

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155126	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2016
NAME OF PROVIDER OR SUPPLIER SPRINGS VALLEY MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 457 S SR 145 FRENCH LICK, IN 47432		
(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 a MDS (Minimum Data Set) 3.0 Focus Survey.</p> <p>Survey dates: July 11 and 12, 2016</p> <p>Facility number: 00054 Provider number: 155126 AIM number: 100287850</p> <p>Census bed type: SNF/NF: 66 Total: 66</p> <p>Census payor type: Medicare: 12 Medicaid: 43 Other: 11 Total: 66</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on July 14, 2016.</p>	F 0000	<p>"This plan of Correction constitutes the facility's written allegation of compliance for deficiencies cited. This submission of this Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's Inspection Report." We would like to request a desk review, please feel free to contact Stacy M. Burton, Executive Director, should you need any additional information to support the desk review @ 812-936-9991. Thank You for your consideration to this request</p>	
F 0278 SS=D Bldg. 00	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.			

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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	<p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on observation, record review and interview, the facility failed to ensure Minimum Data Set Assessments (MDS) were completed to accurately reflect the resident's status and the care and services the resident received in the areas of falls, pressure ulcers, and urinary tract infection for 3 of 12 residents reviewed. (Residents #C, #M, and #N).</p> <p>Finding includes:</p>	F 0278	<p>It is the practice of this provider to ensure all assessments are accurate in accordance with State and Federal law. 1</p> <ul style="list-style-type: none"> · Resident#<u>C</u> , 4/12/2016 MDS was modified to include fall with minor injury on 3/7/2016 · Resident#<u>N</u> , 5/12/2016 MDS was modified to include fall with minor injury on 4/20/2016 · Resident#<u>M</u> , 6/27/2016 MDS was modified to include UTI on 6/10/2016 · Resident#<u>M</u> , 6/27/2016 MDS was modified to include pressure 	07/22/2016

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	<p>1. Resident #C's record was reviewed on 7/11/16 at 11:45 a.m.</p> <p>A quarterly MDS Assessment, dated 4/12/16 indicated Resident #C had one fall with no injury and no falls with injury [(except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain] since the last assessment which was dated, 2/1/16.</p> <p>Review of an Event Report, dated 3/7/16, indicated the resident had an unwitnessed fall and was found on her buttocks on the floor in front of a recliner. The injury noted was a skin tear to the left shin, measuring 2 by 2 centimeters.</p> <p>Interview with the MDS nurse on 7/11/16 at 3:32 p.m., indicated the resident had received an injury and the MDS was not coded to indicate the injury.</p> <p>2. Resident #N's record was reviewed on 7/12/16 at 2:08 p.m.</p> <p>A significant change MDS Assessment, dated 5/12/16, indicated Resident #N had one fall with no injury and no falls with injury [(except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any</p>		<p>wound on 6/18/2016</p> <p>2</p> <ul style="list-style-type: none"> · All residents that have had pressure wound, UTI, or fall with injury have the potential to be affected by same alleged deficient practice. · RAI Specialist/designee will complete 100% audit of residents that have had pressure wound, UTI, or fall with injury to ensure proper MDS coding by 7/22/2016 <p>3</p> <ul style="list-style-type: none"> · An in-service will be completed by RAI Specialist with MDSC on 7/22/2016 regarding accuracy of MDS coding. · The MDS will be reviewed for accuracy during the weekly IDT care plan review utilizing the care plan review tool by the MDSC/designee. <p>4</p> <ul style="list-style-type: none"> · The MDS Accuracy QA Audit Tool will be completed for six months with audits being completed once weekly for one month and monthly for 5 months by the MDSC/designee. The MDS Accuracy QA Audit Tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 100% threshold is not achieved an action plan will be developed. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. 	

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	<p>fall-related injury that causes the resident to complain of pain] since the last assessment which was dated, 3/9/16.</p> <p>Review of an Event Report, dated 4/20/16, indicated the resident had an unwitnessed fall and was lying on right side between her bed and next bed. The injuries noted were a bump to the right side of head, a small skin tear to the right knee and bottom of right foot under the big toe.</p> <p>Interview with the MDS Nurse on 7/12/16 at 3:35 p.m., indicated the resident had received an injury and the MDS was not coded to indicate the injury.</p> <p>3. Record review, on 7/12/16 at 11:03 a.m., indicated Resident #M had a 30 day MDS Assessment dated 6/27/16. The assessment indicated the resident had not had a urinary tract infection in the past 30 days and the resident was at risk for pressure ulcers but did not have one or more unhealed pressure ulcers at Stage 1 (intact skin with non-blanchable redness of a localized area over a bony prominence).</p> <p>A resident progress note, dated 6/10/16 at 7:14 p.m., indicated a new order was received to obtain UA (urinalysis) C & S</p>			

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	<p>(culture and sensitivity) if indicated due to increase in confusion.</p> <p>A lab report, dated 6/10/16 at 2:33 p.m. indicated a urinalysis was completed. The urine was turbid (cloudy-clear being normal) and brown in color (colorless being normal). There were proteins (normal-no protein), large amounts of hemoglobin (normal-no hemoglobin), positive for nitrites (normal was negative), and yeast was present. At the top of the page staff had written Cipro (antibiotic) 500 bid (twice a day), culture and call with C & S and yeast culture.</p> <p>A Physician order, dated 6/10/16 at 6:45 p.m., indicated "Cipro 500 milligrams one by mouth twice a day for UTI (urinary tract infection), update Physician when C & S is received." This order was signed by the physician on 6/16/16.</p> <p>An Event Report, dated 6/27/16, indicated the resident had a Stage 2 pressure ulcer (partial thickness loss of skin layers that presents clinically as an abrasion, blister or shallow crater). The ulcer measured 1 by 1 centimeter and the wound was pink in color.</p> <p>Interview with the MDS Nurse, on 7/12/16 at 2:50 p.m., indicated the resident did have a pressure ulcer and the</p>			

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FORM APPROVED
OMB NO. 0938-0391

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	<p>MDS was not coded to indicate a pressure ulcer was present. She also indicated she had not coded the MDS with an active diagnosis of UTI in the past 30 days.</p> <p>3.1-31(d)(3)</p>				