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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155487 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/18/2020 |
| NAME OF PROVIDER OF SUPPLIER BROWN COUNTY HEALTH AND LIVING COMMUNITY | | STREET ADDRESS, CITY, STATE, ZIP 55 E WILLOW ST NASHVILLE, IN 47448 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a care plan intervention was implemented for a resident who refused repositioning care for 1 of 3 residents reviewed for pressure ulcer care plans. (Resident B) Findings include: Resident B's clinical record was reviewed on 8/17/2020 at 2:00 p.m. [DIAGNOSES REDACTED]. A current care plan, initiated on 6/20/2020, for Resident B indicated: PROBLEM: . Resident resists care . T&R (turning and repositioning) . lowering head of bed to provide care . GOAL: (Resident name) will have his right to refuse honored QD (every day) . APPROACH: Explain the disease process and consequences of refusal . Review of Nursing Progress Notes for Resident B indicated the following: - 6/9/2020 at 3:09 p.m. . non-compliance with turning/repositioning . - 6/9/2020 at 4:42 a.m. . Skin assessment completed: pressure ulcer noted per left inner buttock; L (length) 1.5 cm, W (width) 1 cm (centimeter) ; D (depth) 0.2 cm; skin surrounding site is red with purplish areas; foam gauze dressing applied; unable to reposition off left buttock due to increased pain per LLE (left lower extremity) and left hip . -6/13/2020 at 2:22 a.m. . discomfort noted with positioning. Doesn't like to turn. Doesn't want staff to lower his head so that he can be turned . -6/14/2020 at 2:13 p.m. . discomfort noted with positioning. Doesn't like to turn. Doesn't want staff to lower his head so that he can be turned . The clinical record for Resident B lacked documentation of education being provided, for the refusal of turning and repositioning to relieve pressure off the sacral region, as indicated in the care plan approach. A resident progress note provided by administrative staff, dated 7/2/2020 at 11:17 a.m. (4 weeks after on-set of pressure ulcer), indicated Wound to coccyx/sacral area continues to decline . Resident continues to refuse to be repositioned off of area despite staff encouragement and patient education The note lacked documentation of encouragement and patient education that had been provided. Interview, on 8/18/2020 at 3:20 p.m., the Director of Nursing (DON) indicated there was no additional documentation in the clinical record to indicate Resident B was educated on the consequences of refusing to turn and reposition to relieve pressure off of the sacral region. On 8/18/2020 at 3:30 p.m., the DON indicated the facility did not have a policy on following care plans. They follow the RAI Manual. The Resident Assessment Instrument (RAI) Manual, effective October, 2019, indicated, . e. Implementation . putting that course of action (specific interventions derived through interdisciplinary individualized care planning into motion by staff knowledgeable about the resident's care goals and approaches; carrying out the (how) and (when) of resident care. This Federal tag relates to Complaint IN 486. 3.1-35(g)(2) | | |
| 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 that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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.