

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155756	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/16/2014
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NAME OF PROVIDER OR SUPPLIER  COVENTRY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 7843 W JEFFERSON BLVD FORT WAYNE, IN 46804
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F000000	<p>This visit was for the Investigation of Complaint IN00147251.</p> <p>Complaint IN00147251-Substantiated, Federal/State deficiencies related to the allegations are cited at F 157 and F 309.</p> <p>Survey Dates: April 15 &amp; 16, 2014</p> <p>Facility number: 004945 Provider number: 155756 AIM number: 200814400</p> <p>Survey team: Angela Strass, RN</p> <p>Census bed type: SNF: 28 SNF/NF: 105 Total: 133</p> <p>Census payor type: Medicare: 33 Medicaid: 70 Other: 30 Total: 133</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 17, 2014 by Randy Fry RN.</p>	F000000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Due to relative low scope and severity of this survey, this facility respectfully requests a desk review in lieu of a post-survey revisit on or after May 9, 2014.</p>	
F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the</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>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 §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 record review and interview the facility failed to notify the resident's family member of a fall in a timely manner for 1 resident (A) in a sample of 3 resident records reviewed.</p> <p>Finding includes:</p>	F000157	<p><b>F 157 Notify of Changes</b> It is the practice of this facility to ensure that all families are notified in a timely manner for all Residents.</p> <p><b>What corrective action(s) will be accomplished for those</b></p>	05/09/2014

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	<p>Review of the clinical record for resident (A) on 4/15/14 at 1:30 p.m. indicated the resident was admitted to the facility on 8/1/12 with Diagnoses including but not limited to Diabetes, Cerebral Disease, Anemia and Osteoporosis.</p> <p>Review of a "Fall Event" for resident (A) dated 3/22/14 at 6:29 a.m. indicated the resident was being transferred by a CNA (Certified Nursing Assistant), the resident was holding on to the bedside pole and slowly slid down the pole and onto the floor. No injury was noted at the time of the incident. The form indicated "Resident daughter updated 3/22/14 by evening shift nurse."</p> <p>Review of nursing notes dated 3/27/14 at 11:00 p.m. indicated-"Obtained results of x-ray of left foot and ankle. Ankle showed fracture distal fibula, left foot showed no fracture. NP called with results, message left to call the facility."</p> <p>On 4/15/14 at 8:25 a.m. review of the facility policy "Fall Management Program" dated 9/2013 indicated the following:</p> <p>"The family will be notified immediately by the charge nurse of falls with injury. If there are no injuries, notify the family during day or evening hours (if a fall occurred during the middle of the night, wait until morning)"</p> <p>On 4/16/14 at 10:00 a.m. interview with nurse #8, who had taken care of the resident on 3/22/14 at 6:29 a.m. indicated he had assessed the resident, placed her back into bed, phoned the physician but did not phone</p>		<p><b>residents found to have been affected by the deficient practice:</b></p> <p>-The resident's (A) family was notified of the fall event by the 2nd shift nurse.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b></p> <p>- All residents have the potential to be affected by the alleged deficient practice.</p> <p>-DNS/Designee will review all fall events in the last 30 days to assure notification of family was completed.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</b></p>	

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	<p>the resident's family. Nurse #8 indicated he gave report to the second shift nurse and asked her to inform the family of the resident's fall.</p> <p>This Federal tag relates to Complaint IN00147251</p> <p>3.1-5(a)(1)</p>		<p>-The Clinical Education Coordinator will in-service the licensed nursing staff on or before 5/9/2014 on notification of families and the Fall Management Program policy.</p> <p>-Licensed nurses will notify families of falls with injury immediately and will notify family during the same shift of any falls with no injury.</p> <p>-The DNS or Designee will check the falls each day and ensure the notification has been done in a timely manner.</p> <p><b>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:</b></p> <p>-A CQI monitoring tool, Notification, will be completed weekly x 4 weeks, then monthly x 3 months and quarterly thereafter for at least 6 months and discussed with IDT. See Exhibit A.</p>		

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 and interview the facility failed to ensure 1 resident (A) in a sample of 3 resident records reviewed, was assessed every shift for 3 days after sustaining a fall.</p> <p>Finding includes:</p> <p>Review of the clinical record for resident (A) on 4/15/14 at 1:30 p.m. indicated the resident was admitted to the facility on 8/1/12 with Diagnoses including but not limited to Diabetes, Cerebral Vascular Disease,</p>	F000309	<p>-Data will be collected by DNS/Designee and submitted to the CQI committee. If threshold of 100% is not met, an action plan will be developed.</p> <p>-Non-compliance with facility procedure may result in disciplinary action up to and including termination.</p> <p><b>Completion date: May 9, 2014</b></p> <p><b>F 309 Provide Care/Services for Highest Well Being</b> It is the practice of this facility to ensure that all residents are assessed every shift for 3 days after sustaining a fall.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p>	05/09/2014

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	<p>Anemia and Osteoporosis.</p> <p>Review of a "Fall Event" dated 3/22/14 at 6:29 a.m. indicated the resident was being transferred by a CNA (Certified Nursing Assistant), the resident was holding on to the bedside pole and slowly slid down the pole and onto the floor. No injury was noted at the time of the incident.</p> <p>Further review of the clinical record on 4/15/14 at 1:30 p.m. indicated the next entry in the nursing notes were as follows:</p> <p>3/22/14 at 10:47 a.m.- "Resident spit out half of medication stating she was going to "throw up". No vomiting noted this shift or last shift. Resident stated she has some gas she feels in her belly. PRN offered but declined. Stomach soft with no distention noted. States she wants to stay in bed all day today because she got up yesterday. Will continue to monitor."</p> <p>3/24/14 at 1:57 a.m. -Resident alert and oriented x 3. Moves all extremities within normal limits except left foot/ankle. No redness, bruising or edema noted. C/o's much discomfort when foot moved laterally. Also states "My leg from my hip area to my knee hurts too." Medicated with PRN med continue to monitor."</p> <p>3/25/14- Nursing calling pharmacy and tech stated Bumetanide (a diuretic/water eliminating medication) is on back order and resident is on 0.5mg and 1 mg: info to NP."</p> <p>3/27/14-X-ray was taken around 9 p.m. this shift Awaiting for the result."</p> <p>3/27/14 at 11:00 p.m.-Obtained results of</p>		<p>-Resident (A) was assessed by the nurse practitioner and sent out to the hospital to obtain x-rays.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b></p> <p>- All residents have the potential to be affected by the alleged deficient practice.</p> <p>- DNS/Designee will review all fall events in last 30 days to assure assessments were documented every shift for 72 hours following a fall event. An action plan will be developed if it was not completed.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</b></p>	

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	<p>x-ray of left foot and ankle. Ankle showed fracture distal fibula, left foot showed no fracture. NP called with results, message left to call the facility."</p> <p>3/27/14 at 11:10 p.m. Daughter phoned to inform of results and need of transfer. Message left to call facility."</p> <p>3/27/14 at 11:15 p.m.-NP returned call and notified of x-ray results, order received to transfer to ER."</p> <p>Interview with the Director of Nursing on 4/16/14 at 10:00 a.m. indicated nursing staff should assess the resident and document in the nursing notes every shift for 72 hours after a fall. Further interview and review of the clinical record indicated staff had assessed and medicated the resident for pain when needed but had not documented a visual assessment of the resident.</p> <p>Review of the "Medication Administration History" record on 4/16/14 at 10:30 a.m. indicated the resident had been medicated for pain on 3/22, 3/23, 3/26 and 3/27/14.</p> <p>This Federal tag relates to Complaint IN00147251</p> <p>3.1-37(a)</p>		<p>-The Clinical Education Coordinator will in-service the licensed nursing staff on or before 5/9/2014 on Assessments and the Fall Management Program policy.</p> <p>-Licensed nurses will conduct assessments on every shift for three days after a fall event.</p> <p>-The DNS or Designee will check the falls each day and ensure the assessments have been done on each shift for 72 hours.</p> <p><b>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:</b></p> <p>-A CQI monitoring tool, Assessments, will be completed weekly x 4 weeks, then monthly x 3 months and quarterly thereafter for at least 6 months and discussed with IDT. See Exhibit B.</p> <p>-Data will be collected by</p>				

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			<p>DNS/Designee and submitted to the CQI committee. If threshold of 100% is not met, an action plan will be developed.</p> <p>-Non-compliance with facility procedure may result in disciplinary action up to and including termination.</p> <p><b>Completion date:</b> May 9, 2014</p>	