

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155109	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/20/2012
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-MISHAWAKA	STREET ADDRESS, CITY, STATE, ZIP CODE 811 E 12TH ST MISHAWAKA, IN 46544
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F0000	<p>This visit was for the Investigation of Complaint IN00109653.</p> <p>Complaint IN00109653-Substantiated. Federal/state deficiencies related to the allegation are cited at F314.</p> <p>Survey date: June 20, 2012</p> <p>Facility number: 000045 Provider number: 155109 AIM number: 100291400</p> <p>Survey team: Janet Adams, RN</p> <p>Census bed type: SNF/NF: 55 Total: 55</p> <p>Census payor type: Medicare: 3 Medicaid: 42 Other: 10 Total: 55</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p><b>Disclaimer Statement</b> Submission of the plan of correction is not an admission that a deficiency exists or that they were cited correctly. This Plan of Correction is a desire to continuously enhance the quality of care and services provided to our residents and is submitted solely as a requirement of the provision of Federal &amp; State Law.</p> <p><b>"This Plan of Correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirement."</b></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.

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

PRINTED: 07/02/2012

FORM APPROVED

OMB NO. 0938-0391

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	Quality review completed 6/22/12 Cathy Emswiller RN				

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F0314 SS=G	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, record review, and interview, the facility failed to monitor an identified area of redness at the edge of a leg cast which resulted in the development of a pressure area for 1 of 3 residents reviewed with leg immobilizer devices in the sample of 3. (Resident #D)</p> <p>Findings include:</p> <p>During orientation tour on 6/20/12 at 8:35 a.m., Resident #D was observed sitting on the side of her bed. The resident had a scar over her right knee area. The resident did not have a cast or immobilizer on her right knee area.</p> <p>On 6/20/12 at 9:30 a.m., the resident was assisted into bed by the DON (Director of Nursing) and the Unit Manager. The resident was positioned on her right side. The resident had two open areas noted to</p>	F0314	<p>F314/G 1) Treatments to wounds noted related to the cast on Resident #D are being performed per MD orders and wounds are healing well. 2) All residents with casts/splints/immobilizers have the potential to be affected. An audit of current residents with casts/splints/immobilizers was completed to ensure that no other residents were affected by this practice. Individual adjustments to care plans were made as appropriate/necessary. 3) The facility skin assessment policy and procedure was reviewed. The Director of Clinical Education and/or Designee will in-service professional nursing staff by 06/29/12 related to assessment of residents with casts/immobilizers/splints. 4) The DNS and/or designee will observe residents with casts/immobilizers/splints, audit treatment sheets, IPNs and 24 hour report sheets to ensure any skin issues related to casts/immobilizers/splints are</p>	07/06/2012			

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	<p>the upper right posterior thigh area. The first area was an open area form the inside of the posterior thigh to the middle of the thigh. The area was approximately 7 cm (centimeters) across and 1.5 cm width. The open area appeared to be in a skin fold of the resident's thigh. There was pale yellowish non stringy patches to the top of the area. The Director of Nursing (DON) cleansed the area and used a cotton tip applicator to open the wound and measured the depth at .3 cm. No odor was noted. The second area was in line with the first area and was measured by the DON at 8.3 cm in length. The tissue was red with small pale whitish raised area. There was no odor noted.</p> <p>The record for Resident #D was reviewed on 6/20/12 at 10:50 a.m. The resident's diagnoses included, but were not limited to, insomnia, osteoporosis, high blood pressure, anemia, and irritable bowel syndrome. The resident was admitted to the facility on 5/23/12 from the hospital. The resident had surgery to repair a tendon in her right knee in the hospital on 5/17/12. The resident was admitted to the facility with a long leg cast in place to the right lower extremity.</p> <p>The 5/30/12 Minimum Data Set (MDS) admission assessment indicated the resident required limited assistance of</p>		<p>followed up on. Observations/audits will be performed at a minimum of at least five times per week for a minimum of at least six months and will continue until no further issues are noted. Issues noted will be reported to the IDT team in morning meeting for review and corrective action as needed.5) Any concerns will be monitored through QAA process for a minimum of 6 months. DATE CERTAIN: 07/06/12</p>		

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	<p>staff for toilet use, bed mobility, personal hygiene, and dressing. The assessment also indicated the resident required extensive assistance from staff for transfers.</p> <p>Review of the 5/2012 Nursing Progress Notes indicated an entry was made on 5/31/12 at 8:44 p.m. This entry indicated the cast to the right leg was dry and intact and the resident was able to wiggle her toes freely. There was no further documentation in the 5/12 Nursing Progress notes related to the red area in the upper right thigh in the 5/12 Nursing Progress Notes.</p> <p>Review of the 6/2012 Nursing Progress notes indicated there was no documentation of the red area to the thigh on 6/1/12. An entry made on 6/2/12 at 10:25 p.m. indicated the resident did not complain of cast pain and a red area remained on the upper right thigh to the back of the leg and cushioning to the cast edge was intact. There was no further assessments of the red area between 6/2/12 and 6/7/12. An entry made on 6/7/12 at 5:00 p.m. indicated the resident returned from the orthopedic appointment with the right leg cast removed. The entry also indicated "Has wound issues at the edge of where the cast was."</p>				

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	<p>A Physical Therapy Progress Note completed on 5/30/12 indicated the resident was observed to have a sore to the right proximal leg approximately where the long leg cast ends. The Physical Therapist and the Occupational Therapist tried to use a washcloth or mole skin to the area, however the resident indicated it was very tender to touch and the therapist asked the resident if they could try and push the skin in the area a little to place the moleskin and the resident refused. The nursing staff was also informed.</p> <p>An Occupational Therapy Progress Notes completed on 5/30/12 indicated the resident was seen by Occupational Therapy and the resident stated "my cast is cutting and hurting in the back." A red area with a thin line where the cast ended on the resident was noted. The Occupational Therapist informed Physical Therapy about the area and both suggested padding the end of the cast with either a soft wash cloth or a mole skin. When Occupational Therapy and Physical Therapy stood the resident and Occupational Therapy attempted to apply a small amount and when they pushed the resident's skin away from the cast the resident said "no, that are hurts." The therapist asked again and the resident refused. The area appeared "swollen</p>			

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	<p>somewhat over top of cast." The resident refused the padding and nursing staff was notified.</p> <p>A 6/7/12 Physician note completed by the Orthopedic surgeon indicated large ulcers were noted as the top of her cast and the ulcers "are plainly visible as the top of the cast is stuck down in them." The note also indicated the cast was removed to see them completely and the medial ulcer was the worst and measured about 2 cm (centimeters) x 12 cm x 2 cm in size. The note also indicated the Physician indicated "doubted this could have gotten this severe in the last 5 days." Physician orders written by the Orthopedic physician on 6/7/12 included for the resident to receive Levaquin (an antibiotic) 500 milligrams once a day.</p> <p>The 6/12 Wound Evaluation Flow Sheets were reviewed. A flow sheet initiated on 6/8/12 indicated the resident had a wound related to the cast on the right posterior thigh. The wound measured 14.3 cm x 0.5 cm x 0 cm. Thin serous (bloody) drainage was observed and wound margins were attached with the surrounding skin purple/red in color. An entry for 6/13/12 indicated the wound measured 10.6 cm x 0.3 cm with a scant amount of serous drainage and the surrounding tissue was intact. An entry</p>			

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	<p>made on 6/20/12 indicated the wound measured 8.3 cm x 1.5 cm and the surrounding tissue was reddened.</p> <p>A second Wound Evaluation Flow Sheet was initiated on 6/8/12 for a wound to the right thigh medial to posterior. The wound measured 7.7 cm x 0.5 cm with 100% granulation and the surrounding tissue was red and purple. An entry for 6/13/12 indicated the wound measured 7.4 cm x 0.3 cm x 0.2 cm and was healing well. An entry for 6/20/12 indicated the wound measured 6.5 cm x 1.5 cm 0.3 cm. with 90% granulation and the surrounding tissue was reddened.</p> <p>When interviewed on 6/20/12 at 4:30 p.m., LPN #1 indicated she was assigned to care for Resident #D on 6/2/12. The LPN indicated she completed the entry on 6/2/12 at 10:25 p.m. The LPN indicated the resident complained the area was feeling a little sore and the LPN assessed the area. LPN #1 indicated there was a little bit of redness at the area at the top of the cast and she applied gauze to the area. The LPN indicated she had to push the skin to see the area and the area was down inside the cast.</p> <p>When interviewed on 6/20/12 at 12:30 p.m., LPN #2 indicated she had taken care of Resident #D during the time she</p>						

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	<p>had a cast in place. The LPN indicated there had been redness along the cast line and staff had been putting ABD (a type of bandage) to the area. LPN #2 indicated the area was red and appeared like an abrasion and the skin was irritated. The LPN indicated the staff encouraged the resident to get out of her chair more and to elevate her legs. The LPN did not recall what day this was but indicated she thought it was on Tuesday and the resident had the cast taken off on Thursday.</p> <p>When interviewed on 6/20/12 at 11:50 a.m., Occupational Therapy (OT) staff #1 indicated Resident #D was admitted with a cast and the resident had talked about it bothering her on 5/30/12. The OT staff indicated she informed the Physical Therapist of the concern and they stood the resident and when she went behind the resident and started to push the skin in by the cast the resident stated it hurt and the resident said not to do it. OT #1 indicated the red line was visible and right on the edge of the cast.</p> <p>When also interview on 6/20/12 at 11:50 a.m. with the above OT staff, Physical Therapist (PT) #1 indicated there was a red line across the area at the cast edge and the area was approximately 4 cm across and she informed the Nurse also.</p>						

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	<p>PT #1 indicated she observed the redness more then once and sometimes the area was padded.</p> <p>When interviewed on 6/20/12 at 11:10 a.m., the Director of Nursing (DON) indicated Resident #D was admitted to the facility with a long leg cast to the right leg after surgery. The DON indicated therapy staff reported they observed red area to the resident's posterior thigh area and it appeared to be where the cast ended on 5/30/12.</p> <p>The DON indicated the Nursing staff had attempted to call the Orthopedic Surgeon's office on 5/30/12 and got no answer. PT staff also called the Surgeon's office and told the office staff they could not do cast revision and the office staff told them the surgeon would see the resident at her next appointment. The DON indicated she did have the Medical Director look at the area on 5/31/12 and he indicated maybe it was an abrasion and he did not think she needed anything different at this time. The DON indicated the resident went to the Surgeons office on 6/7/12 and the cast had been taken off. The DON indicated she called the Surgeon after the resident returned to the facility on 6/7/12 to clarify orders for wound care. The DON indicated the Surgeon informed her he thought the wound looked "deplorable." The DON</p>			

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	<p>indicated she observed the area on 5/30/12 an the area looked like it was a red abrasion from rubbing and staff put Kerlix (a bandage that wraps around areas) on the cast area. The DON indicated the resident did not complain anymore and her nursing staff did not report any further problems with the area. The DON indicated she assesses and measures the wounds in the facility once a week and she did not assess the red area after 5/31/12 until the resident returned from the 6/7/12 office appointment.</p> <p>When interviewed via telephone on 6/20/12 at 3:15 p.m., a member of the Surgeon's staff who identified herself as the Surgeon's Medical Assistant indicated she was present with the Surgeon on 6/7/12 when Resident #D was seen in the office. The staff indicated the there was an area present on the inner side of the right thigh and the wound was approximately 6 inches long and one inch deep and it was an open wound and a foul odor was present. The staff indicated the area started in the groin area and went around to the upper posterior thigh area. The staff also indicated a second area on the lateral side appeared as a red blister and was not open. The staff member indicated both of the areas were visible prior to the cast being removed.</p>			

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