

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

PRINTED: 12/20/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155441		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/28/2017	
NAME OF PROVIDER OR SUPPLIER CORYDON NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 315 COUNTRY CLUB RD CORYDON, IN 47112			
(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 the Investigation of Complaint IN00246201.</p> <p>Complaint IN00246201 - Substantiated. Federal/State deficiencies are cited at F580 and F657.</p> <p>Survey dates: November 27 and 28, 2017</p> <p>Facility number: 000338 Provider number: 155441 AIM number: 100287590</p> <p>Census Bed Type: SNF/NF: 22 Total: 22</p> <p>Census Payor Type: Medicare: 2 Medicaid: 17 Other: 3 Total: 22</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 4, 2017.</p>		F 0000				
F 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv) Notify of Changes (Injury/Denial/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</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>(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> <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,</p>						

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	<p>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 (Resident F) representative was notified, in a timely manner, when a change of condition occurred for 1 of 5 residents reviewed for family notification.</p> <p>Findings include:</p> <p>The clinical record for Resident F was reviewed on 11/28/17 at 11:50 p.m. Diagnoses included, but were not limited to, anxiety, dementia, and Huntington's disease.</p> <p>The nurse's note, dated 11/22/17 at 3:30 p.m., indicated the resident had vomited a large amount of brown/yellow emesis.</p> <p>The nurse's note, dated 11/22/17 at 4:00 p.m., indicated the resident was non-responsive to verbal stimulus, had an irregular heart rate, and decreased oxygen saturation. The physician was notified with a new order to send the resident to the emergency room for evaluation.</p> <p>The nurse's note, dated 11/22/17 at 5:00 p.m., indicated the hospital was notified of Resident F's transfer and report was given.</p> <p>The clinical record lacked prompt notification to the family of the resident's emesis and hospital transfer.</p> <p>The nurse's note, dated 11/22/17 at 6:20 p.m., indicated the resident's representative had phoned the facility, was made aware of the resident's transfer to the hospital, and was upset due to family not being notified of the resident's transfer earlier that day.</p>			F 0580	<p>F 580 Notify of Changes</p> <p>- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>O Family was notified on the 11/22/17 at 6:30PM and resident was transferred to hospital at 5PM</p> <p>- how other residents having the potential to be affected by the same deficient practice will be identified and corrective action(s) will be taken;</p> <p>O All Residents had the potential to be affected by the alleged deficient practice.</p> <p>O Resident families have been contacted for transfers to hospitals and any changes to resident care.</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> <p>O weekly audits of resident's notification of change of condition, new orders, and transfers will be completed by DON and/or designee weekly for four weeks, monthly for six months and thereafter until compliance is maintained for two consecutive quarters.</p> <p>O Nurse education on proper procedure for notification will be completed by 12/28/17.</p>		12/28/2017

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F 0657 SS=D Bldg. 00	<p>During an interview on 11/28/17 at 12:06 p.m., the Director of Nursing indicated she was in the facility when the incident occurred and asked the nurse on duty if she needed her to call the family and was told no; she would take care of it.</p> <p>On 11/28/17 at 1:24 p.m., the Administrator provided a current copy of the document titled "Change in a Resident's Condition or Status", dated April, 2017. It included, but was not limited to, the following: "Policy Statement...Our facility shall promptly notify...representative of changes in the resident's medical...condition...2. A "significant change" of condition is a decline...in the resident's status that: a. Will not normally resolve itself...3. Unless otherwise instructed by the resident, the Nurse Supervisor/Charge Nurse will notify the resident's family or representative (sponsor) when...b. There is a significant in the resident's physical...status...e. It is necessary to transfer the resident to a hospital...."</p> <p>This Federal tag relates to Complaint IN00246201</p> <p>3.1-5(a)(2)</p> <p>483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the</p>		<p>- 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;</p> <p>O The results of these audits will be reviewed by the QAPI committee monthly. If compliance is not achieved, an action plan will be developed and implemented. Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk management team for review.</p> <p>- by what date the systemic changes will be completed O December 28, 2017</p> <p>- Facility requests desk review in lieu of revisit</p>				

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	<p>resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident D) plan of care reflected his preference of ambulating without non-skid footwear for 1 of 5 residents reviewed for care plans.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 11/27/17 at 4:01 p.m. Diagnoses included, but were not limited to, dementia, hypertension, and seizure disorder. The quarterly MDS (Minimum Data Set) assessment, dated 10/26/17, indicated a BIMS (Brief Interview of Mental Status) score of 13 which signified intact cognition.</p> <p>The fall care plan, dated 2/2/13, indicated to ensure the resident was wearing appropriate footwear such as non-skid soled shoes.</p> <p>The incident report, dated 11/26/17 at 7:20 a.m., indicated the resident had a fall exiting the</p>	F 0657	<p>F657 Care Plan Timing and Revision</p> <p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>O care plan was updated for resident to reflect resident's choice to wear or not to wear non-skid sole shoes.</p> <p>- how other residents having the potential to be affected by the same deficient practice will be identified and corrective action(s) will be taken;</p> <p>O Review of current resident's comprehensive care plans for completion and accuracy by MDS Coordinator and/or DON by 12/28/17</p> <p>- what measures will be put</p>	12/28/2017			

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	<p>bathroom, hitting his head, which resulted in a small laceration to the back of the head and was sent to the hospital for evaluation.</p> <p>The nurse's note, dated 11/26/17 at 7:20 a.m., indicated housekeeping alerted LPN (Licensed Practical Nurse) 4 that the resident came out of the bathroom to go back to his room and just fell straight back hitting his head on the floor. The resident was unresponsive for about 45 seconds, became alert, and began talking to staff, at which time told staff he always walks barefoot.</p> <p>During an interview on 11/28/17 at 9:32 a.m., Housekeeper 3 indicated Resident D came out of the bathroom, around the corner, and fell. The floor may have still been damp and a floor sign had just been put up when Resident D walked across the room to go to the bathroom.</p> <p>During an interview on 11/28/17 at 10:02 a.m., LPN 4 indicated the resident just went straight back. "We had the discussion about not wearing shoes and he told me he walked barefoot all the time."</p> <p>The care plan lacked documentation of the residents preference to ambulate without non-skid footwear and non-compliance related to non-skid footwear.</p> <p>The Emergency Department note, dated 11/26/17 at 8:05 a.m., indicated the resident reported he went to the bathroom and slipped on a wet floor.</p> <p>This Federal tag relates to Complaint IN00246201</p> <p>3.1-35(d)(B)</p>			<p>into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>O The MDS/DON will audit all resident care plans for accuracy.</p> <p>O MDS/DON will review all ADL sheets for accuracy to insure all proper ADL interventions are in place.</p> <p>- 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;</p> <p>O The results of these audits will be reviewed by the QAPI committee monthly. If compliance is not achieved, an action plan will be developed and implemented. Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk management team for review.</p> <p>- by what date the systemic changes will be completed.</p> <p>O December 28, 2017</p> <p>- Facility requests desk review in lieu of revisit</p>			