

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155596	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/22/2015
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NAME OF PROVIDER OR SUPPLIER LAKELAND SKILLED NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 500 N WILLIAMS ST ANGOLA, IN 46703
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F000000	<p>This visit was for the Investigation of Complaint IN00162088.</p> <p>Complaint IN00162088 Substantiated. Deficiencies related to the allegations are cited at F514.</p> <p>Survey dates: January 21, and 22, 2015</p> <p>Facility number : 000474 Provider number: 155596 AIM number: 100290510</p> <p>Survey team: Christine Fodrea, RN, TC</p> <p>Census bed type: SNF: 3 SNF/NF: 70 Total: 73</p> <p>Census payor type: Medicare: 18 Medicaid: 39 Other: 16 Total: 73</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	<p>This Plan of Correction is this facility's credible allegation of compliance. We respectfully request a desk review. Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</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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F000514 SS=D	<p>Quality review completed by Debora Barth, RN.</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to document skin condition on transfer for 1 of 3 residents reviewed for skin documentation in a sample of 5. (Resident #P)</p> <p>Findings include:</p> <p>Resident #P's record was reviewed 1-22-2015 at 9:19 AM. Resident #P's diagnoses included, but were not limited to, high blood pressure, dementia and lung disease.</p>	F000514	F514. It is the policy and procedure of this facility to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The discharge form was reviewed and revised to include the same skin documentation that is present on the transfer form (see attachment A). Nursing staff were educated on the revised form and its use and purpose on 1-27 and 1-28-15. (see attachment B) Discharges from the facility will be audited by	02/21/2015	

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	<p>A nurse's note, dated 12-24-2014 at 1:00 AM, indicated Resident #P's skin turgor was fair, and Resident #P was receiving preventative skin care, but there were no indications Resident #P had any skin concerns.</p> <p>A weekly skin report, dated 12-10-2015 indicated Resident #P's skin was warm, dry, and intact. The form additionally indicated there were no open or reddened areas.</p> <p>There was no transfer form available for review. The resident was transferred to another facility on 12-14- 2014.</p> <p>A Nursing admission assessment form, from the facility Resident #P was transferred to, dated 12-14-2014 indicated Resident #P had arrived at the facility with partial thickness excoriation in groin and gluteal folds. A review of the skin sheets, dated 12-14-2014, did not indicate the measurements of the areas, but did indicate the areas were red, and without drainage.</p> <p>In an interview on 1-22-2015 at 1:28 PM, the Director of Nursing indicated the staff should have documented skin condition on the transfer form or in the Nurse's notes.</p>		<p>Medical Records to make sure that the skin condition is documented on the form. The discharge audits will be presented to the Business Leadership Team, a sub-committee of the Quality Assurance Committee, on a weekly basis for four weeks to monitor and review compliance. If no further issues are found during the four weeks, the audits will be submitted by the Business Leadership team, on a monthly basis for five months, to the Quality Assurance Committee. The Quality Assurance Committee, responsible to the Administrator will monitor the results of the audits for continued compliance.</p>				

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	This Federal tag relates to Complaint IN00162088. 3.1-50(a)(1)				