

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>155721</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>11/30/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>LAWRENCE MANOR HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8935 E 46TH ST INDIANAPOLIS, IN 46226</b>		
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00214624 and IN00215934.</p> <p>Complaint IN00214624 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00215934 - Substantiated. Federal/state deficiencies related to the allegations are cited at F312 and F356.</p> <p>Survey dates: November 28, 29, and 30, 2016</p> <p>Facility number: 000383 Provider number: 155721 AIM number: 100289610</p> <p>Census bed type: SNF/NF: 44 Total: 44</p> <p>Census payor type: Medicare: 3 Medicaid: 32 Other: 9 Total: 44</p> <p>Sample: 8</p> <p>These deficiencies reflect State findings</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 0312 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on December 2, 2016</p> <p>483.24(a)(2) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS (a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, interview, and record review, the facility failed to check a resident for incontinence and change the resident when needed for 1 of 4 residents reviewed. (Resident E)</p> <p>Findings include:</p> <p>Resident E's record was reviewed on 11/28/16 at 2:50 p.m. Resident E had diagnosis that included, but were not limited to, high blood pressure, stroke, muscle spasms, high blood fats, pain, and depression.</p> <p>A Quarterly Minimum Data Set (MDS)</p>	F 0312	<p><b>F-312</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient Practice?</b></p> <p><b>A.</b> Incontinent care was provided immediately for resident E, and soiled clothing changed. Resident E is checked a minimum of every 2 hours for incontinent care needs and receives incontinent care promptly when needed.</p> <p><b>B.</b> No other residents were found to be affected by the</p>	12/30/2016

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	<p>assessment, dated 10/18/16, indicated Resident E was cognitively intact, required extensive assist of two for transfers, did not walk, and was always incontinent of bowel and bladder.</p> <p>A care plan, dated 7/27/16, indicated: "[Resident E's name] has fluid filled blisters to right hip r/t (related to) moisture related skin damage r/t adult briefs use r/t urinary incontinence r/t weakness, loss of balance and ROM r/t his stroke hx (history) with left hemiparesis dx (diagnosis). Goal: [Resident E's name] will be kept clean, dry and comfortable on check and change program q (every) 2 hours around the clock and be free of moist[ture] related skin damage by/through next review date. (1/2017) Interventions: Apply adult briefs when up in w/c (wheelchair). Change promptly on check and change program q 2 hours or more often as needed. Apply skin barrier cream to buttocks and groin after skin care daily prn (as needed) as a preventative against skin breakdown. Assist with incontinence care on check and change program q 2 hours around the clock or more often as needed. Ensure adult briefs are the best fit possible and not too tight q day. Ensure his bed pads and linens are kept clean, dry and wrinkle free q day. Monitor skin closely for s/sx</p>		<p><b>deficiency</b></p> <p><b>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken?</b></p> <p><b>A.</b> Audit was performed by Don on residents to get list of resident that are incontinent and that require assistance with toileting to determine other residents potentially at risk.</p> <p><b>B.</b> Care plans were updated with interventions / cna assignment sheets updated to reflect interventions as needed.</p> <p><b>What measurements will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p><b>A.</b> Daily rounds/ Audits will be conducted by DON or designee 5 xs's per week x's 4 weeks.</p> <p><b>B.</b> Nursing staff will be educated on incontinence care rounds and timeliness of providing care.</p>	

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	<p>(signs/symptoms) of skin breakdown q day. Report to MD daily prn. No briefs in bed."</p> <p>During an interview, on 11/30/16 at 2:13 p.m., Resident E said no one has checked him or changed him since 9:00 a.m., this morning. Resident was in bed and wore sweat pants that were visibly wet around the groin area. Assistance was requested with CNA 1 and CNA 2 coming in to help a few minutes later. They indicated the shift had just changed and they just came in at 2:00 p.m. When CNA 1 and CNA 2 changed Resident E, his incontinence brief was observed to be saturated with urine, his sweat pants were wet in the seat and groin area, the incontinence pad and bottom sheet under him were soaked with urine and had to be changed.</p> <p>On 11/30/16 at 4:10 p.m., Resident E said "staff don't do the 2 hour checks they are supposed to do" and he "hasn't been checked or changed since he got up at 9:00 a.m."</p> <p>A Policy for "Perineal Care" was provided by the Director of Nurses on 11/30/16 at 5:25 p.m. and included, but was not limited to: "Purpose: The purposes of this procedure are to provide cleanliness and comfort to the resident, to</p>		<p>Inservice will be provided by_12/23/16.</p> <p><b>C. Any negative findings will be corrected immediately and education will continue</b></p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</b></p> <p><b>A. Rounds on incontinent residents that require assistance will be conducted daily 5 xs a week for 4 weeks; then 3 times per week for 4 weeks, then monthly thereafter.</b></p> <p><b>B. The DON will report findings during the QAA committee. Any deficiencies will be reviewed during monthly QAA meetings, patterns will be identified with resolution.</b></p> <p><b>By what date will these systematic changes be completed?</b></p> <p><b>A. These systematic changes will be completed by 12/30/16</b></p>	

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F 0356 SS=D Bldg. 00	<p>prevent infections and skin irritation, and to observe the resident's skin condition...."</p> <p>This Federal tag relates to Complaint IN00215934.</p> <p>3.1-38(a)(3)(A)</p> <p>483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION 483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>(i) Facility name.</li> <li>(ii) The current date.</li> <li>(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</li> </ul> <p>(A) Registered nurses.</p> <p>(B) Licensed practical nurses or licensed vocational nurses (as defined under State</p>			

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	<p>law)</p> <p>(C) Certified nurse aides.</p> <p>(iv) Resident census.</p> <p>(2) Posting requirements.</p> <p>(i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.</p> <p>(ii) Data must be posted as follows:</p> <p>(A) Clear and readable format.</p> <p>(B) In a prominent place readily accessible to residents and visitors.</p> <p>(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on record review and interview, the facility failed to ensure the Staff Posting Report was accurate for 5 of 14 days. This had the potential to affect 44 residents who resided in the facility.</p> <p>Findings include:</p>	F 0356	<p>-</p> <p><b>F-356</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient Practice?</b></p> <p><b>A.Nursing Staff posting</b></p>	12/30/2016

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	<p>The staff posting, nursing, and CNA schedules were reviewed on 11/30/16 at 3:04 p.m., with the Director of Nursing.</p> <p>The Staff Posting Report, from 11/16/16 through 11/29/16, was compared to the "as worked" schedule, and the following days and shifts had incorrect staff listed on the Staff Posting Report:</p> <p>11/17/16 - 4 CNA's were listed on the staff posting for day shift, and the DoN indicated only 3 had worked. 4 CNA's were listed for evening shift, and the DoN indicated only 2 had worked. 2 CNA's were listed for the night shift and only 1 had worked.</p> <p>11/20/16 - 2 QMA's and 2 CNA's were listed on the staff posting for day shift, and the DoN confirmed that 1 QMA and 1 CNA had worked. 2 CNA's were listed on the evening shift, and the DoN said only 1 had worked.</p> <p>11/21/16 - 4 CNA's were listed on the staff posting for the evening shift, and the DoN confirmed that only 3 had worked.</p> <p>11/22/16 - 4 CNA's were listed on the staff posting for evening shift, and the DoN said only 3 had worked. 2 CNA's were listed on the night shift, and the DoN indicated 3 had worked.</p>		<p>hours were updated / corrected immediately to reflect call offs.</p> <p><b>B. No residents were affected by the deficiency</b></p> <p><b>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken?</b></p> <p>A. All residents were at risk due to this alleged deficient practice.</p> <p>B. Nursing posted hours will be adjusted to reflect actual nursing staff hours worked.</p> <p><b>What measurements will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p><b>A. F-312</b></p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient Practice?</b></p> <p>A. Incontinent care was provided immediately for resident E, and soiled clothing changed.</p>	

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	<p>11/29/16 - 2 CNA's were listed on the posting for night shift, and the DoN showed on the schedule that 3 had worked.</p> <p>During the staffing review, the DoN said she "hasn't gone back and changed the daily staffing after [she] posted it."</p> <p>This Federal tag relates to Complaint IN00215934.</p> <p>3.1-13(a)</p>		<p>Resident E is checked a minimum of every 2 hours for incontinent care needs and receives incontinent care promptly when needed.</p> <p><b>B.</b> No other residents were found to be affected by the deficiency</p> <p><b>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken?</b></p> <p><b>A.</b> Audit was performed by Don on residents to get list of resident that are incontinent and that require assistance with toileting to determine other residents potentially at risk.</p> <p><b>B.</b> Care plans were updated with interventions / cna assignment sheets updated to reflect interventions as needed.</p> <p><b>What measurements will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p>	

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				<p><b>A.</b> Daily rounds/ Audits will be conducted by DON or designee 5 xs's per week x's 4 weeks.</p> <p><b>B.</b> Nursing staff will be educated on incontinence care rounds and timeliness of providing care. Inservice will be provided by 12/30/16.</p> <p><b>C.</b> Any negative findings will be corrected immediately and education will continue</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</b></p> <p><b>A.</b> Rounds on incontinent residents that require assistance will be conducted daily 5 xs a week for 4 weeks; then 3 times per week for 4 weeks, then monthly thereafter.</p> <p><b>B.</b> The DON will report findings during the QAA committee. Any deficiencies will be reviewed during monthly QAA meetings, patterns will be identified with resolution.</p>

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				<p><b>By what date will these systematic changes be completed?</b></p> <p><b>A.</b> These systematic changes will be completed by 12/30/16</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</b></p> <p><b>A.</b> The Administrator/Designee will review the Posted Nurse Staffing Information sheets weekly x 1 mo and then monthly thereafter. The Administrator will report findings to the QAA committee who will determine the need for continued monitoring after 6 months.</p> <p><b>By what date will these systematic changes be completed?</b></p> <p><b>A.</b> These systematic changes will be completed by 12/30/16</p>

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