

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

PRINTED: 04/10/2018  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155660		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/07/2018	
NAME OF PROVIDER OR SUPPLIER  PULASKI HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 624 E 13TH ST WINAMAC, IN 46996			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00255137.</p> <p>Complaint IN00255137 - Substantiated. Federal/state deficiencies related to the allegations are cited at F656, F684, and F760.</p> <p>Survey dates: 03/07/18</p> <p>Facility number: 000553 Provider number: 155660 AIM number: 100267430</p> <p>Census Bed Type: SNF/NF: 44 SNF: 2 Total: 46</p> <p>Census Payor Type: Medicare: 6 Medicaid: 30 Other: 10 Total: 46</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 3/9/18.</p>			F 0000	<p>The preparation and execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the alleged deficiencies, or the conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licensure of the long term care facility and this Plan of Correction in its entirety, constitutes this provider's credible allegation of compliance. Completion dates are provided for procedural purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is of the opinion that it was in compliance with the requirements of participation. We are respectfully requesting a desk review to clear any and all</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 disclosable 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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F 0656 SS=D Bldg. 00	<p>483.21(b)(1) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for</p>				proposed or implemented remedies that have been presented to date.		

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	<p>future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on record review and interview, the facility failed to ensure a resident's care plan was implemented, related to shaving a resident who received Coumadin (anticoagulant) with a regular razor, for 1 of 10 residents reviewed for care plan implementation. (Resident B)</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 03/07/18 at 10:36 a.m. Diagnoses included, but were not limited to stroke and history of pulmonary emboli.</p> <p>A Quarterly Minimum Data Set assessment, dated 02/09/18, indicated severe cognitive impairment, extensive assistance of one for hygiene and dependent with two assistance for bathing.</p> <p>A care plan, dated 08/21/17, indicated extensive assistance with activities of daily living. The interventions included, no razor use, use electric razor.</p> <p>A care plan, dated 2/20/18, indicated a risk for bruising/bleeding due to Coumadin usage. The interventions included, gentle handling during care.</p> <p>An INR (blood test for coagulation) test result, received by fax at 7:50 a.m., indicated a result of 4.9 (Normal 2.0 to 3.0).</p>			F 0656	<p>ISSUE: F656 Develop/Implement Comprehensive Care Plan</p> <p>1. WHAT corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All residents' care plans are implemented, related to shaving someone on Coumadin Therapy. The CNA was re-educated related to following a resident's care plan interventions.</p> <p>2. 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?</p> <p>All residents receiving Coumadin therapy have the potential to be affected by the alleged deficient practice.</p> <p>The care plans for residents receiving Coumadin therapy have been reviewed and updated to reflect the resident's needs. Nursing staff will be re-educated to</p>		04/06/2018

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	<p>A Physician's Order, dated 03/05/18, indicated not to administer the Coumadin (anticoagulant ) 4 mg (milligrams) for two days.</p> <p>A Progress Note, dated 03/05/18 at 9 a.m., indicated while the shower was provided to the resident, a CNA shaved the resident, the resident turned his head and the razor nicked the left lower lip area. An abrasion was observed, which measured 0.1 centimeter by 1 centimeter. The area was cleansed and pressure was applied to stop the bleeding.</p> <p>During an interview with the Director of Nursing, on 03/07/18 at 1:47 p.m., she indicated the CNA had used a regular razor during the shower and should not have used the regular razor.</p> <p>This Federal tag relates to Complaint IN00255137.</p> <p>3.1-35(g)(2)</p>				<p>the policy related to Coumadin therapy and shaving by April 6, 2018. Nursing staff will be re-educated related to following a resident's care plan interventions by April 6, 2018.</p> <p>1.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>All nursing staff will be re-educated related to the policy for residents receiving Coumadin therapy and shaving by April 6, 2018. Nursing Staff will be re-educated related to following a resident's care plan interventions by April 6, 2018. All new orders are reviewed each business day in the morning meeting. Any new orders for Coumadin therapy are addressed by the Interdisciplinary Team and a care plan is developed and implemented. Shaving is addressed in the care plan, if appropriate.</p> <p>Addendum: Screening and monitoring of the implementation of all care plan interventions will occur at least quarterly and with changes. Care plans and PCR's (patient care records for CNA use) will be updated with any new orders or changes by the next business day.</p>		

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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 treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on record review and interview, the facility failed to ensure a resident received care and services in accordance with professional standards, related to a lack of assessments of a	F 0684	1.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?  An audit form titled "Shaved Residents on Coumadin Care Plan Review" will be done weekly times four, monthly times three and quarterly thereafter. Results will be reported monthly to the QAPI committee which will make any needed recommendations.  The Director of Nursing Services or her designee will be responsible for follow up.  1.BY WHAT DATE the systemic changes will be completed? April 6, 2018  <b>ISSUE: F684 Quality of Care</b>  1. WHAT corrective action(s) will be accomplished for those	04/06/2018	

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	<p>resident who had a change in condition, for 1 of 10 residents reviewed for quality of care. (Resident F)</p> <p>Finding includes:</p> <p>Resident F's record was reviewed on 03/07/18 at 2:25 p.m. Diagnoses included, but were not limited to, hypertension and dementia.</p> <p>A Quarterly Minimum Data Set assessment, dated 01/10/18, indicated moderately impaired cognition, extensive assistance with transfers, dressing, and toileting, and no oxygen use.</p> <p>An Advance Directive, dated 09/27/13, indicated a directive of do not resuscitate.</p> <p>The Progress Notes indicated: 02/08/18 at 12 p.m., the resident was short of breath, the Physician was notified and an order for oxygen was obtained. The Power of Attorney was notified and requested no laboratory testing or transfer to the hospital.</p> <p>02/08/18 at 1:30 p.m., the family was at the bedside.</p> <p>02/09/18 at 3 a.m., the resident was observed biting the inside of her lip, oral care was given, and was having problems swallowing and would not open her mouth.</p> <p>02/12/18 at 4:15 a.m., the resident was unresponsive, with no blood pressure, pulse, or visualized respirations.</p> <p>There were no assessments documented after the change of condition on 02/08/18 at 12 p.m. until 02/09/18 at 3 a.m., when the resident was found to</p>				<p>residents found to have been affected by the deficient practice?</p> <p>All residents receive care and services in accordance with professional standards related to assessments of change of condition.</p> <p><b>2.HOW</b> other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents having a change of condition have the potential to be affected by the alleged deficient practice. Chart reviews will occur daily when a resident has had a change of condition. Chart reviews will continue until the resident's condition resolves or a physician has deemed this is the resident's new baseline. Nurses will be re-educated on the change of condition policy by April 6, 2018.</p> <p><b>1.WHAT</b> measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Chart reviews will occur daily when a resident has had a change of condition. Chart reviews will continue until the resident's condition resolves or a physician has deemed this is the resident's new baseline. Nurses will be re-educated on the change of</p>		

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F 0760 SS=D Bldg. 00	<p>have swallowing difficulties.</p> <p>There were no follow up assessments or documentation between 02/09/18 at 3 a.m. and 02/12/18 at 4:15 a.m. when the resident was noted to be unresponsive.</p> <p>During an interview on 03/07/18 at 3 p.m., the Director of Nursing indicated she was unable to find additional documentation/assessments and had spoken with the Nurses, who indicated the resident's condition had not changed so no further assessment had been completed.</p> <p>This Federal tag relates to Complaint IN00255137.</p> <p>3.1-37(a)</p> <p>483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. Based on record review and interview, the facility failed to ensure residents were free of significant medication errors, related to omitted doses of Coumadin (warfarin) (anticoagulant), for 2 of 3 residents whose medications were reviewed. (Residents B &amp; C)</p> <p>Findings include:</p> <p>1. Resident B's record was reviewed on 03/07/18 at 10:36 a.m. Diagnoses included, but were not limited to stroke and history of pulmonary emboli.</p>			F 0760	<p>condition policy by April 6, 2018.</p> <p><b>1.HOW</b> 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? An audit form titled "Residents with Change of Condition Chart Review" will be done weekly times four, monthly times three and quarterly thereafter. Results will be reported monthly to the QAPI committee which will make any needed recommendations. The Director of Nursing Services or her designee will be responsible for follow up.</p> <p><b>1.BY WHAT DATE</b> the systemic changes will be completed? April 6, 2018</p> <p>ISSUE: F760 Residents are free of Significant Med Errors</p> <p>1. WHAT corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Residents receiving Coumadin therapy will be free of Medication</p>		04/06/2018

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	<p>A care plan, dated 2/20/18, indicated a risk for bruising/bleeding due to Coumadin usage. The interventions included, medication as ordered and laboratory tests as ordered.</p> <p>A Physician's Order, dated 01/19/18, indicated Coumadin 4.5 mg (milligrams) daily.</p> <p>A Physician's Order, dated 01/22/18, indicated to check the INR (blood test to check coagulation, used for Coumadin dosing) every three days while the resident was on antibiotic therapy.</p> <p>The INR test result on 01/24/18, was 2.6 (Normal 2.0 to 3.0), the Physician was notified on 1/24/18, and an order was received to repeat the INR test in two weeks (02/07/18). There were no changes in the Coumadin order for 4.5 mg daily.</p> <p>The January 2018 Medication Administration Record (MAR) lacked initials to indicate the Coumadin 4.5 mg was administered on 01/20/18, 01/21/18 and 01/28/18.</p> <p>A Physician's Order, dated 02/17/18, indicated to hold the Coumadin 4.5 mg for two days, and repeat the INR test on 02/19/18.</p> <p>The INR result on 02/19/18 was 4.0, the Physician was notified of the result on 02/19/18, and an order was received to hold the Coumadin 4.5 mg tonight (02/19/18) and repeat the INR test on Wednesday 02/22/18.</p> <p>The February 2018 MAR lacked initials to indicate the Coumadin 4.5 mg had been administered on 02/20/18.</p> <p>During an interview on 03/07/18 at 1:47 p.m., the</p>				<p>errors.</p> <p>1.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?</p> <p>All residents receiving Coumadin therapy have the potential to be affected by the alleged deficient practice. All new orders are reviewed each business day in the morning meeting. Any new orders for Coumadin therapy are addressed by the Interdisciplinary Team. All Coumadin orders will be placed on a dedicated "Coumadin MAR". Nurses will be re-educated on the procedure for Coumadin orders by April 6, 2018.</p> <p>1.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>All new orders are reviewed each business day in the morning meeting. Any new orders for Coumadin therapy are addressed by the Interdisciplinary Team. All Coumadin orders will be placed on a dedicated "Coumadin MAR". Nurses will be re-educated on the procedure for Coumadin orders by</p>		

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	<p>Director of Nursing (DON), indicated there was no documentation to indicate the Coumadin was given as ordered on 01/20/18, 01/21/18, 1/28/18, and 2/20/18.</p> <p>2. Resident C's record was reviewed on 03/07/18 at 1 p.m. Diagnosed included, but were not limited to, stroke and atrial fibrillation.</p> <p>A care plan, dated 08/29/16, indicated a risk for bleeding/bruising due to Coumadin usage. Interventions included medications and laboratory tests as ordered.</p> <p>A Physician's Order, dated 02/26/18, indicated Coumadin 5 mg daily.</p> <p>The February 2018 MAR lacked documentation to indicate the Coumadin 5 mg had been administered as ordered on February 26, 27, &amp; 28, 2018.</p> <p>During an interview on 03/07/18 at 2:02 p.m., the DON indicated there was no documentation to indicate the Coumadin 5 mg had been administered on February 26, 27, and 28, 2018.</p> <p>This Federal tag relates to Complaint IN00255137.</p> <p>3.1-48(c)(2)</p>				<p>April 6, 2018.</p> <p>Addendum: All new orders are reviewed each business day in the morning meeting. A second nurse reviews all new orders daily and compare to the MAR/TAR. Any new orders are addressed by the Interdisciplinary Team. All new "significant medication" orders will be assessed on the next business day by the Unit Manager. All Coumadin orders will be placed on a dedicated "Coumadin MAR".</p> <p>1.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>An audit form titled "Coumadin Residents Chart/MAR review" Addendum: and an audit form titled "Significant Medication Chart/MAR Review" will be done weekly times four, monthly times three and quarterly thereafter. Results will be reported monthly to the QAPI committee which will make any needed recommendations.</p> <p>The Director of Nursing Services or her designee will be responsible for follow up.</p>		

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