

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155649	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2018
NAME OF PROVIDER OR SUPPLIER MCCORMICK'S CREEK REHABILITATION & SKILLED NURSING			STREET ADDRESS, CITY, STATE, ZIP COD 210 STATE HWY 43 SPENCER, IN 47460	
(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)
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00256032, IN00257076, and IN00258894.</p> <p>Complaint IN00256032 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00257076 - Substantiated. Federal/State findings related to the allegations are cited at F580.</p> <p>Complaint IN00258894 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: April 11 and 12, 2018</p> <p>Facility number: 010478 Provider number: 155649 AIM number: 200197620</p> <p>Census Bed Type: SNF/NF:73 Total: 73</p> <p>Census Payor Type: Medicare: 8 Medicaid: 46 Other: 19 Total: 73</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on April 18, 2018.</p>		F 0000	We are requesting Paper Compliance. 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.
F 0580 SS=D Bldg. 00	483.10(g)(14)(i)-(iv) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes.			

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p>			

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	<p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on interview and record review, the facility failed to ensure a physician was immediately notified after a resident was noted to have a headache followed by vomiting after an unwitnessed fall earlier in the day for 1 of 3 residents reviewed for physician notification of change in condition. (Resident D)</p> <p>Findings include:</p> <p>On 4/12/18 at 1:00 p.m., Resident D's clinical record was reviewed. Resident D's diagnoses included, but were not limited to: Pneumonia and T-Cell lymphoma.</p> <p>Nursing notes, dated 11/23/2017 at 7:30 a.m., indicated the ADON (Assistant Director of Nursing) was notified by CNA 1 Resident D self-reported he had fallen and gotten himself back into bed. The ADON went in to assess resident D, who was responsive to name, place, date, and time. Resident D indicated to the nurse he did not hit his head. Neuro checks were begun and vital signs were within normal limits. Resident D denied any pain, nausea, and vomiting.</p> <p>Nursing notes, dated 11/23/2017 at 11:30 a.m., indicated Resident D indicated he had a headache and would like something. Neuro checks and vital signs were within normal limits. Resident D received Tylenol (no strength noted). Bruising</p>	F 0580	<ol style="list-style-type: none"> Resident D was not affected by the alleged practice. The ADON notified physician after attending to the resident. Residents requiring change of conditions will be audited by the DON or designee upon occurrence. No other residents were affected by this practice. Nurses were in-serviced on the change of condition policy and physician notification. (Attachment B) The DON or designee will audit for accuracy on change of conditions 5 x a week/or as occurred for the next 6 months (Attachment A) . Audit findings will be presented by the DON or designee to the QAA Committee monthly x 6 months. The QAA Committee will review findings and determine the need for further monitoring and /or education per the QAA process. Compliance will be determined based on results of audits. 	04/30/2018

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	<p>was appearing on the right upper arm from the fall that morning and denied pain to the area.</p> <p>Nursing notes, dated 11/23/2017 at 11:40 a.m., indicated Resident D vomited a moderate amount of emesis at that time.</p> <p>Resident D's clinical record lacked documentation to indicate the physician was notified upon assessed change of condition of headache and emesis.</p> <p>Nursing notes, dated 11/23/2017 at 12:04 p.m., indicated Resident D's spouse was sent down by the CNA to inform the ADON that Resident D had become unresponsive. The ADON came down to Resident D's room. Resident D was assessed to be unresponsive to voice, tactile stimulation, and pain. Vital signs remained within normal limits. The right pupil was noted to be dilated and fixed and left pupil was pinpoint and fixed. Resident D was noted to have a small amount of emesis and blood inside the back corner of the mouth. Vital signs remained within normal limits, except respirations, which increased and became Cheyne-Stokes respirations (rapid increase in respirations (breaths) followed by gradual decrease in respirations and total cessation (stopped) respirations from 5-50 seconds) in appearance. EMS (emergency medical service) was called. EMS arrived in approximately 15 minutes. Resident D's physician was notified at that time and agreed that immediate transfer was necessary,</p> <p>On 4/12/2018 at 3:25 p.m., interview with the ADON indicated they did not call after the medication was given for the headache and emesis, as Resident D indicated he had not hit their head.</p>				

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	<p>On 4/12/2018 at 4:15 p.m., the DON provided "Managing Change of Condition," dated October, 2015, and indicated this was the policy being used by the facility. The policy included, but was not limited to: "...change in condition that does not require immediate 911 transfer, notifying physician and ... of assessment findings ..."</p> <p>This Federal Tag relates to Complaint IN00257076.</p> <p>3.1-5(a)(2)</p>			