

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155650	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/27/2012
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NAME OF PROVIDER OR SUPPLIER  LINCOLNSHIRE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8380 VIRGINIA ST MERRILLVILLE, IN 46410
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F0000	<p>This visit was for the Investigation of Complaints IN00120622 and IN00121561.</p> <p>Complaint IN00120622 - Substantiated. - Federal/state deficiencies related to the allegations are cited at F 309 and F 279.</p> <p>Complaint IN00121561 - Unsubstantiated.- due to lack of evidence.</p> <p>Survey date: 12/27/12</p> <p>Facility number: 000577 Provider number: 155650 AIM number: 100266950</p> <p>Survey team: Linn Mackey RN</p> <p>Census bed type : SNF/NF : 77 Total: 77</p> <p>Census payor type: Medicare: 17 Medicaid: 50 Other: 10 Total: 77</p> <p>Sample: 4</p>	F0000		
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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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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality Review completed by Debora Barth, RN on 1/8/13.</p>				

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop a care plan that addressed resident pain status for 1 of 3 residents assessed for pain, in a sample of 4. (Resident C)</p> <p>Findings include:</p> <p>Resident C's record was reviewed on 12/27/12 at 10:37 a.m.</p> <p>Resident C's diagnoses included but were not limited to, hemiplegia affecting nondominant side (left) due</p>	F0279	<p><b>F279</b></p> <p><b>The facility requests paper compliance for this citation.</b></p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p><b>1) Immediate actions taken</b></p>	01/22/2013

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	<p>to cardiovascular accident (stroke), hypertension, chronic kidney disease, dialysis, and diabetes.</p> <p>Resident C was admitted to the facility 10/5/12, then was sent to the hospital on 11/05/12 for complaints of shoulder pain. Resident was readmitted to the facility on 11/8/12 with a diagnosis of osteoarthritis and tenderness of the rotator cuff of the left shoulder.</p> <p>Review of Pain assessments indicated a pain assessment was done on admission which did not indicate any complaints of pain. The readmission pain assessment, dated 11/8/12 at 10:40 p.m., indicated Resident C had pain in her left shoulder and that the pain increased when her left arm or shoulder was moved. The pain assessment indicated the pain was aching, tender and throbbing. The pain assessment did not indicate a pain scale for the resident's complaints of pain, however it did indicate the acceptable level of pain was 4 of 10 (pain scale was used to measure pain intensity and the effectiveness of pain treatments).</p> <p>Interview, on 12/27/12 at 2:15 p.m., with Resident C's sister indicated</p>		<p><b>for those residents identified:</b></p> <p>Care plan for pain was added to Resident #C's clinical record</p> <p><b>2) How the facility identified other residents:</b></p> <p>An audit of all resident care plans will be completed to identify residents without an appropriate pain care plan, and care plans will be completed as identified.</p> <p><b>3) Measures put into place/ System changes:</b></p> <p>Licensed staff will be re-educated regarding procedure for completing pain evaluation and care plans.</p> <p>Progress notes and physician orders will be reviewed at least 1x/week to identify residents with pain and to ensure that pain evaluation, care plans and appropriate monitoring for effectiveness of pain medication are present.</p> <p>The Director of Nursing or designee will be responsible for oversight of these audits.</p> <p><b>4) How the corrective</b></p>		

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	<p>when the family was in the facility to visit, the resident would answer yes and no if she was in pain or not. Resident C's sister also indicated the resident was in pain at least daily especially during and after therapy. She indicated the resident would grimace if she was in pain.</p> <p>The current care plan, dated 11/8/12, was reviewed. The care plan did not address pain as a problem or with interventions of any kind.</p> <p>This federal tag relates to Complaint # IN00120622.</p> <p>3.1-35(a) 3.1-35(b)(1) 3.1-35(b)(2)</p>		<p><b>actions will be monitored:</b></p> <p>The results of these audits will be reviewed in the Quality Assurance meeting monthly x3 months, then quarterly x1 for a total of 6 months.</p> <p><b>5) Date of compliance:</b> <b>1/22/13</b></p>				

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F0309 SS=D	<p><b>483.25</b>  <b>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b>  Each resident must receive and the facility must provide the necessary care and 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, observation, and interview the facility failed to assess pain, and follow physician orders for the use of a sling and glove used to treat pain and edema in 1 of 3 residents assessed for pain in a sample of 4. (Resident C)</p> <p>Findings include:</p> <p>At 12:50 p.m. on 12/27/12, Resident C was sitting up in a broda chair, Left arm was observed to be hanging down. There was no pillow, no glove, no sling or any tray supporting her left arm. Her left hand was edematous.</p> <p>Interview, on 12/27/12 at 12:50 p.m., with the residents' POA, (power of attorney) indicated the resident was supposed to have a sling on her left arm and a glove on her left hand to help with the pain and edema in her left arm. The POA also indicated he had only seen the sling and glove on three times since it was ordered on</p>	F0309	<p><b>F309</b></p> <p><b>The facility requests paper compliance for this citation.</b></p> <p>The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p><b>1) Immediate actions taken for those residents identified:</b></p> <p>Orders for sling and glove were updated, and sling and glove were applied to Resident #C.</p> <p>New pain evaluation has been completed and pain care plan added for Resident #C.</p> <p><b>2) How the facility identified other residents:</b></p> <p>An audit will be completed to</p>	01/22/2013	

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	<p>12/4/12. POA indicated he visited daily, and a family member was in everyday. The POA was in the resident's room and looked for the sling and glove in the room but they were not found.</p> <p>Interview, on 12/27/12 at 1:00 p.m., with therapy staff # 5 indicated the resident had the sling and glove ordered. She had applied the glove and sling on 12/20/12, but had not been back to work till 12/27/12. On 12/27/12 at 1:15 p.m., therapy staff # 5 was observed to take a sling into the residents room.</p> <p>Interview, on 12/27/12 at 12:20 p.m., with therapy staff # 5 and # 6 indicated if a resident was in pain, they would stop therapy and take the resident to the nurse to report the pain.</p> <p>Interview, on 12/27/12 at 1:15 p.m., with CNA # 1 and #2 indicated they did not know Resident C was supposed to have a glove or a sling applied. They indicated they were told in daily report from the nurse which residents were supposed to have special equipment.</p> <p>Interview, on 12/27/12 at 1:20 p.m., with LPN #3 indicated that slings are</p>		<p>identify residents with orthotic and/or adaptive equipment to ensure that appropriate orders are present and communicated to staff.</p> <p>An audit will be completed to identify residents with pain or potential for pain to ensure that resident is receiving effective pain management measures, pain evaluations are completed and care plans are present as identified.</p> <p><b>3) Measures put into place/ System changes:</b></p> <p>Licensed staff will be re-educated regarding identification of pain symptoms, pain medication administration, monitoring of effectiveness, policy for pain evaluation and care plan completion.</p> <p>Licensed staff and CNA's will be re-educated regarding communication of orders for and responsibilities of applying adaptive equipment and orthotics.</p> <p>Observation audits will be completed at least 2x/week during rounds to ensure that orthotics and/or adaptive</p>				

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	<p>applied by therapy.</p> <p>Interview, on 12/27/12 at 2:15 p.m., with Resident C's sister indicated that she had not seen the sling or glove on the resident every day.</p> <p>Interview, on 12/27/12 at 2:50 p.m., with the Unit manager indicated that CNA ' S were informed of special equipment needed by residents at the beginning of the shift by the hall nurse.</p> <p>Resident C's record was reviewed on 12/27/12 at 10:37 a.m. Resident C's diagnoses included, but were not limited to,hemiplegia affecting nondominant side(left) due to cerebrovasucular accident (stroke), hypertension, chronic kidney disease, dialysis, and diabetes.</p> <p>Resident C was admitted to the facility on 10/5/12,and was sent to the hospital on 11/05/12 for complaints of left shoulder pain. Resident was readmitted to the facility on 11/8/12 with a diagnosis of osteoarthritis and tenderness of the rotator cuff of the left arm.</p> <p>Review of Pain assessments indicated a pain assessment was done on admission. The admission</p>		<p>equipment are applied as ordered.</p> <p>Progress notes and physician orders will be reviewed at least 1x/week to identify residents with new onset or increase in pain or new orders for adaptive/ orthotic equipment and to ensure that pain evaluations, care plans and communication sheets are updated and appropriate monitoring for effectiveness of pain medication are present as indicated..</p> <p>The Director of Nursing or designee will be responsible for oversight of these audits.</p> <p><b>4) How the corrective actions will be monitored:</b></p> <p>The results of these audits will be reviewed in the Quality Assurance meeting monthly x3 months, then quarterly x1 for a total of 6 months.</p> <p><b>5) Date of compliance:</b> 1/22/13</p>		

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	<p>assessment did not indicate the resident had any pain.</p> <p>The readmission pain assessment, dated 11/8/12 at 10:40 p.m., indicated Resident C had pain in the left shoulder and that her pain increased when her left arm or shoulder was moved. The pain assessment indicated the pain was aching, tender and throbbing. The pain assessment did not indicate a pain scale for the resident's complaints of pain, however, it did indicate the acceptable level of pain was 4 of 10 (pain scale was used to measure pain intensity and the effectiveness of pain treatments).</p> <p>The physician orders, dated 11/8/12, indicated the resident was to receive 50 milligrams (mg) of Tramadol daily for pain. Tramadol in a non-steroid pain medication. There was also an order for Tramadol 50 mg prn (as needed).</p> <p>On 11/20/12 at 6:19 p.m., a nurse's note indicated an increase in the pain in the left shoulder of Resident C. A physician order to increase the resident's Tramadol from 50 mg to 100 mg daily was obtained. On 12/3/12 at 4:00 p.m., a nurse's note indicated an increase in pain in the</p>			

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	<p>left shoulder, the M.D. was notified and an order was obtained for X-rays. On 12/4/12 at 1:31 p.m., a nurses' note indicated the doctor was in and injected medication into Resident C's left shoulder. A nurses' note, dated 12/4/12 at 1:34 p.m., indicated the doctor had written an order for an isotone glove to the left hand and a sling to the resident's left shoulder. The order was written and dated 12/4/12 by the doctor and signed off by unit manager. The order also included a left hem-tray or trough for the chair if a sling was not going to be used.</p> <p>Review of the MARS (medication administration record) for November 2012 and December 2012 indicated a daily dose of Tramadol had been given. The November MAR indicated an as needed dose of the Tramadol was only given twice, on 11/8/12 at 5:00 p.m. and 11/10/12 at 3:39 p.m. The MAR for December indicated orders for as needed dosages for Tramadol and Tylenol. The MAR for December did not indicate a dose of as needed medication was given at all. No monitoring for the effectiveness of pain medication was found in the clinical record.</p>			

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	<p>Review of a current care plan, dated 11/8/12, indicated the care plan did not address the resident's pain in her left shoulder and hand.</p> <p>Interview, on 12/27/12 at 11:00 a.m., with the DoN indicated that pain was to be assessed daily on the daily skilled progress notes.</p> <p>Interview, on 12/27/12 at 4:30 p.m., with LPN # 9 indicated pain was assessed on admission and readmission and for a change in pain.</p> <p>Interview, on 12/27/12 at 4:30 p.m., with LPN # 11 indicated pain was assessed on admission and readmission.</p> <p>Interview, on 12/27/12 at 4:40 p.m., RN # 6 indicated that pain was to be assessed on admission and readmission.</p> <p>On 12/27/12 at 4:00 p.m. Resident C was up in the broda chair by the nurses ' station. Resident C's left arm was on a pillow, no glove or sling had been applied.</p> <p>Review of a current facility policy titled " Pain Evaluation," received from the DoN on 12/27/12 at 1:00 p.m., indicated residents would have a pain</p>						

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	<p>evaluation upon admission, quarterly, and with significant change in pain status. Nursing should document any complaints or signs or symptoms of pain in the progress notes. The pain scale of 1 - 10 would be used to determine the effectiveness of pain interventions.</p> <p>This federal tag relates to Complaint # IN00120622.</p> <p>3.1-37(a)</p>			

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