

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155618		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/19/2016	
NAME OF PROVIDER OR SUPPLIER  MANOR CARE HEALTH SERVICES SUMMER TRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 12999 N PENNSYLVANIA ST CARMEL, IN 46032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00210736.</p> <p>Complaint IN00210736 - Substantiated. Federal/State deficiency related to the allegation is cited at F309.</p> <p>Survey dates: December 16 &amp; 19, 2016.</p> <p>Facility number: 001149 Provider number: 155618 AIM number: 200145500</p> <p>Census bed type: SNF/NF: 27 SNF: 21 Residential : 78 Total: 126</p> <p>Census payor type: Medicare: 19 Medicaid: 23 Other: 6 Total: 48</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000			

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 0309 SS=D Bldg. 00	Quality Review was completed by 21662 on 12/27/16.						
	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. 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, consistent with the resident's comprehensive assessment and plan of care.						
	483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.  (l) Dialysis. The facility must ensure that						

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	<p>residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on record review and interview the facility failed to provide the necessary care for a resident with edema. This deficient practice effected 1 of 3 residents reviewed for quality of care. (Resident B).</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 12/19/16 at 10:00 a.m. Diagnoses included, but not limited to, unspecified atrial fibrillation, atherosclerotic heart disease of native coronary artery without angina pectoris, heart failure, dementia without behaviors, edema, neuropathy, spinal stenosis, lumbar region, and osteoarthritis.</p> <p>Medications included, but were not limited to: Hydrochlorothiazide 25 mg (diuretic), given daily for edema. Toresemide 30 mg (diuretic) given daily for edema. Tramadol 50 mg (narcotic pain medication) given every 6 hours for pain.</p> <p>Physician orders included but not limited to: pain evaluation every shift for pain assessment, weight 3 times weekly for</p>			F 0309	<p>The statement made in this plan of correction is not an admission to and does not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or is planning to take actions set forth in the following Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.</p> <p>It is the practice of this facility to comply with 309 and to provide the necessary care for residents with edema.</p> <p><u>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>Resident B no longer resides at the facility.</p>		01/12/2017

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	<p>monitoring, TED (Thromboembolism-deterrent) hose on in the morning, off at night.</p> <p>Care plans reviewed on 12/19/16 at 10:00 a.m., identified Resident B at risk for edema/excess fluid volume as evidenced by crackles in lung sounds and edema of bilateral lower extremities. Care plan indicated the resident was at risk for alteration in skin integrity. Interventions noted in the care plan included but not limited to administration of medications per physician orders, weight three times weekly, report significant changes to physician and observe skin condition with ADL (Activities Daily Living) care daily; report abnormalities.</p> <p>A review of nurses progress notes on 12/9/16 at 10:30 a.m., did not demonstrate any assessment of edema. The nurses' note on 9/8/16 noted the family noticed the resident's left ankle swollen and red. The physician's office was notified of the red, swollen and painful ankle at that time. An X-ray dated 9/10/16 confirmed the left ankle was fractured. Resident B was sent to the hospital for surgical repair of the ankle.</p> <p>A review of the nurses notes during this time did not reflect any assessment for edema.</p>		<p>-</p> <p><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</u></p> <p>Residents who have care plans which state the need to assess for edema are being assessed. The assessment document is documented in the medical record.</p> <p>-</p> <p><u>What measure will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</u></p> <p>Licensed nurses have been in-service/re-educated by the Director of Nursing or Designee regarding the importance of following the resident's care plan as it relates to assessing residents for edema.</p> <p><u>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:</u></p> <p>The Director of Nursing or Designee will monitor the medical records of residents who have care plans which state the need to assess for edema. The monitoring will be completed</p>				

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	<p>During an interview on 12/19/16 at 2:00 p.m., with the Executive Director and the Administrator, the Administrator indicated there was no report of an injury to Resident B. He also indicated nurses notes did not reflect the increase/decrease of edema for this resident.</p> <p>This Federal tag relates to complaint IN00210736</p> <p>3.1-37(a)</p>				<p>daily (Monday thru Friday) times 4 weeks. Then three times weekly for four weeks. The monitoring will be taken to the monthly QUPI for review and recommendations.</p> <p><b>By what date will the systemic changes be completed:</b></p> <p>January 12, 2017</p>		