

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>155660</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/22/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>PULASKI HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>624 E 13TH ST WINAMAC, IN 46996</b>		
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00205521.</p> <p>Complaint IN00205521 - Substantiated. Federal/State deficiencies related to the allegations are cited at F314.</p> <p>Survey date: July 22, 2016</p> <p>Facility number: 000553 Provider number: 155660 AIM number: 100267430</p> <p>Census bed type: SNF: 6 SNF/NF: 51 Total: 57</p> <p>Census Payor type: Medicare: 9 Medicaid: 33 Other: 15 Total: 57</p> <p>Sample: 4</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 32883 on</p>	F 0000	<p>The preparation and execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of the federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licenser of the long term care facilities, and this plan of correction in its entirety, constitutes this provider's allegation of compliance. We are respectfully requesting a desk review to clear any and all proposed or implemented remedies that have been presented to date.</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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F 0314 SS=D Bldg. 00	<p>7/24/16.</p> <p><b>483.25(c)</b> 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 ensure a resident with a pressure ulcer received necessary treatment and services to promote healing, related to a pressure area observed without a dressing and</p>		F 0314	<p>1 An Allevyn Adhesive (wound healing dressing) per MD order was placed on the center of coccyx pressure wound of Resident #D immediately after finding the wound healing dressing was missing. Per audit no other residents had MD orders</p>	08/19/2016

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	<p>treatment applied as ordered by the Physician for 1 of 2 residents with pressure ulcers in a total sample of 4. (Resident #D)</p> <p>Finding includes:</p> <p>Resident #D was observed on 07/22/16 at 9:40 a.m. lying in bed on her back. The Wound Nurse assisted the resident onto her side and pulled down the resident's brief to expose the pressure area on the resident's coccyx. There was no dressing on the pressure area located on the coccyx. The Wound Nurse indicated there was no dressing on the coccyx pressure area. The Wound Nurse indicated the area was, "smaller and had a tiny amount of yellow slough", on the pressure area.</p> <p>Resident #D's record was reviewed on 07/22/16 at 11:05 a.m. The resident's diagnoses included, but were not limited to, right hip fracture and congestive heart failure.</p> <p>The Admission Skin Assessment, dated 07/15/16, indicated the resident had an unstagable (pressure ulcer covered with slough/necrotic tissue where depth can not be determined) wound to the center of coccyx, which measured 0.7 cm (centimeters) by 0.5 cm and covered with</p>			<p>for wound healing dressings for pressure wounds</p> <p>2 All of the nurses were in-serviced (attachment 2A) on the new Flow sheet (attachment 2B, 2C) that is to be used when a resident has a Pressure Ulcer Dressing. The dressing is to be checked each shift for placement, soiled, if loose and replaced immediately if needed. Completed 08/04/2016.</p> <p>3 The check list will be monitored per the Director of Nursing Services or her designee</p> <p>4 An information sheet (attachment 4A) will be placed in Personal Care Records of the Certified Nursing Assistants and in the Shower Room Information Book indicating that the resident has a pressure would with a dressing and the location. If the dressing becomes loose, soiled, or is missing the staff are to notify the nurse immediately. If not replaced immediately, the staff are to notify the Director of Nursing, Nursing Manager or call the nursing on call phone. All CNA's /QMA's have been in-serviced (attachment 4B) regarding this process. Completed 08/04/2016. This was put into place the day Surveyor was in the building</p> <p>5 The above processes were put in place for resident # D</p> <p>6 Resident # D Pressure Wound has been resolved/healed on 07/28/2016</p> <p>7 The process for checking</p>

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	<p>yellow slough.</p> <p>A Weekly Pressure Report, dated 07/21/16, indicated the area on the coccyx was unstagable at 0.7 cm by 0.5 cm and the slough covering the area was thinner.</p> <p>A Physician's Order, dated 07/15/16, indicated Allevyn Adhesive (wound healing dressing) to center of coccyx pressure wound and change every three days and as needed if soiled.</p> <p>A care plan, dated 07/15/16, indicated the resident had an unstageable pressure ulcer on the coccyx. The interventions included, treatment as ordered.</p> <p>The Medication Administration Record, dated 07/2016, indicated the coccyx dressing had been applied on 07/21/16.</p> <p>During an interview on 07/22/16 at 9:50 a.m., CNA #1 indicated the resident had not required incontinent care yet this morning, so she had not seen the resident's coccyx area. CNA #1 indicated she came to work at 6:15 a.m. and was unaware the dressing was not on the resident's coccyx.</p> <p>During an interview on 07/22/16 at 9:52 a.m., LPN #2 indicated she had started</p>		<p>placement of Pressure Wound Dressings will be on-going with any resident who is admitted with a Pressure Wound with an ordered dressing or acquires a pressure wound and is ordered a dressing. The process and the findings will be reported in QAA monthly when necessary when pressure ulcers are present</p> <p>8 Policy and Procedure for Pressure Ulcer Management reviewed</p> <p>9 The systemic changes will be completed on 08/19/2016</p>	

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FORM APPROVED  
OMB NO. 0938-0391

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	<p>work at 6 a.m. and had not been informed the dressing was not on the resident's coccyx.</p> <p>A facility policy, dated 2007, received from the Administrator as current on 07/22/16 at 9:45 a.m., titled, "Pressure Ulcer Prevention and Monitoring", indicated, "...2. Residents with pressure ulcers will have : a. Treatments as ordered..."</p> <p>This Federal tag relates to Complaint IN00205521.</p> <p>3.1-40(a)(1)</p>				