

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

PRINTED: 02/21/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155156		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2018	
NAME OF PROVIDER OR SUPPLIER APERION CARE ARBORS MICHIGAN CITY				STREET ADDRESS, CITY, STATE, ZIP COD 1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00251670.</p> <p>Complaint IN00251670 - Substantiated. Federal/State deficiencies related to the allegations are cited at F689.</p> <p>Survey date: January 30, 2018</p> <p>Facility number: 000076 Provider number: 155156 AIM number: 200064830</p> <p>Census Bed Type: SNF/NF: 93 SNF: 26 Total: 119</p> <p>Census Payor Type: Medicare: 35 Medicaid: 69 Other: 15 Total: 119</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 1/31/18.</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 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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	<p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review, and interview, the facility failed to provide adequate supervision related to not providing care in pairs during a transfer resulting in a laceration requiring sutures for 1 of 3 residents reviewed for accidents. (Resident E)</p> <p>Finding includes:</p> <p>The closed record for Resident E was reviewed on 1/30/17 at 9:23 a.m. Diagnoses included, but were not limited to, Parkinson's disease, history of falling, anxiety disorder, high blood pressure, hemiplegia (weakness in extremities), and altered mental status.</p> <p>The Admission MDS (Minimum Data Set) assessment, completed on 12/13/17, indicated Resident E required extensive assistance of two staff members for bed mobility, transfer, dressing, and toileting. The resident's cognitive skills for decision making were moderately impaired.</p> <p>A Fall Risk Assessment, completed on 12/6/17, indicated the resident's score was (13) meaning the resident was at risk for falls.</p> <p>A Care Plan, initiated on 12/6/17, indicated the resident had an ADL (Activities of Daily Living) self-care deficit related to a diagnosis of Parkinson's, requiring extensive assist with transfers, bed mobility, and personal hygiene. Interventions included, but were not limited to, bed in lowest position, mats on the side of the bed, Care in pairs (initiated on 1/3/18), and call light in reach.</p>			F 0689	<p>F 689 Free of accidents hazards/supervision/devices</p> <p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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 forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Resident E was discharged.</p> <p>2) How the facility identified other residents:</p>		02/26/2018

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	<p>An Other Skin Condition Report, completed on 1/8/18, indicated a laceration to the resident's left lower leg was noted. The laceration measured 10.5 cm x 2 cm.</p> <p>Review of a Skin Tear/Bruise of Unknown Origin Investigation, completed on 1/9/18, indicated the resident sustained a laceration on 1/8/18 at 5:45 p.m. The investigation was completed by Unit Manager 3. The resident was being transferred from the wheel chair to his bed by a CNA. His leg had gotten cut on the bed frame. The final conclusion on the investigation indicated the resident was transferred with one assist and two assist for transfers was required. Statements from two LPN's were reviewed. Both LPN's indicated the CNA transferred the resident by herself and the resident sustained a laceration.</p> <p>Nursing Progress Notes, dated 1/8/18 at 8:00 p.m., indicated the resident was being transferred to bed and the resident's legs gave out. The resident obtained a laceration to the left lateral calf area. A pressure dressing was applied and the Physician was notified. New orders were obtained. 911 was called to transport the resident to the hospital.</p> <p>A 1/8/18 After Visit Summary from the hospital indicated an appointment was to be made with the Physician for suture removal.</p> <p>During an interview on 1/30/18 at 11:34 a.m., Unit Manager 3 indicated the CNA transferred the resident with one assist. The CNA got the resident on the bed and he was not sitting far enough and the CNA went to pick the resident up and sit him back further and he sustained a skin tear to the leg. An investigation was initiated the next day. The Nurses were interviewed. It was</p>				<p>All resident's requiring assist were observed to ensure proper transfer technique per plan of care.</p> <p>3) Measures put into place/ System changes:</p> <p>Staff were educated on following resident plan of care and transfers.</p> <p>4) How the corrective actions will be monitored:</p> <p>An audit tool was created to monitor residents who require assist with ADL's are being transferred using proper technique per plan of care. Audit will be completed by DON or designee by observing transfers on resident 5 times weekly at various times and days.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>5) Date of compliance: February 26, 2018</p>		

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	<p>determined the CNA was the only staff in the room. Disciplinary action was taken and the CNA was terminated.</p> <p>During an interview on 1/30/18 at 2:50 p.m., the Director of Nursing indicated Care in Pairs was initiated due to the resident's behaviors with staff. Therapy indicated the resident was a 1-2 person transfer.</p> <p>This Federal tag relates to Complaint IN00251670.</p> <p>3.1-45(a)(2)</p>						