

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER MITCHELL MANOR		STREET ADDRESS, CITY, STATE, ZIP 24 TEKE BURTON DR MITCHELL, IN 47446	
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 0776 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure radiological services were provided immediately, as indicated by the physician's order, to a resident who sustained a fall with injury for 1 of 1 resident reviewed for radiology services (Resident C). Findings include: On 8/12/20 at 11:05 a.m., Resident C's closed clinical record was reviewed. [DIAGNOSES REDACTED]. Resident C's Incident Report, dated 3/6/20 at 1:27 a.m., indicated, "Nursing Description: This nurse et (and) CNA (certified nursing assistant) heard someone yelling from B Wing . upon entering residents room this nurse notices resident sitting on floor in front of her wheelchair . Resident had c/o (complaint of pain) left hip pain 8/10, resident yelling my hip is broke. Resident Description: . Resident said her hip was broke et wanted to go to the doctor . Resident C's X-ray communication order, dated 3/5/20 at 11:47 p.m., indicated, "Service Required: X-ray . Exam-Procedure/View: HIP . Priority: STAT (immediately) . Resident C's progress notes indicated the following: 3/5/20 at 10:45 p.m., Notified NP (nurse practitioner) from hotline pertaining to residents recent unwitnessed fall. NP ordered STAT (immediate) Left Hip Xray . 3/6/20 at 1:38 a.m., .This nurse notified resident that our (radiology services name) would be here to the facility in the a.m. hours to get xray of left hip . 3/6/20 at 3:42 a.m., C/O (complaint of) pain/discomfort noted to left hip, tylenol admin (administered). 3/6/20 at 4:53 a.m., .Follow-up pain scale was : 4 . 3/6/20 at 8:34 a.m., This nurse spoke with (family member's name), she was asking if xray had been taken, it has not . 3/6/20 at 10:00 p.m., Resident complaining of pain throughout breakfast time this am. Unable to sit up without pain. Resident asking for help. Spoke with (NP name) @ (at) 9:30 a.m. and received new orders to cancel portable x-ray and send resident to ER for a CT scan of resident's hip . A physician order, dated 3/6/20 at 9:30 a.m., indicated the resident's hip x-ray was canceled and a new order was received to send the resident to the ER (emergency room) for CT (computed tomography) of hip. Resident C's Hospital Records, dated 3/6/20 at 12:01 p.m., indicated, "Comminuted, angulated, intertrochanteric [MEDICAL CONDITION] femur (broken left hip) . Interview, on 8/13/20 at 11:30 a.m., LPN 1 indicated she could not remember the incident which involved Resident C's fall and why radiology services did not arrive within 2-4 hours. She also indicated that staff should contact the doctor to get orders if radiology staff do not arrive in a timely manner. A review of the resident's physician's orders and progress notes indicated the nurse practitioner was not updated in regard to the resident's pain until 9:30 a.m. This was over 10 hours after the residents fall with complaint of pain. Interview, on 8/13/20 at 2:30 p.m., the Director of Nursing indicated staff should get an order to send a resident to the hospital after a fall if they complained of pain or had an injury. On 8/13/20 2:50 p.m., the Facility Administrator provided the Client and Imaging Provider Respective Responsibilities agreement, dated 12/27/19, and indicated it was the contract currently being used by the facility. A review of the contract indicated, "Make every effort to complete STAT X-ray exams within 4 hours . This Federal tag relates to Complaint IN 885. 3.1-49(g)"</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.