

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

PRINTED: 03/06/2019

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 02/05/2019	
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 DEFICIENCIE (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 IN00284740.</p> <p>Complaint IN00284740 - Substantiated. Federal/State deficiencies related to the allegations are cited at F695.</p> <p>Survey dates: February 4 & 5, 2019</p> <p>Facility number: 000076 Provider number: 155156 AIM number: 200064830</p> <p>Census Bed Type: SNF/NF: 111 SNF: 18 Total: 129</p> <p>Census Payor Type: Medicare: 18 Medicaid: 90 Other: 21 Total: 129</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/8/19.</p>			F 0000			
F 0695 SS=D Bldg. 00	<p>483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning,</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>is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>Based on observation, record review, and interview, the facility failed to provide respiratory care consistent with professional standards related to not maintaining training for Nursing staff providing respiratory care for 3 of 3 for ventilator dependent residents reviewed. (Residents D, C, and E)</p> <p>Finding includes:</p> <p>On 2/4/19 at 5:09 p.m., Resident D was observed in bed. The resident was awake and responded to questions by blinking his eyes or attempting to nod his head. A tracheostomy (airway access in the throat) was in place and respirations were administered via a Ventilator (mechanical assist breathing machine) at the bedside.</p> <p>The record for Resident D was reviewed on 2/5/19 at 1:47 p.m. Diagnoses included, but were not limited to, quadriplegia, chronic respiratory failure, and respirator status. Current Physician orders were in place for tracheostomy care, suctioning, and Ventilator settings. Resident D resided on the Ventilator Unit.</p> <p>On 2/4/19 at 5:50 p.m., Resident C was observed in bed. Her eyes were closed and she did not respond to verbal stimuli. A tracheostomy was in place and respirations were administered via Ventilator at the bedside.</p> <p>The record for Resident C was reviewed on 2/5/19 at 2:21 p.m. Diagnoses included, but were not limited to, respiratory (ventilator) dependence,</p>			F 0695	<p>This Plan of Correction is the center's credible allegation of compliance. 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.</p> <p>The facility respectfully requests paper compliance.</p> <p>The schedule was reviewed, and 24-hour RT coverage was verified for every day until the nurses could be in-serviced. No other residents had the potential to be affected. In-services for the nurses were scheduled on 2/11, 2/12, 2/15 and 2/16 with the respiratory care department. In-services were also scheduled with Breas, our ventilator manufacturer, on 2/18 and 2/19. The scheduler will maintain a list of respiratory trained nurses to ensure only properly trained nurses work on the ventilator unit. Respiratory training will be completed by new nurses during orientation. The new employee files will be audited after orientation to ensure training is</p>		03/01/2019

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	<p>tracheostomy, and persistent vegetative state. Current Physician orders were in place for tracheostomy care, suctioning, and Ventilator settings. Resident C resided on the Ventilator Unit.</p> <p>On 2/4/19 at 5:30 p.m., Resident E was observed in bed. The resident did not responding to verbal stimuli. A tracheostomy was in place and respirations were administered via a Ventilator at the bedside.</p> <p>On 2/5/19 at 2:15 p.m., Resident E's in room respiratory supplies were observed with Respiratory Therapist (RT) 2. No Ambu bag (device to manually assist respirations in an emergency) was observed in the room. The RT indicated they were to be kept in the room for quick access. Extra equipment was kept in the storage room on the unit.</p> <p>The record for Resident E was reviewed on 2/4/19 at 6:49 p.m. Diagnoses included, but were not limited to, respiratory failure, tracheostomy status, and anoxic brain damage. Current Physician orders were in place for tracheostomy care, suctioning, and Ventilator settings. Resident E resided on the Ventilator Unit.</p> <p>RT 1 was interviewed on 2/4/19 at 5:00 p.m. The RT indicated the therapists work 12 hour shifts. An RT Manager had been in place up until approximately three weeks ago. There had been shifts in which no RT's were on duty in January and February. There was a Nurse (LPN 3) working on the floor who was identified as the Nurse to work on the Ventilator side of the Unit when no RT's were working. The LPN was put in charge by the former Executive Director.</p>				<p>being completed and on all nurse's annually. The previous days schedule and current days schedule will be audited daily to ensure continued compliance with either a respiratory trained nurse on the ventilator unit or RT coverage. All audits will be reviewed in monthly QA. Audits will be discontinued when 100% compliance is achieved for 3 consecutive months. The facility will be in substantial compliance on 3/1/2019.</p>		

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	<p>Training & Orientation Documentation Forms for ventilator training of staff were reviewed. A Respiratory company conducted the training. Forms were provided as completed for the Director of Nursing, previous Executive Director, the previous Respiratory Care Director, and two other staff. LPN 3's training was not provided.</p> <p>When interviewed on 2/5/19 at 10:11 a.m., the Director of Nursing indicated there were two times when the facility did not have an RT in the facility. These occurred around 1/16/19 and 1/31/19. LPN 3 had been trained by the previous Respiratory Manager and worked on the unit to help.</p> <p>When interviewed on 2/5/19 at 10:50 a.m., RT 2 recalled two days or part of shifts that no RT was present. The Respiratory Care Director who was previously in charge did not work at the facility any more. Another RT had given LPN 3 information on the ventilators when it was determined they would be without an RT for the following day.</p> <p>When interviewed via phone on 2/5/19 at 11:00 a.m., RT 3 indicated LPN 3 asked the previous Administrator if she could follow an RT. "I explained different ventilator modes to her and how to get information from the alarms. I talked with the LPN about what I was doing. No competencies were documented or return demonstration done. If a resident needed a trach change, she would have to call me to come in." Physician orders for Ventilator setting are to be given by a Pulmonologist. If an acute problem occurred the facility would call 911.</p> <p>The facility policy titled "Ventilator Management" was reviewed on 2/5/19 at 2:50 p.m. The policy indicated "Short term mechanical devices such as</p>						

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	<p>manual resuscitation bags and airway adapters will be maintained at the bedside of each ventilator dependent resident at all times... All nurses working with ventilators will be trained by the Respiratory Care department. All nurses working with ventilators will be required to be checked off by return demonstration by the Respiratory Care department in the following areas: Troubleshooting, Suctioning, In-Line Aerosol treatment, Tracheostomy care, Ventilator checks, and Emergency protocols. No Nurse will be allowed to work with Ventilators unless approved."</p> <p>This Federal tag relates to Complaint IN00284740.</p> <p>3.1-47(a)(6)</p>						