

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

PRINTED: 07/19/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155516		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/09/2017	
NAME OF PROVIDER OR SUPPLIER  PARKVIEW MEMORIAL HOSPITAL-CCC				STREET ADDRESS, CITY, STATE, ZIP CODE 2200 RANDALLIA DR FORT WAYNE, IN 46805			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 4, 5, 6, 7 and 8, 2017</p> <p>Facility number: 001203 Provider number: 155516 AIM number: None</p> <p>Census bed type: SNF: 29 Total: 29</p> <p>Census payor type: Medicare: 12 Other: 17 Total: 29</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<p>/span&gt;</p> <p>Additionally, I would like to request paper compliance for this citation.</p> <p>Thank you for your consideration. Carolyn Davidson, Administrator</p>		
F 0282 SS=D Bldg. 00	<p>483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</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>(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to follow physician's orders for a dressing change for 1 of 3 residents reviewed for physician's orders.</p> <p>Resident 32</p> <p>Findings include:</p> <p>Resident 32's record was reviewed on 6/7/2017 at 10:13 a.m., diagnoses included but are not limited to the following: heart disease, high blood pressure, peripheral vascular disease, diabetes and depression.</p> <p>A review of Resident 32's MDS (Minimal Data Set) admission assessment dated 5/18/2017, indicated a BIMS (Brief Interview for Mental Status) score of 14, meaning the resident was intact cognitively.</p> <p>On 6/7/2017 at 9:38 a.m., Resident 32 was observed in their room, lying in bed and watching TV. The resident indicated the left heel dressing was changed twice a day and the right heel dressing was changed every 3 days.</p> <p>On 6/7/2017 at 11:28 a.m., a dressing</p>			F 0282	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set for the statement of deficiencies. The plan of correction is prepared and/or solely executed because it is required by the provisions of federal and state law.</p> <p>F 282: It is the practice of the facility to ensure physician orders are followed related to dressing changes.</p> <p>Corrective action for alleged deficient practice:</p> <p>1. Resident #32 was assessed for any changes related to the above alleged</p>		07/09/2017

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	<p>change was observed on Resident 32's left heel by LPN (Licensed Practical Nurse) 1. LPN 1 scanned the resident's name band, then used the hand sanitizer and applied gloves. LPN 1 removed the air boot, the sock, then placed 2 pillows under the left leg and removed the dressing from the left heel. LPN 1 threw away the soiled dressing, then used hand sanitizer, applied gloves and opened the dressing packages. Santyl (an ointment used to break down dead skin) was applied to the wound with a cotton tipped applicator. LPN 1 threw the applicator away, removed their gloves, then used the hand sanitizer and applied gloves. LPN 1 then wet a piece of Kerlix (a gauze bandage) with gentamicin- Dakins solution ( sodium hypochlorite solution used to treat wounds) placed into wound with a cotton tip applicator, then threw away the applicator. An ABD (a highly absorbent dressing) pad was applied over the wet Kerlix and wrapped with a Kerlix roll and secured with tape. LPN 1 threw away the used supplies, removed their gloves and used hand sanitizer. Then LPN 1 applied a piece of tape with the date and time onto the dressing, applied gloves, reapplied the residents sock and air boot, then removed the 2 pillows from under the residents left leg. LPN 1 removed their gloves and then used hand sanitizer.</p>				<p>practice. Physician notified and new orders given to monitor, with no negative outcomes observed. Patient has necrotic left heel ulcer with osteomyelitis with plans to have BKA later in the week.</p> <p>2.Residents residing in the facility will be addressed by following policy and procedure and re-educated and/or disciplinary action of employees whom are found to not follow policy. Licensed nurses will be re-educated on dressing changes. Re-education will occur through nursing huddles, one-on-one's and unit meetings.</p> <p>Systematic changes in place for alleged deficient practice:</p> <p>3. Licensed nurses will be re-educated on dressing changes. DON/designee</p>		

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	<p>On 6/8/2017 at 10:35 p.m., during an interview with PTA (Physical Therapist Assistant) 2, indicated they gave the last mist therapy (use of a noncontact ultrasound device indicated for the cleansing and debridement of chronic wounds) treatment to Resident 32's left heel on 6/5/2017.</p> <p>During an interview with the DON (Director of Nursing) on 6/8/2017 at 2:21 p.m., she indicated a review of the physician's order read to cleanse the left heel wound with normal saline and pat dry prior to applying Santyl and finishing the treatment. Also, the DON indicated a wound was to be cleansed after a soiled dressing is removed.</p> <p>A Physician's order, dated 6/1/2017 indicated "...Cleanse left heel wound with saline, pat dry then apply nickel thick layer to open wound, cover with wet-dry Gent-Dakins kerlix, secure with dry kerlix. Coordinate dressing change with mist therapy."</p> <p>The MDS admission assessment, dated 5/18/2017 also indicated "...a stage 1 or greater unhealed stage 3 or 4 pressure ulcer or eschar unstageable of the left heel and measured 3.0 cm (centimeters) in length by 4.4 cm in width by 0.1 cm in</p>			<p>will observe one dressing change daily (M-F) x 2 weeks, then one dressing change weekly for two months, then 2 dressing changes a month for one month, then 1 dressing change a month for three months to assure physician orders are being followed utilizing a system audit tool for compliance.</p> <p>4.How corrective action will be monitored to ensure alleged deficient practice does not reoccur:</p> <p>Nurse managers/designee will audit dressing change compliance tool for trends and will be reviewed in QA monthly times 3 months and quarterly thereafter to determine further education and/or further monitoring needs. Identified non-compliance will result in one to one re-education with repeat non-compliance resulting in disciplinary action per policy. Any identified trends will be</p>			

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	<p>depth." Also, the MDS indicated skin and ulcer treatment included the following: pressure reducing devices for the chair and the bed, a turning and repositioning program, pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) care, application of nonsurgical dressings, applications of ointments and medications, and application of dressings to the feet.</p> <p>A progress note dated 6/8/2017 at 1:19 p.m., indicated the DO (Doctor of Osteopathic medicine) in orthopedics (a branch of medicine concerned with the correction or prevention of deformities, disorders or injuries of the skeleton and associated structures) was in to see Resident 32 and discussed left leg and heel treatment.</p> <p>A review of Resident 32's Care Plan for pressure ulcers dated 5/12/2017, indicated goals and interventions had been implemented and initiated.</p> <p>A review of the skills policy and procedure, dated 6/2016 provided by the DON indicated, "...Cleanse the wound. Use a separate- moistened gauze for each cleansing stroke or spray the wound surface with an appropriate wound cleaser. Clean from the least to most</p>		<p>forwarded to the administrator for review and presented to QA to determine further educational needs.</p> <p>Date of Compliance: July 9, 2017</p>				

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	contaminated area. Use a separate dry gauze to blot the wound dry from the least to most contaminated area."  3.1-35(g)(2)						