

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G761	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2013
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 60650 LILAC RD SOUTH BEND, IN 46614
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W000000	<p>This visit was for the investigation of Complaint #IN00132786.</p> <p>COMPLAINT #IN00132786 - SUBSTANTIATED, Federal/State deficiencies related to the allegation are cited at W102, W104, W122, W149, W318, and W331.</p> <p>Dates of Survey: July 29, 30, 31, and August 1, 2013.</p> <p>Facility number: 011959 Provider number: 15G761 AIM number: 200970870</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/7/13 by Ruth Shackelford, QIDP.</p>	W000000		

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.

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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview, the Condition of Participation of Governing Body is not met as the facility's governing body failed to assure 1 of 4 sampled clients (Client A) received adequate and timely health care assessments, monitoring, and services.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Please refer to W122. The governing body failed to meet the Condition of Participation: Client Protections. The governing body neglected to assure 1 of 4 sampled clients (Client A) received adequate and timely health care assessments, monitoring, and services. Please refer to W318. The governing body failed to meet the Condition of Participation: Health Care Services. The governing body failed to assure 1 of 4 sampled clients (Client A) received adequate health care assessments, monitoring, and nursing services. Please refer to W104 as the facility's governing body failed to assure 1 of 2 sampled clients (client A) who was in acute pain and distress received timely 	W000102	<p>W102 483.410 GOVERNING BODY The Program Director, Facility Nurse, and all responsible staff have been retrained on the expectations that all individuals must receive adequate and timely health care assessments, monitoring, and services. This training is done in conjunction with the plan of corrections for W122, W 318, and W104 also submitted with this document. Going forward, the Program Director/QDDP and Facility Nurse will assure that adequate and timely health care assessments, monitoring, and services are provided for all individuals. The Area Director will be notified of any urgent or emergent health concerns and will be informed of all ongoing monitoring services provided to that person by both our facility nurse and outside medical personnel. Persons Responsible: Facility Nurse, Program Director / QDDP, Area Director</p>	08/30/2013	

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	<p>care and treatment.</p> <p>This federal tag relates to complaint #IN00132786. 9-3-1(a)</p>				

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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the facility's governing body failed to assure 1 of 2 sampled clients (client A) who was in acute pain and distress received timely care and treatment.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Please refer to W149 as the facility's governing body neglected to assure 1 of 4 sampled clients (Client A) received adequate and timely health care assessments, monitoring, and services. Please refer to W331 as the facility's governing body failed to ensure hands on nursing assessments, monitoring, and referral were completed for 1 of 2 sampled clients (client A) who was in acute pain and distress. <p>This federal tag relates to complaint #IN00132786. 9-3-1(a)</p>	W000104	<p>W104 483.410 GOVERNING BODY The Program Director, Facility Nurse, and all responsible staff have been retrained on the expectations that all individuals must receive adequate and timely health care assessments, monitoring, and services. This training is done in conjunction with the plan of corrections for W149, and W331 also submitted with this document. Going forward, the Program Director/QDDP and Facility Nurse will assure that adequate and timely health care assessments, monitoring, and services are provided for all individuals. The Area Director will be notified of any urgent or emergent health concerns and will be informed of all ongoing monitoring services provided to that person by both our facility nurse and outside medical personnel. Persons Responsible: Facility Nurse, Program Director / QDDP, Area Director</p>	08/30/2013	

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the Condition of Participation of Client Protections is not met as the facility neglected to assure 1 of 4 sampled clients (Client A) received adequate and timely health care assessments, monitoring, and services.</p> <p>Findings include:</p> <p>Please refer to W149 as the facility neglected to implement their abuse/neglect policy to provide timely nursing care for 1 of 2 sampled clients (client A) who was in acute pain and distress.</p> <p>This federal tag relates to complaint #IN00132786. 9-3-2(a)</p>	W000122	<p>W 122 483.420 CLIENT PROTECTIONS Dungarvin Policy B-2 Concerning Consumer Abuse & Neglect will again be reviewed with the Program Director/QMRP and facility nurse of this site, as well as all Dungarvin ICF Program Director/QMRP's. This training will be done in conjunction with the concerns noted under tags W149 regarding timely health care assessments, monitoring, and services. The plan of correction for this condition and all related tags is as follows: W149Dungarvin has a written policy and procedures in place that prohibits mistreatment, neglect or abuse of the clients (Policy B-2). The Program Director and facility nurse has reviewed Policy B-2, including the need to provide nursing care for anyone who is in acute pain or distress or any other health related urgent condition. At least weekly, meetings will be done by the facility nurse and Program Director with the Lead Counselor and Med Support staff to review all health and medical concerns. Any type of medical or health related issue will also be</p>	08/30/2013	

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			immediately reported to the facility nurse as the occur. The facility nurse will monitor all health concerns in conjunction with each individual's doctor or other medical specialist to assure that all of the individuals medical and health related needs are being met. System wide, all Program Director/QMRP's and Program Coordinators will review this standard and assure that this concern is being addressed at all Dungarvin ICF-MR's. Persons Responsible: Facility Nurse, Program Director/ QDDP		

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility neglected to implement their abuse/neglect policy to provide nursing care for 1 of 2 sampled clients (client A) who was in acute pain and distress.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 7/29/13 at 1:59 P.M.. A review of facility investigations and incident reports from 4/30/13 to 7/29/13 indicated the following:</p> <p>- "Date: 06/04/2013, Time: 12:00 P.M., During investigation, it was discovered that [client A] exhibited a physically aggressive behavior (pulling staff #2's shirt and scratching staff #2) towards staff on Sunday, 6/2/13 at approximately 4:00pm, and during the incident he fell backward onto the floor. The fall had been documented, but not reported to a Program Director per protocol. Staff state that they failed to mention [client A's] fall because they were focused on reporting the behavior and attending to the scratches on their (staff's) face/wiping off blood. Staff state that [client A] fell on his 'butt' and did not indicate he had been</p>	W000149	<p>W149 483.420 Staff Treatment of Clients Dungarvin has a written policy and procedures in place that prohibits mistreatment, neglect or abuse of the clients (Policy B-2). The Program Director and facility nurse has reviewed Policy B-2, including the need to provide nursing care for anyone who is in acute pain or distress or any other health related urgent condition.</p> <p>At least weekly, meetings will be done by the facility nurse and Program Director with the Lead Counselor and Med Support staff to review all health and medical concerns. Any type of medical or health related issue will also be immediately reported to the facility nurse and Program Director as they occur. The facility nurse will monitor all health concerns in conjunction with each individual's doctor or other medical specialist to assure that all of the individuals medical and health related needs are being met.</p> <p>System wide, all Program Director/QMRP's and Program Coordinators will review this standard and assure that this</p>	08/30/2013	

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	<p>injured or was in pain after the incident. Staff initially reported that [client A] was feeling back pain the morning of 6/3/13 and the nurse authorized PRN (as needed) pain medication."</p> <p>- "Date: 06/04/13, Time: 12:00 P.M., On 6/4/13 at approximately 12pm, staff reported that [client A] continues to feel back pain from a fall that occurred on Sunday, 6/2/13. Plan to Resolve: Staff followed protocol and contacted the Nurse and Program Director/QMRP (Qualified Mental Retardation Professional). Nurse instructed him (client A) to be taken to [urgent care facility] for evaluation. An x-ray was taken but did not reveal any injury. Dr. (doctor) noted he may have pulled a muscle or is having muscle spasms. Dr. ordered Ibuprofen (Tylenol) for pain and a muscle relaxant. Staff will continue to follow protocol, monitor his condition, and report any changes in his health/behavior/pain management. In addition, Program Director/QMRP is investigating the fall that occurred on Sunday and the circumstances surrounding the fall."</p> <p>The facility's records were further reviewed on 7/29/13 at 2:15 P.M.. A review of a investigative results of the 6/4/13 incident indicated client A was</p>		<p>concern is being addressed at all Dungarvin ICF-MR's.</p> <p>Persons Responsible: Facility Nurse, Program Director/ QDDP</p>				

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	<p>pushing staff (staff #2) when he fell. The investigative results further indicated staff #2 notified the program director on-call of client A's behavior but not of client A's fall.</p> <p>The facility's records were further reviewed on 7/29/13 at 2:22 P.M.. A review of the investigative timeline indicated the following:</p> <ul style="list-style-type: none"> - Date: 6/13/13, Client A saw his Psychiatrist who recommended client A see his Primary Care Physician due to the client's continued complaints of back pain. - Date: 6/17/13, Client A saw the Nurse Practitioner at his Primary Care Physician's office. Nurse Practitioner recommended client A to continue Ibuprofen 400 mg. every 4 to 6 hours for pain. Scheduled Physical Therapy for 6/19/13 and "will schedule an MRI (Magnetic Resonance Imaging)." - Date: 6/19/13, Client A attended Physical Therapy. The evaluation was limited due to "pain, presence of lump from L1 to L3 (lumbar 1 to lumbar 3), significant ROM (Range of Motion) limitations." "Patient (client A) would benefit from pain control modalities to control pain and allow further 			

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	<p>evaluation."</p> <p>- MRI was scheduled for 7/9/13. PCP noted "it was the earliest (appointment) available."</p> <p>- Due to client A's "weight loss, lack of appetite, and continuing complaints of pain, PCP was informed and appt (appointment) scheduled for 6/26/13."</p> <p>- Staff reported PCP's office called and cancelled 6/26/13 appointment due to the need of MRI results being needed before any appointment.</p> <p>- "On 6/27/13 at 11:00am, staff reported that [client A's] Psychiatrist was recommending he (client A) go to the Emergency Room to be evaluated due to continuing back pain, weight loss, low blood pressure and high pulse (Undocumented blood pressure and pulse)."</p> <p>- Date 6/27/13, "[Client A] was taken directly to the ER (Emergency Room) and evaluated. Staff (Direct care staff) reported to PD/QMRP (Program Director/Qualified Mental Retardation Professional) that evaluation, CAT scan, and consultation with a Neurosurgeon revealed [client A] had a fractured lumbar vertebra and a pinched nerve in his back.</p>						

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	<p>Staff noted that x-rays taken at [urgent care facility] on 6/3/13 did not reveal the fracture. Staff reported ER (Emergency Room personnel) administered to [client A] intravenous medication for pain management, admitted him to the hospital, and scheduled him (client A) for surgery on 6/28/13 at 12:00pm to remove bone fragments at L1 (Lumbar 1)."</p> <p>Client A's record was reviewed on 7/30/13 at 7:51 A.M.. A review of the client's medical records from 1/1/13 to 7/30/13 did not indicate client A had a history of osteoporosis or fractures. Further review of the client's record indicated the 6/27/13 surgery was successful and the client was released back to the group home.</p> <p>Client A's records were further reviewed on 7/30/13 at 7:59 A.M.. Review of nursing documentation for the period from 6/4/13 to 6/27/13 indicated the following entry by nurse #1: "Entered By [nurse #1], Entered On: 06/06/2013 (@) 09:44 AM, Spoke with staff this morning, they reported [client A] is not wanting to get out of bed to do anything, not even use the bathroom or eat. I instructed staff to make certain he is taking his muscle relaxers and Ibuprofen in the morning. They can apply warm towel to his back and encourage him to do</p>						

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	<p>slow stretches about an hour after he has taken his medication, then a warm shower to help loosen the muscles. Muscles take a long time to heal and the more he stays in bed doing nothing the worse is is going to get. He should also be given his pain medication through out the day so he will be able to move around. They (direct care staff) should call me or the on call Nurse when giving him his medication. He will be looking to see if they have a urinal or a bed side commode for short term so [client A] will not have to walk far, they will also have a wheelchair in the house. The staff should also call to see if we can get some home PT (physical therapy) to come in and help him do some exercises for his back."</p> <p>Further review of nursing documentation for client A from 6/4/13 to 6/27/13 failed to indicate nurse #1 physically provided nursing assessments and monitored client A's weight loss (unknown amount), pain, eating/appetite, and made timely referrals to address client A's weight loss, pain, and eating.</p> <p>Nurse #1 was interviewed on 7/30/13 at 8:10 A.M.. When asked why no hands on physical assessments/monitoring, and referrals were made when client A was in distress in the 6/4/13 to 6/27/13 time frame, nurse #1 stated, "We were treating</p>			

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	<p>him for what he was diagnosed with at his [urgent care facility] visit on 6/4/13. Muscle spasms or a pulled muscle."</p> <p>Program Director #1 was interviewed on 7/30/13 at 9:11 A.M.. Program Director #1 indicated the investigation into the 6/4/13 incident indicated the client suffered a back injury due to a fall. He further indicated the facility had taken steps, and were continuing to seek treatment for client A's back pain.</p> <p>The facility's records were further reviewed on 7/30/13 at 10:10 A.M.. A review of the facility's "Policy And Procedure Concerning Individual Abuse, Neglect, And Exploitation", dated 10/9/12, indicated in part the following: "Neglect is defined as: ... 3. Failure to provide food and medical services as needed."</p> <p>This federal tag relates to complaint #IN00132786. 9-3-2(a)</p>				

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W000318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on record review and interview, the Condition of Participation of Health Care Services is not met as the facility failed to assure 1 of 4 sampled clients (Client A) received adequate health care assessments, monitoring, and nursing services.</p> <p>Findings include:</p> <p>Please refer to W331 as the facility failed to provide hands on nursing assessments, monitoring, and referral for 1 of 2 sampled clients (client A) who was in acute pain and distress.</p> <p>This federal tag relates to complaint #IN00132786. 9-3-6(a)</p>	W000318	<p>W318 Health Care Services The Facility Nurse and all responsible staff have been retrained on the expectations that all individuals must receive hands on nursing assessments, monitoring, and referral to medical professionals when in acute pain or distress. This training is done in conjunction with the plan of corrections for W 331 also submitted with this document.</p> <p>Going forward, the Program Director/QDDP and Facility Nurse will assure that hands on timely health care assessments, monitoring, and services are provided for all individuals. The Area Director will be notified of any urgent or emergent health concerns and will be informed of all ongoing monitoring services provided to that person by both our facility nurse and outside medical personnel.</p> <p>Persons Responsible: Facility Nurse, Program Director / QDDP, Area Director</p>	08/30/2013	

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed to provide hands on nursing assessments, monitoring, and referral for 1 of 2 sampled clients (client A) who was in acute pain and distress.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 7/29/13 at 1:59 P.M.. A review of facility investigations and incident reports from 4/30/13 to 7/29/13 indicated the following:</p> <p>- "Date: 06/04/2013, Time: 12:00 P.M., During investigation, it was discovered that [client A] exhibited a physically aggressive behavior (pulling staff #2's shirt and scratching staff #2) towards staff on Sunday, 6/2/13 at approximately 4:00pm, and during the incident he fell backward onto the floor. The fall had been documented, but not reported to a Program Director per protocol. Staff state that they failed to mention [client A's] fall because they were focused on reporting the behavior and attending to the scratches on their (staff's) face/wiping off blood. Staff state that [client A] fell on his 'butt' and did not indicate he had been injured or was in pain after the incident.</p>	W000331	<p>W331 Nursing Services</p> <p>The Facility Nurse will be retrained on the expectations that all individuals must receive hands on nursing assessments, monitoring, and referral to medical professionals when in acute pain or distress. Weekly, the facility nurse will meet with the Program Director, Med Support Staff, or designee to review all areas of health and medical issues for each person at this home. This will be documented on the Nurse/Med person meeting agenda form. The nurse will also provide hands on nursing assessments, monitoring and referral as soon as possible or within 24 hours of being notified of any changes in health status that does not require urgent care, for any of the men.</p> <p>Going forward, the Program Director/QDDP and Facility Nurse will assure that hands on timely health care assessments, monitoring, and services are provided for all individuals. The Area Director will be notified of any urgent or emergent health concerns and will be informed of all ongoing monitoring services provided to that person by both our facility nurse and outside medical personnel.</p>	08/30/2013			

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	<p>Staff initially reported that [client A] was feeling back pain the morning of 6/3/13 and the nurse authorized PRN (as needed) pain medication."</p> <p>- "Date: 06/04/13, Time: 12:00 P.M., On 6/4/13 at approximately 12pm, staff reported that [client A] continues to feel back pain from a fall that occurred on Sunday, 6/2/13. Plan to Resolve: Staff followed protocol and contacted the Nurse and Program Director/QMRP (Qualified Mental Retardation Professional). Nurse instructed him (client A) to be taken to [urgent care facility] for evaluation. An x-ray was taken but did not reveal any injury. Dr. (doctor) noted he may have pulled a muscle or is having muscle spasms. Dr. ordered Ibuprofen (Tylenol) for pain and a muscle relaxant. Staff will continue to follow protocol, monitor his condition, and report any changes in his health/behavior/pain management. In addition, Program Director/QMRP is investigating the fall that occurred on Sunday and the circumstances surrounding the fall."</p> <p>The facility's records were further reviewed on 7/29/13 at 2:15 P.M.. A review of a investigative results of the 6/4/13 incident indicated client A was pushing staff (staff #2) when he fell. The</p>		<p>Persons Responsible: Facility Nurse, Program Director / QDDP, Area Director</p>				

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	<p>investigative results further indicated staff #2 notified the program director on-call of client A's behavior but not of client A's fall.</p> <p>The facility's records were further reviewed on 7/29/13 at 2:22 P.M.. A review of the investigative timeline indicated the following:</p> <ul style="list-style-type: none"> - Date: 6/13/13, Client A saw his Psychiatrist who recommended client A see his Primary Care Physician due to the client's continued complaints of back pain. - Date: 6/17/13, Client A saw the Nurse Practitioner at his Primary Care Physician's office. Nurse Practitioner recommended client A to continue Ibuprofen 400 mg. every 4 to 6 hours for pain. Scheduled Physical Therapy for 6/19/13 and "will schedule an MRI (Magnetic Resonance Imaging)." - Date: 6/19/13, Client A attended Physical Therapy. The evaluation was limited due to "pain, presence of lump from L1 to L3 (lumbar 1 to lumbar 3), significant ROM (Range of Motion) limitations." "Patient (client A) would benefit from pain control modalities to control pain and allow further evaluation." 				

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	<p>- MRI was scheduled for 7/9/13. PCP noted "it was the earliest (appointment) available."</p> <p>- Due to client A's "weight loss, lack of appetite, and continuing complaints of pain, PCP was informed and appt (appointment) scheduled for 6/26/13."</p> <p>- Staff reported PCP's office called and cancelled 6/26/13 appointment due to the need of MRI results being needed before any appointment.</p> <p>- "On 6/27/13 at 11:00am, staff reported that [client A's] Psychiatrist was recommending he (client A) go to the Emergency Room to be evaluated due to continuing back pain, weight loss, low blood pressure and high pulse (Undocumented blood pressure and pulse)."</p> <p>- Date 6/27/13, "[Client A] was taken directly to the ER (Emergency Room) and evaluated. Staff (Direct care staff) reported to PD/QMRP (Program Director/Qualified Mental Retardation Professional) that evaluation, CAT scan, and consultation with a Neurosurgeon revealed [client A] had a fractured lumbar vertebra and a pinched nerve in his back. Staff noted that x-rays taken at [urgent</p>			

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	<p>care facility] on 6/3/13 did not reveal the fracture. Staff reported ER (Emergency Room personnel) administered to [client A] intravenous medication for pain management, admitted him to the hospital, and scheduled him (client A) for surgery on 6/28/13 at 12:00pm to remove bone fragments at L1 (Lumbar 1)."</p> <p>Client A's record was reviewed on 7/30/13 at 7:51 A.M.. A review of the client's medical records from 1/1/13 to 7/30/13 did not indicate client A had a history of osteoporosis or fractures. Further review of the client's record indicated the 6/27/13 surgery was successful and the client was released back to the group home.</p> <p>Client A's records were further reviewed on 7/30/13 at 7:59 A.M.. Review of nursing documentation for the period from 6/4/13 to 6/27/13 indicated the following entry by nurse #1: "Entered By [nurse #1], Entered On: 06/06/2013 (@) 09:44 AM, Spoke with staff this morning, they reported [client A] is not wanting to get out of bed to do anything, not even use the bathroom or eat. I instructed staff to make certain he is taking his muscle relaxers and Ibuprofen in the morning. They can apply warm towel to his back and encourage him to do slow stretches about an hour after he has</p>						

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	<p>taken his medication, then a warm shower to help loosen the muscles. Muscles take a long time to heal and the more he stays in bed doing nothing the worse is is going to get. He should also be given his pain medication through out the day so he will be able to move around. They (direct care staff) should call me or the on call Nurse when giving him his medication. He will be looking to see if they have a urinal or a bed side commode for short term so [client A] will not have to walk far, they will also have a wheelchair in the house. The staff should also call to see if we can get some home PT (physical therapy) to come in and help him do some exercises for his back."</p> <p>Further review of nursing documentation for client A from 6/4/13 to 6/27/13 failed to indicate nurse #1 physically provided nursing assessments and monitored client A's weight loss (unknown amount), pain, eating/appetite, and made timely referrals to address client A's weight loss, pain, and eating.</p> <p>Nurse #1 was interviewed on 7/30/13 at 8:10 A.M.. When asked why no hands on physical assessments/monitoring, and referrals were made when client A was in distress in the 6/4/13 to 6/27/13 time frame, nurse #1 stated, "We were treating him for what he was diagnosed with at his</p>			

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	[urgent care facility] visit on 6/4/13. Muscle spasms or a pulled muscle." This federal tag relates to complaint #IN00132786. 9-3-6(a)				