

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155432	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/25/2022
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NAME OF PROVIDER OR SUPPLIER ALBANY HEALTH CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 910 W WALNUT ST ALBANY, IN 47320
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00388151.</p> <p>Complaint IN00388151 - Substantiated. Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Survey dates: August 24 and 25, 2022.</p> <p>Facility number: 000309 Provider number: 155432 AIM number: 100288960</p> <p>Census Bed Type: SNF/NF: 80 Total: 80</p> <p>Census Payor Type: Medicare: 9 Medicaid: 57 Other: 14 Total: 80</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 1, 2022.</p>	F 0000		
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 - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</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)(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 a resident's seatbelt was disconnected while in her motorized wheelchair and prior to being transferred with a mechanical lift for 1 of 3 residents reviewed for accidents (Resident B). This deficient practice resulted in the resident being lifted with a mechanical lift while secured to the wheel chair, which resulted in a fractured hip.</p> <p>Findings include:</p> <p>During an interview with, CNA 21, on 8/24/22 at 2:03 p.m., she indicated she was not working on Resident B's hall that day and she was just assisting Agency CNA 6 with transferring Resident B from her powerchair to her bed. Before they hooked Resident B up to the Hoyer (mechanical lift), CNA 21 stepped out of the room to answer a call light. When she came back to the room the Agency CNA 6 had Resident B hooked up to the Hoyer lift and had already started to lift her in the air. Resident B was saying "ow", CNA 21 told Agency CNA 6 to put her down and asked her if she unbuckled her seatbelt. Agency CNA 6 indicated she did not know she had one. When they put her to bed Resident B was not happy and spitting because she did not like to be changed, which was normal for her. She thought that maybe she was embarrassed or grouchy. She did not report the incident to the nurse, she thought that Agency CNA 6 would report it and she should had made sure it was reported.</p> <p>Resident B's clinical record was reviewed on 8/24/22 at 9:35 a.m. Diagnoses included, but were not limited to, cerebral palsy, primary generalized</p>	F 0689	<p>F689 Accidents and Hazards:</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? <i>1:1 instruction and re-education on release of seat belt prior to transfer completed with CNA 21</i></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. <i>All residents requiring use of mechanical hoyer lift had the potential to be affected by alleged deficient practice.</i></p> <p><i>Audit performed on all residents requiring use of mechanical hoyer lift. No other residents have seatbelt in use.</i></p> <p>3. What measures will be put into place and what systemic changes will be made to ensure the deficient practice does not recur. <i>Nursing staff educated on release of seatbelt prior to transfer initiation.</i> <i>Nursing staff re-educated on use of mechanical hoyer lift.</i></p>	09/20/2022
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	<p>(osteo) arthritis, hereditary spastic paraplegia, cognitive communication deficit, muscle weakness (generalized) and need for assistance with personal care.</p> <p>Her medication administration orders included, but were not limited to, the following:</p> <p>a. Gabapentin (treat nerve pain) 100 mg daily, started on 5/8/22.</p> <p>b. Hydrocodone-acetaminophen (narcotic pain reliever) 5-325 mg three times daily at 8:00 a.m., 2:00 p.m. and 8:00 p.m., started on 5/8/22.</p> <p>c. Baclofen (muscle relaxer) 5 mg (milligram) three times daily, started on 5/8/22 and discontinued on 8/12/22. The order was changed to, baclofen 10 mg (milligram) twice daily and started on 8/9/22.</p> <p>d. Hydrocodone-acetaminophen 5-325 mg as needed for pain three times daily started on 8/13/22 and discontinued on 8/15/22. This medication was given on 8/13/22 at 8:15 p.m. for moderate pain, 8/14/22 at 8:37 a.m. for severe pain and 8/15/22 at 8:40 a.m. for moderate pain</p> <p>e. Enoxaparin sodium solution (blood thinner) 40 mg/0.4 ml (milliliter) inject 40 mg subcutaneously daily for 14 days, started on 8/14/22.</p> <p>f. Seatbelt to be on while resident was up in wheelchair related to inability to control trunk and it made her feel safe, started on 8/15/22.</p> <p>g. May be up in wheelchair for a maximum of two hours followed by a minimum of two hours back in bed before repeating time in wheelchair as tolerated, must not be in wheelchair for more than two hours at any one time, started on 8/17/22,</p>		<p><i>DON/CEC/designee will complete rounding daily on various shifts to ensure hooyer mechanical lifts are being utilized safely.</i></p> <p><i>DON/CEC/designee will complete mechanical hooyer competency with three various nursing staff weekly.</i></p> <p><i>DON/designee will complete daily audit of all new admissions and 24 hour communication review for residents requiring hooyer mechanical lift and/or seatbelt use.</i></p> <p><i>Audits will be completed daily times 4 weeks, 2 times weekly for 8 weeks, monthly for 2 months, then quarterly for a minimum 6 months.</i></p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what QA program will be put into place.</p> <p>/i>/i></p> <p>5. By what date will the systemic changes be put into place?</p> <p>9/20/2022</p>	

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	<p>every shift per orthopedic physician.</p> <p>A quarterly MDS (Minimum Data Set), dated 6/3/22, indicated she was severely cognitively impaired. She required extensive assistance of two staff members for bed mobility, dressing and toilet use. She required total assistance of two staff members for transfers and personal hygiene. She had an impairment to both sides of her upper and lower extremities. She used a wheelchair.</p> <p>Her care plans included, but were not limited to the following:</p> <p>She required the use of a device that may be considered a restraint related to seatbelt usage in her powerchair, initiated on 2/16/22 and revised on 8/15/22. Her goal was that her care plan interventions would decrease her risk for self-injury related to her device use. Her interventions were initiated on 2/16/22 and revised on 8/15/22, that included, she would be observed and repositioned as indicated while the device was in use and her device would be applied according to manufacturer's guidelines.</p> <p>She had specific choices initiated on 2/16/22. Her goal was that her stated choices/preferences were honored. Her interventions included, but were not limited to, her seatbelt to be on while she was up in wheelchair related to inability to control her trunk and made her feel safe, initiated on 8/15/22.</p> <p>She needed assistance with her ADLS related to cerebral palsy, initiated on 2/28/22. Her goal was that she would maintain her current level of ADL function using her care plan interventions as long as disease process allowed. Her interventions included, but were not limited to, she needed a mechanical lift and two staff for transfers, initiated</p>			

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	<p>on 2/28/22 and revised on 6/8/22.</p> <p>She had acute pain related to a fractured hip, initiated on 8/14/22. Her goal was that her pain would be managed at her current level of control utilizing her care plan interventions, both pharmacological and nonpharmacological. Her interventions were initiated on 8/14/22 and included, she would request pain medication(s) when needed, her pain medication(s) would be administered as ordered and requested, and staff would observe to determine if she experienced non-verbal signs of pain.</p> <p>An eINTERACT SBAR (Situation, Background, Assessment, Recommendation) summary for providers, dated 8/8/22 10:41 a.m., indicated the resident had uncontrolled pain. She had pain, there were no signs or symptoms of injury, swelling or bruising and no recent falls. The recommendations were baclofen 10 mg twice daily for muscle spasms.</p> <p>A nurses note, dated 8/10/22 at 1:32 p.m., indicated she continued with complaints of pain to her left lower extremity at that time. Pain complaints increase with movement, ADL's and wound care. NP (Nurse Practitioner) notified and new order for x-rays to left hip, knee and femur. POA (Power of Attorney) was in the facility and was aware. She was currently in her power wheelchair with no complaints voiced at that time.</p> <p>The impressions from the radiology results report, dated 8/11/22 at 4:05 a.m., with the examination date of 8/10/22 at 1:12 p.m., indicated the following:</p> <p>a. Femur two view:</p>			

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	<p>1. There was acute subcapital fracture of the left proximal femur.</p> <p>2. There was old fracture deformity of the distal shaft of the femur.</p> <p>b. Hip unilateral with/without pelvis two to three views.</p> <p>1. There was a nondisplaced slightly impacted acute fracture of the left proximal femur.</p> <p>Knee with one to two views:</p> <p>1. Limited examination shows no gross acute abnormalities.</p> <p>2. There were degenerative changes of the knee joint.</p> <p>3. Old fracture deformity of the distal femur.</p> <p>An eINTERACT SBAR summary for providers, dated 8/11/22 at 7:57 a.m., indicated she had new or worsening pain. She complained of pain in the area of her left thigh. No signs or symptoms of injury or swelling at the site. No recent falls or noted injury. NP notified of complaints of pain by the resident. NP evaluated and orders were originally given for baclofen 10 mg twice daily for muscle spasms. She continued to complain of pain. An x-ray was ordered, resulted fracture to left thigh. Recommendations were to send out to local emergency room for evaluation and treatment of fracture.</p> <p>A nurses note, dated 8/11/22 at 8:30 a.m., indicated she was transported to a local hospital that shift. The x-ray results were positive for fracture to her left thigh. POA was notified of change in condition.</p> <p>A nurses note, dated 8/14/22 at 10:29 p.m.,</p>			

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	<p>indicated she had bruises to the back of her right hand from biting herself when she was mad or hurting. Her POA confirmed that was what they were from.</p> <p>A nurses note, dated 8/15/22 at 11:13 a.m., indicated a new order was received per NP for seatbelt to be on while resident was up in wheelchair, related to inability to control trunk and it made her feel safe.</p> <p>A nurses note, dated 8/17/22 at 1:00 p.m., indicated she returned to the facility following a wound center appointment. The wound center contacted the orthopedic office and received new orders that she may lay on her left side and roll side to side as tolerated. She may sit in wheelchair for no longer than two hours at a time and then must be back in bed for a minimum two hours before repeating two hours in chair.</p> <p>During an interview, with LPN 16 and with the DON present, on 8/24/22 at 11:02 a.m., he was not aware of the seatbelt incident on Sunday and was not told about it until Wednesday because he was off on Monday and Tuesday. He could not remember her having issue with pain over the weekend, she was a tough one to determine. She acted out with routine care. The DON indicated she didn't like it when staff provided personal care to her and she would spit in the staff's faces. LPN 16 indicated she would typically cry out almost like a tantrum. When he came back to work on Wednesday, Resident B's roommate told him about the incident. The roommate indicated to him that she could not see what happened, but Resident B yelled out in pain when they realized that the belt wasn't undone. The POA and himself assessed Resident B on Sunday. He performed ROM on Resident B and when she was distracted</p>			

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	<p>with the POA talking to her, she did not complain of any pain, but if she wasn't distracted and your hand would go towards her leg, she indicated she hurt. She was in the powerchair both days (Saturday and Sunday) and she was happy in her chair with no complaints of pain.</p> <p>During an interview with LPN 27, on 8/25/22 at 9:04 a.m., she indicated the CNA reported that the resident complained of pain and discomfort, on Monday 8/8/22, she contacted the NP. Resident B was not always able to effectively communicate, but she could say if she hurts. She and the NP looked at her leg, there was no bruising or swelling. The NP ordered baclofen. Her left leg felt tight but with the naked eye there was no swelling or bruising and thought maybe it was muscle spasms, she had deformities to her legs. She had two days with no improvement and the POA came in, on Wednesday 8/10/22, spoke with LPN 16 about getting an x-ray. LPN 27 was unaware of the seatbelt incident.</p> <p>During an interview, with the DON, on 8/25/22 at 10:23 a.m., she indicated they did not have a policy related to using a lift with residents who have seatbelts, most residents do not have seatbelts.</p> <p>This Federal tag relates to complaint IN00388151.</p> <p>3.1-45(a)</p>			