

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155137	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/07/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 251 STURDY RD VALPARAISO, IN 46383
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F0000	<p>This visit was for the Investigation of Complaint IN00123514.</p> <p>Complaint IN00123514-Substantiated.Federal/state deficiencies related to the allegations are cited at F 314.</p> <p>Survey dates: February 6, and 7, 2013</p> <p>Facility number: 000062 Provider number: 155137 AIM number: 100271400</p> <p>Survey team: Christine Fodrea, RN TC</p> <p>Census bed type: SNF/NF: 76 Total: 76</p> <p>Census payor type: Medicare: 12 Medicaid: 56 Other: 8 Total: 76</p> <p>Sample: 4</p> <p>This deficiency also reflects state findings</p>	F0000	F0000Preparation, submission and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusions set forth on this survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.	

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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	cited in accordance with 410 IAC 16.2. Quality review completed on February 11, 2013 by Randy Fry RN.			

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F0314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review the facility failed to assess wound healing for 3 of 3 residents reviewed (Resident #G, Resident #H and Resident #J), and failed to track wound progress or decline for 2 of 3 residents reviewed (Resident #G, and Resident #H) regarding pressure ulcer treatment in a sample of 4.</p> <p>Findings include:</p> <p>1. Resident #G's record was reviewed 2-6-2013 at 1:48 PM. Resident #G's diagnoses included but were not limited to dementia, chronic kidney disease, and congestive heart failure.</p> <p>Review of Resident #G's nurse's notes dated 1-8-2013 at 1:50 PM, indicated Resident #G had returned from the hospital with an open area</p>	F0314	<p>F314 1. Unable to correct the alleged deficient practice for resident G due to she no longer resides in the facility. Resident H had skin / wound(s) reassessed on 2/8/13 and skin sheets updated on 2/8/13. Resident J had skin / wound(s) reassessed on 2/6/13 and skin sheets updated on 2/6/13. 2. All residents had a skin sweep completed on 01/29/13. Resident's with wounds identified had wounds assessed and documented on the wound evaluation flow sheet. 3. Licensed Nursing staff to be educated on skin integrity guideline, assessment of pressure ulcers and completion of wound evaluation flow sheets. All residents with pressure ulcers will have those areas assessed on a weekly basis and assessment and wound progress documented on the wound evaluation flow sheet. 4. All new admissions will be reviewed in clinical start up</p>	02/26/2013			

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	<p>on the coccyx measuring 0.2 centimeters (cm) x 0.2 cm. The surrounding skin was described as pink/ red and blanchable. There was no note as to depth or the condition of the wound bed.</p> <p>Resident #G's wound evaluation flow sheet dated 1-8-2013 indicated there was no exudate, but did not indicate the depth of the area or the status of the wound bed.</p> <p>There were no other entries on the wound evaluation flow sheet.</p> <p>The nurse's notes did not describe the wound or give measurements until 1-22-2013, when the nurse's note at 11:12 AM indicated the treatment had been discontinued to the area because the area was resolved.</p> <p>A nurse's note dated 1-28-2013 at 11:05 AM indicated there were 4 areas on Resident #G's coccyx measuring 0.4 centimeters (cm) x 0.4 cm; 0.7 cm x 0.4 cm, 1 cm x 0.2 cm and 1.2 cm x 0.3 cm . The note describes surrounding skin as intact, red/ pink and no drainage. The note does not include the status of the wound bed.</p>		<p>5x weekly reviewing for any identified skin issues to ensure pressure areas are documented on the wound evaluation flow sheets. Weekly x 4 weeks and then monthly x 5 months the DNS and ED will review pressure ulcer wound evaluation sheets to ensure complete documentation of assessment and progress.</p> <p>5. Results of audits will be reported to QAPI committee reviewing for any trends or patterns. With reference to the above cited deficiency, we would respectfully like to request a desk review.</p>		

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	<p>A wound evaluation flow sheet dated 1-28-2013 indicated the areas were on the coccyx in a line from top to bottom, but did not indicate the status of the wound bed.</p> <p>There were no further entries on the wound evaluation flow sheet.</p> <p>2. Resident #H's record was reviewed 2-6-2013 at 2:46 PM. Resident #H 's diagnoses included but were not limited to liver cirrhosis, diabetes, and chronic kidney disease.</p> <p>A nurse's note dated 1-4 2013 at 12:35 PM indicated Resident #H had an open area on the coccyx. the note had no measurements, but did include the area had no drainage and the surrounding skin was red/pink.</p> <p>There was no further note until 1-22-2013 at 12:05 PM. The nurse's note indicated there was no change to Resident #H's coccyx area, but no measurements or wound status had been noted.</p> <p>A nurse's note dated 1-29-2013 at 11:57 PM indicated Resident #H's coccyx area measured 0.8 cm x 0.3 cm and had improved, remained red, but the status of the wound bed was not indicated.</p>			

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	<p>A nurse's note dated 2-3-2013 at 10:09 AM indicated Resident #H's coccyx area measured 0.3 cm x 0.3 cm. There was no indication of the status of the skin around the area or the status of the wound bed.</p> <p>A review of Resident #H's Wound Evaluation Flow Sheet dated 1-4-2013 included measurements of 1.5 cm x 0.5 cm and indicated the area had red exudate. There was no indication of the status of the wound bed.</p> <p>There were no measurements or notations of wound status on the Wound Evaluation Flow Sheet until 1-22-2013. The notation on 1-22-2013 indicated Resident #H's coccyx area was 1.5 cm x 0.5 cm. The form indicated there was red exudate from the wound, but there was no indication of the status of the wound bed.</p> <p>The Wound Evaluation Flow Sheet further indicated on 1-29-2013 Resident #H's coccyx area measured 0.8 cm x 0.3 cm. the form indicated there was red exudate, but did not indicate the status of the wound bed or the status of the skin around the wound.</p>			

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	<p>The Wound Evaluation Flow Sheet entry for 2-4-2013 indicated Resident #H's coccyx area measured 0.3 cm x 0.3 cm and had red exudate, the surrounding tissue was red/ pink but did not indicate the status of the wound bed.</p> <p>An observation of Resident #H's coccyx on 2-6-2013 at 2:55 PM revealed coccyx area was pink and blanchable. No open area was observed.</p> <p>3. Resident #J's record was reviewed 2-7-2013 at 9:00 AM. Resident #J's diagnoses included but were not limited to Alzheimer's dementia and femur fracture.</p> <p>Resident #J's nurse's note dated 1-29-2013 at 3:14 PM indicated an open heel blister had been identified. There was no measurement in the note, but the note indicated the area was pink with pink surrounding tissue.</p> <p>A nurse's note dated 2-4-2013 at 3:13 PM indicated Resident #J's left heel; blister remained intact with clear fluid. the measurements of the blister were noted to be 3 cm x 2.5 cm. there was no indication of the status of the skin surrounding the wound.</p>						

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	<p>Resident #J's Wound Evaluation Flow Sheet indicated Resident #J had a blister on the left heel measuring 3 cm x 2.5 cm. No depth was noted. There was no indication if the blister was intact or open. No stage was identified for the area.</p> <p>The notation dated 2-4-2013 on the Wound Evaluation Flow Sheet indicated Resident #J's left heel blister was 3 cm x 2.5 cm. The form indicated there was white exudate, but indicated the blister was fluid filled and intact.</p> <p>An observation of Resident #J's left heel on 2-7-2013 at 8:28 AM revealed an intact blister on the heel approximately 3 cm in diameter. The blister was intact and filled with clear fluid. the surrounding area was pink and blanchable.</p> <p>A current policy titled Skin Integrity Guideline dated January 2011 included, but was not limited to the following: "... wound status would be monitored on a weekly basis..." The guideline further indicated "...the licensed nurse would document weekly on the Wound Evaluation Flow Sheet..."</p>			

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	<p>In an interview on 2-7-2013 at 8:15 AM the Director of Nursing services indicated the Wound Evaluation Form should have been used to track measurements and status of the wound bed and skin around the wound weekly. She additionally indicated she realized the facility had a problem last week when she saw all the new skin areas. She indicated the facility did a skin sweep on 1-29-2013 and updated treatments and wound measurements. She indicated she had begun training direct care staff regarding wound prevention. She further indicated tracking and assessment would be a focus of reeducation soon.</p> <p>This Federal tag relates to complaint number IN 00123514.</p> <p>3.1-40(a)(2)</p>			