

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

PRINTED: 11/30/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155197		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/30/2018	
NAME OF PROVIDER OR SUPPLIER  SANCTUARY AT ST PAUL'S				STREET ADDRESS, CITY, STATE, ZIP COD 3602 S IRONWOOD DR SOUTH BEND, IN 46614			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00276727.</p> <p>Complaint IN00276727 - Substantiated. State Residential Finding related to the allegations is cited at R0036.</p> <p>Survey date: October 29 &amp; 30, 2018</p> <p>Facility number: 00104</p> <p>Residential Census: 104</p> <p>This State Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed on November 8, 2018.</p>			R 0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Sanctuary at St Paul's respectfully requests the Plan of Correction and supporting documentation be considered for desktop review. We declare date of compliance of November 19, 2018.</p>		
R 0036  Bldg. 00	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) 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. Based on record review and interview, the facility failed to notify the physician timely of a resident's change of condition to her right leg that consisted of unrelieved pain with a cold skin upon palpation resulting in a amputation of the foot due to a blood clot in 1 of 3 residents reviewed for</p>			R 0036	<p>Q1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; A1. Resident B no longer resides at the facility.</p>		11/19/2018

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 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>condition changes. (Resident B)</p> <p>Finding includes:</p> <p>The clinical record for Resident B was reviewed on 10/29/18 at 2:00 P.M. The diagnoses, included but were not limited to, osteoporosis and hypertension.</p> <p>A Progress Note, dated 10/2/18 at 6:58 P.M., indicated the facility had contacted the NP (Nurse Practitioner) on call and had received orders for a X-ray of the ankle and tibia/fibula.</p> <p>A Progress Note, dated 10/2/18 at 10:58 P.M., indicated Resident B continued to complain of pain to her right leg and the leg presented with a bruise to the top of top and one on her shin. The resident also complained of numbness to the bottom of her foot and her foot was cold to the touch. Tylenol and Tramadol was given at 4:30 P.M., Tylenol was given again at 8:30 P.M. Moist heat was applied at 4:30 P.M. and ice at 9:00 P.M. Nothing was helping the pain.</p> <p>A Progress Note, dated 10/3/18 at 1:15 A.M., indicated bruising was noted to the right foot and Resident B was non-weight bearing to right leg.</p> <p>There was no physician or family notification available for the change in resident's condition.</p> <p>A Progress Note, dated 10/3/18 at 11:15 A.M., indicated the NP was in to examine Resident B's right lower extremity. The right foot was discolored and cold to touch and the NP was unable to palpate pedal pulses. The resident was transferred to the local emergency room for rule out of DVT (deep vein thrombosis).</p>		<p>Q2. 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; A2. Blanket audit of all assisted living resident chart was conducted and no other residents were affected by this practice.</p> <p>Q3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur; A3. All actively scheduled licensed nurses and QMA staff were educated on change of condition management including notification of physician and responsible party.</p> <p>Q4. 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; and A4. Assisted Living Director or designee will review residents with identified change of condition, during morning rounds M-F, to assure that physician and responsible party were notified. Assisted Living Director or designee will report any trends to the QAPI/MDQI committee monthly times six months with further monitoring as recommended by the QAPI/MDQI committee.</p> <p>Q5. By what date the systemic changes will be completed; A5. November 19, 2018</p>		

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	<p>A Progress Note, dated 10/3/18 at 2:15 P.M., indicated Resident B was admitted to the hospital was a diagnosis of DVT to right lower extremity. The RN (Registered Nurse) from the hospital indicated the resident had been complaining of pain for 3 weeks to the right lower extremity and the nurse from the facility indicated it only been 2 days that Resident B had been complaining of pain.</p> <p>The Physician Progress Note, dated 10/3/18, indicated Resident B had a faint pedal pulse to right foot and +2 to left foot and her right lower extremity was mottled from mid-calf down to toes and same area was cool to touch.</p> <p>The Discharge Summary, dated 10/28/18, indicated Resident B's discharge diagnosis from the hospital was ischemic right lower extremity that required above the knee amputation on 10/6/18. The ischemic leg pathology showed stromal hemorrhage with corresponding to erythema.</p> <p>During an interview, on 10/30/18 at 9:42 A.M., the NP from the facility indicated on 10/3/18 she observed Resident B laying in the bed and her right leg was mottled from the knee down and was cold to touch. She indicated she had not been made aware of the complaint of numbness, cold to touch and unrelieved pain to right lower extremity. She was only aware that the resident had a fall recently and that X-rays were ordered for pain related to the fall.</p> <p>During an interview, on 10/30/18 at 10:23 A.M., the Director of Assisted Living indicated Resident B did get admitted to the hospital for a DVT that required an amputation of the residents lower right leg. She indicated there was no documentation of physician or family notification</p>						

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	available for changes in the resident's condition.  On 10/30/18 at 1:58 P.M., the Director of Assisted Living provided the Change in Resident's/Elder's Condition policy, dated 5/2008, and indicated this was the policy currently being used by the facility. The policy indicated the facility would promptly notify the resident, his/her attending physician, and representative of changes in the residents medical condition and/or status. The nurse caregiver would record pertinent changes in the resident's medical record and whom was contacted related to those conditions.						