

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E683	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/08/2018
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NAME OF PROVIDER OR SUPPLIER  MORGANTOWN HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 140 W WASHINGTON ST MORGANTOWN, IN 46160
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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, 8, 2018</p> <p>Facility number: 000399 Provider number: 15E683 AIM number: 100289100</p> <p>Census Bed Type: NF: 34 Total: 34</p> <p>Census Payor Type: Medicaid: 34 Total: 34</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on June 13, 2018.</p>	F 0000	<p>THIS PLAN OF CORRECTION IS PREPARED AND EXECUTED BECAUSE IT IS REQUIRED BY THE PROVISIONS OF THE STATE AND FEDERAL REGULATIONS AND CITATIONS LISTED ON THE STATEMENT OF DEFICIENCIES. THIS PLAN OF CORRECTION SHALL OPERATE AS MORGANTOWN'S WRITTEN CREDIBLE ALLEGATION OF COMPLIANCE. MORGANTOWN RESPECTFULLY REQUEST PAPER COMPLIANCE ON THE ATTACHED PLAN OF CORRECTION</p>	
F 0604 SS=D Bldg. 00	<p>483.10(e)(1); 483.12(a)(2) Right to be Free from Physical Restraints §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).</p> <p>§483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident</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>property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>Based on observation, interview, and record review, the facility failed to obtain a physician's order for implementation of a Broda chair (a chair which provides comfort and position in long term care) with pelvic straps and failed to ensure completion of a restraint assessment and usage of the least restrictive restraint device for 2 of 3 residents reviewed for physical restraint. (Resident 8 and Resident 9)</p> <p>Findings include:</p> <p>1. On 6/6/2018 at 3:00 p.m., Resident 8 was observed to be walking in the hallway. Resident 8 was pleasant and singing, "Jingle Bells."</p> <p>On 6/6/2018 at 3:33 until 3:45 p.m., Resident 8 was observed sitting in a Broda chair with pelvic straps. Resident 8 was pleasant and singing, "Jingle Bells."</p> <p>On 6/7/2018 at 2:31 until 3:15 p.m., Resident 8 was</p>	F 0604	1. CNA#1 AND CNA #2 WERE RE-EDUCATED ON RESTRAINT USE. ROOT CAUSE OF NEED FOR USE OF BRODA CHAIR WAS ANALYZED BY STAFF. PRE-RESTRAINING ASSESSMENT COMPLETED ON RESIDENT #8 AND #9. ORDERS WERE OBTAINED FOR: MAY BE IN BRODA CHAIR WITH STRAPS AT MEAL TIME ONLY TO PREVENT HER FROM GETTING UP AND WALKING AWAY FROM HER MEAL. FOR RESIDENT #9 AND MAY BE IN BRODA CHAIR WITH STRAPS AT MEALTIME TO PREVENT HIM FROM GETTING UP AND WALKING AWAY FROM FOOD TO HELP PREVENT FURTHER WEIGHT LOSS FOR RESIDENT #9. NO PHYSICAL RESTRAINTS	07/08/2018

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	<p>observed sitting in a Broda chair with pelvic straps. Resident 8 was pleasant and singing, "Jingle Bells."</p> <p>Resident 8's clinical record was reviewed on 6/7/2018 at 2:45 p.m. Diagnoses included, but were not limited to heart failure and senile dementia.</p> <p>The Quarterly Minimum Data Set (MDS), dated 4/3/2018, assessed Resident 8 as being non interviewable and cognitively impaired, physical restraints as not being used and resident exhibiting a behavior of wandering 1-3 days of 7 observed.</p> <p>A review of Resident 8's current care plans lacked documentation of an intervention for Broda chair with pelvic straps for behaviors.</p> <p>Current Physician's Orders, dated June 2018, lacked documentation of Resident 8 having a physician order for a Broda chair with pelvic straps.</p> <p>The clinical record lacked documentation of Resident 8 being evaluated for restraint use and for the Broda chair with pelvic straps as being the least restrictive device of restraint.</p> <p>During an interview, on 6/7/2018 at 2:51 p.m., Certified Nursing Assistant (CNA) 1 indicated Resident 8 liked to sleep in the other residents' beds so they put her in the Broda chair with pelvic straps to keep her from wandering.</p> <p>During an interview, on 6/8/2018 at 10:07 a.m., CNA 2 indicated Resident 8 should only be in the Broda chair with pelvic straps during meals to keep her from eating the other residents' food.</p>		<p>SHALL BE USED FOR DISCIPLINE OR CONVENIENCE OF STAFF. NO PHYSICAL RESTRAINTS WILL BE USED TO UNNECESSARILY INHIBIT A RESIDENT'S FREEDOM OF ACTIVITY OR MOVEMENT. P.T. WILL EVALUATE RESIDENTS TO ENSURE THE LEAST RESTRICTIVE RESTRAINT IS USED FOR THE LEAST AMOUNT OF TIME.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. ALL RESIDENTS CHARTS WERE AUDITED FOR RESTRAINT USE, COMPLETION OF PRE-RESTRAINING ASSESSMENTS AND ORDERS FOR RESTRAINT USE. ALL NURSING STAFF WILL BE RE-EDUCATED ON RESTRAINT USE, PRE-RESTRAINING ASSESMENT AND CALLING MD FOR ORDER WITH TIME LIMIT FOR RESTRAINT USE 06/29/18.</p> <p>4. DON, MEDICAL RECORDS OR DESIGNEE WILL MONITOR Q DAY FOR 3 MONTHS. QAPI WILL REVIEW MONTHLY FOR 3 MONTHS AND FACILITY WILL FOLLOW THE RECOMMENDATION OF QAPI. CHARGE NURSE WILL MONITOR QS, 7 DAYS A WEEK TO ENSURE RESIDENTS ARE NOT RESTRAINED WITHOUT AN ORDER OR WITHOUT A PRE-ASSESSMENT FOR RESTRAINTS ARE COMPLETED.</p>	

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	<p>During an interview, on 6/8/2018 at 1:52 p.m., the Director of Nursing (DON) indicated Resident 8 should not have been in the Broda chair with pelvic straps. There was no physician order and she is not sure why the staff would have put her in the chair.</p> <p>On 6/8/2018 at 1:59 p.m., the Administrator provided the facility's policy, "Use of Restraints" dated 3/29/2017, and indicated it was the policy currently being used by the facility. A review of the policy indicated, " ... 6. Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints ... 9. Restraints shall only be used upon the written order of a physician ..." 2. On 06/04/18 at 10:00 a.m. until 10:30 a.m., Resident 9 was observed to be quietly sitting in a Broda chair with pelvic straps on.</p> <p>On 06/04/18 at 12:15 p.m. until 12:30., Resident 9 was observed to be quietly sitting in a Broda chair with pelvic straps on.</p> <p>On 6/6/18 at 2:59 p.m., Resident 9's clinical record was reviewed. The diagnoses included, but were not limited to, dementia with behavioral disturbance, agitation, aggression, gait impairment, and mood disorder.</p> <p>Resident 9's quarterly Minimum Data Set (MDS) assessment, dated 4/3/18, indicated no physical restraints use.</p> <p>Resident 9's Broda chair for positioning care plan, dated 2/9/16, indicated may utilize Broda chair with straps for safety times 2 hours.</p> <p>Resident 9's Physician Order, dated 6/2018, indicated for each occurrence of physical</p>		5. DATE COMPLETED 07/08/2018.	

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	<p>aggression or unsafe behaviors, call doctor for order for Broda chair with straps as needed (start date 10/10/16).</p> <p>Resident 9's nurse's notes, dated 6/4/18, lacked documentation of Resident 9 having aggression or unsafe behavior. The nurse's notes lacked documentation of physician notification for an order for a Broda chair with straps.</p> <p>Resident 9's clinical record lacked documentation of assessment of Broda chair with pelvic strap use.</p> <p>During an interview, on 06/08/18 at 10:07 a.m., Certified Nursing Assistant (CNA 2) indicated Resident 9's behaviors were pacing and staying at the exit door. Resident 9 would sit in a Broda chair without pelvic straps at meals to keep Resident 9 focused on eating. Resident 9 would not sit in a Broda chair with pelvic straps on because he does not have any behaviors.</p> <p>During an interview, on 06/08/18 at 01:53 p.m., the Director of Nursing (DON) indicated she was not aware Resident 9 was in a Broda with the pelvic straps on. Resident 9 does sit in a Broda chair without pelvic straps to eat. If Resident 9 was aggressive, the facility must call the doctor and get a physician order for resident to be in a Broda chair with pelvic straps on for 2 hours.</p> <p>On 6/8/2018 at 1:59 p.m., the Administrator provided the facility's policy, "Use of Restraints" dated 3/29/2017, and indicated it was the policy currently being used by the facility. A review of the policy indicated, " ... 6. Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints ... 9. Restraints</p>			

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F 0607 SS=D Bldg. 00	<p>shall only be used upon the written order of a physician ..."</p> <p>3.1-26(b) 3.1-26(r)</p> <p>483.12(b)(1)-(3) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95, Based on interview and record review, the facility failed to obtain a completed background check for 1 of 5 newly hired employees reviewed for background check completion (Certified Nursing Assistant 3).</p> <p>Findings include:</p> <p>On 6/7/18 at 9:30 a.m., the employee records were reviewed. The following was observed:</p> <p>-Certified Nursing Assistant (CNA) 3 had a hire dated of 2/20/18. -A background check for CNA 3, completed on 2/27/18, indicated, "Your Limited Criminal History Request Report cannot be delivered. The information provided as "Subject of Search" had identified multiple potential matches ... set up an</p>	F 0607	<p>1. AN APPOINTMENT WAS MADE FOR CNA TO HAVE FINGERPRINTS TAKEN BY IDENTO GO AND SENT TO ISP FOR VERIFICATION AND BACKGROUND CHECK ON JUNE 8, 2018 AT 3:00PM IN MARTINSVILLE, IND.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. FACILITY POLICY WAS UP DATED ON 6/20/2018 FOR CRIMINAL CHECKS TO INCLUDE THE PROCEDURES FOR SCHEDULING OF FINGER PRINTING AND HAVING THE CRIMINAL CHECK RESULTS SENT TO FACILITY FOR FILING.</p>	07/08/2018

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	<p>appointment to be fingerprinted for a Review Challenge ..."</p> <p>-On 4/2/18 CNA 3 obtained fingerprints from the City of Franklin. The fingerprints were in the employees personnel file.</p> <p>During an interview, on 6/7/18 at 10:00 a.m., the Administrator indicated he did not send CNA 3's fingerprints to anyone.</p> <p>During an interview, on 6/7/18 at 10:15 a.m., CNA 3 indicated she did not send her fingerprints to anyone.</p> <p>During an interview, on 6/7/18 at 10:30 a.m., the Indiana State Police indicated they no longer accept fingerprint cards and employees must schedule an appointment to obtain electronic fingerprints.</p> <p>A review of the facility policy, "Criminal History Check," undated, indicated the following, ".... apply for a criminal history report ... within three business days from the date of employment ..." The policy did not address obtaining fingerprints.</p> <p>3.1-28(a)</p>		<p>EACH EMPLOYEE SHALL HAVE A COMPLETE CRIMINAL CHECK COMPLETED WITHIN THE 3 BUSINESS DAYS AS PER POLICY. IF FINGER PRINTS ARE REQUESTED AN APPOINTMENT SHALL BE SCHEDULED FOR THE EMPLOYEE WITH IDENTO GO AND THE RESULTS WILL BE SENT TO THE ISP FOR A PRINT OUT OF RESULTS WHICH WILL BE SENT TO FACILITY AFTER COMPLETION BY ISP AND PLACED IN EMPLOYEE FILE. RESULTS WERE RECEIVED 6/19/2018 ON CNA IN QUESTION WITH NO RESULTS THAT WOULD KEEP HER FROM BEING AN EMPLOYEE.</p> <p>4. QAPI TO MONITOR FOR THREE MONTHS AND FACILITY WILL FOLLOW THE RECOMMENDATION OF QAPI COMMITTEE. HFA TO MONITOR THE CRIMINAL CHECK FOR EACH NEW EMPLOYEE AS WELL AS QAPI</p> <p>5. DATE COMPLETED 7/8/2018</p>		