

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

PRINTED: 01/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155348		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/05/2023	
NAME OF PROVIDER OR SUPPLIER PARKVIEW CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2819 NORTH ST JOSEPH AVE EVANSVILLE, IN 47720			
(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 Complaint IN00390375.</p> <p>Complaint IN00390375 - Substantiated. Federal/state deficiencies related to the allegations are cited at F604.</p> <p>Survey dates: January 4, 5, 2023.</p> <p>Facility number: 000239 Provider number: 155348 AIM number: 100290150</p> <p>Census Bed Type: SNF/NF: 49 Total: 49</p> <p>Census Payor Type: Medicare: 11 Medicaid: 29 Other: 9 Total: 49</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 6, 2023.</p>			F 0000	<p>This plan of correction is to serve as Heritage Healthcare's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Parkview Care Center Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations. Parkview Care Center would like to request paper compliance via a desk review.</p>		
F 0604 SS=D Bldg. 00	<p>483.10(e)(1), 483.12(a)(2) Right to be Free from Physical Restraints §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(1) The right to be free from any physical or chemical restraints imposed for</p>						

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

TITLE

(X6) DATE

Heather Keesee

RN, RDCS

01/16/2023

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>purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).</p> <p>§483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>Based on interview and record review, the facility failed to ensure residents remained free of physical restraints for 1 of 1 residents reviewed. A sheet was tied around a residents waist in a wheelchair. (Resident F)</p> <p>Finding includes:</p> <p>On 1/4/23 at 10:46 a.m., a State Reportable with an incident date of 12/31/22 at 12:03 a.m., was reviewed and included, but was not limited to the following:</p> <p>12/31/22 there was an allegation of inappropriate</p>			F 0604	<p><i>What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <ul style="list-style-type: none"> Resident F's RP and physician was notified of inappropriate physical restraint use on 12/31/22. LPN # 1 is no longer employed by the facility. Resident F was assessed for pain, injury, psychosocial distress. No new findings of either have been voiced or assessed. Resident F does not recall the 		01/20/2023

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	<p>treatment by staff involving the resident. The staff member was suspended immediately. A head to toe assessment was completed with no injuries noted. A pain assessment was completed with no issues noted. The resident did not exhibit any signs of distress. Investigation was started. Police and responsible party were notified.</p> <p>A typed document, signed by the Administrator was reviewed and included the following: Executive Director and Director of Nursing conducted a phone interview with Nurse, [LPN 1], on 1/4/23. Ms. [LPN 1] stated that she was trying to take the resident down the hall with her so she could keep an eye on her. She said the resident put her feet down and wouldn't let her take her down the hall from the nurses station. She stated that was when she put a sheet on the residents lap and left it loose but did not tie it in the back. She stated that she made a "knee jerk decision" and regrets it. She stated that she was focused on keeping the resident from falling "made the wrong decision for the right reason." When asked what time this occurred she could not recall. When asked how long the sheet was like this she stated that it was not more than two hours before she untied it. She states this is the first time she had done this with resident or any other resident.</p> <p>On 1/4/23 at 11:00 a.m., Resident F was observed sitting in the hallway, Resident F was non interview on attempt.</p> <p>On 1/5/23 at 11:50 a.m., the DON indicated she was notified that a sheet was observed around Resident F's waist, they were unsure if it was tied. She immediately notified the Administrator, the sheet was off when the Administrator arrived. LPN 1 indicated she put the sheet around the resident's waist in a loose slip knot to keep her in</p>				<p>incident.</p> <ul style="list-style-type: none"> Evansville Police Dept was notified. <p>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?</p> <ul style="list-style-type: none"> All residents have the potential to be affected. The SSD/designee will re-interview other residents to ensure there are no concerns or witnessed incidents of inappropriate restraint use. The DON/designee will re-interviewed other associates to ensure no incidents of improper restraint usage. <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Re-education will be provided by the ED/designee to licensed and certified nursing staff on Abuse/Neglect, Appropriate use of Restraints, Resident Rights. Newly hired associates will receive education by the ED/designee on abuse/neglect resident rights, appropriate use of restraints during the general orientation process and before having interactions with residents. DON/designee will 		

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	<p>an upright position, the resident had been playing with the sheet and it was put there for a distraction, LPN 1 had been suspended.</p> <p>On 1/5/23 at 12:19 p.m., the DON indicated LPN 1 is on suspension, will be terminated, and her licence will be referred.</p> <p>On 1/5/23 at 12:37 p.m., LPN 2 indicated physical restraints can't be used, are illegal, she would report to the Administrator and DON if she observed a restraint on a resident.</p> <p>On 1/5/23 at 12:55 a.m., Resident F's clinical record was reviewed. Resident F had diagnoses that included, but was not limited to, Alzheimer disease, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. An admission MDS (Minimum Data Set) assessment, dated 11/3/22, indicated F's cognition was severely impaired.</p> <p>Care plans were reviewed and included, but were not limited to: Resident involved in an abuse allegation related to potential improper restraint use, initiated 12/31/22. Interventions: audit all employee files to ensure completion of background checks education with all staff over abuse, restraints, and resident rights head to toe assessment interviewed all interview able residents to determine if this was an isolated incident</p> <p>A progress noted dated 12/31/22 at 3:29 p.m., indicated " resident was involved in an abuse allegation that potentially involved improper use of a restraint. all measures have been taken to</p>				<p>complete routine observations to ensure there are no physical restraint being used inappropriately.</p> <p><i>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?</i></p> <ul style="list-style-type: none"> The executive Director/designee will verify that current associates have received re-education on abuse/neglect, resident rights, appropriate use of restraints has been completed with current associates. In-service sign in sheets to be verified with staff roster to ensure staff have received the education. The Executive Director/designee will ensure that newly hired staff have received education before interacting with residents. A log will kept of those newly staff educated that has been educated. DON/designee will complete routine observations to ensure there are no physical restraint being used inappropriately. Observations to occur: 4 random residents daily x's 4 weeks, 4 random residents wkly x's 4 weeks, then 4 residents monthly x's 4 weeks for a total of 6 months of monitoring. <p>The results of these reviews will be discussed at the monthly facility</p>		

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	<p>ensure the safety and well being of resident. MD notified with no new orders. family made aware with no negative outcomes. Police dept and ISDH were notified. skin assessment and pain assessment reveal no negative findings. Res has no recall of events and is not demonstrating any negative psychosocial effects from the event."</p> <p>On 1/5/23 at 12:35 p.m., the DON provided the current policy on physical restraint use with a revision date of 8/16/22, reviewed date of 9/12/22. The policy included, but was not limited to, The intent is for each resident to attain and maintain his/her highest practicable well-being in an environment that prohibits the use of physical restraints for discipline or convenience, prohibits the use of physical restraints to unnecessarily inhibit a resident's freedom of movement or activity, and limits physical restraint use to circumstances in which the resident has medical symptoms that may warrant the use of restraints.</p> <p>This Federal Tag relates to Complaint IN00390375.</p> <p>3.1-3(w)</p>				<p>Quality Assurance Committee meeting monthly for three months and then quarterly thereafter for a total of 6 months of monitoring once compliance is reached. Frequency and duration of reviews will be increased as needed, if areas of non-compliance are identified.</p> <p>Compliance Date: 1/20/2023. The Administrator at Parkview Care Center is responsible in ensuring compliance in this Plan of Correction.</p>		