

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155754	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/26/2015
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NAME OF PROVIDER OR SUPPLIER  HUBBARD HILL ESTATES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 28070 CR 24 ELKHART, IN 46517
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F 000  Bldg. 00	<p>This visit was for the Investigation of Complaint #IN00173487.</p> <p>Complaint #IN00173487 - Substantiated. State deficiencies related to the allegations are cited at F9999.</p> <p>Survey date: May 21, 22 and 26, 2015</p> <p>Facility number: 001131 Provider number: 155754 AIM number: 200823940</p> <p>Census bed type: SNF: 19 NF: 7 SNF/NF: 26 Total: 52</p> <p>Census payor type: Medicare: 19 Medicaid: 7 Other: 26 Total: 52</p> <p>Sample: 5</p> <p>Hubbard Hill Estates was found to be in compliance with 42 CFR Part 483, Subpart B in regard to the Investigation of Complaint # IN00173487. This</p>	F 000		
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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 999  Bldg. 00	<p>deficiency reflects a State finding cited in accordance with 410 IAC 16.2-3.1.</p> <p>3.1-13 Administration and management (g) The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:                      (1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:                      (D) major accidents                      If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division.</p> <p>This State rule was not met as evidenced by:</p>	F 999	<p>Resident B was sent to the Emergency Room on 4-27-15 and expired at the hospital. All resident incident reports related to falls have been reviewed from May 1, 2015 forward to ensure there were no incidents that should have been reported that were not.</p> <p>1. Administrative staff including CFO, COO, VP of Quality Management, DON, Nurse Managers and Department Heads have been educated on the ISDH policy titled "Reportable Unusual Occurrences."</p> <p>2. All unusual occurrences that fall under the guidelines listed in this policy will be reported.</p> <p>3. All resident incident reports involving a fall are reported to the unit manager immediately.</p> <p>4. The unit manager notifies the management team of all falls.</p> <p>5. If the fall is unusual, results in significant injury and/or death; the unit manager will call the administrator or designee with the details.</p> <p>6. The Administrator or designee will report any unusual occurrence to ISDH. If uncertain, the facility will report to ISDH. All falls requiring neuro checks will</p>	06/12/2015	

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	<p>Based on record review and interview, the facility failed to ensure their reporting procedure was followed regarding a significant injury of a resident. This deficient practice affected 1 of 3 Investigations reviewed for falls. (Resident B).</p> <p>Finding includes:</p> <p>On 4/21/15 at 10:25 A.M., the clinical record for Resident B was reviewed. Resident B was admitted to the facility, on 1/6/15, with diagnoses including, but not limited to, coronary artery disease, cerebrovascular accident, diabetes mellitus type 2, dyslipidemia, hypothyroidism, atrial fibrillation, hypertension, depression, anxiety, osteopenia, osteoarthritis, chronic obstructive coronary disease and colon adenoma.</p> <p>A nurses noted, dated 4/26/15 at 1:52 P.M., indicated "CNA found res. [resident] on L [left circled] side on floor in front of recliner with recliner control in hand...."</p> <p>A " Neurological Assessment Flowsheet, " dated 4/16/15, indicated neurological assessments were conducted on 4/26/15 at 1:25 P.M., 1:45 P.M., 1:55 P.M., 2:25 P.M., 3:25 P.M., 3:55 P.M., 4:55 P.M.,</p>		<p>have the NeurologicalAssessment Form initiated and followed per policy. Any change of condition will be reported tothe Nursing Unit Manager. The NursingUnit Manager will report this change to the Administrator or designee who willthen report to ISDH. All fall reportsare compiled monthly and reported quarterly at the QA meeting.</p>	

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	<p>5:55 P.M., 6:55 P.M., 7:55 P.M., 9:55 P.M., 11:55 P.M., 1:55 P.M. and 3:55 P.M., without documented abnormality in level of consciousness, pupil response, motor functions, pain response and vitals. No observations of seizures, headaches, vomiting or paralysis were documented during the assessments. Resident B was noted to have general discomfort.</p> <p>A "SBAR [Situation, Background, Assessment, Recommendation] Communication Form," dated 4/27/15 at 5:00 A.M., indicated, "Request...Transfer to the Hospital... Nursing Notes 4-27-15 at 5AM, Cna [certified nursing assistant] reported resident was non-responsive and had vomited, this nurse assessed. Resident has clammy skin, non responsive to verbal or physical stimuli, VS [vital signs] T. [temperature] 99.3 , P [pulse] 138, R [respirations] 22, B/P [blood pressure] 165/108 O2 [oxygen level in blood] 46% on RA [room air], this nurse applied oxygen at 3L [liters] BNC [by nasal cannula, a tool used to administer oxygen into the nose] Breath Sounds severely diminished barely any audible sounds, Blood sugar taken on nursing judgement Results 440, call placed to pcp [primary care physician], v/o [verbal order] received to send to Elkhart General Hospital ER...."</p>			

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	<p>A " Event Report (Quality Assurance/Confidential) Proof of Internal Investigation Data and Summary Report , Unusual Occurrence Investigation," dated 4/26/15 at 1:00 P.M., Indicated "... Unusual Occurrence/Alleged Incident: 1. Results of assessment/examination: Measurement of Wound (laceration, decubitus, abrasion, or skin tear) or bruise...Scratch to bridge of nose secondary [2 with a circle above it] to glasses 0.3 x 0.3 cm [centimeter], Bruise L [left] side of head 5 cm x 6 cm, Rug burn 8 x 8 L shoulder...Probable Cause Determination: raised recliner et slid out with remote... Follow up #1 Date: 4-27-15... Intervention review: Transferred to ER [emergency room] admitted with [c with a line above it] Subdural Hematoma per ER report..."</p> <p>During an interview, on 5/26/15 at 9:10 A.M., the Administrator indicated the facility had not reported the fall and that Resident B did not show any symptoms or changes in condition until the next morning when she was sent out to the hospital. The Administrator further indicated when a Resident is no longer under the primary care of the facility the facility no longer has access to the Resident's health information therefore, the facility had no way to know Resident B's cause of death.</p>			

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	<p>During an interview, on 4/26/15 at 11:50 A.M., the Director of Nurses indicated they had not reported the fall. She further indicated they did not have a facility reporting policy, the facility uses the Indiana State Department of Health Division of Long Term Care policy titled " Reportable Unusual Occurrences" for reporting guidance.</p> <p>On 5/26/15, at 11:00 A.M., the policy titled "Reportable Unusual Occurrences," Revised 1/25/2006 and reviewed 06/30/2011, was reviewed with the Director of Nursing and the Director of Quality Assurance. The policy indicated "Purpose: To ensure that reportable occurrences are recorded and monitored to facilitate compliance with state and federal laws...1. Occurrences to be reported... 6. Significant Injuries A. Examples, but not inclusive of all: 5. Serious unusual and/or life threatening injury...."</p> <p>This State tag relates to Complaint IN00173487.</p> <p>3.1-13(g)(1)(D)</p>			

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