

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

PRINTED: 12/24/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>1/26</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165161	(X2) MULTIPLE CONSTRUCTION A. BUILDING <i>R5</i> <i>1/26/09</i> B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/16/2008
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NAME OF PROVIDER OR SUPPLIER  INDIAN HILLS NURSING & REHAB C	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	INITIAL COMMENTS	F 000		
	Correction date _____			
	Investigation of facility-reported incident # 21026-I resulted in the following deficiency. See code of Federal Regulations (45 CFR) Part 483, Subpart B-C.			
F 157 SS=D	483.10(b)(11) NOTIFICATION OF CHANGES  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.  The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	<i>attached</i>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Merritt L. Jensen</i>	TITLE <i>Adm.</i>	(X8) DATE <i>1-8-09</i>
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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.

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F 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review and interviews, the facility failed to notify the physician in a timely manner regarding a change of condition for one resident of three residents reviewed (Resident #1). The facility reported a census of 97 residents.</p> <p>Findings include:</p> <p>1. According to the MDS (minimum data set) an assessment tool, dated 10/05/08 Resident #1 had short term memory problems, moderately impaired cognitive skills for daily living, and required limited assistance from staff for transfers, dressing, and personal hygiene. The MDS indicated the resident had diagnoses including diabetes mellitus and depression.</p> <p>The MDS dated 7/18/08 indicated Resident #1 had long and short term memory impairment and moderately impaired cognitive skills for daily living. It also documented the resident had mood and behavior patterns including recurrent statements, repetitive anxious complaints, sad, pained, worried facial expressions, crying, tearfulness, and repetitive physical movements.</p> <p>The Care Plan for Resident #1 directed staff to monitor behaviors per flowsheet, continually assess residents physical and emotional need for medication, report changes in condition to physician, cues and supervision as needed when seen in hallway, 15 minute visual checks, re-orientate as needed, wanderguard on for safety, keep separate from females, motion alarm to doorway, if being sexually inappropriate around</p>	F 157		

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F 157	<p>Continued From page 2</p> <p>others, separate resident, room change across hall from nurses station, and eat in kitchenette.</p> <p>The Physician's Telephone Orders dated 10/21/08 permitted Resident #1 to see a psychiatrist.</p> <p>The Nurse's Notes included the following entries:</p> <p>a. 10/16/08 at 9:30 a.m.: CNA (certified nurse's aide) reports resident has been making sexually inappropriate comments every time staff checks him/her or toilets.</p> <p>b. 10/17/08 at 9:00 p.m.: The resident had several inappropriate conversations with other residents this shift and had been redirected after these occurred.</p> <p>c. 10/18/08 at 7 a.m.: When staff approached the resident to toilet, the resident asked staff to touch her/his private parts.</p> <p>d. 10/19/08 at 8:00 a.m.: The resident asked a resident of the opposite sex across breakfast table to have sex and touch their private parts. Staff moved the resident to another table and the resident asked a CNA to have sex.</p> <p>e. 10/19/08 at 9:00 a.m.: The resident asked another resident to have sex. At 5:30 p.m. staff documented Resident #1 brought a resident of the opposite sex into his/her room and when the other resident yelled for help, staff entered the room. Resident #1 had his/her hand on the other resident's thigh. The other resident said (s)he tried to make him/her touch their private parts. Later Resident #1 tried to pull another resident in a wheel chair into his/her bedroom.</p> <p>f. 10/20/08 at 9:00 a.m.: Resident #1 continued to make sexual comments to CNAs.</p> <p>g. 10/20/08 at 11:30 a.m.: Resident #1 while touching their private parts asked a CNA to "take care of" him/her.</p>	F 157		

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F 157	<p>Continued From page 3</p> <p>h. 10/21/08 at 7:00 a.m.: Resident #1 made inappropriate sexual remarks at the breakfast table.</p> <p>i. On 12/8/08 staff made a late entry to the Nurse's Notes for 10/21/08 that documented Resident #1 put his/her hand down another resident's shirt.</p> <p>On 10/21/08 staff notified Resident #1's physician, and received an okay for the resident to see a psychiatrist.</p> <p>During an interview on 10/16/08 at 2:50 p.m., the DON (director of nursing) stated the expectation that staff would notify the physician when a new behavior occurs.</p> <p>The Nurse's Notes first documented sexually inappropriate behaviors on 10/16/08. The facility failed to notify the physician until 10/21/08, five days after the change of condition and new behaviors began.</p>	F 157			

POC for Dec. 15-16 Self report

Submitted by Indian Hills Nursing and Rehabilitation Center, Sioux City IA 51104

F 157

The facility will consult with the resident's physician when there is a significant change in the residents physical, mental, or psychosocial status. Staff were re-educated to this at an inservice on 12/29/08 regarding physician notification. Staff also re-educated to complete an incident report for all unusual occurrences on 12/29/08.

Random audits of charts will be done for four (4) weeks to monitor compliance regarding physician notification. Ongoing monitoring will become a part of the QA process with results reported to the QA Committee. The DON is responsible.

Completion date 1/19/09