the resident was to be sent to the Emergency Room because she was</p>			

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	<p>not certain if she hit her head and the resident was on Coumadin (a blood thinner). The resident complained of thigh tenderness and the area was swollen and painful. The next entry was at 7:20 a.m. This entry indicated the resident was sent to the Emergency Room by ambulance transfer.</p> <p>When interviewed on 3/31/16 at 8:30 a.m., the facility Administrator indicated the Nursing Notes indicate the Physician was paged at the time of the fall and later sent out to the hospital.</p> <p>The facility policy titled "Change in Condition Form Guidelines" was reviewed on 3/30/16 at 3:40 p.m. The policy was updated last on 1/08. The facility Administrator indicated the policy was current. The policy indicated Physician was to be notified of changes in condition.</p> <p>This Federal tag relates to Complaints IN00194860 and IN00195956.</p> <p>3.1- 5(a)(1) 3.1-5(a)(3)</p>			

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F 0166 Bldg. 00	<p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on record review and interview, the facility failed to ensure efforts to resolve grievances related to resident care were acted upon in a timely manner for 3 of 4 grievances reviewed. (Resident #E)</p> <p>Finding includes:</p> <p>The closed record for Resident #E was reviewed on 3/30/16 at 10:00 a.m. The resident's diagnoses included, but were not limited to, Alzheimer disease, chronic</p>	F 0166	<p>1. Resident E has been discharged from campus. 2. Last seven days of grievances will be reviewed to ensure procedures in place to monitor that follow up is completed. 3. Social service and administration will be re-inserviced on assuring appropriate action plans are in place to prevent re-occurrence of grievances. ED or designee will monitor 5 grievances per week to ensure plans are in place and grievances do not re-occur. 4. ED or designee will report findings to</p>	04/29/2016

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	<p>obstructive pulmonary disease, and peripheral artery disease.</p> <p>Review of the 1/3/2016 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (2). A score of (2) indicated the resident's cognitive patterns were severely impaired.</p> <p>A Resident Concern Form was initiated on 1/25/16 by the resident's family member. The family member voiced concerns that laboratory test results were not being done when medications were changed and laboratory tests results were not being called to the family. There was a section on the form for name of the employee who received the grievance. This section was not completed. The section titled "What should we do so this situation does not reoccur?" indicated staff were to call with test or laboratory results or when medications were changed. There was no explanation of what interventions the facility put into place to ensure the family had been notified of and will continue to be notified of all of the above noted areas of concern voiced.</p> <p>A Resident Concern Form was initiated on 2/11/16 by the resident's family</p>		Quality Assurance monthly x 6 months or til 100% compliance obtained.		

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	<p>member. The family member voiced concerns that staff were not calling her for changes in the resident's condition and the TED hose (stocking to increase circulation) were not being put on regularly. The section titled "What should we do so this situation does not reoccur?" indicated staff were to continue communication. There was no explanation of what interventions the facility put into place to ensure the TED stockings were in place.</p> <p>A Resident Concern Form was initiated on 1/6/16 by the resident's family member. The family member voiced concerns the resident's Alzheimer medication was still being given and the POA (Power of Attorney) requested the medication be removed. There was a section on the form for name of the employee who received the grievance. This section was not completed. The section titled "What should we do so this situation does not reoccur?" was not completed. The section titled "Resolution and Communication" indicated Social Service called for a Care Plan meeting.</p> <p>When interviewed on 3/31/16 at 9:45 a.m., the Social Service Assistant indicated grievances were addressed by the department. The Social Service</p>			

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F 0225 SS=D Bldg. 00	<p>Assistant indicated Nursing should have addressed the grievance related to the Aricpet.</p> <p>The facility policy titled "Service Recovery Process and Follow Up" was reviewed on 3/31/16 at 11:45 a.m. The policy had a revised date of 10/14. The facility Administrator provided the policy and indicated the policy was current. The policy indicated all concerns were to be documented, tracked, and trended. Follow up with good communication with all team members was to completed to insure the concern did not occur again. Concern forms were to be reviewed at Morning Meetings.</p> <p>This Federal tag relates to Complaints IN00194860 and IN00195956.</p> <p>3.1-7(a)(2)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report</p>			

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	<p>any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview the facility failed to ensure an injury of unknown origin was investigated thoroughly and in a timely manner for 1 of 3 residents reviewed for injuries in a sample of 11. (Resident #C)</p> <p>Finding includes:</p>	F 0225	<p>1. Resident C has been discharged.2. Reviewed the last 7 days of incidents logs for any potential allegation of abuse or injuries of unknown origin. 3. Administration will be re- inserviced by home office support related to a through investigation of abuse allegations and/or injuries of unknown origin. 4. ED or designee will</p>	04/29/2016

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	<p>The closed record for Resident #C was reviewed on 3/30/16 at 10:55 a.m. The resident's diagnoses included, but were not limited to, epilepsy, history of falls. high blood pressure, and cardiac pacemaker. The resident was discharged in 12/2015.</p> <p>Review of the 9/10/15 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment indicated the resident was totally dependent on two staff members for transfers, dressing, and personal hygiene. The assessment indicated the resident required extensive assistance of one staff member for bed mobility and used a wheelchair for mobility. The assessment indicated the resident had impairment in range of motion of her upper and lower extremities on one side.</p> <p>The 11/2015 Physician orders were reviewed. An order was obtained on 11/12/15 for an X-ray of the right ankle to be completed. An order was written on 11/14/15 at 7:00 p.m. for X-rays of the right tibia, fibula, and ankle. Another order was written on 11/15/15 at 3:00 p.m. to send the resident to the hospital</p>		<p>review all allegations of abuse and/or injuries of unknown origins to ensure a complete thorough investigation has been complete. 5. ED or designee will bring audit results to Quality Assurance monthly x 6 months or until 100% compliance is obtained.</p>		

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	<p>Emergency Room for evaluation of complaints of pain and x-ray results showing a fracture. Orders were written on 11/15/15 at 9:50 p.m. for the resident to receive Norco (a narcotic pain medication) 5/325 milligrams (2) tablets every six hours as needed.</p> <p>Review of the X-ray result reports indicated there was no report of an X-ray being completed of the right ankle 11/12/15 - 11/14/15. The results on the 11/15/15 X-ray of the right ankle indicated a recent right fracture was noted. Results of the 11/15/15 X-ray of the right tibia/fibula indicated a recent right lower fracture with no displacement was noted. The Physician was notified and order were obtained to send the resident to the hospital Emergency Room.</p> <p>The 11/2015 Nurses' Notes were reviewed. No entries were completed on 11/12/15. The first entry was completed on 11/15/15 at 2:00 p.m. This entry indicated X-ray results were received. MD was aware and ordered to send the resident to the Emergency Room. The resident complained of pain to right lower extremity. The next entry was noted on 11/15/15 at 9:30 p.m. This entry indicated the resident returned from the hospital Emergency Room with a</p>				

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	<p>closed tibia fracture and orders to follow up with a Orthopedic Doctor. There was no record of the resident having any falls or injury.</p> <p>Resident Transfer Form was completed on 11/12/15. This form indicated the resident was being transferred to the hospital Emergency Room related for pain related to deep vein thrombosis or fracture. The form indicated the resident had not sustained a fall.</p> <p>Review of the 11/12/15 Emergency Room hospital records indicated the resident's primary diagnosis of cellulitis of the right lower extremity. There was no documentation of an X-ray of the right ankle completed at this Emergency Room visit.</p> <p>Review of the 11/15/15 Emergency Room hospital records indicated the resident was seen for right leg pain. An X-ray of the right ankle indicated there was a non-displaced oblique fracture of the distal tibia.</p> <p>When interviewed on 3/30/16 at 1:00 p.m., the facility Administrator indicated the Resident was sent to the Emergency Room on 11/12/15 and returned to the facility with a diagnosis of cellulitis to the leg. The Administrator indicated the</p>			

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F 0226 SS=D Bldg. 00	<p>resident continued to complain of pain to the right ankle area and X-rays were ordered. The X-ray were positive for a fracture. The Administrator indicated she did not have any written statements related to the cause of the fracture. The Administrator indicated she did not have statement from all the staff who could have had physical contact with Resident #C prior to her diagnoses of a fracture.</p> <p>The facility "Abuse and Neglect Procedural Guidelines" were reviewed. The policy had a last revised date of 9/16/2011. The facility Administrator provided the policy and indicated the policy was current. The policy indicated all injuries of unknown origin were to be reviewed.</p> <p>This Federal tag relates to Complaint IN00195956.</p> <p>3.1-28(c) 3.1-28(d)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155822	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/31/2016
NAME OF PROVIDER OR SUPPLIER  CEDAR CREEK HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 18275 BURR STREET LOWELL, IN 46356		
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	<p>Based on observation record review, and interview, the facility failed to follow their Abuse policy related to failure to document and complete a thorough and timely investigation of an injury of unknown origin related to an ankle fracture for 1 of 3 residents reviewed for injuries. (Resident #C)</p> <p>Finding includes:</p> <p>The closed record for Resident #C was reviewed on 3/30/16 at 10:55 a.m. The resident's diagnoses included, but were not limited to, epilepsy, history of falls. high blood pressure, and cardiac pacemaker. The resident was discharged in 12/2015.</p> <p>Review of the 9/10/15 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment indicated the resident was totally dependent on two staff members for transfers, dressing, and personal hygiene. The assessment indicated the resident required extensive assistance of one staff member for bed mobility and used a wheelchair for mobility. The assessment indicated the resident had impairment in</p>	F 0226	<p>1. Resident C has been discharged.2. Reviewed the last 7 days of incidents logs for any potential allegation of abuse. 3. Administration will be re- inserviced by home office support related to a through investigation of abuse allegations and/or injuries of unknown origin. 4. ED or designee will review all allegations of abuse and/or injuries of unknown origins to ensure complete thorough investigation has been complete. 5. ED or designee will bring audit results to Quality Assurance monthly x 6 months or until 100% compliance is obtained.</p>	04/29/2016	

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	<p>range of motion of her upper and lower extremities on one side.</p> <p>The 11/2015 Physician orders were reviewed. An order was obtained on 11/12/15 for an X-ray of the right ankle to be completed. An order was written on 11/14/5 at 7:00 p.m. for X-rays of the right tibia, fibula,and ankle. Another order was written on 11/15/15 at 3:00 p.m. to send the resident to the hospital Emergency Room for evaluation of complaints of pain and x-ray results showing a fracture. .</p> <p>Review of the X-ray result reports indicated there was no report of an X-ray being completed of the right ankle 11/12/15- 11/14/15. The results on the 11/15/15 X-ray of the right ankle indicated a recent right ankle fracture was noted. Results of the 11/15/15 X-ray of the right tibia/fibula indicated a recent right lower leg fracture with no displacement was noted. The Physician was notified and orders were obtained to send the resident to the hospital Emergency Room.</p> <p>Review of the 11/12/15 Emergency Room hospital records indicated the resident's primary diagnosis of cellulitis of the right lower extremity. There was no documentation of an X-ray of the right</p>			

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	<p>ankle completed at this Emergency Room visit.</p> <p>Review of the 11/15/15 Emergency Room hospital records indicated the resident was seen for right leg pain. An X-ray of the right ankle indicated there was a non-displaced oblique fracture of the distal tibia.</p> <p>When interview on 3/30/16 at 1:00 p.m., the facility Administrator indicated the Resident was sent to the Emergency Room on 11/12/15 and returned to the facility with a diagnosis of cellulitis to the leg. The Administrator indicated the resident continued to complain of pain the right ankle area and X-rays were ordered. The X-ray were positive for a fracture. The Administrator indicated she did not have any written statements related to the cause of the fracture. The Administrator indicated she did not have statement from all the staff who could have had physical contact with Resident #C prior to her diagnoses of a fracture.</p> <p>The facility "Abuse and Neglect Procedural Guidelines" were reviewed. The policy had a last revised date of 9/16/2011. The facility Administrator provided the policy and indicated the policy was current. The policy indicated all injuries of unknown origin were to be</p>			

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F 0508 SS=D Bldg. 00	<p>reviewed.</p> <p>This Federal tag relates to Complaint IN00195956.</p> <p>3.1-28(c) 3.1-28(d)</p> <p>483.75(k)(1) PROVIDE/OBTAIN RADIOLOGY/DIAGNOSTIC SVCS The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure X-rays were obtained as ordered by the Physician for 1 of 4 residents reviewed for injuries in a sample of 11. (Resident #C)</p> <p>Finding includes:</p> <p>The closed record for Resident #C was reviewed on 3/30/16 at 10:55 a.m. The resident's diagnoses included, but were not limited to, epilepsy, history of falls. high blood pressure, and cardiac pacemaker. The resident was discharged in 12/2015.</p>	F 0508	<p>1. Resident C has been discharged.2. Reviewed all X-ray orders from the last seven days to ensure compliance with notification and completion in a timely manner.3. Licensed nurses will be re-inserviced that X-ray orders are followed with notification of physician. DHS or designee will review all x-rays during CCM to ensure compliance. 4. DHS or designee will review findings and bring audits to Quality Assurance monthly x 3 or until 100% compliance is obtained.</p>	04/29/2016	

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	<p>Review of the 9/10/15 Minimum Data Set (MDS) quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (3). A score of (3) indicated the resident's cognitive patterns were severely impaired. The assessment indicated the resident was totally dependent on two staff members for transfers. The assessment indicated the resident had impairment in range of motion of her upper and lower extremities on one side.</p> <p>The 11/2015 Physician orders were reviewed. An order was obtained on 11/12/15 for an X-ray of the right ankle to be completed. Another order was written on 11/15/15 to send the resident to the hospital Emergency Room for evaluation of complaints of pain and x-ray results showing a fracture.</p> <p>The 11/2015 Physician orders were reviewed. An order was obtained on 11/12/15 for an X-ray of the right ankle to be completed. An order was written on 11/14/15 for an X-ray of the right ankle to be completed. No results of any right ankle X-ray were noted for 11/12/15- 11/14/15.</p> <p>Review of the 11/15/15 X-ray of the right ankle indicated a recent right fracture was</p>			

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	<p>noted. The Physician was notified and order were obtained to send the resident to the hospital Emergency Room.</p> <p>The 11/2015 Nursing Progress Notes were reviewed. The first entry was made on 11/15/15 at 2:00 p.m. This entry indicated X-ray results were received and the Physician was notified. Physician order were received to send the resident to the hospital Emergency Room.</p> <p>When interviewed on 3/30/16 at 3:30 p.m., the facility Administrator indicated an order was obtained on 11/12/15 for an X-ray of the right ankle to be completed. The Administrator indicated the right ankle X-ray was not completed on 11/12/15 or 11/13/15. The resident was sent to the hospital on 11/12/15 and returned on the same day. The resident continued to have pain and X-rays were ordered. On 11/14/15 the resident had complaints of pain and the facility discovered no X-ray of the resident's ankle were obtained at the facility or at the hospital. X-rays were then obtained and a right ankle fracture was noted and the resident was sent to the hospital.</p> <p>This Federal tag relates to Complaint IN00195956.</p> <p>3.1-49(g)</p>			

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

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