STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155616	A. BUILDING 00 B. WING	08/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
NEW ALBANY NURSING AND REHABILITATION CENTER	201 E ELM ST NEW ALBANY, IN 47150

(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	This visit was for the Investigation of Complaint IN00303502. Complaint IN00303502 - Substantiated. Federal/state deficiencies related to the allegations are cited at F684. Survey date: August 19, 2019 Facility number: 001145 Provider number: 155616 AIM number: 200120200 Census Bed Type: SNF/NF: 78 Residential: 8 Total: 86 Census Payor Type: Medicare: 2 Medicaid: 73 Other: 3 Total: 78 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1 Quality review completed on August 22, 2019.	F 0000		
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review, the facility failed to ensure staff followed a resident's (Resident B) plan of care related to a mechanical lift transfer for 1 of 3 residents reviewed for quality of care. Findings include: The clinical record for Resident B was reviewed on 8/19/19 at 10:09 a.m. The resident's diagnoses included, but were not limited to, osteopenia and right femur fracture. The incident report, dated 08/10/2019 at 3:01 a.m., indicated Resident B complained of right knee pain. The right knee was observed to be slightly swollen and an x-ray was ordered. The injury was of an unknown origin. The radiology results, dated 8/9/19 at 11:59 p.m., indicated there was a mild posteriorly displaced comminuted distal femoral fracture of the right lower extremity. The MDS (Minimum Data Set) quarterly assessment, dated 5/21/19, indicated the resident was totally dependent and required two staff members' physical assistance with transfers. The ADL (activities of daily living) care plan current at the time of the incident, dated 7/5/13, indicated on 11/18/16 the resident was totally dependent with transfers and required the use of a mechanical lift for transfers with two staff members.	F 0684	Resident “B” continues to reside at facility. Resident B had surgery to repair the right femur fracture. Resident B is a 2 person transfer with mechanical lift. Resident B is currently receiving physical therapy and wears a brace to right leg. The 2 CNA’s that transferred resident without using mechanical lift were given disciplinary counseling. Resident B’s care plan and assignment sheet were reviewed and are current. All non-ambulatory residents in facility were assessed for the need of being transferred with mechanical lift. Care plans and CNA’s assignment sheets were updated for any changes needed. All nursing staff, RN’s, LPN’s, QMA’s, and CNA’s were in-serviced on the mechanical lift. Any resident having a condition change will be addressed in morning clinical meeting with the Intra-disciplinary Team. Care plans and assignment sheets will be updated immediately. MD will be notified for any orders needed. CNA information binder will be implemented, it will have any new updates or changes for the residents. Charge nurses will update the info every shift. All nursing staff will be in serviced that this is part of their daily	08/30/2019

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	The CNA (Certified Nursing Assistant) assignment sheet, at the time of the incident, indicated the resident required two physical staff members assistance for transfers with the use of a mechanical lift. During an interview on 8/19/19 at 2:27 p.m., CNA 3 indicated on 8/9/19, she and CNA 4 transferred the resident from the bed to the chair without the use of the mechanical lift. The resident did not complaint of any discomfort or pain at that time. During an interview on 8/19/19 at 3:46 p.m., the Director of Nursing indicated she was told by CNA 3 and CNA 4 that they did not know where the mechanical lift was and transferred the resident without the use of a mechanical lift. This Federal tag relates to Complaint IN00303502 3.1-37		assignment to view information binder. CNA assignment sheets and information binders will be audited weekly X's 6 months for any updates or changes. Audits will be completed by DON, Unit Managers, or SDC. Random auditing of CNA's will be done weekly X's 6 months by DON or her designees. Results of facility audits will be reviewed by the QAPI committee monthly. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. Facility alleges compliance by August 30, 2019.	