

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155432	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2022
NAME OF PROVIDER OR SUPPLIER ALBANY HEALTH CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 910 W WALNUT ST ALBANY, IN 47320	
(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 Complaint IN00377361</p> <p>Complaint IN00377361 - Substantiated. Federal/state deficiency related to the allegation is cited at F689.</p> <p>Survey date: May 31, 2022</p> <p>Facility number: 000309 Provider number: 155432 AIM number: 100288969</p> <p>Census Bed Type: SNF/NF: 68 Total: 68</p> <p>Census Payor Type: Medicare: 6 Medicaid: 49 Other: 13 Total: 68</p> <p>This deficiency reflects State Finding cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 2, 2022.</p>		F 0000	
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</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 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>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interview, the facility failed to ensure a resident's transfer device/gait belt was used to prevent an injury during a transfer which resulted in a facial hematoma for 1 of 3 residents (Resident B) reviewed for accidents.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 5/31/22 at 9:26 a.m. Diagnoses included, but were not limited to, cerebral infarction, muscle weakness, abnormalities of gait, atrial fibrillation and hypertension.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 5/9/22, indicated the resident was severely cognitively impaired. The resident required one-person physical assistance for transfers and used a walker for mobility.</p> <p>A health care plan, dated 10/9/21, indicated the resident was at risk for falls related to weakness. Interventions included, but were not limited to, remind resident to use her assistive device and keep personal items within reach.</p> <p>A fall risk assessment, dated 2/21/22, indicated the resident was at high risk for falls related to intermittent confusion.</p> <p>A progress note, dated 4/29/22 at 8:35 a.m., indicated a staff member assisted the resident to the shower room and asked the resident to sit down on the shower chair when she lost her balance and fell forward, hitting her head on the trash can. The resident developed a hematoma to the right side of her forehead. The facility</p>	F 0689	<p>F689 Accidents and Hazards:</p> <ol style="list-style-type: none"> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? <i>1:1 instruction and re-education on failure to use gait belt completed with SCNA 1</i> 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. <i>Residents requiring assist with transfer/ambulation had the risk to be affected.</i> What measures will be put into place and what systemic changes will be made to ensure the deficient practice does not recur. <i>Nursing staff educated on use of gait belt to assist with ambulation. Command hooks were placed on outside of closet doors for gait belts to be stored for quick and easy access for use. Every room was audited to ensure gait belt was in place and easily available. DON/CEC/designee will complete</i> 	06/27/2022

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	<p>initiated neurological assessments, notified the physician and family of the fall.</p> <p>An Interdisciplinary Team (IDT) note, dated 4/29/22 at 11:22 a.m., indicated Resident B wanted to walk with the Personal Care Assistant (PCA) 1 to the shower room instead of being wheeled in her wheelchair. The resident became confused and thought she needed to get her clothing and attempted to walk while the PCA had turned to get her supplies. The resident then fell and hit her face on the trash can and developed a hematoma to her forehead.</p> <p>During an interview with the Director of Nursing (DON) and PCA 1 on 5/31/22 at 2:17 p.m., PCA 1 indicated she received transfer education prior to the fall. Resident B wanted to walk to the shower room and the resident had her walker in front of her in the shower room, but when the aide went to look for her clothes, she fell forward into the trash can. She was not using a gait belt at the time of the fall. The DON indicated PCA 1 should of had a gait belt around the resident.</p> <p>Review of PCA 1's new-hire education courses, she completed the following:</p> <ul style="list-style-type: none"> a. Using gait belt to assist with ambulation 5/3/22 b. Walking 5/3/22 c. Assist with walker 5/3/22 d. Transfer to chair 4/29/22. <p>PCA 1 successfully completed all procedures on 5/12/22.</p> <p>Review of a current facility procedure, titled "Using Gait Belt to Assist with Ambulation," revised 4/20, and provided by the DON on 5/31/22 at 3:30 p.m., indicated the following:</p> <p>"Procedure Steps</p> <ol style="list-style-type: none"> 1. Assist resident to sit on the edge of bed.... 	<p><i>rounding daily on various shifts to ensure gait belts are properly stored on hooks and observing assisted resident transfers and ambulation to ensure safe and proper use of gait belt.</i></p> <p><i>Audits will be completed daily times 4 weeks, 2 times weekly for 8 weeks, monthly for 2 months, then quarterly for a minimum 6 months.</i></p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what QA program will be put into place. <i>/i>/i></i></p> <p>5. By what date will the systemic changes be put into place?</p> <p><i>June 27, 2022</i></p> <p>We are requesting paper compliance.</p>		

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

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	<p>2. Place belt around resident's waist with the buckle in front (on top of resident's clothes) and adjust to a snug fit ensuring that you can get your hands under the belt. Position one hand on the belt at the resident's side and the other hand at the resident's back.</p> <p>...5. Stand to side and slightly behind resident while continuing to hold onto belt...."</p> <p>This Federal Tag relates to complaints IN00377361.</p> <p>3.1-45(a)</p>			