

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/24/2022
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NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129
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F 0000 Bldg. 00	<p>This visit was for Investigation of Complaints IN00360266, IN00370759, and a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00360266 - Substantiated. Federal/State deficiency related to the allegation is cited at F580.</p> <p>Complaint IN00370759 - Unsubstantiated due to lack of sufficient evidence.</p> <p>Survey dates: January 21 and 24, 2022</p> <p>Facility number: 000059 Provider number: 155697 AIM number: 100266560</p> <p>Census Bed Type: SNF/NF: 69 Total: 69</p> <p>Census Payor Type: Medicare: 5 Medicaid: 50 Other: 14 Total: 69</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 26, 2022.</p>	F 0000		
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the</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 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>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>			

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	<p>§483.10(g)(15) 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 resident's physician was notified of an unavailable medication and failed to ensure the physician and family were notified of a newly identified wound for 1 of 3 residents reviewed for notification of changes. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 1/21/22 at 12:47 p.m. Diagnoses included, but were not limited to, hypertension and diabetes.</p> <p>The physician order, dated 2/13/21, indicated the resident was to receive Gabapentin (medication for neuropathic pain) 300 mg (milligrams) three times a day</p> <p>The Nurse Practitioner note, dated 2/17/21 at 11:46 a.m., indicated the resident was seen for increased pain and the patient stated the Gabapentin was not as effective as when she took Lyrica (medication used for nerve and muscle pain).</p> <p>The physician order, dated 2/17/21, indicated to discontinue the Gabapentin and start Lyrica 100 mg three times a day at 8:00 a.m., 1:00 p.m., and</p>	F 0580	<p>F-580</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · Resident B no longer resides at the facility. <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 by the alleged deficient practice. · Interdisciplinary team reviewed all residents for a change of condition regarding unavailable medication and new wounds in the last 30 days for timely MD/family notification and made corrections as needed. · Nursing staff have been educated on the Change of Condition Policy which includes 	02/24/2022

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	<p>8:00 p.m.</p> <p>The progress note, dated 2/18/21 at 4:08 p.m., indicated the pharmacy was called related to the unavailability of the Lyrica and, per the pharmacist, the medication was not filled because they did not have a script (handwritten request from a physician). A request was made for the script.</p> <p>The progress note, dated 2/19/21 at 2:20 p.m., indicated the pharmacy was notified and a request made for a stat (immediately) delivery of the Lyrica.</p> <p>Review of the February 2021 medication administration record indicated the resident did not receive 7 scheduled doses of the Lyrica due to the medication was unavailable.</p> <p>The clinical record lacked documentation of physician notification related to the unavailability of the medication.</p> <p>The progress note, dated 3/8/21 at 1:10 p.m., indicated the resident had an area of eschar (necrotic or dead tissue) which measured 1.5 cm (centimeters) in length and 1.5 cm in width. The area was boggy, blanchable, and was not open. As the resident discharged, the wound nurse advised to apply a heel protector.</p> <p>The progress note, dated 3/8/21 at 1:40 p.m., indicated the resident discharged from the facility.</p> <p>The clinical record lacked documentation of a treatment to the wound and physician or family notification related to the area on the left heel.</p>		<p>timely MD/family notification, in particular new wounds and unavailable medications.</p> <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"> Nursing staff have been educated on the Change of Condition Policy which includes timely MD/family notification specifically for new wounds and unavailable medications. DNS/designee will audit facility activity report daily to monitor resident change of condition regarding new wounds and unavailable medications and proper notification for 4 weeks, then bi-weekly for 2 months then monthly for 6 months. <p>How the Corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> The DNS/designee will audit facility activity report daily to monitor resident change of condition regarding new wounds and unavailable medications for proper notification for 4 weeks, then bi-weekly for 2 months, then monthly for 6 months. The DNS/designee will complete the Change of Condition 	

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	<p>During an interview on 1/24/22 at 1:19 p.m., LPN (Licensed Practical Nurse) 3 indicated if a medication was unavailable for 3 doses or a new wound was discovered, the physician and family should be notified and a treatment should be implemented for the wound.</p> <p>On 1/24/22 at 1:30 p.m., the Director of Nursing provided a current copy of the document titled "Resident Change of Condition Policy" dated 11/2018. It included, but was not limited to, "It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and the appropriate, timely, and effective intervention takes place...."</p> <p>This Federal tag relates to Complaint IN00360266</p> <p>3.1-5(a)(2)(3)</p>		<p>CQI tool weekly for 4 weeks, bi-monthly for 2 months, monthly for 6 months and then quarterly. The results of these audits will be reviewed by the QAPI Committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance</p> <p>Attachments A, B, C February 24,2022</p>		