

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155808	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/23/2014
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NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF WESTFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 937 E 186TH STREET WESTFIELD, IN 46074
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F000000	<p>This visit was for a Recertification and State Licensure survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: July 16, 17, 18, 21, 22, and 23, 2014</p> <p>Facility number: 012937 Provider number: 155808 AIM number: 201208220</p> <p>Survey team: Janet Stanton, R.N.--Team Coordinator (7/16, 17, 18, 22, and 23) Michelle Hosteter, R.N. Gloria Bond, R.N. Sandra Nolder, R.N. (7/16, 17, 21, 22, and 23)</p> <p>Census bed type: SNF--3 SNF/NF--29 Residential--20 Total--52</p> <p>Census payor type: Medicare--9 Medicaid--7 Other--3614. Total--52</p>	F000000	<p>This plan of correction is to serve as Wellbrooke of Westfield's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Wellbrooke of Westfield or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We are in compliance as of August 15, 2014 and respectfully request paper review.</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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F000282 SS=D	<p>Residential sample: 7</p> <p>These deficiencies reflect State findings cited in accordance to 410 IAC 16.2.</p> <p>Quality Review was completed by Tammy Alley RN on July 28, 2014.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to follow physician orders and/or Care Plan interventions, related to Range of Motion issues, medications, and laboratory tests, for 3 of 24 residents reviewed. (Residents #5, #19, and #20)</p> <p>Findings include:</p> <p>1. The record review for Resident #5 was completed on 7/18/14 at 1:30 P.M. Diagnoses included, but were not limited to, cancer and end stage Alzheimer's Disease.</p> <p>The MDS (Minimum Data Set) assessment, dated 3/16/14, indicated upper and lower extremities had impairment in regards to her range of</p>	F000282	<p>F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS PER CARE PLAN</p> <p>It is the practice of Wellbrooke of Westfield to provide services by qualified persons in accordance with each resident's written plan of care.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #5 has been re-assessed for range of motion and exhibits no decline in range of motion. Resident #5 is receiving range of motion as per the plan of care.</p> <p>Resident #19 has been re-assessed for range of motion and exhibits no decline in range of motion. Resident #19 is being offered range of motion services and if resident refuses, refusals</p>	08/15/2014

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	<p>motion. (ROM)</p> <p>The nursing progress notes indicated on 5/14/14 the resident was assessed for passive range of motion program. The assessment indicated, "... Resident is able to tolerate 10 repetition of 3 sets of Passive range of motion (PROM). Made this her goal and intervention with the addition of stopping exercise of signs or symptoms of pain present and do not push past resistance, offer rest breaks when indicated. Resident to start passive range of motion program to maintain current flexion...."</p> <p>The resident had a care plan dated 5/14/14 which indicated,"...Resident had decreased ROM to all extremities and is at risk for contracture and family refuses use of splint. Requires passive ROM to all extremities. Interventions: Do not push past resistance in extremity. (CNA) Give rest breaks as needed (CNA) Perform 10 repetitions 3 sets of Passive Range of Motion to BUE and BLE daily. Step exercise if resident shows signs/symptoms of pain or discomfort...the resident will have CNA's help to perform 10 repetitions 3 sets of Passive Range of Motion to BUE (both upper extremities) and BLE (both lower extremities) daily...."</p>		<p>will be documented and the physician will be notified for orders to discontinue the program. The physician for Resident #20 was notified regarding the missing lab test during the survey and the order was discontinued. Resident #20 is receiving medications as ordered.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents receiving/in need of range of motion services have the potential to be affected. Resident range of motion assessments were reviewed to ensure those in need of services had programs in place. All residents with orders for lab testing have the potential to be affected. A lab audit was completed to ensure the laboratory provider is aware of the current lab orders and the lab tracking tools are up to date. All residents who receive medications have the potential to be affected.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The range of motion procedure was reviewed and no revisions were indicated. Nursing staff were re-educated on the range of motion procedure and completion</p>				

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	<p>The May, June, and July 2014 CNA PROM documentation indicated the resident had not received range of motion services daily per the care plan.</p> <p>On 7/21/14 at 2:50 P.M., the Director of Nursing indicated the CNA's had not performed ROM services for Resident #5 daily per the CNA documentation.</p> <p>2. The record review for Resident #19 was completed on 7/21/14 at 1:00 P.M. Diagnoses included, but were not limited to, history of stroke, high blood pressure, Parkinson's, depression, BPH (benign prostatic hypertrophy) with urinary obstruction and anxiety.</p> <p>The physician had ordered range of motion (ROM) services as of August 2013.</p> <p>The care plan for ROM dated 8/5/13, indicated,"... the resident had decreased ROM and left upper extremity and refuses passive range of motion or active range of motion which places him at risk for contracture. Interventions: 8/1/13 Encourage participation in activities of daily living to maximum potential. Notify hospice and physician if contracture is noted (8/1/13) Encourage resident to feed self and manage fluid intake (8/5/13) and observe for decreased</p>		<p>and documentationof those programs. Additional systemicchanges are being implemented through our quality improvement processes asindicated below.</p> <p>The procedure for processing lab orders was reviewedand no changes were indicated. Licensednursing staff were re-educated on the procedure for processing lab orders. In addition, the laboratory log will bechecked during morning clinical meeting to ensure tests ordered were completedand results have been obtained with physician notification.</p> <p>The procedure for ordering new medications from thepharmacy was reviewed and no changes were indicated. Licensed nursing staff were re-educated onthe procedure for ordering new medication from the pharmacy. Additional systemic changes are beingimplemented through our quality improvement processes as indicated below.</p> <p>How the correctiveaction will be monitored to ensure the deficient practice will not recur, i.e.what quality assurance program will be put into place?</p> <p>The Health & Wellness Director or designee isreviewing restorative documentation twice weekly for 4 weeks then weekly toensure documentation of range of motion services is completed asperformed. Additionally, the DON or herdesignee will review</p>	

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	<p>ROM with care.(8/1/13)...."</p> <p>The MDS (Minimum Data Set) dated 3/28/14, indicated impairment on one side of upper extremity and bilateral lower extremities.</p> <p>On 7/22/14 at 9:20 A.M., the Director of Nursing indicated she had reviewed the nursing progress notes and had found no documentation for range of motion.</p> <p>3. On 7/21/2014 at 1:00 P.M., Resident #20's record was reviewed. Diagnoses included, but were not limited to, altered mental status, diabetes, depression, dementia and hypertension.</p> <p>Physician's order recapulation for July 2014 included, but was not limited to the following orders:</p> <p>Order date: 6/30/2014 BMP for chronic kidney disease stage 1</p> <p>On Monday 6/30/2014 a physician's separate order indicated the following: "BMP Wednesday Dx [diagnosis] UTI [urinary tract infection], weekly weights."</p> <p>The last lab found in the chart was dated 5/23/14. A note on the lab paper indicated," n.o.[new order] magoxide [magnesium oxide] 400 mg [milligrams] faxed 5/23/14 1230p."</p>		<p>range of motion assessments monthly for two months then quarterly thereafter to ensure those in need of services have programs in place as needed/recommended by therapy.</p> <p>The Health and Wellness Director or Designee is completing quality improvement audits of laboratory services. A random sample of 10% of lab orders will be checked against the daily lab completion log. This will be done weekly for 1 month, then monthly for 6 months.</p> <p>The Health & Wellness Director or designee will audit a random sample of 10% of new orders to ensure that medications were ordered and delivered timely. This will be done weekly for 1 month, then monthly for 6 months.</p> <p>Additional quality improvement audits will be completed based upon the level of compliance. The results of all audits will be reported to the Quality Assurance Improvement Committee monthly for additional recommendations as necessary.</p>		

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F000318 SS=D	<p>A Physician's order dated 5/23/14 indicated: "Magnesium Oxide 400 mg" 1 "po[by mouth]" every day due to "Hypomagnesemia. SEND STAT"</p> <p>The record indicate the magnesium oxide 400 mg was not given until 5/27/14 due to "Medication not available"</p> <p>In an interview on 7/22/14 at 11:30 A.M., the DON (director of nursing) indicated the lab order was not done.</p> <p>In an interview on 7/22/14 at 5:00 P.M., the DON indicated she did not know why the magnesium oxide medication was not available to give for over 3 days after it was ordered and had been requested to send stat (immediately).</p> <p>3.1-35(g)(2)</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on interview and record review, the facility failed to provide range of motion services to a resident with</p>	F000318	F318483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION It is the practice of	08/15/2014

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	<p>contractures for 1 of 2 residents reviewed for range of motion services. (Resident #19)</p> <p>Findings include:</p> <p>1. The record review for Resident #19 was completed on 7/21/14 at 1:00 P.M. Diagnoses included, but were not limited to, history of stroke, high blood pressure, Parkinson's disease, depression, BPH (benign prostatic hypertrophy) with urinary obstruction, and anxiety.</p> <p>The resident had a physician's order for ROM (range of motion) services, dated August 2013.</p> <p>Nursing progress notes, reviewed from August 2013 through December 2013, had no documentation related to ROM services.</p> <p>The care plan for ROM, dated 8/5/13, indicated the resident had decreased ROM of the left upper extremity, and refused passive range of motion or active range of motion which placed him at risk for contracture. Interventions included: "8/1/13 Encourage participation in ADL's to maximum potential. Notify hospice and MD if contracture is noted; (8/1/13) Encourage resident to feed self and manage fluid intake; (8/5/13) and observe</p>		<p>Wellbrooke of Westfield to ensure that a resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #5 has been re-assessed for range of motion and exhibits no decline in range of motion. Resident #5 is receiving range of motion as per the plan of care. Resident #19 has been re-assessed for range of motion and exhibits no decline in range of motion. Resident #19 is being offered range of motion services and if resident refuses, refusals will be documented and the physician will be notified for orders to discontinue the program. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents receiving or in need of range of motion services have the potential to be affected. Resident range of motion assessments were reviewed to ensure those in need of services had programs in place. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not</p>	

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F000425 SS=D	<p>for decreased ROM with care."</p> <p>The Admission MDS (minimum data set) assessment dated 3/28/14, indicated impairment on one side of upper extremity and bilateral lower extremities.</p> <p>On 7/22/14 at 9:20 A.M., the DON indicated the nursing progress notes had no documentation of any refusals for range of motion, or that range of motion services had been provided.</p> <p>3.1-42(a)(2)</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE</p>		<p>recur? The range of motion procedure was reviewed and norevisions were indicated. Nursing staffwere re-educated on the range of motion procedure and completion/documentationof those programs. Additional systemicchanges are being implemented through our quality improvement processes asindicated below. How the correctiveaction will be monitored to ensure the deficient practice will not recur, i.e.what quality assurance program will be put into place?</p> <p>The Health & Wellness Director or designee is reviewingrestorative documentation twice weekly for 4 weeks then weekly to ensuredocumentation of range of motion services is completed as performed. Additionally, the DON or her designee willreview range of motion assessments monthly for two months then quarterlythereafter to ensure those in need of services have programs in place asneeded/recommended by therapy. Additional quality improvement audits will becompleted based upon the level of compliance. The results of all audits will be reported to the Quality AssuranceImprovement Committee monthly for additional recommendations as necessary.</p>		

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	<p>PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on interview and record review, the facility failed to provide medication to a resident according to the physician's order in a timely manner. This deficient practice affected 1 out of 5 residents reviewed for unnecessary medications. (Resident #20)</p> <p>Findings include:</p> <p>Resident #20's record was reviewed on 7/21/2014 at 1:00 P.M. Diagnoses included, but were not limited to, altered mental status, diabetes, depression, dementia and hypertension.</p> <p>Resident's nursing notes dated 4/20/2014</p>	F000425	<p>F425483.60(a)(b)</p> <p>PHARMACEUTICAL SVC, ACCURATE PROCEDURES, RPH</p> <p>It is the practice of Wellbrooke of Westfield to provide routine and emergency drugs and biological to its residents; and to provide services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biological) to meet the needs of each resident.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #20 is receiving medications as ordered.</p>	08/15/2014

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	<p>indicated, "...Res. (resident) did not have ASA [aspirin] or Flonase available to give today d/t [due to] pharmacy did not deliver. ASA taken from EDK [Emergency Drug Kit] this am...."</p> <p>A Physician's order dated 5/23/14 indicated: "Magnesium Oxide 400 mg" 1 "po[by mouth]" every day due to "Hypomagnesemia. SEND STAT"</p> <p>The record indicate the magnesium oxide 400 mg was not given until 5/27/14 due to "Medication not available"</p> <p>In an interview on 7/22/14 at 5:00 P.M., the DON indicated she did not know why the magnesium oxide medication was not available to give for over 3 days after it was ordered and requested to be sent stat (immediately).</p> <p>3.1-25(a)</p>		<p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected. An audit was completed to ensure all newly ordered medications are available.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The procedure for ordering new medications from the pharmacy was reviewed and no changes were indicated. Licensed nursing staff were re-educated on the procedure for ordering new medication from the pharmacy. Additional systemic changes are being implemented through our quality improvement processes as indicated below.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? The Health & Wellness Director or designee will audit a random sample of 10% of new orders to ensure that medications were ordered and delivered timely. This will be done weekly for 1 month, then monthly for 6 months. Additional quality improvement audits will be completed based</p>		

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F000502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on interview and record review, the facility failed to provide lab services as ordered for 1 of 1 resident's reviewed for lab services. (Resident #20)</p> <p>Findings include:</p> <p>Resident #20's record was reviewed on 7/21/2014 at 1:00 P.M. Diagnoses included, but were not limited to, altered mental status, diabetes, depression, dementia and hypertension.</p> <p>Physician's order recapitulation for July 2014 included, but was not limited to the following orders: order date: 6/30/2014 BMP for chronic kidney disease stage 1</p> <p>On Monday 6/30/2014 a physician's separate order indicated the following: " BMP[Basic Metabolic Panel] Wednesday Dx [diagnosis] UTI [urinary tract</p>	F000502	<p>upon the level of compliance. The results of all audits will be reported to the Quality Assurance/Improvement Committee monthly for additional recommendations as necessary.</p> <p>F502483.75(j)(1) ADMINISTRATION</p> <p>It is the practice of Wellbrooke of Westfield to provide or obtain laboratory services to meet the needs of its residents. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The physician for Resident #20 was notified regarding the missing lab test during the survey and the order was discontinued. Resident #20 is receiving medications as ordered.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All residents have the potential to be affected. A lab audit was completed to ensure laboratory is aware of current lab orders and lab tracking tools are up to date.</p>	08/15/2014

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R000000	<p>infection], weekly weights."</p> <p>The last lab found in the chart was dated 5/23/14.</p> <p>In an interview on 7/22/14 at 11:30 A.M., the DON (director of nursing) indicated the BMP that was ordered for Wednesday 7/2/14 was not found, because it was never done.</p> <p>3.1-49(a)</p>		<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The procedure for processing lab orders was reviewed and no changes were indicated. Licensed nursing staff were re-educated on the procedure for processing lab orders. In addition, the laboratory log will be checked during morning clinical meeting to ensure tests ordered were completed and results have been obtained with physician notification.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>The Health and Wellness Director or Designee is completing quality improvement audits of laboratory services. A random sample of 10% of lab orders will be checked against the daily lab completion log. This will be done weekly for 1 month, then monthly for 6 months.</p> <p>Additional quality improvement audits will be completed based upon the level of compliance. The results of all audits will be reported to the Quality Assurance Improvement Committee monthly for additional recommendations as necessary.</p>	

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NAME OF PROVIDER OR SUPPLIER WELLBROOKE OF WESTFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 937 E 186TH STREET WESTFIELD, IN 46074
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R000214	<p>These deficiencies reflect State findings cited in accordance to 410 IAC 16.2-5.</p> <p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on interview and record review, the facility failed to update an evaluation of a resident after a change in her condition, relating to falls; for 1 of 1 residents reviewed for falls, in a sample of 7. (Resident #105)</p> <p>Findings include:</p> <p>The record for Resident #105 was reviewed on 7/23/14 at 9:30 A.M.</p>	R000000	<p>This plan of correction is to serve as Wellbrooke of Westfield's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Wellbrooke of Westfield or it's management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We are in compliance as of August 15, 2014 and respectfully request paper review.</p>	
		R000214	<p>R 214 410 IAC 16.2-5-2(a)Evaluation</p> <p>It is the practice of Wellbrookeof Westfield to ensure that an evaluation of the individual needs of each residentis initiated prior to admission and updated at least semiannually and upon aknown substantial change in the resident ' s condition, or more often at the resident's or facility's request. Alicensed nurse shall evaluate</p>	08/15/2014

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	<p>Diagnoses included, but were not limited to, congestive heart failure, chronic obstructive pulmonary disease and pneumonia.</p> <p>Nursing progress notes indicated the following:</p> <p>"6/18/14--resident oxygen saturation level at 85% (normal is 95% and above), oxygen applied...</p> <p>6/23/14--oxygen saturation level at 80%...</p> <p>6/26/14--oxygen saturation level at 87%...</p> <p>7/3/14--resident is on an antibiotic for pneumonia...</p> <p>7/9/14--resident fell due to off balance while getting mail hit back of head, right shoulder...</p> <p>7/12/14..resident found on floor in front of her recliner and her nightgown was wet with urine...."</p> <p>In an interview on 7/23/14 at 10:30 A.M., the Director of Nursing nursing staff knew that when the resident started having problems with pneumonia and was on antibiotics, she would also begin to have falls.</p> <p>An evaluation related to the resident's change in condition, in order to determine her individual needs, was not</p>		<p>the nursing needs of the resident.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident#5 has been re-evaluated and the service plan has been updated to include falls related to infectious processes.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All residents have the potential to be affected. Evaluations were reviewed and revised accordingly.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The policy regarding evaluations was reviewed and no changes were indicated at this time. The unit director was educated on the policy.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The Health & Wellness Director or her designee will review</p>				

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R000217	<p>found.</p> <p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided. Based on interview and record review, the facility failed to identify and document the services to be provided by</p>	R000217	<p>evaluations relatedto changes in condition on 5 residents weekly for 4 weeks then monthly for 2months then quarterly thereafter to ensure continued compliance.</p> <p>R 217 410 IAC 16.2-5-2(e) (1-5)Evaluation It is the practice of Wellbrookeof</p>	08/15/2014	

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	<p>the facility, relating to falls, for 1 of 1 residents reviewed for falls, in a sample of 7. (Resident # 105)</p> <p>Findings include:</p> <p>The record for Resident #105 was reviewed on 7/23/14 at 9:30 A.M. Diagnoses included, but were not limited to, congestive heart failure, chronic obstructive pulmonary disease and pneumonia.</p> <p>Nursing progress notes indicated the following:</p> <p>"6/18/14--resident oxygen saturation level at 85% (normal is 95% and above), oxygen applied...</p> <p>6/23/14--oxygen saturation level at 80%...</p> <p>6/26/14--oxygen saturation level at 87%...</p> <p>7/3/14--resident is on an antibiotic for pneumonia...</p> <p>7/9/14--resident fell due to off balance while getting mail hit back of head, right shoulder...</p> <p>7/12/14..resident found on floor in front of her recliner and her nightgown was wet with urine...."</p> <p>The most recent Service Plan, dated 5/12/14, had no indication of concerns</p>		<p>Westfield to complete an evaluation, using appropriately trained staffmembers, documenting the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope;</p> <p>(B) frequency;</p> <p>(C) need; and</p> <p>(D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident #5 has been re-evaluated and the service plan has been updated to include falls related to infectious processes.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All residents have the potential to be affected. Service plans were reviewed and revised accordingly.</p>				

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	<p>related to falls and having pneumonia.</p> <p>In an interview on 7/23/14 at 10:30 A.M., the Director of Nursing indicated the Service Plan dated 5/12/14 was the most recent one completed. She indicated nursing staff knew that when the resident started having problems with pneumonia and was on antibiotics, she would also begin to have falls. She indicated they had no documentation of this on any service plan.</p>		<p>What measures will be beput into place or what systemic changes will be made to ensure that thedeficient practice does not recur?</p> <p>Thepolicy regarding service plans was reviewed and no changes were indicated atthis time. The unit director waseducated on the policy.</p> <p>What measures will be put intoplace or what systemic changes will be made to ensure that the deficientpractice does not recur?</p> <p>TheHealth & Wellness Director or her designee will review evaluations relatedto changes in condition on 5 residents weekly for 4 weeks then monthly for 2months then quarterly thereafter to ensure continued compliance.</p>	
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