

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/24/2022
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NAME OF PROVIDER OR SUPPLIER SELLERSBURG HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 7823 OLD HWY # 60 SELLERSBURG, IN 47172
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00380637.</p> <p>Complaint IN00380637 - Substantiated. Federal/State deficiency related to the allegation is cited at F689.</p> <p>Survey date: May 24, 2022</p> <p>Facility number: 010613 Provider number: 155659 AIM number: 200221040</p> <p>Census Bed Type: SNF/NF: 101 Total: 101</p> <p>Census Payor Type: Medicare: 17 Medicaid: 55 Other: 29 Total: 101</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 1, 2022.</p>	F 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the State of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the complaint survey conducted on May 24, 2022</p> <p>Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The facility would like to respectfully request a desk review.</p> <p>Monica Dirbas, HFA</p>	
F 0689 SS=G Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that -</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 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>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents (Residents B and C) were provided adequate supervision and assistance of two staff members in accordance with their assessments and comprehensive care plans when a resident (Resident B) was transferred with a mechanical lift, by one staff member, which resulted in a T3 (thoracic vertebrae) and T4 fracture after a fall from the lift and when a staff member provided care to a resident (Resident C) which resulted in a fall from the bed and medical intervention of 13 sutures for 2 of 3 residents reviewed for accident hazards.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 5/24/22 at 11:10 a.m. The diagnosis included, but was not limited to, quadriplegia. The quarterly MDS (Minimum Data Set) assessment, dated 4/20/22, indicated the resident had intact cognition and required the physical assistance of two staff members for transfers.</p> <p>The care plan, dated 1/28/21, indicated the resident had a self-care deficit and required a two person (staff) support with the mechanical lift transfers.</p> <p>The incident report, dated 5/17/22 at 10:50 a.m., indicated Resident B had a witnessed fall during a transfer which resulted in a T3 and T4 fracture.</p>	F 0689	<p>1. Resident "B" was noted to have a fall on 5/17/22 while being transferred via Hoyer lift from her wheelchair to bed. During the transfer, resident slid out of the Hoyer sling onto the floor. Resident was immediately assessed with complaints of pain to bilateral arms, head, neck and back. Resident was sent to ER for further evaluation and treatment where she was noted to have a mild superior T3-T4 fracture. Resident returned to the facility with new orders to follow up with Neurology for further evaluation. Resident completed appointment with Dr. Serak, Neurosurgeon on 5/20/22 at which time he recommended to continue current pain medication regimen as ordered, Physical Therapy, ice/heat compresses as needed. No further follow up appointments recommended.</p> <p>Resident "C" was noted to have a fall on 5/11/22 while being turned and repositioned in bed. During care, resident slid out of bed and onto the floor. Resident immediately assessed. Resident was sent to the ED for further evaluation and treatment where</p>	05/25/2022
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	<p>The IDT (Interdisciplinary) follow up note, dated 5/18/22 at 11:00 a.m., indicated the resident fell from the lift and complained of neck and back pain. The resident was sent to the emergency department for evaluation. The resident was transferred with the use of a mechanical lift from the wheelchair to the bed by one staff member. The resident was care planned for the assistance of two staff with transfers</p> <p>The emergency department note, dated 5/18/22, indicated the resident had fallen from a mechanical lift during a transfer, landed on her head, and complained of neck and upper back pain.</p> <p>The hospital radiology report, dated 5/18/22, indicated the resident had a compression fracture of the T3 and an impaction fracture of the T4.</p> <p>During an interview on 5/24/22 at 10:16 a.m., Resident B indicated PCA (Personal Care Assistant) 4 was transferring her alone. She was 4 to 5 feet in the air when one of the straps came undone. She slid out of the back of the lift pad and landed on her head and back.</p> <p>During an interview on 5/24/22 at 10:46 a.m., the Director of Nursing indicated she felt the lift pad strap was not secured and PCA 4 was no longer at the facility.</p> <p>2. The clinical record for Resident C was reviewed on 5/24/22 at 11:34 a.m. The diagnoses included, but were not limited to, acute/chronic respiratory failure and ventilator dependent. The admission MDS assessment, dated 4/28/22, indicated the resident had intact cognition and required the physical assistance of two staff members for bed mobility.</p>		<p>she was noted to have a laceration measured 18 cm in length and 3 cm width. Resident returned with treatment orders to laceration. Care plan reviewed and updated.</p> <p>2. All residents with mechanical lift transfers are at risk for to be affected by the deficient practice. All interview able residents requiring mechanical lift transfer report that 2 staff are present for their transfers.</p> <p>3. The Administrator/Director of Nursing/Designee immediately initiated education with all direct care staff to include Personal Care Attendants related to the policy and procedure for Mechanical lift transfers, Falls Assessment, Resident's plan of care "kardex" and the Personal Care Attendant skills.</p> <p>Further, the Administrator/Director of Nursing/Designee completed a competency check off with direct care staff related to mechanical lift transfers. PCAs were also re-educated at this time related to their scope of practice.</p> <p>Direct care staff will continue to be educated regarding mechanical lift transfer, fall assessment, Resident's plan of care "kardex" and Personal Care Attendant</p>	

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	<p>On 5/24/22 at 5:15 p.m., the resident's left lower extremity was observed with 13 sutures and 5 steri strips (adhesive bandages) in place.</p> <p>The care plan, dated 4/13/22, indicated the resident had a self-care deficit and required staff assistance of two with bed mobility.</p> <p>The progress note, dated 5/11/22 at 8:10 a.m., indicated the resident had a fall with a laceration to the lower extremity and pressure was applied. CNA (Certified Nursing Assistant) 3 was providing care and the resident normally holds on to the enabler bar. The resident lost her grip and CNA 3's attempt to prevent the fall was not successful. The resident was sent to the emergency department for evaluation.</p> <p>The skin grid non-pressure sheet, dated 5/11/22 at 9:00 a.m., indicated the laceration measured 18 cm (centimeters) in length and 3 cm in width.</p> <p>During an interview on 5/24/22 at 11:34 a.m., the resident was observed resting in bed. The left lower shin was covered with a large bandage. Resident C indicated CNA 3 was the only aide providing care at the time of the incident. CNA 3 pulled her lift sheet towards the left and rolled her on her right side, at which time her legs were at the edge of the bed. CNA 3 again, pulled the lift sheet towards the left and her legs went off the edge of the bed. She had 13 stitches to her shin.</p> <p>During an interview on 5/24/22 at 4:59 p.m., LPN (Licensed Practical Nurse) 6 indicated the residents' care plan should always be followed.</p> <p>On 5/24/22 at 5:42 p.m., the Executive Director provided a current copy of the document titled "Plan of Care Overview" dated 7/26/18. It</p>		<p>skills upon hire, annually and as needed will continue.</p> <p>4. The Administrator/Director of Nursing/Designee will audit to ensure mechanical lift transfers and Resident requiring assist of 2 are being completed by 2 Direct Care staff members: 3 residents a week x 4 weeks, then 2 residents a week x 4 weeks, then 1 resident a week x 4 weeks. This will occur for no less than 3 months and compliance is maintained.</p> <p>The DON/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>	

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

PRINTED: 06/20/2022

FORM APPROVED

OMB NO. 0938-039

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	<p>included, but was not limited to, "Definitions...PoC: for the purpose of this policy the Plan of Care, also Care Plan is written treatment provided for a resident that is resident-focused and provides for optimal personalized care...It is the policy of the facility to provide resident centered care...Safety is a primary concerns for our residents...."</p> <p>This Federal tag relates to Complaint IN00380637</p> <p>3.1-45(a)(2)</p>				