

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

PRINTED: 07/09/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155474		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/13/2024	
NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF BREMEN				STREET ADDRESS, CITY, STATE, ZIP COD 316 WOODIES LANE BREMEN, IN 46506			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 the Investigation of Complaints IN00435197, IN00434550 and IN00434488.</p> <p>Complaint IN00435197 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00434550 - Federal/State deficiency related to the allegations are cited at F689.</p> <p>Complaint IN00434488 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 11, 12 and 13, 2024</p> <p>Facility number: 000506 Provider number: 155474 AIM number: 100266530</p> <p>Census Bed Type: SNF/NF: 51 Total: 51</p> <p>Census Payor Type: Medicare: 3 Medicaid: 30 Other: 18 Total: 51</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on 6/21/2024</p>			F 0000			
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents.						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Linda Lewis

Administrator

07/03/2024

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 disclosable 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>The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure a resident was transferred, as ordered. (Resident C)</p> <p>Finding includes:</p> <p>On 6/11/24 at 12:46 P.M., a review of the clinical record for Resident C was conducted. The resident's diagnoses included, but were not limited to; heart failure, end stage renal disease, insulin dependent diabetic and right hip fracture (prior to admission-due to a fall at home) and malnutrition.</p> <p>An Activities of Daily Living (ADL) Care Plan, dated 4/3/24, indicated the resident had a self care deficit related to impaired physical functioning and medical conditions. The interventions included, but were not limited to: "...provide the amount of assistance resident needs for completion of ADL care," dated 4/26/24, "resident is non-weight bearing to right lower extremity..."</p> <p>A Care Plan related to "health related complications - hip fracture with complications of pressure ulcer, falls and pain", dated 4/3/24 had interventions including but not limited to "...assist resident to T &amp; R [turn &amp; reposition] as needed, Dietary supplements as ordered, Follow weight bearing precautions as ordered, refer to Orthopedic MD [Medical Doctor] as needed and Therapies as ordered."</p>			F 0689	<p>It is the intent of Signature Healthcare of Bremen to provide an environment that remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents per the physician orders.</p> <p>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident C no longer resides at the facility. 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; An audit was conducted for transfer orders of all residents ensuring that orders are present and resident care plans are up to date. what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Policy reviewed and found to be sufficient, Re-education of all nursing staff by the Director of Nursing completed on where information for transfers completed</p>		07/05/2024

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	<p>An x-ray report, dated 4/25/24, indicated the resident had an older fracture of the right femur and a newer fracture of the same bone, just below the older fracture. The fractures were repaired with screws.</p> <p>A Physician Order, dated 4/26/24 at 9:30 A.M., indicated thte resident was to be NWB [non weight bearing] and would required a mechanical lift machine for transfers.</p> <p>An Event Note, dated 5/9/24 at 09:13 A.M., indicated "...Resident lowered to floor with transfer to wheel chair resident denies pain. Assisted up from floor with 3 assist...." There were no injuries assessed for the resident after she was lowered to the floor.</p> <p>A Discharge Summary, dated 5/9/24, indicated the resident required Hoyer (mechanical) lift transfers and was non weight bearing to the right hip.</p> <p>During an interview on 6/12/24 at 9:02 A.M., CNA 2 indicated she was the CNA who had tried to transfer Resident C from her bed to a wheelchair. CNA 2 indicated she lifted the resident by herself and had not pivoted the resident, when she realized the resident was slipping from her hold, so she lowered the resident to the floor. She indicated she was aware the residents was non weight bearing status and did not let resident's leg bear any weight. She indicated she positioned the resident, on the floor, so she would not be hurt. She indicated there were no CNA (instruction/assignment) sheets, as the facility used an electronic tablet she could refer to, to determine how the residents were to be transferred. She indicated the resident was not a Hoyer lift or a stand lift and she had transferred</p>				7.3.2024.how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Random audit of 5 transfers a week times 8 then monthly times 4 will be completed by Director of Nursing/Designee ensuring the transfers are completed in compliance with physician orders. Results of the audit will be reported to Quality Assurance Performance Improvement committee.		

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	<p>her from the bed to the wheel chair multiple times.</p> <p>During an interview on 6/12/24 at 9:40 A.M., the Administrator indicated the Discharge Summary form, dated 5/9/24, indicated the resident was a Hoyer lift at the time of the transfer, in which the resident was lowered to the floor. CNA 2 had not worked after the order was received and she was unaware of the change. The Administrator indicated CNA 2 had not reviewed her tablet to ensure she would be using the correct procedure to transfer Resident C.</p> <p>On 6/12/24 at 1:35 P.M., the Director of Nursing provided a policy titled, "Physician Orders", dated 6/1/15 and revised on 11/16/23, and indicated the policy was the one currently used by the facility. The policy indicated "...It is the standard of this facility that physician orders are followed...Guideline: 4. During physician visits and or rounding, physician orders will be discussed with the physician and licensed staff for need for changes such as new orders, discontinuing orders, or changing current orders...."</p> <p>On 6/12/24 at 2:26 P.M., the Administrator provided a policy titled, "Falls", dated 6/1/15 and revised on 9/15/23, and indicated the policy was the one currently used by the facility. The policy indicated "...The intent of this policy is to ensure the facility provides an environment that is free from accidents hazards, as possible, over which the facility has control to prevent avoidable falls."</p> <p>This citation relates to Complaint IN00434550.</p> <p>3.1-45(a)(2)</p>						