

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G068	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/20/2014
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NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT GASTON	STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342
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W000000	<p>This visit was for a PCR (Post Certification Revisit) to the PCR completed on 2/3/14 investigation of complaints #IN00137244 and #IN00138052 completed on 10/18/13.</p> <p>This visit was in conjunction with a PCR to the pre-determined full recertification and state licensure survey. This visit included the investigation of complaints #IN00141135, #IN00141928 and #IN00142820 completed on 2/3/14.</p> <p>This visit was done in conjunction to the investigation of complaints #IN00144209 and #IN00144540.</p> <p>This visit was in conjunction with a PCR to the PCR completed on 2/3/14 to the investigation of complaint #IN00138987 completed on 11/27/13.</p> <p>This visit was in conjunction with a PCR to the PCR completed on 2/3/14 to the investigation of complaint #IN00135402 completed on 9/18/13.</p> <p>Complaint #IN0000137244-Not Corrected.</p> <p>Complaint #IN00138052-Not Corrected.</p>	W000000	<p>This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Hickory Creek at Gaston desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on 4/19/14.</p>	
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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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W000000	<p>Dates of Survey: 3/11, 3/12, 3/13, 3/17 and 3/20/14</p> <p>Facility Number: 000614 Provider Number: 15G068 Aim Number: 100272120</p> <p>Surveyors: Paula Chika, QIDP-TC Keith Briner, QIDP (3/11/ to 3/13/14) Amber Bloss, QIDP Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality Review completed 3/28/14 by Ruth Shackelford, QIDP.</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. Based on observation, interview and record review for 10 of 10 sampled clients (#1, #2, #3, #4, #5, #6, #7, #8, #9 and #10) and for 55 additional clients (#11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #62, #63, #64 and #65), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility did not neglect clients #1, #21 and #29. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility maintained the physical environment of classrooms, walls, doors, bathrooms and/or program rooms in the facility where clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #62, #63, #64 and #65 resided. The governing body</p>	W000104	<p><u>1. What corrective action will be done by the facility?</u> In Program Room A the discolored ceiling tiles will be replaced. The walls have been repaired where needed and repainted. The tile floor has been cleaned, and all furniture in that room, including the chairs along the wall, has been thoroughly cleaned.  In the Training Center the interior door between rooms 1 and 2 has been replaced. Flooring has been cleaned and molding along the floor and doors has been repaired or replaced. The extended soft toilet seat in the men's bathroom has been cleaned and floor has been replaced. The stalls in the men's bathroom have been painted.  Nourishment carts and coolers have been thoroughly cleaned. The toilet seat in the bathroom between rooms #3 and #5 has been cleaned. The wall behind the toilet has been repaired. The floor of the treatment room has been cleaned, including along the edges of the floor and around the door frames.  Please see W149 regarding</p>	04/19/2014			

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	<p>failed to exercise general policy and operating direction over the facility conducted thorough investigations in regard to allegations of neglect, abuse, and/or injuries of unknown source for clients #2, #21, #31, #45, #54 and #56.</p> <p>Based on observation, interview and record review for 4 of 10 sampled clients (#1, #6, #8 and #10) and for 11 additional clients (#11, #12, #21, #22, #23, #29, #38, #53, #54, #57 and #64), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility's Health Care Services met the nursing needs of clients who resided in the facility. The governing body failed to exercise general policy and operating direction over the facility to ensure its nursing services trained facility staff in regard to client #29's health needs, and to ensure physicians' orders were followed as ordered.</p> <p>Findings include:</p>		<p>prevention of neglect for residents #2, #21, #31, #45, #54, and #56. Please see W154 regarding investigation of allegations of abuse, injuries of unknown source, and allegations of neglect for residents #2, #21, #31, #45, #54, and #56.</p> <p>Please see W331 for nursing and health services for residents #1, #6, #8, #10, #11, #12, #21, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p>Please see W342 for prevention of open area/gluteal tear for resident #29.</p> <p>Please see W368 regarding administration of medications and treatments as ordered for residents #11, #12, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>All residents have the potential to be affected by these practices. There have been no other areas identified as needing replacement, repair, or cleaning. However, if any are observed, the ID member will bring those concerns to the Housekeeping Supervisor, Maintenance Director, and/or Administrator for follow up and correction at that time. The person assigned by the Administrator or department</p>				

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			<p>manager to correct the identified situation will report back to him/her when the correction is completed.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u></p> <p>The Dietary Manager will assign the nourishment carts and coolers on a daily schedule for cleaning. A housekeeper will be assigned and stationed in the Training Center every day to make sure that the floors, bathrooms, and other items are kept clean. If he/she identifies any area that is in need of repair, he/she will notify the Maintenance Director at that time and will also report the issue to the Housekeeping Supervisor. The Maintenance Director will report the status of the matter at the next scheduled interdisciplinary management meeting.</p> <p>The Administrator or designee will check the physical environment in the training center, resident rooms, and program areas on a daily basis for any identified issues that need follow up for cleaning or repair. He/she will document the findings on the Housekeeping/Maintenance QA Audit form, as well as the action taken to correct areas of noncompliance. He/she will also document any staff training that occurred as part of the corrective action.</p>	

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			<p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put in place?</u></p> <p>The Administrator will bring the results of the Housekeeping/Maintenance QA audits to the morning interdisciplinary management meeting which occurs at least 5 days a week for further review. The Administrator will also bring the results of those audits to the monthly QA Committee meeting for further review and recommendations for process improvement. These audits will continue on an ongoing basis.</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>1. On 3/11/14 between 2:12 PM to 4:57 PM, observations were conducted. During the observation, "Program Room A" was observed. Program Room A had clients in the room participating in day program services. Two areas of the ceiling tiles above the window in Program A were discolored. The walls were painted yellow and had areas of disrepair with peeling paint. The tile floor around the edges was visibly discolored and stained. The room contained a strong odor of urine throughout the observation. The chairs along the wall by the chalkboard area were streaked with residues.</p>	W000104	<p><u>1. What corrective action will be done by the facility?</u> In Program Room A the discolored ceiling tiles will be replaced. The walls have been repaired where needed and repainted. The tile floor has been cleaned, and all furniture in that room, including the chairs along the wall, has been thoroughly cleaned.</p> <p>In the Training Center the interior door between rooms 1 and 2 has been replaced. Flooring has been cleaned and molding along the floor and doors has been repaired or replaced. The extended soft toilet seat in the men's bathroom has been cleaned and floor has been replaced. The stalls in the men's bathroom have been painted.</p> <p>Nourishment carts and coolers have been thoroughly cleaned. The toilet seat in the bathroom between rooms #3 and #5 has been cleaned. The wall behind the toilet has been repaired. The floor of the treatment room has been cleaned, including along the edges of the floor and around the door frames.</p> <p>Please see W149 regarding</p>	04/19/2014	

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			<p>prevention of neglect for residents #2, #21, #31, #45, #54, and #56. Please see W154 regarding investigation of allegations of abuse, injuries of unknown source, and allegations of neglect for residents #2, #21, #31, #45, #54, and #56.</p> <p>Please see W331 for nursing and health services for residents #1, #6, #8, #10, #11, #12, #21, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p>Please see W342 for prevention of open area/gluteal tear for resident #29.</p> <p>Please see W368 regarding administration of medications and treatments as ordered for residents #11, #12, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>All residents have the potential to be affected by these practices. There have been no other areas identified as needing replacement, repair, or cleaning. However, if any are observed, the ID member will bring those concerns to the Housekeeping Supervisor, Maintenance Director, and/or Administrator for follow up and correction at that time. The person assigned by the Administrator or department</p>		

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			<p>manager to correct the identified situation will report back to him/her when the correction is completed.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u></p> <p>The Dietary Manager will assign the nourishment carts and coolers on a daily schedule for cleaning. A housekeeper will be assigned and stationed in the Training Center every day to make sure that the floors, bathrooms, and other items are kept clean. If he/she identifies any area that is in need of repair, he/she will notify the Maintenance Director at that time and will also report the issue to the Housekeeping Supervisor. The Maintenance Director will report the status of the matter at the next scheduled interdisciplinary management meeting.</p> <p>The Administrator or designee will check the physical environment in the training center, resident rooms, and program areas on a daily basis for any identified issues that need follow up for cleaning or repair. He/she will document the findings on the Housekeeping/Maintenance QA Audit form, as well as the action taken to correct areas of noncompliance. He/she will also document any staff training that occurred as part of the corrective action.</p>	

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			<p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put in place?</u></p> <p>The Administrator will bring the results of the Housekeeping/Maintenance QA audits to the morning interdisciplinary management meeting which occurs at least 5 days a week for further review. The Administrator will also bring the results of those audits to the monthly QA Committee meeting for further review and recommendations for process improvement. These audits will continue on an ongoing basis.</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>2. Observations were conducted in the facility's TC (Training Center) building on 3/11/14 from 12:28 PM through 1:30 PM. The TC building was divided into 4 separate areas and classrooms. TC classroom #2 was separated from TC classroom #1 by a wall with an interior doorway. The interior door between TC classrooms #1 and #2 had a six inch by six inch section of the wood paneling missing from the bottom left inner portion of the door. The missing section left the wooded door's core components exposed.</p>	W000104	<p><u>1. What corrective action will be done by the facility?</u> In Program Room A the discolored ceiling tiles will be replaced. The walls have been repaired where needed and repainted. The tile floor has been cleaned, and all furniture in that room, including the chairs along the wall, has been thoroughly cleaned.</p> <p>In the Training Center the interior door between rooms 1 and 2 has been replaced. Flooring has been cleaned and molding along the floor and doors has been repaired or replaced. The extended soft toilet seat in the men's bathroom has been cleaned and floor has been replaced. The stalls in the men's bathroom have been painted.</p> <p>Nourishment carts and coolers have been thoroughly cleaned. The toilet seat in the bathroom between rooms #3 and #5 has been cleaned. The wall behind the toilet has been repaired. The floor of the treatment room has been cleaned, including along the edges of the floor and around the door frames.</p> <p>Please see W149 regarding</p>	04/19/2014	

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			<p>prevention of neglect for residents #2, #21, #31, #45, #54, and #56. Please see W154 regarding investigation of allegations of abuse, injuries of unknown source, and allegations of neglect for residents #2, #21, #31, #45, #54, and #56.</p> <p>Please see W331 for nursing and health services for residents #1, #6, #8, #10, #11, #12, #21, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p>Please see W342 for prevention of open area/gluteal tear for resident #29.</p> <p>Please see W368 regarding administration of medications and treatments as ordered for residents #11, #12, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>All residents have the potential to be affected by these practices. There have been no other areas identified as needing replacement, repair, or cleaning. However, if any are observed, the ID member will bring those concerns to the Housekeeping Supervisor, Maintenance Director, and/or Administrator for follow up and correction at that time. The person assigned by the Administrator or department</p>		

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			<p>manager to correct the identified situation will report back to him/her when the correction is completed.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u></p> <p>The Dietary Manager will assign the nourishment carts and coolers on a daily schedule for cleaning. A housekeeper will be assigned and stationed in the Training Center every day to make sure that the floors, bathrooms, and other items are kept clean. If he/she identifies any area that is in need of repair, he/she will notify the Maintenance Director at that time and will also report the issue to the Housekeeping Supervisor. The Maintenance Director will report the status of the matter at the next scheduled interdisciplinary management meeting.</p> <p>The Administrator or designee will check the physical environment in the training center, resident rooms, and program areas on a daily basis for any identified issues that need follow up for cleaning or repair. He/she will document the findings on the Housekeeping/Maintenance QA Audit form, as well as the action taken to correct areas of noncompliance. He/she will also document any staff training that occurred as part of the corrective action.</p>	

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			<p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put in place?</u></p> <p>The Administrator will bring the results of the Housekeeping/Maintenance QA audits to the morning interdisciplinary management meeting which occurs at least 5 days a week for further review. The Administrator will also bring the results of those audits to the monthly QA Committee meeting for further review and recommendations for process improvement. These audits will continue on an ongoing basis.</p>	
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NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT GASTON				STREET ADDRESS, CITY, STATE, ZIP CODE 502 N MADISON ST GASTON, IN 47342			
(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			
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>3. Observations were conducted at the facility for clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #62, #63, #64 and #65 on 3/11/14 between 1:45 PM and 4:30 PM.</p> <p>The floor in program room A was dull and unclean in appearance with dried mud tracked throughout the floor with visible shoe prints.</p> <p>All of the wood framed leather chairs in program room A had a layer of unidentifiable particles of dirt all along the frames of the chairs and one of the chairs had a dried red substance on the back of the chair that had dripped down the back and onto the wood frame and onto the floor.</p> <p>The walls were yellow with numerous black marks and missing paint. The wall with the large chalk board had a four inch round hole in it with paper and plastic protruding from the hole. At 2:55</p>	W000104	<p><u>1. What corrective action will be done by the facility?</u> In Program Room A the discolored ceiling tiles will be replaced. The walls have been repaired where needed and repainted. The tile floor has been cleaned, and all furniture in that room, including the chairs along the wall, has been thoroughly cleaned.</p> <p>In the Training Center the interior door between rooms 1 and 2 has been replaced. Flooring has been cleaned and molding along the floor and doors has been repaired or replaced. The extended soft toilet seat in the men's bathroom has been cleaned and floor has been replaced. The stalls in the men's bathroom have been painted.</p> <p>Nourishment carts and coolers have been thoroughly cleaned. The toilet seat in the bathroom between rooms #3 and #5 has been cleaned. The wall behind the toilet has been repaired. The floor of the treatment room has been cleaned, including along the edges of the floor and around the door frames.</p> <p>Please see W149 regarding</p>	04/19/2014			

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	<p>PM, ATF (Active Treatment Facilitator) #1 stated the hole was due to a client's behavior and had been in the wall for "quite awhile." ATF #1 stated, "This looks like trash," as he pulled the paper and pieces of plastic out of the hole.</p> <p>At 4:10 PM a nourishment cart was pushed up against the wall near the door in program A. Two large spouted coolers were on the top shelf of the cart. The coolers and the cart were unclean in appearance and had dried red stains on them.</p> <p>The toilet seat in the bathroom between rooms #3 and #5 was smeared with a dried greenish brown substance.</p> <p>The facility treatment room floor had mud/dirt tracked throughout the floor with a thick layer of unidentifiable brownish/black substance all along the edge of the floor and around the doors frames. Interview at 3:45 PM with LPN #8 and LPN #11 indicated the treatment room flooring was in need of replacement. LPN #8 indicated there was mud and dirt on the floor. LPN #11 stated there was missing and broken floor tiles in the treatment room and "I think</p>		<p>prevention of neglect for residents #2, #21, #31, #45, #54, and #56. Please see W154 regarding investigation of allegations of abuse, injuries of unknown source, and allegations of neglect for residents #2, #21, #31, #45, #54, and #56.</p> <p>Please see W331 for nursing and health services for residents #1, #6, #8, #10, #11, #12, #21, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p>Please see W342 for prevention of open area/gluteal tear for resident #29.</p> <p>Please see W368 regarding administration of medications and treatments as ordered for residents #11, #12, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>All residents have the potential to be affected by these practices. There have been no other areas identified as needing replacement, repair, or cleaning. However, if any are observed, the ID member will bring those concerns to the Housekeeping Supervisor, Maintenance Director, and/or Administrator for follow up and correction at that time. The person assigned by the Administrator or department</p>				

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	<p>they are supposed to be replacing the floor." LPN #8 stated "Housekeeping is supposed to clean in here, but as you can see, either they haven't or it didn't help." LPN #8 and #11 indicated the clients received their treatments in the treatment/medication room. LPN #11 stated, "It needs a deep cleaning."</p> <p>Observations were conducted at the facility on 3/12/14 between 6:45 AM and 9:15 AM.</p> <p>The toilet seat between rooms #3 and #5 in the west hall of the facility had a dried green/brown substance along the seam of the toilet seat, and under the toilet seat. The plaster on the wall behind the toilet was cracked/broken.</p> <p>At 7:45 AM while in the training center, several large round dried brown stains, were on the floor of training room two. ATF #4 was working in training room two and at 7:47 AM was asked "What is on the floor?" ATF #4 stated, "It looks like somebody spilled their drink and it's dried."</p> <p>Observations were conducted at the facility training center on 3/13/14</p>		<p>manager to correct the identified situation will report back to him/her when the correction is completed.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u></p> <p>The Dietary Manager will assign the nourishment carts and coolers on a daily schedule for cleaning. A housekeeper will be assigned and stationed in the Training Center every day to make sure that the floors, bathrooms, and other items are kept clean. If he/she identifies any area that is in need of repair, he/she will notify the Maintenance Director at that time and will also report the issue to the Housekeeping Supervisor. The Maintenance Director will report the status of the matter at the next scheduled interdisciplinary management meeting.</p> <p>The Administrator or designee will check the physical environment in the training center, resident rooms, and program areas on a daily basis for any identified issues that need follow up for cleaning or repair. He/she will document the findings on the Housekeeping/Maintenance QA Audit form, as well as the action taken to correct areas of noncompliance. He/she will also document any staff training that occurred as part of the corrective action.</p>				

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	<p>between 2:30 PM and 3 PM.</p> <p>The flooring in the training center rooms was off white in color with a dull appearance and was smeared with dried mud which was tracked throughout the building. There was a thick layer of unidentifiable brownish/black substance all along the edge of the floors and around the doorways. Some of the tiles/linoleum were cracked and broken and the molding along the floor was broken and missing.</p> <p>The door between training room #1 and #2 had a large (approximately 24 inch diameter) round hole in the door.</p> <p>All of the moldings around the doors in the training center were chipped, broken and/or missing wood.</p> <p>Clients #53 and #54 were large individuals and required oversized wheelchairs. LPN #10 struggled to push client #53 through the doorway from training room two into training room one and then through the doorway to the storage room to provide client #53 with privacy while assessing her skin. Client #53's wheelchair scraped both sides of the door frame while going through the doorways in the training center. Client #53 required staff</p>		<p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>The Administrator will bring the results of the Housekeeping/Maintenance QA audits to the morning interdisciplinary management meeting which occurs at least 5 days a week for further review. The Administrator will also bring the results of those audits to the monthly QA Committee meeting for further review and recommendations for process improvement. These audits will continue on an ongoing basis.</p>				

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	<p>assistance to move around the training center and through the doorways due to the small doorways and small rooms.</p> <p>The extended soft toilet seat in the men's bathroom was smeared with a dried brown substance. The floor in the men's bathroom was brownish black and the bathroom had a foul smell. The two metal framed stalls in the men's bathroom were rusted.</p> <p>During interview with ATF #1 on 3/12/14 at 3 PM, ATF #1 stated the flooring in program A was "old" and in need of replacement. When asked when the walls and flooring had been repaired last, ATF #1 stated "Wow, it's been awhile and I really don't know."</p> <p>Interview with LPN #10 on 3/13/14 at 3:50 PM indicated clients #53 and #54 were in oversized wheel chairs and the staff were not able to get client #53's and #54's wheelchairs through the front door of the training center. LPN #10 stated in order to get client #53's and #54's wheelchairs through the doorways of the training center the staff had to pick the wheelchairs up and maneuver one wheel/one side at a time through the doorway "and that is hard to do cause each of them (client #53 and client #54)</p>						

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	<p>weigh almost 300 pounds and that is not including the weight of the wheelchair." LPN #10 stated the training center was not designed to "accommodate oversized wheelchairs." LPN #10 indicated the inside and front doorways of the training center were too small.</p> <p>Interview with LPN #8 on 3/13/14 at 3 PM stated the substance on the toilet in the men's bathroom was "dried feces." When asked when the bathroom toilet seats were supposed to be cleaned, LPN #8 indicated housekeeping was supposed to clean the bathrooms daily and "Of course, if we see something like this, we'll call them." LPN #8 did not know if housekeeping had been called to clean the men's bathroom or not. LPN #8 stated the floors were "old" and "cleaning them doesn't help."</p> <p>Confidential Interview A (CIA) indicated the training center was in need of many repairs. CIA stated, the training center was "disgusting and I wouldn't want my children or family to be in this environment all day long. It's really sad and just makes me want to cry." CIA stated the floors in the training center were "old" and "they need to be replaced." The bathrooms "are disgusting and stink." Confidential Interview A (CIA) indicated the training center was</p>						

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	<p>too small for all of the clients. CIA stated, "And it's not wheelchair accessible either." CIA stated the inside doorways between training rooms one, two and three were "too small" for the staff to get clients #53 and #54 "through the doors without twisting their wheelchairs and putting one wheel in at a time." CIA stated the doors have "huge holes in them and all the door frames are busted up" because "there are too many clients and not enough space." CIA stated "We can't bring them (clients #53 and #54) through the front door. We have to bring them through the back door because the front door is too small and their wheelchairs won't fit through the front door."</p> <p>During interview with the Housekeeping Supervisor (HS) and the Maintenance Director (MD) on 3/13/14 at 4:30 PM, the MD indicated the floor in the men's bathroom of the training center and two new inside doors had been ordered for the training center and were to be replaced. The MD stated the facility was in need of several repairs and he was "working on" getting the needed materials to be able "to get things back in shape." The MD indicated the front door of the training center was smaller than the back door. The MD indicated the staff could get clients #53 and #54 through the doors in the training center, but they had to</p>			

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	<p>maneuver the wheelchairs by putting one wheel in at a time. The MD indicated he did not know when Program A was last repainted and he was unaware of a hole in the wall. The HS indicated the staff were to notify housekeeping whenever there was a need for cleaning. The HS indicated she had not been made aware of any issues with dried feces on any of the toilet seats on 3/11/14 or 3/13/14. The HS indicated she walked the halls of the facility daily as well as her staff to inspect for cleaning issues and needs. The HS indicated all rooms and furniture of the facility and the training center were to be cleaned daily.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure its nursing services developed needed risk plans, monitored clients health status, addressed recommendations, developed and implemented positioning schedules, to ensure facility staff utilized pull sheets when repositioning, and to ensure facility staff were trained in regard to bathing a client who had an open area/skin breakdown/Gluteal Tear. The governing body failed to exercise general policy and operating direction over the facility to ensure its nursing services ensured facility staff provided and/or documented care in regard to positioning, toileting,</p>			

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	<p>showers/bathing, Adult Daily Living Skills as indicated on the clients' treatment records, and to ensure a physician's recommendation for client #10 was addressed. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services administered all medications and treatments as ordered by the clients' physicians, to ensure all staff were trained in regard to showering/bathing a client with recurrent skin issues for clients #1, #6, #8, #10, #11, #12, #21, #22, #23, #29, #38, #53, #54, #57 and #64. Please see W331.</p> <p>This deficiency was cited on 2/3/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaints #IN00137244 and #IN00138052.</p> <p>3.1-13(a) 3.1-13(r)</p>			
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W000104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.	W000104	<p><u>1.What corrective action will be done by the facility?</u></p> <p>In Program Room A the discolored ceiling tiles will be replaced. The walls have been repaired where needed and repainted. The tile floor has been cleaned, and all furniture in that room, including the chairs along the wall, has been thoroughly cleaned.</p> <p>In the Training Center the interior door between rooms 1 and 2 has been replaced. Flooring has been cleaned and molding along the floor and doors has been repaired or replaced. The extended soft toilet seat in the men's bathroom has been cleaned and floor has been replaced. The stalls in the men's bathroom have been painted.</p> <p>Nourishment carts and coolers have been thoroughly cleaned. The toilet seat in the bathroom between rooms #3 and #5 has been cleaned. The wall behind the toilet has been repaired. The floor of the treatment room has been cleaned, including along the edges of the floor and around the door frames.</p> <p>Please see W149 regarding</p>	04/19/2014	

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			<p>prevention of neglect for residents #2, #21, #31, #45, #54, and #56. Please see W154 regarding investigation of allegations of abuse, injuries of unknown source, and allegations of neglect for residents #2, #21, #31, #45, #54, and #56.</p> <p>Please see W331 for nursing and health services for residents #1, #6, #8, #10, #11, #12, #21, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p>Please see W342 for prevention of open area/gluteal tear for resident #29.</p> <p>Please see W368 regarding administration of medications and treatments as ordered for residents #11, #12, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>All residents have the potential to be affected by these practices. There have been no other areas identified as needing replacement, repair, or cleaning. However, if any are observed, the ID member will bring those concerns to the Housekeeping Supervisor, Maintenance Director, and/or Administrator for follow up and correction at that time. The person assigned by the Administrator or department</p>	

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			<p>manager to correct the identified situation will report back to him/her when the correction is completed.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u> The Dietary Manager will assign the nourishment carts and coolers on a daily schedule for cleaning. A housekeeper will be assigned and stationed in the Training Center every day to make sure that the floors, bathrooms, and other items are kept clean. If he/she identifies any area that is in need of repair, he/she will notify the Maintenance Director at that time and will also report the issue to the Housekeeping Supervisor. The Maintenance Director will report the status of the matter at the next scheduled interdisciplinary management meeting.</p> <p>The Administrator or designee will check the physical environment in the training center, resident rooms, and program areas on a daily basis for any identified issues that need follow up for cleaning or repair. He/she will document the findings on the Housekeeping/Maintenance QA Audit form, as well as the action taken to correct areas of noncompliance. He/she will also document any staff training that occurred as part of the corrective action.</p>		

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			<p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put in place?</u></p> <p>The Administrator will bring the results of the Housekeeping/Maintenance QA audits to the morning interdisciplinary management meeting which occurs at least 5 days a week for further review. The Administrator will also bring the results of those audits to the monthly QA Committee meeting for further review and recommendations for process improvement. These audits will continue on an ongoing basis.</p>	

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 3 of 10 sampled clients (#2, #3 and #6) plus one additional client (#56), the facility failed to implement clients #2, #3, #6 and #56's training objectives when formal and informal training opportunities existed.</p> <p>Findings include:</p> <p>1. Observations were conducted in the facility's TC (Training Center) building on 3/11/14 from 4:45 PM through 6:00 PM. At 5:10 PM, clients #2, #3, and #56 were encouraged to participate in the facility's family style group dining for the evening meal. Clients #2, #3, and #56's client dining cards were not sent to the TC with the clients' food trays from the dietary/kitchen. Client #2 was not encouraged by staff to lay his utensils down between bites of food. Client #3 was not encouraged to wipe his mouth with his napkin. Client #56 was not encouraged by facility staff to chew his food with his mouth closed.</p>	W000249	<p><u>1. What corrective action will be done by the facility?</u> The facility has instituted a system to account for the tray cards being distributed with the residents' food trays so that the meal goals are available for staff reference and use during meal time. Placemats with the meal program and goal information on them is being used at mealtime as well. In addition, the Administrator has assigned specific management and QICP staff to each meal service to monitor the meal service and to monitor and coach staff when needed in redirecting and assisting residents as per their meal goals, including residents #2, #3, and #56. The IDT team has reviewed the ISP addendum form for resident #56's smoking schedule. It was agreed that it stands allowing him to have his cigarettes throughout the day as he wishes and as scheduled. Staff has been re-trained regarding this addendum to allow him to smoke as he wishes. If the staff on site at the time of his request is</p>	04/19/2014			

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	<p>LPN (Licensed Practical Nurse) #7 was interviewed on 3/11/14 at 5:40 PM. LPN #1 indicated staff should implement clients #2, #3, and #56's meal goals. LPN #1 stated, "They didn't send the meal cards over with the trays. The cards have the goals on them. We'll send someone over to get the cards."</p> <p>CNA (Certified Nurse Assistant) #16 was interviewed on 3/11/14 at 5:45 PM. When asked if client meal goals should be implemented during mealtime, CNA #16 stated, "Yes." When asked which clients in the TC dining area had meal time goals, CNA #16 stated, "I don't know. Honestly, I would have to look at their cards to find out."</p> <p>Observations were conducted at the facility on 3/12/14 from 6:45 AM through 9:15 AM. At 7:00 AM, client #56 indicated he wanted to go outside to smoke. CNA #17 stated, "You, [client #56] will need to wait, we are getting ready to go to the TC." At 7:20 AM, client #56 transitioned to the TC with his peers from the main building. Client #56 did not smoke a cigarette prior to transitioning to the TC. At 7:40 AM, client #56 requested to smoke. ATF (Active Treatment Facilitator) #16 stated, "We need to wait. We are getting ready to</p>		<p>unable to take him smoking due to other duties or resident needs, they are to contact the QIDPs or other management staff to accompany him outside to smoke. Resident #6's ISP has been reviewed and found to be appropriate for him at this time. Staff will be trained in the ISP by 4/19/14 so that he is offered a choice of activities and prompted into activity while he is in the program room.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u> All residents on any type of program as outlined in their ISP and behavior plan have the potential to be affected. If any member of the IDT management team, including the QIDPs, observes or finds an issue with the follow through of any program plan, he/she will address the situation immediately with the staff involved. Once that is done, the QIDP will re-train the staff involved on using the programs as written for all residents. Continued noncompliance will be addressed with progressive disciplinary action.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u> The QIDPs will monitor the residents in program rooms and at meal time by means of the "Program Implementation QA -W240" daily.</p>				

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	<p>have breakfast in a bit." Client #56 placed his hands on his head, put his head down on the lap tray of his wheelchair and then attempted to run the wheelchair into ATF #16. ATF #16 stated, "He's, [client #56], agitated this morning. He wants a cigarette." At 8:00 AM, client #56's peers were seated at the TC dining table preparing to eat their breakfast. Client #56 refused to join his peers at the dining table. Client #56 requested a cigarette and began attempting to run his wheelchair into client #53 who was already seated at the table. ATF #16 redirected client #56 and pushed his wheelchair/him into TC classroom #2 away from his peers. Client #56 attempted to slap, kick and run his wheelchair into ATF #16. ATF #16 stated, "That's not nice. I know you want a cigarette but you can't hit people. We will go out to smoke after breakfast." Client #56 remained in TC classroom #2 until 8:40 AM requesting cigarettes and attempting to hit staff. At 8:40 AM, client #56 joined his peers to participate in the morning meal.</p> <p>Client #2's record was reviewed on 3/13/14 at 12:33 PM. Client #2's ISP (Individual Support Plan) dated 2/5/13 indicated client #2 should be encouraged to lay down his utensil between bites of food.</p>		<p>Any identified issues will be addressed as indicated in question#2. The QIDPs will bring the results of those audits and action taken to thenext scheduled morning IDT management meeting for further discussion and reviewby the team. Any changes made at that time will be documented in the resident's record and will be communicated to staff working with the residents in theprogram and/or dining areas.</p> <p><u>4.How will corrective action be monitored toensure the deficient practice does not recur and what QA will be put intoplace?</u> The QIDPs will bring the results of theiraudits to the monthly QA committee meeting for review and recommendations forfurther process improvement. Any recommendations will be followed through bythe QIDPs, with results brought back to the next month's QA committee forconsideration. This will continue on an ongoing basis.</p>				

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	<p>Client #3's record was reviewed on 3/13/14 at 9:27 AM. Client #3's ISP dated 3/4/14 indicated client #3 should be encouraged to wipe his mouth with his napkin during meal times.</p> <p>Client #56's record was reviewed on 3/13/14 at 2:08 PM. Client #56's ISP Addendum form dated 9/3/13 indicated, "He, [client #56] will have his cigarettes throughout the day as he wishes and as scheduled."</p> <p>ATF #16 was interviewed on 3/12/14 at 8:05 AM. ATF #16 stated, "He, [client #56], is on a smoking schedule but I'm not sure what it is. He's agitated because he wants to go smoke."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #3 was interviewed on 3/13/14 at 4:15 PM. QIDP #3 indicated clients should receive training at each available opportunity.</p>			
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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>2. Observations were conducted at the facility on 3/11/14 between 1:45 PM and 4:30 PM.</p> <p>___At 2:45 PM client #6 was in program room A sitting in a wheel chair in the rear of the room, slumped to his right side and a blue, yellow and orange round rubber ball on his lap. Client #6 sat fingering and pulling on the strap of his seat belt and showed no interest in the ball.</p> <p>___At 2:55 PM the ball rolled off of client #6's lap onto the floor. ATF #1 picked it up and said to client #6 "Here [client #6] you want that?" ATF #1 picked the ball up and placed it back in client #6's lap.</p> <p>___At 3 PM client #6 pushed the ball to the floor and again ATF #1 picked the ball up from the floor and placed it back into client #6's lap. ATF #1 did not say anything to client #6 while doing this. Client #6 continued to finger and pull at the strap of his seat belt. After a couple of minutes, the ball fell to the floor.</p> <p>___At 3:35 PM ATF #1 picked the ball up and gave it back to client #6.</p>	W000249	<p><u>1.What corrective action will be done by the facility?</u> The facility has instituted a system to account for the tray cards being distributed with the residents' food trays so that the meal goals are available for staff reference and use during meal time. Placemats with the meal program and goal information on them is being used at mealtime as well. In addition, the Administrator has assigned specific management and QICP staff to each meal service to monitor the meal service and to monitor and coach staff when needed in redirecting and assisting residents as per their meal goals, including residents #2, #3, and #56. The IDT team has reviewed the ISP addendum form for resident #56's smoking schedule. It was agreed that it stands allowing him to have his cigarettes throughout the day as he wishes and as scheduled. Staff has been re-trained regarding this addendum to allow him to smoke as he wishes. If the staff on site at the time of his request is</p>	04/19/2014			

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	<p>At 3:45 PM the ball rolled off of client #6's lap.</p> <p>At 4:10 PM client #6 sat leaning to his right side, pulling on the strap of his seat belt.</p> <p>Observations were conducted at the facility on 3/12/14 between 6:45 AM and 9:15 AM and between 12:30 PM and 3:45 PM. During these observation times, client #6 sat in a wheelchair near the rear of the room and was not involved in any activities. Client #6 was given a ball which he would hold for a short time and then shove to the floor.</p> <p>During all observations client #6 sat in his wheelchair, fingering/feeling his seat belt strap, not involved in activity. During all observations, the staff did not provide client #6 with training activities and/or a choice of leisure activities.</p> <p>Client #6's record was reviewed on 3/12/14 at 4 PM. Client #6's ISP (Individual Service Plan) dated 6/11/13 indicated client #6 had formal objectives to:</p> <ul style="list-style-type: none"> <li>Hold his medicine cup.</li> <li>Assist with bathing.</li> <li>Assist with tooth brushing.</li> <li>Eat his entire meal without using his fingers.</li> <li>Independently move the stick of</li> </ul>		<p>unable to take him smoking due to other duties or resident needs, they are to contact the QIDPs or other management staff to accompany him outside to smoke. Resident #6's ISP has been reviewed and found to be appropriate for him at this time. Staff will be trained in the ISP by 4/19/14 so that he is offered a choice of activities and prompted into activity while he is in the program room.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u> All residents on any type of program as outlined in their ISP and behavior plan have the potential to be affected. If any member of the IDT management team, including the QIDPs, observes or finds an issue with the follow through of any program plan, he/she will address the situation immediately with the staff involved. Once that is done, the QIDP will re-train the staff involved on using the programs as written for all residents. Continued noncompliance will be addressed with progressive disciplinary action.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u> The QIDPs will monitor the residents in program rooms and at meal time by means of the "Program Implementation QA -W240" daily.</p>		

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	<p>deodorant while the staff assisted him. Pick up and identify money. Push the button on the call light in his bedroom.</p> <p>Client #6's ISP indicated client #6 "is trained daily to make choices about all aspects of his life in an effort to promote independence and self determination. These choices include everything from what clothes he would like to wear to participating in his IHP (Individual Habilitation Program) to determine direction for programming." The ISP indicated client #6 enjoys playing with strings and beads and was able to throw and catch a ball with assistance.</p> <p>Interview with ATF #1 and #3 on 3/12/14 at 3 PM indicated the ball was client #6's. ATF #3 stated client #6 "Doesn't like to do much." ATF #1 indicated there was a choice of activities and leisure items in the closet in program A. ATF #1 stated client #6 "only likes that ball."</p> <p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1 and #4 on 3/13/14 at 4:30 PM, QIDP #4 indicated the clients were to be offered training at all formal and informal opportunities throughout the day. QIDP #1 indicated client #6 was to be offered a</p>		<p>Any identified issues will be addressed as indicated in question#2. The QIDPs will bring the results of those audits and action taken to thenext scheduled morning IDT management meeting for further discussion and reviewby the team. Any changes made at that time will be documented in the resident'srecord and will be communicated to staff working with the residents in theprogram and/or dining areas.</p> <p><u>4.How will corrective action be monitored toensure the deficient practice does not recur and what QA will be put intoplace?</u> The QIDPs will bring the results of theiraudits to the monthly QA committee meeting for review and recommendations forfurther process improvement. Any recommendations will be followed through bythe QIDPs, with results brought back to the next month's QA committee forconsideration. This will continue on an ongoing basis.</p>				

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W000249	<p>choice of activities and prompted into activity while in the program room.</p> <p>This federal tag relates to complaints #IN00137244 and #IN00138052.</p> <p>This deficiency was cited on 2/3/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-23(a) 3.1-32(a) 3.1-33(a) 3.1-37(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>			
W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>			

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W000268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview for 1 additional client (#29), the facility failed to promote client #29's dignity in regard to bathing.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 3/11/14 between 3 PM and 4:30 PM. At 3:10 PM client #29 was in the west hall shower room with CNA (Certified Nursing Assistant) #1. Client #29 was completely nude and semi-reclined in a shower chair near the shower, not under running water. Client #29 lay at an angle in the shower chair, his head was positioned to the left side of the chair and his feet and legs dangled to the right side of the chair. Client #29 had no support for his legs or feet and his toes and fingers had a bluish/purple tint. Client #29 winced and made facial expressions, keeping his arms close to his body and across his chest each time CNA #1 touched him. When client #29 was asked "Are you ok?" Client #29 stared at CNA #1 and made no verbal response. CNA #1 reached beneath and under client #29 to wash his bottom. CNA #1 was not</p>	W000268	<p><u>1. What corrective action will be done by the facility?</u> The CNAs and nurses have been inserviced on the use of a draw/turn sheet to turn Resident #29 from side to side without adding undo pressure or stress to his gluteal area. Nursing staff has been in-serviced on providing privacy during showers for all residents, including #29, as well as identifying and using the correct size shower chair for each resident. The nurses have been re-in-serviced on the need for complete documentation of medications and treatments as ordered by the physician. The facility is now documenting the specific times that a resident, such as #29, is turned and repositioned, the position the resident was placed in at the time of the repositioning, and what, if any, supports are used to make sure that the resident was comfortable and in good body alignment when repositioned. The facility staff has been in-serviced on the need to document toileting efforts as they occur for each resident. Resident #29's care plan has been updated to include interventions such as the use of a draw/turn sheet when repositioning Resident #29, positioning devices used in</p>	04/19/2014
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	<p>able to see what she was doing or wiping while doing this and when CNA #1 pulled her hand back up with the washcloth, the wash cloth had bright red blood on it. CNA #1 was asked, "Where did that come from?" CNA #1 stated, "I don't know." CNA #1 indicated she was not aware of client #29 having any skin issues, open sores and/or dressing on him at the present time and stated, "When I'm done, I'll have to have the nurse look at him."</p> <p>Interview with CNA #1 on 3/11/14 at 3:20 PM indicated she was the shower aide. CNA #1 indicated there were 3 shower chairs of different sizes and the one she had used for client #29 was the largest one. CNA #1 indicated the chair did not provide support for the client's legs while showering. CNA #1 stated, "This is how I always shower the clients."</p> <p>During interview with the DON (Director of Nurses) on 3/13/14 at 5 PM, the DON indicated the shower aide should have provided the client with privacy while showering by covering the client with a towel or bath blanket and uncovering small sections of the client's body at a time. The DON indicated the clients were to be positioned comfortably into the shower chairs and provided privacy, dignity and comfort throughout the</p>		<p>bed and in wheelchair to prevent skin issues, adaptive equipment needed for positioning during showers as well as appropriate positioning during showers to prevent injury to skin and circulation and to protect privacy.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u> All residents who have skin issues and are dependent upon staff for care, such as bathing, have the potential to be affected. If the Administrator, DON, or any member of the IDT management team observes or finds a concern regarding provision of privacy for any resident, he/she will address the situation immediately to ensure the resident's privacy and dignity – then he/she will notify the DON and Administrator if they are not already involved. Once the resident is taken care of, the Administrator will begin an immediate investigation regarding the potential abuse or neglect that may have occurred and will report the issue to the state agencies as required. The DON will begin re-training all staff involved and will address the situation with progressive disciplinary action up to and including termination of employment as deemed necessary by the results of the investigation.</p>				

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W000268	<p>process.</p> <p>This federal tag relates to complaints #IN00137244 and #IN00138052.</p> <p>This deficiency was cited on 2/3/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-3(t)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p>		<p><u>3. What measures will be put into place to ensure this practice does not recur?</u> The Administrator, DON, and other members of the IDT will monitor provision of resident privacy as part of their numerous rounds throughout the facility during their tours of duty every day. Any concerns that arise will be dealt with immediately as indicated in question #2.</p> <p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> The Administrator or designee will bring the results of these monitoring activities to the monthly QA committee meeting for review and recommendations for further process improvement. Any recommendations will be followed through by the DON or designee, with results brought back to the next month's QA committee for consideration. This will continue on an ongoing basis.</p>		
W000268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p>				

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W000268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.	W000268	<u>1. What corrective action will be done by the facility?</u> The CNAs and nurses have been inserviced on the use of a draw/turn sheet to turn Resident #29 from side to side without adding undo pressure or stress to his gluteal area. Nursing staff has been in-serviced on providing privacy during showers for all residents, including #29, as well as identifying and using the correct size shower chair for each resident. The nurses have been re-in-serviced on the need for complete documentation of medications and treatments as ordered by the physician. The facility is now documenting the specific times that a resident, such as #29, is turned and repositioned, the position the resident was placed in at the time of the repositioning, and what, if any, supports are used to make sure that the resident was comfortable and in good body alignment when repositioned. The facility staff has been in-serviced on the need to document toileting efforts as they occur for each resident. Resident #29's care plan has been updated to include interventions such as the use of a draw/turn sheet when repositioning Resident #29, positioning devices used in	04/19/2014	

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			<p>bed and in wheelchair to prevent skin issues, adaptive equipment needed for positioning during showers as well as appropriate positioning during showers to prevent injury to skin and circulation and to protect privacy.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u> All residents who have skin issues and are dependent upon staff for care, such as bathing, have the potential to be affected. If the Administrator, DON, or any member of the IDT management team observes or finds a concern regarding provision of privacy for any resident, he/she will address the situation immediately to ensure the resident's privacy and dignity – then he/she will notify the DON and Administrator if they are not already involved. Once the resident is taken care of, the Administrator will begin an immediate investigation regarding the potential abuse or neglect that may have occurred and will report the issue to the state agencies as required. The DON will begin re-training all staff involved and will address the situation with progressive disciplinary action up to and including termination of employment as deemed necessary by the results of the investigation.</p>	

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			<p><u>3. What measures will be put into place to ensure this practice does not recur?</u> The Administrator, DON, and other members of the IDT will monitor provision of resident privacy as part of their numerous rounds throughout the facility during their tours of duty every day. Any concerns that arise will be dealt with immediately as indicated in question #2.</p> <p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> The Administrator or designee will bring the results of these monitoring activities to the monthly QA committee meeting for review and recommendations for further process improvement. Any recommendations will be followed through by the DON or designee, with results brought back to the next month's QA committee for consideration. This will continue on an ongoing basis.</p>		

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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 observation, record review and interview for 7 of 10 sampled clients (#1, #5, #6, #7, #8, #9 and #10) and 11 additional clients (#11, #12, #21, #22, #23, #29, #38, #53, #54, #57 and #64), the facility nursing services failed to document the monitoring and assessing of client #21 for injuries after a seizure that allegedly resulted in a fractured fibula and tibia (bones in the lower leg), to develop an accurate risk plan in regard to client #21's mobility, to ensure the risk plan indicated how the facility staff were to assist the client in keeping his cast dry while bathing, to ensure facility staff followed the client's care plans in regard to utilizing a pelvic stabilizer belt to prevent falls and/or further injuries and to address how the client should be monitored to prevent further injuries.</p> <p>The facility nursing services failed to develop and implement a plan of care for client #1 in regard to her diagnosis of obstructive sleep apnea and history of respiratory failure that included the use of the Bipap (Bilevel positive airway pressure) machine at night and how the staff were to monitor client #1 throughout the night for respiratory problems due to the client's refusal to wear the Bipap, and</p>	W000331	<p>1. <u>What corrective action will be done by the facility?</u> The CNAs and nurses have been inserviced on the use of a draw/turn sheet to turn Resident #29 from side to side without adding undo pressure or stress to his gluteal area. Nursing staff has been in-serviced on providing privacy during showers for all residents, including #29, as well as identifying and using the correct size shower chair for each resident. The nurses have been re-in-serviced on the need for complete documentation of medications and treatments as ordered by the physician. The facility is now documenting the specific times that a resident, such as #29, is turned and repositioned, the position the resident was placed in at the time of the repositioning, and what, if any, supports are used to make sure that the resident was comfortable and in good body alignment when repositioned. The facility staff has been in-serviced on the need to document toileting efforts as they occur for each resident. Resident #29's care plan has been updated to include interventions such as the use of a draw/turn sheet when repositioning Resident #29, positioning devices used in bed and in wheelchair to prevent</p>	04/19/2014			

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	<p>to develop and implement a risk/health care plan for dysphagia (difficulty swallowing) and obstructive sleep apnea.</p> <p>The facility nursing services failed to develop and implement specific positioning schedules that allowed for the documentation of the client's specific time of positioning and the supports used or needed for positioning in regard to the clients with a history of skin breakdown and/or recurring issues with skin integrity for clients #1, #6, #7, #9, #11, #12, #29, #38, #53, #54 and #57 and to ensure the staff were repositioning the clients every two hours as indicated.</p> <p>The facility nursing services failed to ensure the staff were trained/retrained to shower client #29 in regard to the client's recurring issue of skin breakdown and gluteal tears, to ensure the staff provided client #29 comfort and dignity throughout the showering process and to ensure the staff used a pull/turn sheet when repositioning client #29 due to recurring gluteal tears.</p> <p>The facility nursing services failed to develop and implement a plan of care in regard to client #5's diagnosis of Dystonia (involuntary muscle contractions that cause slow repetitive movements or abnormal postures), to develop and</p>		<p>skin issues, adaptive equipment needed for positioning during showers as well as appropriate positioning during showers to prevent injury to skin and circulation and to protect privacy. Resident #38's pressure ulcer healed and then has opened again – it is under treatment at this time. The facility is now documenting the specific times that a resident, such as #38, is turned and repositioned, the position the resident was placed in at the time of the repositioning, and what, if any, supports are used to make sure that the resident was comfortable and in good body alignment when repositioned. The facility staff has been in-serviced on the need to document toileting efforts as they occur for each resident, as well as when showers/bathing is done. Resident #38's risk/care plan has been updated to reflect interventions for his current needs. Changes in residents' conditions, including physician telephone orders are brought by the DON to the morning interdisciplinary management meeting which occurs at least 5 times a week for review by the IDT (interdisciplinary team) and development of recommendations and interventions to meet the residents' condition changes. The QIDPs attend this meeting and will</p>		

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	<p>implement a risk/health plan in regards to recurring scrotal lesions and to update client #9's falls risk plan, and to address a physician's recommendation to develop a sensory integration plan for client #10.</p> <p>The facility nursing services failed to develop and implement a specific plan of care in regard to client #12's and #23's recurring issues with gaulding and to ensure all medications and treatments were administered in compliance with the physician's orders for clients #9, #11, #12, #22, #23, #29, #38, #53, #54, #57 and #64.</p> <p>The facility nursing services failed to ensure the staff provided and documented the clients' specific care in regard to positioning, toileting, showers, bathing and tooth brushing as indicated on the TAR (Treatment Administration Record) and instructed by nursing for clients #6, #8, #11, #12, #22, #23, #29, #38, #53, #54, #57 and #64.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 3/11/14 between 3 PM and 4:30 PM. At 3:10 PM client #29 was in the west hall shower room with CNA (Certified Nursing Assistant) #1. Client #29 was</p>		<p>update their records and care/risk plans to address the residents' change in status as had been done with Resident #21 and #38. Resident #54 has had his care/risk plan developed for interventions when he refuses to lie down to relieve the pressure on his buttocks. He does not have an open area at this time. Resident #6 has had his care/risk plan &amp; ISP reviewed and interventions were developed regarding his drooling, positioning and turning, and toileting. He does not have an open area at this time, but does have a scabbed area on the back of his head – this area developed when he was in the hospital and was present upon his readmission to the facility. Resident #57 has had his care/risk plan reviewed and revised to reflect interventions for prevention of recurring pressure ulcers, excoriation, gaulding, and/or shearing. He is also being toileted every 2 hours and turned/repositioned every 2 hours. Resident #21 remains in a reclining geri-chair with a pelvic stabilizing belt. A wedge is used behind his back for meals. He has a care/risk plan with interventions relating to his current level of mobility, as well as interventions for prevention of future injuries. A mechanical lift with assistance of 2 staff is being used for all transfers. The staff has been trained on bathing the resident while keeping the cast dry. The</p>		

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	<p>nude and semi-reclined in a shower chair near the shower, not under running water. Client #29 lay at an angle in the shower chair, his head was positioned to the left side of the chair and his feet and legs dangled to the right side of the chair. Client #29 had no support for his legs or feet and his toes and fingers had a bluish/purple tint. Client #29 winced and made facial expressions, keeping his arms close to his body and across his chest each time CNA #1 touched him. When client #29 was asked "Are you ok?" Client #29 stared at CNA #1 and made no verbal response and continued to wince. CNA #1 reached beneath and under client #29's chair to wash his buttocks. CNA #1 could not see what she was wiping while doing this and when CNA #1 pulled her hand up from under client #29's shower chair, the wash cloth had bright red blood on it. CNA #1 was asked, "Is that blood?" and "Where did that come from?" CNA #1 stated, "It's blood and I don't know why he's bleeding." CNA #1 indicated she was not aware of client #29 having any skin issues, open sores and/or dressing on him at the time of the shower and stated, "When I'm done, I'll have to have the nurse look at him."</p> <p>At 3:20 PM CNA #1 and CNA #3 used a mechanical lift and put client #29 back in bed. A pull sheet was not on the bed prior to client #29 being put in the bed.</p>		<p>nurse who did not assess Resident #21 after his seizure and did not document the seizure has received disciplinary action. The nurses will be re-trained on assessment after injuries and documentation of unusual events, such as seizures. In addition, staff has been re-trained on the expectation of complete documentation on all documents, including the 15 minute checks. The Administrator has developed and is using a different format for investigations that includes different sections to be taken under consideration when doing an investigation in an attempt to improve the depth and content of any investigation that is done, including those of allegations of neglect abuse, and/or injuries of unknown source. The content of the new investigation tool contains such things as: synopsis of the event, including specific details of the event itself and those who were involved in it or witnessed it; employees, residents, and other people interviewed; any identification of abuse or neglect and any necessary follow up done at that time; medical records reviewed; personnel records reviewed; chart/care plan review; employee time cards reviewed; other pertinent documents reviewed; physical evidence reviewed; summary of event based on results of interviews, document reviews,</p>				

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	<p>Without a pull sheet on the bed, CNA #1 and CNA #3 pulled client #29 from side to side, one hand on his bottom and one hand on his shoulders, pulling and rolling him from side to side to position him.</p> <p>__ At 3:25 PM LPN #8 removed the remainder of the dressing that was on client #8's bottom and said, "He [client #29] has a gluteal fold (also known as the buttocks crack) tear. We've been retraining everyone to use the turn sheets to turn him from side to side." LPN #8 indicated client #29's gluteal tear was caused by staff physically pulling on client #29's buttocks to turn him from side to side and from the friction of the sheets. Client #29 had a small open area that was bleeding and a larger area that was older and pink in color. LPN #8 left the room to get a dry dressing.</p> <p>__ At 3:29 PM, the LPN returned. CNA #1 rolled client #29 to his left side and LPN #8 applied a new dressing to his gluteal cleft.</p> <p>__ During this observation, CNA #1 did not provide client #29 privacy/dignity. CNA #1 did not use a bath blanket or towel to provide client #29 privacy, dignity and warmth while showering the client. CNA #1 did not ensure the client was positioned appropriately in the shower chair and did not ensure client #29's body temperature and circulation were maintained during the shower</p>		<p>and physical evidence; conclusion based on evidence that supports the conclusion of the investigation. Resident #1 continues to refuse to use her Bi-Pap. The respiratory services vendor has been contacted once and brought a different mask for the resident to use. She continues to refuse the use of this new mask, so the vendor has been contacted again to see if there is any other alternative that might be acceptable to the resident. These efforts are documented in the resident's clinical record. Resident #1 is on 15 minute checks during naps and at night, so that staff can assess her respiratory status as she sleeps. Her lung sounds, oxygen saturation levels, and temperature are being assessed every shift and documented in the clinical record. The physician will be notified if the assessment results in a concern related to her current status. Her ISP has been updated to address the resident's refusal to wear the Bi-Pap mask, and a care/risk plan has been developed for her dysphagia and to show the interventions and monitoring that staff is doing when the resident is sleeping and napping. A care plan has been developed regarding resident #1's dry skin issues and related treatment. Her dry skin issues have improved at this time. Resident #5's risk/care plan and</p>		

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	<p>process.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 3/11/14 at 2:36 PM.</p> <p>__The 12/2/13 report indicated "[LPN #6] reported [client #29] had a stage 2 pressure ulcer to left lower buttock. No exudate (lesions or areas of inflammation), tunneling (channels of a wound which extend into subcutaneous tissue or muscle), or depth was noted. Area measured 3 cm (centimeter) x 1 cm. No signs or symptoms of distress were noted...The resident has a pressure relieving mattress on his bed and cushion in his wheelchair. The resident is only up for meals. The current treatment is Bactroban (antibiotic cream) every shift until healed. Weekly skin checks by licensed staff and skin checks by nurse aides on shower days are conducted...."</p> <p>__The 12/9/13 report indicated the pressure ulcer was discovered on 12/2/13 and a head to toe assessment was conducted during his shower on 11/29/13. The report indicated client #29 was repositioned and turned every 2 hours and documented on the client's CNA ADL flow sheet. The follow-up report indicated client #29 is "...non-ambulatory and requires Hoyer Lift transfer in an out of bed and wheelchair...The resident was</p>		<p>ISP hasbeen reviewed and revised to reflect the monitoring that is in place for the signs/symptoms of Dystonia, including the pain, depression, swelling, and movement disturbances. If there is a change in condition or if the signs or symptoms of Dystonia should appear/worsen, the physician will be notified at that time. Resident #9's ISP and risk/care plan have been updated to reflect monitoring and addressing the signs and symptoms of his dementia, including encouragement from staff to propel self in his wheelchair when possible. Staff will receive training regarding the signs/symptoms of dementia and methods to redirect resident when needed by 4/19/14. In addition, interventions have been added regarding turning and positioning every 2 hours to prevent pressure ulcers. Resident #7's ISP and risk/care plan have been updated to reflect interventions for prevention of pressure ulcer, including specifics for turning and positioning activities. The area on his right outer ankle is scabbed at this time. Resident #10's ISP and behavior plan has been updated to incorporate a physician recommendation for programming that would emphasize auditory and tactile stimulation and skill due to Resident #10's blindness, such as</p>		

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	<p>sleeping on a pressure relieving mattress at the time the area was found. A new specialty mattress was ordered and is in place on the resident's bed. The resident sits in a cushion wheelchair with a cushion in the seat..." The follow up report indicated client #29 had not had a pressure ulcer in the past year. The follow up report indicated facility staff were trained "decub care prevention" on 10/7/13.</p> <p>Client #29's record was reviewed on 3/13/14 at 6 PM. Client #29's record indicated diagnoses of, but not limited to, Alzheimer's Disease, Arthritis, Right Sided Hemiplegia (paralysis of one side of the body) and Deep Vein Thrombosis (a blood clot in a major vein). Client #29's record indicated client #29 used a wheelchair for mobility, a Hoyer lift for transfers and required staff assistance for all mobility, repositioning, toileting and bathing. Client #29's record indicated a history of skin breakdown, recurring gluteal tears and issues with skin integrity. Client #29's record indicated:</p> <p>Client #29's 9/12/13 Assessments Of Other Skin Abnormalities indicated "Open area to coccyx 3 cm (centimeter) x 3 cm x 0.2." The assessment form indicated the area was excoriated and gauded. The 9/12/13 assessment</p>		<p>a sensory integration plan. Staff has been trained in this program and is following the program plan at this time. The QIDP will monitor for completion of the plan and its effectiveness. The nursing staff has been trained on the importance of following physician orders, ISPs, and risk/care plans for each resident, including documentation of care given for each resident at the frequency/time it is ordered; such as bed rest, pressure relief, treatment for skin issues, oral care, toileting, turning and repositioning, and 15 minute checks. This is to be done for all residents. Nursing staff has been re-trained on the expectation of complete documentation on all documents, including the 15 minute checks. The nurses have been in-serviced on the need for complete documentation of medications and treatments as ordered by the physician. The facility is now documenting the specific times that a resident is turned and repositioned, the position the resident was placed in at the time of the repositioning, and what, if any, supports are used to make sure that the resident was comfortable and in good body alignment when repositioned. The facility staff has been in-serviced on the need to document all care given, including toileting efforts and oral hygiene, as they occur for each resident. Please see W252</p>				

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	<p>indicated the area on 9/20/13 was at "...2 cm x 0.2 cm. Tx (treatment) continues et (and) appears to be effective." The assessment indicated on 9/27/13. "Area healed."</p> <p>Client #29's 12/2/13 Weekly Pressure Ulcer/Deep Tissue Injury Assessment indicated client #29 had a stage 2 pressure ulcer which measured 3 cm x 1 cm. The 12/2/13 form indicated a PUSH Tool (Pressure Ulcer Scale for Healing Tool) score of 6. The form indicated on 12/9/13 client #29's pressure ulcer was still a stage 2 but measured .6 cm x .2 cm x .1 (depth). The assessment indicated no tunneling, undermining and/or exudate was present. Client #29's 12/16/13 weekly assessment indicated the area was healed and the nurses would continue to monitor for 2 more weeks. The 12/23/13 assessment indicated "No area healed (sic)."</p> <p>Client #29's TARs indicated:  <u>    </u>In September 2013, client #29 received Bactroban for an open area to his coccyx on 9/13/13. The 9/13 TAR indicated client #29 received Clotrim/Beta Cream topically to lower abdomen fold and groin area "as a palliative measure due to gaulding."  <u>    </u>In October 2013, client #29 continued to receive Bactroban for treatment of the</p>		<p>regarding lack of documentation for clients' positioning, oral care, and health/treatment needs for residents #5, #7, #8, #11, #12, #22, #23, #29, #38, #53, #54, #57, #64. Please see W368 regarding administration of medications and treatments in compliance with physician's orders for residents #11, #12, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p><u>    </u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? All residents have the potential to be affected. If the Administrator, DON, or any member of the IDT management team observes or finds a concern in any of these areas, he/she will address the situation immediately to ensure the resident's well-being and notify the DON and Administrator if they are not already involved. Once the resident is taken care of, the Administrator will begin an immediate investigation regarding the potential abuse or neglect that may have occurred and will report the issue to the state agencies as required. The DON will begin re-training all staff involved and will address the situation with progressive disciplinary action up to and including termination of employment as deemed necessary by the results of the investigation.</p> <p><u>    </u>3. What measures will be put</p>				

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	<p>open area to the client's coccyx. The TAR indicated client Clotrim/Beta cream was being used as a PRN (as needed) ointment for skin issues.</p> <p>__ In November 2013, client #29's Bactroban for his coccyx was discontinued on 11/24/13. The TAR indicated client #29 continued to be treated for gaulded areas on his lower abdomen/groin and received Lotrimin Cream two times a day for his left arm pit gaulding.</p> <p>__ In December 2013, client #29 received treatments for a gluteal cleft and Bactroban to his left lower buttock every shift until healed.</p> <p>Client #29's 2014 physician's orders indicated the following (not all inclusive):</p> <p>__ 1/15/14 "Duoderm to Gluteal Cleft (groove between the buttock which runs below the sacrum to the perineum) Q (every) 3 days et (and) PRN (as needed) x (times) 15 days to open areas."</p> <p>__ 12/2/13 "Bactroban to left buttock every shift for pressure ulcer until healed."</p> <p>__ 12/2/13 "Bactroban to gluteal cleft every shift for gluteal split until healed."</p> <p>__ 2/7/14 "Granulex to buttocks twice daily for 14 days."</p> <p>__ 2/27/14 "Discontinue Granulex. Opsite cover to... gluteal fold after placement of</p>		<p><u>into place to ensure this practice does not recur?</u> The DON will review the focus charting, 24hour report, and physician telephone orders at least 5 days a week during eachtour of duty. She will bring that information to the morning IDT managementmeeting for review and discussion with the IDT. Any interventions that areformulated will be added to the care/risk plan and ISP at that time. The DONwill note those changes on the CNA assignment sheets and the 24 hour report sothat oncoming shifts will be made aware of the changes. The DON or designee will monitor by meansof the "Staff Treatment of Residents/Documentation – W149, W154, W240, &amp;W252" audit form at least 5 days a week. The DON will bring the results of theaudits to the next scheduled morning IDT management meeting for review andfurther discussion. Any issues will be addressed as indicated in question #2. The DON or designee will also document their response and immediate actiontaken on the audit form itself for those things found as not being incompliance at the time of the audit.</p> <p><u>4.How will corrective action be monitored toensure the deficient practice does not recur and what QA will be put intoplace?</u> The DON will bring the results of her auditsto the monthly QA</p>		

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	<p>Bactroban." __3/14/14 "Mupirocin Cream - Apply topically to gluteal cleft every shift for gluteal spilt. Mupirocin Cream -Apply topically to left buttock every shift for pressure ulcer until healed."</p> <p>Client #29's Nurses Notes indicated the following (not all inclusive): __9/12/13 Client #29 "has open area to coccyx 3 cm x 0.2 cm. No S/S (signs/symptoms) of pain or distress noted. Staff educated on turning patient..." __9/27/13 "Area to coccyx noted on 9-12-13 healed. Skin sheet stopped." __12/2/13 "Resident has a stage 2 pressure ulcer to left lower buttocks. No depth or tunneling noted. No exudate noted. Area is 3 cm x 1 cm. Resident has a gluteal split to gluteal cleft. T (temperature) 98 PR (pulse rate) 72-16 BP (blood pressure) 122/74. Resident resting in bed. DON (Director of Nursing) assessed area...Treatment initiated for Bactroban to both areas...No signs or symptoms of distress noted." __12/3/13 "...Res (resident) is up only for meals to relieve pressure Tx to coccyx et buttock done per MD order..." __12/4/13 "...Open area remains to buttock and coccyx. 0 (zero) distress noted. Currently resting in bed. Turned per staff."</p>		<p>committee meeting for review and recommendations for further process improvement. Any recommendations will be followed through by the DON or designee, with results brought back to the next month's QA committee for consideration. This will continue on an ongoing basis.</p>		

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	<p>__12/5/13 "...Open area remains to buttock (with) continuing treatment...."</p> <p>__12/6/13 "...Open areas to buttocks remain with no drainage noted. Tx applied. No s/s of pain or discomfort...."</p> <p>__12/7/13 "...Open areas remain to buttocks. Tx continues et appears effective."</p> <p>__12/9/13 "Area on lower (L) (left) buttock has now separated into 2 superficial areas. Area A measures .6 x .2 x .1. Area B measures .6 x. 2 .1. Epithelial (tissue that covers the whole surface of the body) tissue present in center of wound. 0 drng (drainage). 0 odor. Tx cont's (continues). Flovent mattress present on bed. Res (up) for meals only. Turned &amp; repositioned q (every) 2 (hours) when in bed. Res. expresses 0 sx (symptoms) of pain. Res. incont. (incontinent)of B&amp;B (bowel and bladder). Incont care provided (after) each incont episode. Res. checked for incont q 2 (hours) &amp; prn. Will cont. to monitor."</p> <p>__12/10/13 "...Open area remains to (L) buttocks (with) 0 drainage. Tx continues et appears effective."</p> <p>__12/11/13 "...Area remains to lt (left) buttocks, tx completed as ordered...."</p> <p>__12/12/13 "...Tx to inner buttocks et (L) buttocks continues. Healing appropriately (with) 0 drainage."</p> <p>__12/13/13 "Area to inner buttock</p>				

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	<p>remains open 0.2 cm scab intact to (R) buttocks. Tx continues."            __ 12/13/13 "...Resident resting in bed. Tx applied to buttocks area. healing (sic) with no signs and symptoms of infection noted."            __ 12/14/13 "...Area to L buttock remains...."            __ 12/15/13 "...Area to left buttocks remain and Tx applied. No s/s of infection or drainage noted...."            __ 12/16/13 at 12:20 AM, "...Area to left buttocks remains with no s/s of infection...."            __ 12/16/13 at 3:27 PM, "...Area to buttocks is healed. No s/s of pain/distress noted."            __ 12/17/13 "...Area to Buttock healed...."            __ 12/18/13 "...Area to buttocks healed...."            __ 12/19/13 "...Tx continues to buttocks. (Down) for bedrest...."            __ 12/20/13 "...Area to buttocks healed...."            __ 12/24/13 "...Area to buttocks remains healed."            __ 12/15/13 "...Area to buttocks remains healed."            __ 12/26/13 "...Buttocks remain healed."            __ 12/27/13 "Skin flow sheet initiated 12/5/13 resolved."            __ 1/15/14 "[Name of doctor] here, Assessed Gluteal Cleft (with) new orders noted."            __ 1/15/14 at 11:40 AM, 60 day review completed by MD. 0 new N.O. (new</p>			
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	<p>orders) at this time."                  __2/25/14 "Skin assessment completed. 1.5 cm x 0.1 cm and 0.5 cm x 0.1 cm                  __2/26/14 "Split to coccyx 0.7 cm x 1.5 cm. Tx (Granulex) applied. Area healing."                  __2/27/14 "Tx applied to buttocks...."                  __2/27/14 "[Name of doctor] updated of condition. New orders noted for Bactroban with Opsite."                  __2/27/14 "OT (Occupational Assessment) completed to ensure hips are placed all the way back in w/c (wheelchair) when transferred and up."                  __2/28/14 "Tx done to gluteal cleft, area pink, healing...."                  __3/1/14 "...Tx to gluteal area continues...."                  __3/2/14 "Tx remains in place for area to gluteal area. No s/s of pain or distress noted. Specialty mattress in place. Res (resident) repositioned q 2h (every two hours)."                  __3/3/14 "Area to gluteal cleft remains...."                  __3/4/14 "Open area remains to buttocks...."                  __3/4/14 "Seen by [name of doctor], 60 day review done, no new orders."                  __3/5/14 "Open area to buttocks remains...."                  __3/6/14 "Open area remains to coccyx...."                  __3/7/14 "Open area remains to coccyx.</p>						

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	<p>No drainage noted. No s/s of pain or distress noted."            __3/8/14 "Open area remains to coccyx area, no redness or drainage noted, tx continues."            __3/9/14 "Resident resting in bed area to coccyx remains and tx continues...."            __3/10/14 "Open area remains to buttocks/coccyx.... MD reviewed labs...."            __3/11/14 3 "Tx completed to buttocks after shower complete area noted as bleeding slightly. No s/s of infection noted."            __3/12/14 "Remains open area on buttocks. Applied Bactroban and dressing...."            __3/13/14 "Area remains to buttocks. No s/s of pain or distress noted. Dressing remains intact."</p> <p>Client #29's 12/2/13 Episodic Care Plan Open Area indicated client #29 was being treated for a stage 2 pressure ulcer and a gluteal split "which was along the client's middle part of the buttock (crack)." The Episodic care plan indicated:            "#1 Pressure Ulcer #2 Gluteal Split Site: #1 lower left buttock Size: 3 cm x 1v cm Stage:2 Appearance: Pink Site: #2 gluteal cleft Size: 5 cm x 0.1 cm Stage: 0 Appearance: Long Split to gluteal cleft (non pressure)...Will have s/s of healing without complication by 12/9/13.</p>			
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	<p>Keep area clean &amp; dry. Keep off affected area as much as possible. Change position at least every 2 hours... Pressure relieving mattress Dc'd (discontinued) 12-5-13. Devices for pressure relief to feet &amp; other areas. Cushion in W/C (wheelchair). Diet as ordered... Monitor for s/s infection (fever, drainage, odor, color change, etc.) Monitor site every shift. Notify MD as needed with status changes. Tx as ordered by MD. Universal Precautions. Other: Up for meals only Specialty mattress on bed 12/5/13. DON to do weekly assessment &amp; PUSH Score Weekly skin checks on shower days."</p> <p>Client #29's 2/27/14 IDT (Interdisciplinary) Care Plan indicated "I'm [client #29] at risk for skin breakdown. I (client #29) have very limited sensory perception. I'm occasionally moist. I (client #29) have limited physical activity, I (client #29) need assistance to change position. I'm (client #29) at risk for friction and</p>			
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	<p>shearing.... Staff will turn and reposition at least q (every) 2 hours. Staff will toilet me (client #29) routinely and keep me (client #29) clean and dry. I (client #29) have a pressure relieving mattress and pressure relieving cushion in my chair. Complete my (client #29) weekly skin assessment. My (client #29) Braden assessment is completed quarterly. Notify my (client #29) doctor of any change in my (client #29) condition. I (client #29) receive Arginaid (a nutritional supplement) with meals."</p> <p>Client #29's 3/11/14 Episodic Care Plan Open Area indicated client #29 was being treated for a "slit/gluteal fold 0.2 x 1.0 wide and 0.2 deep" The Episodic care plan indicated the following:</p> <ul style="list-style-type: none"> <li>"Keep area clean &amp; dry.</li> <li>Keep off affected area as much as possible.</li> <li>Change position at least every 2 hours...</li> <li>Pressure relieving mattress.</li> <li>Diet as ordered.</li> <li>Medications as ordered for wound healing.</li> <li>Monitor for s/s infection (fever, drainage, odor, color change, etc.).</li> <li>Monitor site every shift.</li> <li>Notify MD as needed with status changes.</li> <li>Tx as ordered by MD.</li> </ul>			
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	<p>Universal Precautions. Staff to assist in repositioning with special attention to this area."</p> <p>Client #29's 2013/2014 TARs indicated client #29 was to be repositioned every two hours. Client #29's March TR indicated the staff were to "Turn/Reposition Q (every) 2 hours I-Independent, D=Dependent and A=Assist on the even hours..." The TAR indicated the facility staff documented the client's repositioning once per shift; "NOCS (night shift), DAYS and EVES" Client #29's TARs for January, February and March 2014 indicated the facility staff did not reposition and/or document client #29 was repositioned every 2 hours on DAYS for January 1, 4, February 6, 19, 26, March 4, 5 and 11, 2014 and on EVES for January 2, 5, 6, 7, February 14, 19, 28, March 1, 2, 6 and 7, 2014. The facility's method of documentation provided no verification of specific times of when the client was actually repositioned, the position the client was placed in at time of repositioning and what supports were used or required to ensure the client was comfortable, in good body alignment and without any pressure areas.</p> <p>Client #29's BEDREST/BLADDER Records (BBR) for January and February</p>						

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	<p>2014 indicated client #29 was to be toileted every two hours. The BBRs indicated the facility staff did not document and/or toilet client #29 every two hours on January 1, 6, February 1, 5, 6, 11, 12, 17, 19, 23 and 28, 2014.</p> <p>Client #29's physician's orders for February/March 2014 indicated client #29 was to have Opsite (a transparent waterproof dressing) to the area on his gluteal fold twice a day after placement of the Bactroban for a gluteal tear. Client #29's TAR indicated nursing services failed to ensure the Opsite was applied in the AM on March 5 and 12, 2014 and in the PM on March 5, 6, 7, 10 and 11, 2014.</p> <p>Client #29's Episodic Care Plans and IDT Care Plan for skin integrity issues failed to include the use of a turn sheet and what positioning supports that were to be used to position client #29 while in his bed and/or wheelchair to prevent recurring skin issues. Client #29's care plans failed to include the specific adaptive equipment needed for positioning while showering and how the staff were to position client #29 while showering due to the client's history of skin breakdown, gluteal tears and circulatory issues.</p>				

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	<p>Interview with CNA #1 on 3/11/14 at 3:20 PM indicated she was the shower aide. CNA #1 stated there were 3 shower chairs of different sizes and the one she had used for client #29 was the largest one and the one she "grabbed at the time" to use for client #29's shower. CNA #1 indicated the chair did not provide support for client #29's legs while showering. CNA #1 stated, "This is how I always shower the clients."</p> <p>During interview with the DON (Director of Nurses) on 3/11/14 at 12 PM indicated the nurses were to do daily assessments of client #29's gluteal tear and skin until the area was healed and the DON would do weekly assessments. The DON indicated nursing staff are now doing a head to toe skin assessment on all clients with issues with skin breakdown when the weekly assessments are conducted.</p> <p>During interview with the DON on 3/13/14 at 6 PM, the DON indicated the CNA/shower aide should have been aware of client #29's skin condition prior to bathing him. The DON indicated the CNAs were to provide every client with privacy while showering by covering the clients with a towel or bath blanket and uncovering sections of the client's body at a time. The DON indicated clients were to be positioned comfortably into the</p>						

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	<p>shower chairs prior to the procedure and provided privacy, dignity and comfort throughout the process. The DON stated the CNAs "need to be retrained" in the proper technique of bathing a client. The DON indicated all medications and treatments were to be administered as ordered by the physician. The DON stated in regard to the blank areas on the MARS/TARS that were not initialed, "If it's not documented, it wasn't done."</p> <p>2. a. Observations were conducted at the facility on 3/11/14 between 1:45 PM and 4:30 PM and on 3/12/14 between 6:45 AM and 9:15 AM. During both observations, the staff assisted client #38 to transfer to his wheelchair with the use of a Hoyer. Interview with client #38 on 3/12/14 at 1:45 PM indicated he could not reposition himself without the help of the staff.</p> <p>The facility's BDDS reports were reviewed on 3/11/14 at 2:36 PM. The 2/26/14 report indicated "On the morning of 2/26/14 the nurse was performing a head to toe skin assessment. The nurse noted the resident (client #38) had a dry red rash to his face and on his chest. A scabbed scratch was noted on the top of the left foot and a stage 2 ulcer measuring 0.5 x 0.5 x 0.1 cm area on the left buttock.... The MD ordered Hydrocolloid</p>				

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	<p>dressings to the open area and Eucerin cream to the face. The nurse completed skin flow sheets and initiated an Episodic Care Plan. The resident has dry skin. Staff were educated on applying lotion with AM and PM care, as well as after showers.... The resident requires a mechanical lift and can only make slight changes in body/extremity movement. The resident is always incontinent of bowel and bladder. The resident is toileted/changed every 2 hours and prn. The resident is to be turned side to side on even hours when in bed. The resident sleeps on a specialty mattress and has a pressure relieving cushion in the wheelchair.... The resident has a history of skin breakdown. Last pressure ulcer was healed on 1/29/14. This area has now reopened as of 2/26/14...."</p> <p>The Follow Up BDDS report of 3/5/14 indicated "The ulcer was discovered on 2/26/14. The most recent head to toe skin assessment was conducted on 2/18/14 during a shower. The skin was free of breakdown on that date. A weekly nursing summary was completed on 2/22/14. The resident (client #38) did not have any pressure wounds or rashes noted on that date, per the summary documentation. The resident is turned and positioned every 2 hours, on even hours. This is documented by the nursing</p>						

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	<p>assistants in their CNA books. The wound was measured today by the DON. The wound remains 0.5 x 0.5 x 0.1 in size. Epithelial tissue is forming in the wound bed. The periwound skin is slightly red in color from where the Hydrocolloid dressing is being removed. Nursing will notify MD and request a different treatment which will aid in maintaining skin integrity. Hydrocolloid dressing to open area. Change every 3rd day and PM for 15 days then re-eval. The resident has been free of complications related to the decubitus ulcer. The physician has not ordered a wound clinic or a wound specialist. The DON documents weekly on the pressure ulcer monitoring form. The documentation includes measurements, staging, odor, drainage, labs related to the wound, current treatment and presence or absence of tunneling and undermining.... The DON or the nurse will notify the physician if the wound does not respond to treatment within a two week period. The DON or the nurse will then request a new treatment.... Other residents have experienced pressure ulcers in this facility within the last 12 months...."</p> <p>Client #38's record was reviewed on 3/13/14 at 3 PM. Client #38's record indicated diagnoses of, but not limited to, Seizure Disorder, Anemia, Dysphasia,</p>			

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	<p>Paralysis of upper and lower extremities, Constipation and Urinary Retention secondary to an Enlarged Prostate. Client #38's record indicated client #38 had a history of a hip and ankle fracture. Client #38's record indicated client #38 required staff assistance to meet all of his mobility, repositioning, toileting and bathing needs.</p> <p>Client #38's December 2013 treatment record indicated client #38 received Bactroban (an antibiotic ointment) to his buttocks twice a day to the excoriated open area on his right buttocks.</p> <p>Client #38's quarterly physician's orders for 3/2014 indicated client #38 required a Hoyer for all transfers and used a tilt in space wheel chair with a head rest, foot box and a pelvic stabilizer. The orders indicated client #38 could have bed rest or choice of repositioning in an arm chair. The orders indicated client #38 was to have Bactroban applied to his buttocks every shift and as needed "until healed."            __3/5/14 "Arginaid BID (twice a day) to promote wound healing x 30 days."            __3/10/14 "Discontinue Hydrocolloid dressing to open area on buttocks."</p> <p>Client #38's Nursing notes indicated:            __12/16/13 - 0.3 cm by 0.7 cm by 0.1 cm excoriated area noted to right buttocks,</p>				

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	<p>no drainage noted. Skin sheet started.            ___ 12/18/13 indicated a note from the DON. "Area to buttocks is not related to pressure. Area is on right inner buttock and an excoriated area. Abrasion to right shin related to brace on leg. Staff educated to apply brace over resident's pants and not against the skin."            ___ 12/22/13 - "Treatment to buttocks applied, area almost healed. Scab intact to right shin."            ___ 12/28/13 - "Area to buttocks healed."            ___ 1/20/14 "New mattress in place."            ___ 1/20/14 "Area to buttocks remains with no drainage."            ___ 1/22/14 "Area to left buttocks remains with no noted drainage."            ___ 2/28/14 "Area to buttocks remains. No s/s of infection."            ___ 3/1/14 "Area to buttocks remains. No s/s of infection."            ___ 3/2/14 "Treatment continues to buttocks."            ___ 3/4/14 "Area healing to buttocks."            ___ 3/4/14 "Facial rash remains to face and area to buttocks covered. No concerns noted...."            ___ 3/5/14 "New order for Arginaid bid to promote wound healing x 30 days...."            ___ 3/5/14 "Open are remains to buttocks with serous drainage. Tx applied. Face red with no dryness noted."            ___ 3/6/14 "Open area remains to buttocks. Tx continues...."</p>						

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	<p>__3/8/14 "Area to buttocks remains. No s/s of infection."</p> <p>__3/9/14 "Area to buttocks remains. No s/s of infection."</p> <p>__3/10/14 "Area to buttocks remains. Tx change to buttocks Bactroban twice daily x 14 days."</p> <p>__3/11/14 "Area to buttocks remains. No s/s of infection."</p> <p>__3/12/14 note from DON "Area to left buttock is healed. Will cont. tx and focus charting to ensure area doesn't reopen."</p> <p>Client #38's Weekly Skin Assessment dated 2/26/14 "Dry rash face and chest. Scratch to left foot (top) 2 cm x 0.1 cm, left buttocks open area 0.5 cm x 0.5 cm."</p> <p>Client #38's Episodic Care Plan Open Area dated 1/16/14 indicated client #38 had a 0.2 x 0.2 x 0.1 stage 2 pressure ulcer with light serous drainage. The plan indicated</p> <p style="padding-left: 40px;">"Keep area clean &amp; dry. Keep off affected area as much as possible. Change position at least every 2 hours. Therapeutic bed for wound healing. Pressure relieving mattress. Devices for pressure relief to feet and other areas. Diet as ordered.</p>			
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	<p>Medications as ordered for wound healing.</p> <p>Monitor for s/s infection (fever, drainage, odor, color change, etc.).</p> <p>Monitor site every shift.</p> <p>Notify MD as needed with status changes.</p> <p>Tx as ordered by MD.</p> <p>Universal Precautions.</p> <p>Hydrocolloid every 3 days x 15 days.</p> <p>Arginaid Bid to promote wound healing.</p> <p>Bactroban x 14 days."</p> <p>Client #38's 2/26/14 IDT Care Plan indicated "I (client #38) have a stage 2 pressure ulcer on my (client #38) left buttocks. I have a history of pressure ulcers. I have limited mobility. I am incontinent. I will be free of skin breakdown by May 20, 2014. I have specialty mattress on my bed and pressure relieving cushion in my w/c (wheelchair). The staff will turn and reposition me, side to side on even hours. Treatments to my ulcer as ordered. The staff will check me for incontinence and toilet me q 2 hrs and keep me clean and dry. Apply lotion to my skin with AM and PM care and my showers. Braden assessment will be completed quarterly and as needed. I will be repositioned when up in my chair. I will receive Arginaid to help my ulcer to</p>				

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	<p>heal. Nurses will notify my doctor of any changes in my wound."</p> <p>Client #38's 2/27/14 IDT Care Plan indicated "I'm [client #38] at risk for developing skin breakdown. I (client #38) have a history of an open area. My (client #38) sensory perception is slightly limited. My skin is often moist. I often sit up in my chair as I have limited activity. The staff will complete my weekly skin assessment. The staff will turn and change my position at least every 2 hrs. (hours). The staff will toilet me at least every 2 hours and keep me clean and dry. I have pressure relieving mattress and wheelchair cushion for pressure relief. The Braden assessment will be completed quarterly and as needed. My staff will assist me to move when I am up in my chair. Notify my doctor of any condition changes."</p> <p>Client #38's 4/7/13 ISP (Individualized Support Plan) indicated client #38 wore a Depends due to incontinence and was to bathe six days a week.</p> <p>Client #38's TARS for February/March 2014 indicated: __ Client #38's 2013/2014 TARs indicated client #38 was to be repositioned every two hours. Client #38's TARs indicated "Turn/Reposition Q</p>			
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	<p>(every) 2 hours I-Independent, D=Dependent and A=Assist on the even hours...." The form indicated the facility staff documented the client's repositioning once per shift; once on day shift, once on evening shift and once on night shift. The TAR indicated the staff failed to turn client #38 every 2 hours on February 2, 5, 6, 7, 8, 9, 10, 13, 14, 16, 17, 24, 25 and March 7, 2014 on the day shift and on February 1, 2, 6, 7, 13, 24, 25, 26 and March 6, 2014 on the evening shift.</p> <p>__ Client #38 received a shower on February 18 and 26, 2014 (two out of 28 days). Client #38 received a shower on March 3, 5, 7 and 10, 2014 (four out of 13 day). Client #38's treatment record indicated client #38 was not receiving showers six days a week as indicated in client #38's ISP.</p> <p>__ Client #38 was not toileted every two hours on February 1, 2, 3, 4, 7, 8, 11, 16, 17, 19, 24 and 25, 2014.</p> <p>Client #38's record failed to indicate a specific positioning schedule that included documentation of the exact time the client was repositioned, the specific position the client was placed in and the supports used to achieve good body alignment to prevent pressure areas from occurring/reoccurring.</p>						

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W000331	2. b. Observations were conducted in the facility's TC (Training Center) building on 3/11/14 from 4:45 PM through 6:00 PM. Client #54 was assigned to TC classroom #2. Client #54 was not repositioned during the observation period. ATF (Active Treatment Facilitator) #17 was interviewed on 3/11/14 at 5:00 PM. A 483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.						
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W000332	<p>483.460(c)(1) NURSING SERVICES</p> <p>Nursing services must include participation as appropriate in the development, review, and update of an individual program plan as part of the interdisciplinary team process. THIS FEDERAL TAG W332 IS NOT A CITATION TO THE FACILITY. W332 IS BEING USED AS A CONTINUANCE OF W331 AS THE MEMORY CAPACITY FOR W331 HAD EXCEEDED THE LIMITATIONS OF THE COMPUTER SYSTEM.</p> <p>CONTINUED FINDINGS FOR W331: 3. The facility's reportable incident reports, internal Incident/Accident Reports (IARs) and/or investigations were reviewed on 3/11/14 at 2:36 PM and on 3/13/14 at 1:30 PM. The facility's reportable incident reports, IARS and/or investigations indicated the following (not all inclusive):</p> <p>-2/7/14 "Res (resident) (client #21) sitting in W/C (wheelchair) in LR (living room) had 30 seconds (sic) seizure and fell forward on floor, seatbelt unbuckled, res assessed, no apparent injury at this time. ROM (range of motion) as usual, neuro (neurological) &amp; (fall) flow sheet initiated."</p> <p>An attached 2/7/14 Progress Note indicated "...4.) Trained with him to</p>	W000332	<p>1. What corrective action will be done by the facility? The CNAs and nurses have been inserviced on the use of a draw/turn sheet to turn Resident #29 from side to side without adding undo pressure or stress to his gluteal area. Nursing staff has been in-serviced on providing privacy during showers for all residents, including #29, as well as identifying and using the correct size shower chair for each resident. The nurses have been re-in-serviced on the need for complete documentation of medications and treatments as ordered by the physician. The facility is now documenting the specific times that a resident, such as #29, is turned and repositioned, the position the resident was placed in at the time of the repositioning, and what, if any, supports are used to make sure that the resident was comfortable and in good body alignment when repositioned. The facility staff has been in-serviced on the need to document toileting efforts as they occur for each resident. Resident #29's care plan has been updated to include interventions such as the use of a draw/turn sheet when repositioning Resident</p>	04/19/2014	

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	<p>please keep his seatbelt on to prevent sliding out of his wheelchair...."</p> <p>-2/28/14 "[Client #21] was noted to have bruising on his (R) foot of 14cm (centimeters) x (by) 7cm) blush (sic) at the heel and ankle and (15cm x 9cm) reddish yellow on skin and inner side. Moderate swelling in foot &amp; (and) lower leg. [Name of doctor] was notified and requested nursing to monitor the area and gave nursing an order to send [client #21] out to [name of orthopedic group]. As of 4:00 PM [client #21] is still at [name of orthopedic group] waiting on his results...."</p> <p>The facility's 3/6/13 follow-up report indicated client #21 was found to have a fracture to his right tibia and was sent to the hospital for admission for a "surgical repair" on 2/28/14. The follow-up report indicated client #21 returned to the facility on 3/6/14. The follow-up report indicated "...He is non-weight bearing on his right leg and he returned with orders for physical and occupational therapy. We began an investigation in regard to the cause of the fracture on 2/28/14. As a result of the investigation, the facility is able to determine the most likely cause of the fracture was due to a seizure. During the seizure, he was sitting in a wheelchair, leaned forward with his</p>		<p>#29, positioning devices used in bed and in wheelchair to prevent skin issues, adaptive equipment needed for positioning during showers as well as appropriate positioning during showers to prevent injury to skin and circulation and to protect privacy. Resident #38's pressure ulcer healed and then has opened again – it is under treatment at this time. The facility is now documenting the specific times that a resident, such as #38, is turned and repositioned, the position the resident was placed in at the time of the repositioning, and what, if any, supports are used to make sure that the resident was comfortable and in good body alignment when repositioned. The facility staff has been in-serviced on the need to document toileting efforts as they occur for each resident, as well as when showers/bathing is done. Resident #38's risk/care plan has been updated to reflect interventions for his current needs. Changes in residents' conditions, including physician telephone orders are brought by the DON to the morning interdisciplinary management meeting which occurs at least 5 times a week for review by the IDT (interdisciplinary team) and development of recommendations and interventions to meet the</p>				

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	<p>buttocks off the seat of the wheelchair and he had placed his feet under the foot rests. He is a very large man and extremely strong. He has frequent seizures. This particular seizure was violent, grand mal seizure. During this seizure he threw his body forward. He was secured in chair and did not hit the ground...."</p> <p>-3/10/14 Client #21 was "Up in LR (living room)in g-chair. Staff stated was squirming in chair and slid out to floor. Assisted w (with) hoyer lift and taken to bed. Assessment done w no new injuries noted. No redness or discoloration noted. No s/s (signs and symptoms) pain. [Name of doctor] updated- will assess when comes to facility today."</p> <p>Client #21's record was reviewed on 3/13/14 at 2:02 PM. Client #21's 3/6/14 Discharge To Skilled Care client #21 was diagnosed with a Tibia (large shin bone) and Fibula (smaller bone in leg) fracture on the client's right leg. The discharge sheet indicated client #21 had a history of falls and required "Max (maximum) assist" with transfers and "Total Dependence" with mobility. The discharge sheet indicated client #21 was not to bear weight on his right leg.</p> <p>Client #21's Final Report indicated client</p>		<p>residents' condition changes. The QIDPs attendthis meeting and will update their records and care/risk plans to address theresidents' change in status as had been done with Resident #21 and #38. Resident #54 has had his care/risk plandevloped for interventions when he refuses to lie down to relieve the pressureon his buttocks. He does not have an open area at this time. Resident #6 has had his care/risk plan&amp; ISP reviewed and interventions were developed regarding his drooling,positioning and turning, and toileting. He does not have an open area at thistime, but does have a scabbed area on the back of his head – this areadeveloped when he was in the hospital and was present upon his readmission tothe facility. Resident #57 has had his care/risk planreviewed and revised to reflect interventions for prevention of recurringpressure ulcers, excoriation, gaulding, and/or shearing. He is also beingtoileted every 2 hours and turned/repositioned every 2 hours. Resident #21 remains in a reclininggeri-chair with a pelvic stabilizing belt. A wedge is used behind his back formeals. He has a care/risk plan with interventions relating to his current levelof mobility, as well as interventions for prevention of future injuries. Amechanical lift with assistance of 2 staff is being used for all transfers. Thestaff has been</p>		

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	<p>#21 presented with a "Spiral Fracture (twisting force fracture) of his Tibia." The discharge sheet indicated "...Was called on the morning of this patient's admission by nursing home personnel. They noted that his leg was discolored and edematous. He was taken to a local orthopedics office for he was diagnosed as having a spiral fracture. He is admitted for definitive therapy. He was not observed to have any injury. This patient has frequent and severe seizures. It is not known whether he had a seizure or simply fell. He was put to bed last night apparently in good condition and when attempted to arouse this morning, had a swollen t (nothing else typed/part of sentence missing).</p> <p>Client #21's 2/28/14 Report of Consultation indicated an Xray showed client #21 had a fractured Tibia and Fibula of the Left (sic) leg and required surgical treatment. The consult note indicated a splint and dressing was applied to the client's as client #21 was being admitted to the hospital. The 2/28/14 note indicated client #21 injured leg "...possibly after seizure last night. Pain with weight bearing."</p> <p>Client #21's indicated the following physicians' orders (not all inclusive):</p>		<p>trained on bathing the resident while keeping the cast dry. The nurse who did not assess Resident #21 after his seizure and did not document his seizure has received disciplinary action. The nurses will be re-trained on assessment after injuries and documentation of unusual events, such as seizures. In addition, staff has been re-trained on the expectation of complete documentation on all documents, including the 15 minute checks. The Administrator has developed and is using a different format for investigations that includes different sections to be taken under consideration when doing an investigation in an attempt to improve the depth and content of any investigation that is done, including those of allegations of neglect abuse, and/or injuries of unknown source. The content of the new investigation tool contains such things as: synopsis of the event, including specific details of the event itself and those who were involved in it or witnessed it; employees, residents, and other people interviewed; any identification of abuse or neglect and any necessary follow up done at that time; medical records reviewed; personnel records reviewed; chart/care plan review; employee time cards reviewed; other pertinent documents reviewed; physical evidence reviewed; summary of</p>		

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	<p>-3/10/14 "OT (occupational therapy) recommendations per discussion (with nursing: 1) Pt (patient) to wedge cushion behind back in geri chair when up for meals. 2) D/C (discontinue) wedge cushion at all other times except meals."</p> <p>-3/8/14 "P.T (physical therapy) evaluation completed with D/C of further P.T services at this point. P.T to re-evaluate whenever (rt) (right) L.E (lower extremity) wt (weight)- bearing becomes FWB (full weight bearing). Pt to remain Hoyer Lift for transfers and G-chair for mobility."</p> <p>-3/7/14 "OT eval (evaluation) complete (with) d/c of OT services. Will reassess when FWB on (R) LE. PT. to remain in geri chair (with) wedge pillow &amp; pelvic stabilizing belt."</p> <p>-3/6/14 "Lowbed, Bolster Mattress (specialty mattress to reduce gaps between mattress and side rails), 15 minute checks"</p> <p>-3/4/14 "May use low bed with alarm, floor mat, W/C for transport." The 3/4/14 signed order indicated "...Resident may wear comfort bet (sic) during waking hours as tolerated to/from dining room and bathrooms as able with comfort belt staff assist x (times) 2...." Client #21's</p>		<p>event based on results of interviews, document reviews, and physical evidence; conclusion based on evidence that supports the conclusion of the investigation. Resident #1 continues to refuse to use her Bi-Pap. The respiratory services vendor has been contacted once and brought a different mask for the resident to use. She continues to refuse the use of this new mask, so the vendor has been contacted again to see if there is any other alternative that might be acceptable to the resident. These efforts are documented in the resident's clinical record. Resident #1 is on 15 minute checks during naps and at night, so that staff can assess her respiratory status as she sleeps. Her lung sounds, oxygen saturation levels, and temperature are being assessed every shift and documented in the clinical record. The physician will be notified if the assessment results in a concern related to her current status. Her ISP has been updated to address the resident's refusal to wear the Bi-Pap mask, and a care/risk plan has been developed for her dysphagia and to show the interventions and monitoring that staff is doing when the resident is sleeping and napping. A care plan has been developed regarding resident #1's dry skin issues and related treatment. Her dry skin issues</p>		

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	<p>3/4/14 order also indicated "May use standard safety belt with buckle for pelvic stabilizer while in wheelchair during transfers between buildings, may use foot rests." Client #21's 3/4/14 physician's order indicated client #21's diagnosis included, but was not limited to Seizure Disorder."</p> <p>Client #21's Nursing Notes indicated the following (not all inclusive):</p> <p>-1/29/14 Client #21's doctor ordered a PT evaluation due to falls.</p> <p>-2/2/14 at 9:30 AM, "...res (resident) sitting up in LR in W/C, had seizure &amp; fell on floor. did (sic) not hit head, seizure lasted 45 sec (seconds), res assisted up, no apparent injury."</p> <p>-2/3/14 at 8:00 AM, "Resting in bed, refusing to get up for breakfast...no distress noted."</p> <p>-2/5/14 at 8:00 AM, "...alert, up in W/C. ROM as usual, amb (ambulates) (with) steady gait, no problems noted."</p> <p>-2/7/14 at 10:30 AM, Res sitting in W/C in LR. had (sic) 30 second seizure and fell forward on the floor, seatbelt was on. res (sic) assessed, no apparent injury at this time. ROM as usual. neuro (sic) and</p>		<p>have improved at this time. Resident #5 's risk/care plan and ISP has been reviewed and revised to reflect the monitoring that is in place for the signs/symptoms of Dystonia, including the pain, depression, swelling, and movement disturbances. If there is a change in condition or if the signs or symptoms of Dystonia should appear/worsen, the physician will be notified at that time. Resident #9's ISP and risk/care plan have been updated to reflect monitoring and addressing the signs and symptoms of his dementia, including encouragement from staff to propel self in his wheelchair when possible. Staff will receive training regarding the signs/symptoms of dementia and methods to redirect resident when needed by 4/19/14. In addition, interventions have been added regarding turning and positioning every 2 hours to prevent pressure ulcers. Resident #7's ISP and risk/care plan have been updated to reflect interventions for prevention of pressure ulcer, including specifics for turning and positioning activities. The area on his right outer ankle is scabbed at this time. Resident #10's ISP and behavior plan has been updated to incorporate a physician recommendation for programming that would emphasize auditory and tactile</p>				

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	<p>fall flow sheet initiated."</p> <p>-2/8/14 at 4:00 PM "...No injury noted from fall...."</p> <p>-2/15/14 at 3:16 PM, Client #21's doctor and nurse practitioner were at facility and assessed the client.</p> <p>-2/27/14 "OT assessment done, no new orders."</p> <p>-2/28/14 at 8:00 AM, "Staff reported res noted to have bruising 14 cm x 7 cm bluish around heel and ankle and 15 cm x 9 cm reddish yellow on lower leg inner side, moderate swelling in foot &amp; lower leg."</p> <p>-2/28/14 at 8:15 AM, Client #21's doctor was paged.</p> <p>-2/28/14 at 8:30 AM, "[Name of doctor] returned call, orders rec'd (received)."</p> <p>-2/28/14 at 2:00 PM, "Rec'd call from staff, res being admitted to [name of hospital] for surgery in AM D/T (due to Tib/fib fracture...."</p> <p>-3/1/14 at 3:10 PM, Facility nurse spoke with a nurse at the hospital. The note indicated client #21 had "...surgery D/T spiral FX (fracture) et</p>		<p>stimulation and skill due to Resident#10's blindness, such as a sensory integration plan. Staff has been trained inthis program and is following the program plan at this time. The QIDP willmonitor for completion of the plan and its effectiveness. The nursing staff has been trained on theimportance of following physician orders, ISPs, and risk/care plans for eachresident, including documentation of care given for each resident at the frequency/timeit is ordered; such as bed rest, pressure relief, treatment for skin issues,oral care, toileting, turning and repositioning, and 15 minute checks. This isto be done for all residents. Nursing staff has been re-trained on theexpectation of complete documentation on all documents, including the 15 minutechecks. The nurses have beenre-in-serviced on the need for complete documentation of medications andtreatments as ordered by the physician. The facility is now documenting the specific times that a resident isturned and repositioned, the position the resident was placed in at the time ofthe repositioning, and what, if any, supports are used to make sure that theresident was comfortable and in good body alignment when repositioned. The facilitystaff has been in-serviced on the need to document all care given, includingtoileting efforts and oral</p>				

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	<p>compartmentalization (separation into sections). RN spoke (with) res. mother and she stated, 'he has a rod in his leg'...."</p> <p>-3/3/14 LE (late entry) at 2:00 PM, "for 2/26/14 12 n (noon) Resident noted to have seizure et slid down in wheelchair. VNS (Vagal Nerve Stimulator) magnet used with success. Head drop, body held rigid, et jerking of arms et legs noted. Footrests on W/C et resident legs under footrests. Resident uncooperative (with) sitting back or assisting (up) in W/C and walked to his room (with) the assistance of two staff. Resident alert et ambulating as usual." The 3/3/14 late entry for client #21's seizure on 2/26/14 was signed by LPN #5. The 3/3/14 late entry indicated the facility nurse failed to assess the client's legs after the seizure and/or failed to document the client's seizure in the client's Nurse note at the time the seizure occurred.</p> <p>-3/6/14 at 11:30 AM, Client #21 returned from the hospital. The note indicated client #21 had an "...Ace wrap in place to rt leg from mid thigh to toes...New orders rec'd fro non-wt bearing on rt leg lovenox and Norco (pain medication). To use hoyer lift for transfers. To use G-chair to DR (dining room) for lunch meal...."</p> <p>-3/6/14 at 1:00 PM, "Resident had</p>		<p>hygiene, as they occur for each resident. Please see W252 regarding lack ofdocumentation for clients' positioning, oral care, and health/treatment needsfor residents #5, #7, #8, #11, #12, #22, #23, #29, #38, #53, #54, #57, #64. Please see W368 regarding administration ofmedications and treatments in compliance with physician's orders for residents#11, #12, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p><u>2.How will the facility identify otherresidents having the potential to be affected by the same practice and whatcorrective action will be taken?</u> All residents have the potential to beaffected. If the Administrator, DON, or any member of the IDT management teamobserves or finds a concern in any of these areas, he/she will address thesituation immediately to ensure the resident's well-being and notify the DONand Administrator if they are not already involved. Once the resident is takencare of, the Administrator will begin an immediate investigation regarding thepotential abuse or neglect that may have occurred and will report the issue tothe state agencies as required. The DON will begin re-training all staffinvolved and will address the situation with progressive disciplinary action upto and including termination of employment as deemed necessary by the resultsof the</p>		

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	<p>seizure...(up) in dining getting ready to eat. Body supported for injury prevention. Wedge above head in geri chair...Legs did not move off of geri chair. Head drop, eyes rolled backward, body held rigid, cyanotic, slept after seizure, face red et jerking of arms noted. VNS used et resident coughed (after) use...." The 3/6/14 nurse's note indicated client #21's seizure lasted for 45 seconds. The note also indicated a "full body assessment" was completed and client #21 was not found to have any new injuries.</p> <p>-3/7/14 at 7:10 AM, The RN rewrapped client #21's fractured right leg. The note indicated "...Noticed the back side of (R) knee looked bruised (purple like) most likely from injury surgery...."</p> <p>-3/7/14 at 2 PM, "...OT eval completed (with) D/C of OT services. Will reassess when FWB on (R) LE. Pt to remain in geri chair (with) wedge pillow &amp; pelvic stabilizing belt."</p> <p>-3/7/14 at 3:00 PM, "PRN (as needed) Vicodin (pain) given for S/S of pain. Facial grimacing noted. Resident up in class...."</p> <p>-3/7/14 at 4:48 PM, "resident (sic) had 13 second seizure resident attempting to get</p>		<p>investigation.</p> <p><u>3.What measures will be put into place to ensure this practice does not recur?</u> The DON will review the focus charting, 24hour report, and physician telephone orders at least 5 days a week during eachtour of duty. She will bring that information to the morning IDT managementmeeting for review and discussion with the IDT. Any interventions that areformulated will be added to the care/risk plan and ISP at that time. The DONwill note those changes on the CNA assignment sheets and the 24 hour report sothat oncoming shifts will be made aware of the changes. The DON or designee will monitor by meansof the "Staff Treatment of Residents/Documentation – W149, W154, W240, &amp;W252" audit form at least 5 days a week. The DON will bring the results of theaudits to the next scheduled morning IDT management meeting for review andfurther discussion. Any issues will be addressed as indicated in question #2.The DON or designee will also document their response and immediate actiontaken on the audit form itself for those things found as not being in compliance at the time of the audit.</p> <p><u>4.How will corrective action be monitored toensure the deficient practice does not recur and what QA will be put into place?</u> The</p>	
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	<p>up out of Geri chair leg held steady and comfort provided resident able to be calmed and provided care by staff (sic)."</p> <p>-3/8/14 at 7:00 PM, "PT eval completed, discontinue further PT services until non-wt bearing is lifted."</p> <p>-3/10/14 at 12:02 AM, "resident (sic) up in bed trying climb out of bed (sic) resident attempting to climb out of bed attempting to rip of (sic) bandage to half cast resident yelling refusing VS (vital signs) resident redirected and lay back down at this time (sic)."</p> <p>-3/10/14 at 12:50 AM, "resident (sic) sitting up in bed yelling attempting to get out of bed pulling and shaking leg (R) refusing assessment PRN pain medication given and resident redirected will reattempt assessing when resident is resting (sic)."</p> <p>-3/10/14 at 1:50 AM, "resident (sic) resting in bed (with) eyes closed PRN pain medication appears to be effective...." The note indicated the nurse was able to assess the client at that time.</p> <p>-3/10/14 at 10:45 AM, "...Had 30 second seizure activity with no injuries noted, witnessed by [LPN #5] &amp; VNS magnet was used (with) success. Up in G-chair</p>		DON will bring the results of her auditsto the monthly QA committee meeting for review and recommendations for furtherprocess improvement. Any recommendations will be followed through by the DON ordesignee, with results brought back to the next month's QA committee forconsideration. This will continue on an ongoing basis.				

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	<p>(geri chair) to rt (right) leg up on pillow, ace wrap remains in place...."</p> <p>-3/10/14 at 1:30 PM, "Resident up in g-chair in living room and slid out of chair to the floor. Assist up with hooyer lift and taken to bed. Assessment done with no new injuries noted. No redness/discoloration. No S/S pain/discomfort noted...No seizure activity noted. Staff report resident was trying to remove wedge from behind him &amp; was squirming around in g-chair prior to sliding out...[name of doctor] to be here today at 3 P (3:00 PM) and will assess then." The 3/10/14 nursing note did not indicate client #21 was eating at the time he slid out of the Geri chair to the floor due to the wedge pillow.</p> <p>-3/10/14 at 3:40 PM, "pt (sic) seen by MD S/T sliding out of Geri chair. 0 (zero) N.O. (new orders) at this time. MD reviewed PT/OT POC. (papers on chart) 0 N.O."</p> <p>-3/11/14 at 7:15 AM, Client #21 was asked if he was in pain, the note indicated client #21 nodded his head "yes." The note indicated client #21 was given a PRN pain medication.</p> <p>-3/11/14 at 4:10 PM, "resident (sic) given PRN pain medication grimacing and very</p>						

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	<p>restless...."</p> <p>-3/13/14 at 7:30 AM, "15 minute checks continue...Vicodin given for S/S pain (grimacing). Cast intact (with) ace wrap (with) toes pink in color,...."</p> <p>Client #21's Seizure Episode Record indicated the facility documented seizures on the following:</p> <p>-3/3/14 for 2/27/14 at 12 noon, the following had check marks next to them: blank stare, head drop, body held rigid, slept after seizure, other "VNS used" and jerking of arms and legs. The entry indicated the seizure occurred on 2/27/14 versus 2/26/14 which allegedly resulted in client #21's fracture. The facility's nursing services failed to document client #21's seizure on the day and time the seizure occurred.</p> <p>-3/6/14 VNS swiped/used for 45 second seizure.</p> <p>-3/10/14 VNS swiped/used for 30 second seizure. Client #21's seizure records indicated the facility neglected to document client #21's 3/7/14 seizure of 13 seconds on the seizure record.</p> <p>Client #21's 6/20/13 Individualized Support Plan (ISP) indicated the</p>						

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	<p>following Supports and Purposes:</p> <ul style="list-style-type: none"> <li>-Helmet "To prevent injury during seizure activity...."</li> <li>-Magnet "To use for VNS...."</li> <li>-High/low bed without headboard...To prevent injury during seizure activity...."</li> <li>-Mat on floor by bed...To prevent injury during seizure activity...."</li> <li>-Bed alarm...To alert staff when [client #21] may have fallen out of bed...."</li> <li>-Shower chair with gaitbelt &amp; 2 staff ...To prevent injury during seizure activity...."</li> <li>-Comfort belt...Assistance during seizure...."</li> <li>-Weighted chair with back against the wall...To support against seizure activity...."</li> <li>-Ambulate with comfort belt and staff assistance holding belt...."</li> <li>-Wheelchair for longer distances...safely transport...."</li> <li>-Self-release pelvic stabilizer...Pelvic positioning to prevent sliding forward...."</li> <li>-Padding to table...To prevent injury during seizure activity...."</li> </ul> <p>Client #21's record and/or ISP neglected to indicate client #21 would throw himself and/or place himself on the floor. Client #21's ISP and/or record review indicated the facility's nursing services failed to review client #21's falls (without</p>			
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	<p>and/or without seizures) to ensure the client was monitored/protected to prevent injuries and/or potential injuries.</p> <p>Client #21's 3/6/14 Interdisciplinary Care Plan (ICP) indicated client #21 had a risk plan for his fractured tibia. The ICP/risk plan indicated 15 minute checks were to be completed by nursing. The 3/6/14 ICP also indicated client #21 was to utilize a G-chair with a pelvic stabilizer belt. The 3/6/14 ICP indicated "... (1) 3-10-14 Wedge cushion when I am eating or drinking in my g/c (G-chair)...." Client #21's ICP did not indicate a wedge cushion should be utilized at other times. Client #21's 3/6/14 ICP indicated "... (15) Keep my cast dry...." The ICP did not specifically indicate how facility staff were to keep client #21's cast dry when bathing, and/or how facility staff were to assist the client to bathe/shower.</p> <p>Client #21's 3/6/14 ICP for "I am @ (at) risk for sz (seizure disorder)" indicated "... 3) Encourage me to wear my helmet. 4) Use my magnet (I have a VNS implant). 5) Ambulate me (with) a 2 person &amp; gait belt. 6) Sit me in sand chair or high back arm chair. 7) Low bed (with) alarm, floor mat, bolster mattress. 8) pelvic (sic) stabilizer while in W/C (wheelchair) during transfers between buildings. May use foot rests. 9) Note</p>			
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	<p>time Sz started &amp; protect me from injury. Note time Sz ends...12) Assess me for any injuries (after) Sz...14) Complete my Sz record &amp; document in my chart. Client #21's 3/6/14 ICP, developed after client #21's fracture, nursing services failed to indicate client #21 was to be non-weight bearing and to utilize a G-chair with a pelvic stabilizer only as his primary means of mobility.</p> <p>Client #21's 15 Minute Observation Checklist indicated 15 minute checks were started on 3/6/14 at 1:30 PM. Client #21's 3/6/14 15 minute checks indicated on 3/6/14 at 5:15 PM client #21 "Tried to shift around in chair." Client #21's 3/6/14 15 minute check sheet also indicated client #21 had a seizure at 4:00 PM. The facility provided 15 minute checks for the following days: 3/6/14, 3/9/14, 3/10/14, 3/11/14 and 3/12/14. The facility did not provide any additional documentation of 15 minute checks for 3/7/14 and 3/8/14.</p> <p>Interview with the Director of Nursing (DON), administrative staff #1 and Qualified Intellectual Disabilities Professional (QIDP) #2 on 3/13/14 at 5:25 PM indicated client #21 had a fractured Tibia. When asked what happened, the DON stated "Not able to say 100%. Had fallen on 2/26/14." The DON stated client #21 fell out of his</p>			
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	wheelchair during a seizure and the client's feet were "tangled underneath footrests." The DON indicated client #21 was put back in his wheelchair and then walked back to his bedroom. The DON indicated some staff indicated client #21 was walking fine and some said the client would not walk/bear weight. The DON indicated client #21 was put back to bed. The DON stated client #21 did not get up for supper "all day Thursday and Friday." The DON indicated she was asked to look at the client's leg and it was swollen and bruised. The DON stated it looked like the injury was "42 to 72 hours old." The DON indicated client #21 was sent out to an orthopedic doctor and the client was found to have a fracture which required surgery. The DON indicated staff had indicated client #21 consumed 100% of his lunch and supper on Thursday which indicated the client would have went to the dining room. The DON indicated when she went to review the record, there was no documentation in client #21's record regarding a seizure on 2/26/14. The DON indicated LPN #5 did not document the seizure and the LPN was instructed to make a late entry. The DON stated LPN #5 indicated "She (LPN #5) was not educated on what to do with a seizure." The DON indicated LPN #5 knew where the policy book/policy for seizures was located. The DON indicated				

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	<p>LPN #5 received disciplinary action in regard to the incident. The DON indicated nursing staff was retrained on the facility's seizure policy and what to do when a client had a seizure on 3/5/14. The DON indicated client #21's seizures were to be documented on the client's seizure record in the client's chart. QIDP #2 and the DON stated client #2 "normally used a wheelchair for mobility." The DON indicated client #21 was to utilize a Geri-Chair with a pelvic stabilizer when the client was in the Geri-chair. The DON stated client #21 "slid out of his chair" on 3/10/14. The DON indicated the wedge pillow was to be used at meals only. QIDP #2 indicated client #21's IDT had not met to review the client's fracture and/or 3/10/14 fall since the fracture to determine how client #21 should be monitored/supervised to prevent further injuries/falls. QIDP #2 and the DON indicated client #21 was on 15 minute checks. QIDP #2 and the DON indicated client #21 was on 15 minute checks on 3/10/14 when client #21 slid out of his wheelchair to the floor on 3/10/14. QIDP #2 and the DON indicated client #21 continued to be on 15 minute checks. The DON indicated client #21's care plan for seizures, fall risk and fractured leg were done on 3/6/14. When asked how facility staff were to keep client #21's cast dry, the</p>						

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	<p>DON stated "No shower. He is getting complete bed baths." The DON indicated client #21's care plan did not specifically indicate how facility staff were to keep client #21's cast dry, and/or indicate how facility staff were to bathe/shower the client. When asked why client #21's 3/6/14 care plan indicated client #21 was a 2 person assist with a gait belt when ambulating, the DON stated "It was an error and would change right away." The DON stated client #21 was to be "non-weight bearing."</p> <p>4. The facility's reportable incident reports, Incident/Accident Reports (IARs) and/or investigations were reviewed on 3/11/14 at 2:26 PM. The facility's 2/4/14 reportable incident report indicated "ON (sic) 2-4-14, the resident (client #1) presented with an elevated temperature of 100 degrees. A cough was noted along with nasal congestion. Respirations were short and shallow. Oxygen saturation was 80% on room air. Wheezing was auscultated in the right upper lobe. The physician was notified and the facility received an order to transport to ER (emergency room). The hospital notified the facility later today, (sic) the resident had been admitted with a diagnosis of pneumonia...The resident had been monitored closely by the licensed staff since 1-29-14, when the resident started</p>						

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	<p>having a non productive cough and nasal drainage. The MD was notified and he issued no new orders. The resident was placed on focused charting by the nurses, which includes a full set of vital signs, lung assessment, etc., every shift. The resident was receiving prn Tylenol for pain/elevated temp (temperature) and prn Tessalon Perles for cough, per order. On 1-31-14, the resident had a low grade temp of 99.3 degrees. The resident remained afebrile until 2-4-14, when she was sent to the hospital...."</p> <p>The facility's 2/18/14 follow-up report indicated "The resident was admitted to the hospital on 02-04-14 with a diagnosis of pneumonia. The resident returned to the facility on 2-16-14. While at the hospital, the resident's admitting diagnosis was pneumonia with hypoxemia (low oxygen levels), respiratory failure, sleep apnea...The resident returned with orders for a bi-pap to be worn at night and when she naps. The resident refuses to wear. Staff continue to encourage the resident to wear the bi-pap. The resident also returned with a 'No code' status. The guardian does not CPR (cardiopulmonary resuscitation) or incubation. The resident was released back to the facility with new medication orders of Theophylline and Diamox (Obstructive Sleep Apnea). The</p>			
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	<p>resident also returned on a mechanically altered diet. The resident had been on a regular diet prior to hospitalization. Speech therapy will be evaluating the resident to ensure a safe diet is provided...Since return, the resident has been up and ambulating throughout the facility ad lib. O 2 (oxygen) saturations have been between 93-96% every shift. Appetite has been between 75-100% of all meals. Lung sounds are clear. Resident has denied any pain or discomfort. Will continue to monitor and address any health concerns as they arise...."</p> <p>During the 3/13/14 observation period between 2:09 AM and 4:15 AM, at the facility, client #1 was laying on her back asleep and with her mouth open making loud sounds with intermittent silence. Client #1 did not have her Bi-pap on. The Bipap machine was laying on the client's dresser next to her bed.</p> <p>Interview with staff #56 on 3/13/14 at 2:55 AM indicated client #1 was to wear her Bi-pap at night. Staff #56 indicated client #1 refused to wear the Bi-pap mask. Staff #56 indicated client #1 stated she was afraid she would die as her mother had an oxygen mask on and died.</p> <p>Client #1's record was reviewed on</p>				

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	<p>3/13/14 at 11:32 AM. Client #1's 2/4/14 Admission Note/H&amp;P (History and Physical) indicated "...patient is admitted with cough and tachypnea and hypoxia...." The H&amp;P indicated client #1 "...had developed a cold several days ago. She does not seem to be having any distress with on the day of her admission when she awakened she was noted to be very cachectic (bad condition) (sic)...."</p> <p>Client #1's 2/16/14 Discharge Summary indicated client #1 was discharged from the hospital on 2/16/14. The Discharge Summary indicated client #1's "Discharge Diagnoses included, but were not limited to,</p> <ol style="list-style-type: none"> <li>1. Pneumonia.</li> <li>2. Respiratory Failure.</li> <li>3. Obstructive Sleep Apnea.</li> <li>4. Mental Retardation with behavioral component.</li> <li>5. Obesity.</li> <li>6. Dysphagia...." The Discharge Summary indicated "...REASON FOR ADMISSION: The patient had an upper respiratory infection for the previous several days. and upon awakening on the day of her admission, she was found to be extremely tachypneic (rapid breathing). She had oxygen saturations in the low 80's and she was transferred to the emergency room at [name of hospital]. She was found to have an abnormal chest</li> </ol>						

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	<p>x-ray, to be quite wheezy, and was admitted. HOSPITAL COURSE: The patient was given intravenous antibiotics. She had a swallowing evaluation, which showed evidence of significant dysphagia. This patient continued to have significant tachypnea with wheezing, but approximately her 3rd (third) hospital day, she began to improve. Attempts were made to wean her from oxygen. This was satisfactorily accomplished the next day. This evening, she was observed to have an episode of aspiration by nursing personnel. Later in that night, she developed significant respiratory distress, was found to have evidence of respiratory failure. She was transferred to the ICU (Intensive Care Unit) where she was given BIPAP therapy...She eventually had a sleep study done, which showed evidence of significant sleep apnea. She was evaluated by ENT (Ears, Nose and Throat doctor) for possibility of using a tracheotomy. Family was consulted about this, and after several days, they declined this service...." The discharge note indicated "...She (client #1) was compliant with obstructive sleep apnea device therapy...."</p> <p>Client #1's 2/19/14 Physician Progress Note indicated "[Client #1] subjective/patient recently returned from</p>						

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	<p>the hospital after having pneumonia and respiratory failure related to diagnosis of dysphagia as well as obstructive sleep apnea. Patient states she is feeling better now. She has been having a great deal of difficulty wearing CPAP device...Chest revealed increased AP (AnteroPosterior) diameter diminished breath sounds...I have encouraged patient to wear CPAP device because of her sleep apnea. I would suggest that we have the vendor of the CPAP device tried (sic) different facial apparatus to try and find something that the patient would be comfortable with. I also believe that a dermatology evaluation of her extreme dry skin would be beneficial."</p> <p>Client #1's 3/3/14 typed doctor's note indicated client #1 saw a dermatologist on 3/3/14 for a rash. The typed note indicated "...The patient is here for a new skin problem per care giver pt (patient) has dry skin all over. The symptoms were first noticed months. Currently symptoms include irritation, itching, redness, scaling. The patient has completed the following treatment(s) for condition OTC (over the counter) creams. The patient has not had prior treatment for this condition....is here for 'extremely dry skin'...examination reveals that she has generalized dry skin she has numerous as she places on her trunk and</p>				

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	<p>extremities (sic). There is no erythematous (inflammatory skin disease) dermatitis. Recommend Cetaphil's gentle skin cleanser as a substitute for soap. Recommend some Eucerin smoothing repair her dry skin lotion all over once a day. Return in 3 months...." The typed sheet indicated client #1 was diagnosed with Xerosis (dry skin).</p> <p>Client #1's 3/4/14 physician orders indicated "BI/PAP 12/6 Wear Nightly For As Long It Is Tolerable And At Any Time While Taking A Nap." The 3/4/14 physician's order indicated client #1 received the following medications for the client's Obstructive Sleep Apnea:</p> <ul style="list-style-type: none"> <li>-Theophylline 200 milligrams three times a day</li> <li>-Diamox 205 milligrams 1/2 tablet (125 milligrams) daily</li> </ul> <p>Client #1's 3/4/14 physician's order indicated client #1 also received "Medroxyprogesterone 10 milligrams 4 tablets three times daily Dx (diagnosis) Obstructive Sleep Apnea." Client #1's physician's order indicated the client received a "Dysphagia Mechanically Altered Diet 'No Fluid Rest;' Soups are to be blended, but can have easy to chew 1-2 inch pieces, meats should be ground (ground); cottage cheese, eggs, except hard boiled. Breads should be soft, moist</p>						

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	<p>with syrup/sauce or pureed. Cereal should be cooked. Canned fruit, fresh bananas-okay, no seeds skins. Vegetables; soft/cooked 1-2 inch in size."</p> <p>Client #1's 2/26/14 physician's order indicated "May use 02 (oxygen) @ 2-4L (liter) to maintain 02 stats of 92%." Client #1's 2/18/14 physician's order indicated "Saline nasal gel to both nostrils HS and PRN D/T Bipap use."</p> <p>Client #1's 3/7/14 Weekly Skin Assessment indicated "No issues Noted" in regard to client #1's skin.</p> <p>Client #1's Nurses Notes indicated the following (not all inclusive):</p> <p>-2/4/14 at 12:30 AM, Client #1's vitals signs were taken. The note indicated "Lung sounds clear. No coughs or nasal drainage noted. NO S/S of pain or distress noted."</p> <p>-2/4/14 at 7:15 AM, T (temperature) 100.0, BP (blood pressure) 100/72, P(pulse) 114, R(respirations) 34, Sp 02 (oxygen level) 80% RA (room air). Cough noted. Nasal Congestion present. Respirations short/shallow (continued) Oxygen placed on patient at 2L. Sp 02 (increased) to 96%. (R) (right) (upper) lobe wheezing noted but all quads</p>			
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	<p>diminished. [Name of doctor] updated et (and) new orders noted to sent patient to ER for evaluation...911 called."</p> <p>-2/10/14 at 8:15 PM, Facility nurse spoke with a nurse at hospital/ The note indicated "...Resident admitted to ICU. Resident is on Bi-Pap at this time. Can call unit for update."</p> <p>-2/16/14 at 1:00 PM, Client #1 was to come home from the hospital today. The note indicated client was to use Bi-pap settings of 12/6.</p> <p>-2/17/14 at 1:00 AM, No signs and symptoms of distress noted. The note indicated client #1 was refusing to wear the BIPAP device.</p> <p>-2/17/14 at 11:00 AM, Client #1 was counseled on "...importance of wearing Bipap while in bed both at night and nap time. lungs (sic) clear nasal drainage noted resident c/o (complaints of) nasal congestion (sic). Call placed to [name of doctor] awaiting return call."</p> <p>-2/18/14 "...Resident refused to wear Bipap mask." The note indicated client #1 was "...educated on the importance of wearing the mask...."</p> <p>-2/19/14 at 8:00 PM, "...Resident took</p>						

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	<p>shower (with) assist from this nurse and became SOB (short of breath) (with) physical act (activity) of dressing self assistance provided by this nurse. SP 02 95% RA once resident finished dressing...."</p> <p>-2/20/14 at 7:15 AM, Client #1 refused to wear the Bipap mask. The note indicated "...Teaching provided on consequences of not using bipap...."</p> <p>-2/20/14 at 6:35 PM, "RT (Respiratory Therapy) here fitted resident for nasal pillow for bipap resident states 'won't wear it' to the nurse resident appears frightened of the idea of wearing bipap resident educated by this nurse of importance and comfort provided to attempt in decreasing fear(sic). this (sic) nurse will re-educate and provide comfort at HS (bedtime) in regards to bipap."</p> <p>-2/21/14 at 1:30 PM, "...Encouraged res. (resident) to wear mask while sleeping...."</p> <p>-2/22/14 at 12:40 AM, Client #1 refused to wear the Bi-pap.</p> <p>-2/22/14 at 12:15 AM, "...discussed wearing bipap and the importance of it to the residents (sic) health will provide further education and encouragement at</p>						

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	<p>bed time."</p> <p>-2/25/14 at 6:00 PM, "...refuses to wear BiPap while sleeping or napping...."</p> <p>-2/26/14 at 2:00 AM, "...resident refusing to wear Bipap educated on the importance of wearing it resident still refuses (sic)."</p> <p>-2/26/14 at 11:15 am "Continues to refuse to wear bi-pap. Guardian updated of condition et (and) refusal. Guardian states 'all you can do is encourage her.' "</p> <p>-2/28/14 at 7:00 AM, "resting (sic) in bed. refused (sic) to wear bi-pap mask. DON (Director of Nursing), guardian &amp; [name of doctor] aware...."</p> <p>-3/1/14 at 12:15 AM, "...continues to refuse bipap...."</p> <p>-3/2/14 at 11:15 AM, Client #1 was refusing to wear Bipap.</p> <p>-3/5/14 at 2:30 AM, "...Resident resting in bed will not put BIPAP on at this time. refused x (times) 3...."</p> <p>-3/6/14 at 2:00 AM "...Resident refused to wear bipap. Resident educated on the need to wear mask. No S/S of pain or discomfort noted."</p>			
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	<p>-3/10/14 at 2:00 AM, "...resident resting in bed (with) eyes closed bipap attempted resident refused educated on how important wearing bipap was to residents health resident continued to refuse (sic)."</p> <p>Client #1's 10/23/13 Nursing Care Plan indicated the following (not all inclusive):</p> <p>"1. Annual Physical... 5. Staff to report changes in behavior... 7. Monitor bowel/bladder habits. 8. Monitor meal intakes and hydration. 9. Pharmacological review monthly. 10. Monitor for EPS (Extrapyramidal Symptoms) related to psychotropic use AIMS test quarterly. 11. Aspiration Risk monitor for signs/symptoms of aspiration cough Fever Lung sounds SLP (Speech Language Pathologist) evaluation/treatment as indicated... 12. Monitor health care needs and treat them</p>				

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W000332	<p>483.460(c)(1) NURSING SERVICES</p> <p>Nursing services must include participation as appropriate in the development, review, and update of an individual program plan as part of the interdisciplinary team process.</p> <p>5. On 3/12/14 at 2:15 PM, the facility BDDS (Bureau of Developmental Disabilities Services) and I/A (Incident/Accident) reports were reviewed. A BDDS report dated 2/17/14 indicated Client #5 "ambulates throughout the facility without assist. The resident has not had any falls or known trauma to right leg. The resident was complaining of right leg pain, the morning of 2/16/2014." The report indicated "the nurse assessed the leg and saw the leg was taut, warm to touch, and slight redness was noted. The resident stated he was not able to walk. The resident could stand, bear weight, and pivot but only for short periods of time." The report indicated Client #5's ROM (range of motion) was within normal limits. The report indicated Client #5 went to the emergency room to evaluate his leg. The report indicated Client #5 was diagnosed with "leg swelling." The report indicated "labs and x-rays were completed...". The report indicated "a Venous Doppler was also done with negative results for DVT (deep vein thrombosis)." The report indicated Client #5 continued to refuse to ambulate.</p>	W000332	<p><u>1. What corrective action will be done by the facility?</u> The CNAs and nurses have been inserviced on the use of a draw/turn sheet to turn Resident #29 from side to side without adding undo pressure or stress to his gluteal area. Nursing staff has been in-serviced on providing privacy during showers for all residents, including #29, as well as identifying and using the correct size shower chair for each resident. The nurses have been re-in-serviced on the need for complete documentation of medications and treatments as ordered by the physician. The facility is now documenting the specific times that a resident, such as #29, is turned and repositioned, the position the resident was placed in at the time of the repositioning, and what, if any, supports are used to make sure that the resident was comfortable and in good body alignment when repositioned. The facility staff has been in-serviced on the need to document toileting efforts as they occur for each resident. Resident #29's care plan has been updated to include interventions such as the use of a draw/turn sheet when repositioning Resident</p>	04/19/2014
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	<p>-A follow up BDDS report dated 2/17/14 indicated Client #5 "is now being seen by Physical Therapy two times weekly for 12 weeks, for therapeutic exercises, balance training, gait training, and caregiver patient education." The report indicated Client #5 "also had an OT (Occupational Therapy) eval (evaluation) today and will be seen 1-2 times weekly for ADL (Activities of Daily Living) retraining...". The report indicated "the resident has an apt (appointment) to be seen by a neurologist on 3-12-14 for leg pain. This doctor gives Botox injections which help relieve pain. The resident's physician (primary care physician) saw him 2-19-14 and wrote no new orders." The report indicated Client #5 "will stand and pivot but refuses to ambulate. The resident states 'Won't walk'."</p> <p>On 3/13/14 at 1:48 PM, record review indicated Client #5's diagnoses included, but were not limited to, SIB (self-injurious behavior), Anemia, Psychosis, Type 2 Diabetes, Dystonia (a progressive syndrome characterized by involuntary muscle contractions which can cause slow, repetitive movements, uncomfortable postures, and chronic pain) and Depression. Review of the 3/1/14 MAR (medication administration record) indicated Client #5 was</p>		<p>#29, positioning devices used in bed and in wheelchair to prevent skin issues, adaptive equipment needed for positioning during showers as well as appropriate positioning during showers to prevent injury to skin and circulation and to protect privacy. Resident #38's pressure ulcer healed and then has opened again – it is under treatment at this time. The facility is now documenting the specific times that a resident, such as #38, is turned and repositioned, the position the resident was placed in at the time of the repositioning, and what, if any, supports are used to make sure that the resident was comfortable and in good body alignment when repositioned. The facility staff has been in-serviced on the need to document toileting efforts as they occur for each resident, as well as when showers/bathing is done. Resident #38's risk/care plan has been updated to reflect interventions for his current needs. Changes in residents' conditions, including physician telephone orders are brought by the DON to the morning interdisciplinary management meeting which occurs at least 5 times a week for review by the IDT (interdisciplinary team) and development of recommendations and interventions to meet the</p>				

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	<p>prescribed Baclofen (muscle relaxant) 10mg (milligrams) 4 times daily for Dystonia on 6/07/13, Gabapentin (generic for Neurontin, anticonvulsant) 300mg taken 3 times daily for Dystonia on 6/7/13, and Gabapentin 800mg taken 3 times daily for Dystonia dated 6/7/13.</p> <p>Record review indicated hospital discharge paperwork dated 2/17/14 indicated a medication list for Client #5. The list indicated Botox shots were prescribed "maintenance" dated 2/3/11. The list indicated Client #5 was prescribed Diazepam (generic for Valium, anti-anxiety) 5mg (milligrams) PRN (given as needed) 1/2 (half) hour prior to Botox injections for maintenance (dated 2/4/11).</p> <p>Record review indicated Client #5 had an Occupational Therapy care plan dated 2/20/14 which indicated "Pt. (patient) was min (minimum) A (assist) c (with) dressing, grooming, bathing, and toileting. Decline noted from min (minimum) A (assist) to total dependent requiring skilled OT (Occupational Therapy)." The report indicated "complaints of leg pain that may limit ADL (Activities of Daily Living) I (Independently)."</p> <p>Record review indicated Client #5 had</p>		<p>residents' condition changes. The QIDPs attend this meeting and will update their records and care/risk plans to address the residents' change in status as had been done with Resident #21 and #38. Resident #54 has had his care/risk plan developed for interventions when he refuses to lie down to relieve the pressure on his buttocks. He does not have an open area at this time. Resident #6 has had his care/risk plan &amp; ISP reviewed and interventions were developed regarding his drooling, positioning and turning, and toileting. He does not have an open area at this time, but does have a scabbed area on the back of his head – this area developed when he was in the hospital and was present upon his readmission to the facility. Resident #57 has had his care/risk plan reviewed and revised to reflect interventions for prevention of recurring pressure ulcers, excoriation, gaulding, and/or shearing. He is also being toileted every 2 hours and turned/repositioned every 2 hours. Resident #21 remains in a reclining geri-chair with a pelvic stabilizing belt. A wedge is used behind his back for meals. He has a care/risk plan with interventions relating to his current level of mobility, as well as interventions for prevention of future injuries. A mechanical lift with assistance of 2 staff is being used for all transfers. The staff has been</p>				

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	<p>Botox injections on 11/26/11 on various areas of his left arm for a total of 600 units injected. The neurologist report indicated "we will plan on repeating injections in 3 months. He continues to have good results with these injections."</p> <p>Record review indicated Client #5 was seen by a physician for Botox injections on 4/30/12 for various areas of "LUE" (left upper extremity). The physician note indicated recommendations to "F/U (follow up) in 3 months."</p> <p>Record review indicated Client #5 had Botox injections on 2/26/13 on various areas of his left arm for a total of 600 units. The neurologist report indicated "He continues to respond quite well to these injections, in fact, really has seemed to loosen up quite a bit since we initially started these injections."</p> <p>Record review indicated Client #5 had a ISP (Individual Support Plan) dated 5/2/13. Client #5 had a "Health Management Deficit" plan which indicated Client #5 had monitoring for behavior, skin break down, side effects of psychotropic medications, aspiration, and diabetes. No plan for monitoring the signs and symptoms of Client #5's diagnosis of Dystonia was included in Client #5's "Health Management Deficit"</p>		<p>trained on bathing the resident while keeping the cast dry. The nurse who did not assess Resident #21 after his seizure and did not document the seizure has received disciplinary action. The nurses will be re-trained on assessment after injuries and documentation of unusual events, such as seizures. In addition, staff has been re-trained on the expectation of complete documentation on all documents, including the 15 minute checks. The Administrator has developed and is using a different format for investigations that includes different sections to be taken under consideration when doing an investigation in an attempt to improve the depth and content of any investigation that is done, including those of allegations of neglect abuse, and/or injuries of unknown source. The content of the new investigation tool contains such things as: synopsis of the event, including specific details of the event itself and those who were involved in it or witnessed it; employees, residents, and other people interviewed; any identification of abuse or neglect and any necessary follow up done at that time; medical records reviewed; personnel records reviewed; chart/care plan review; employee time cards reviewed; other pertinent documents reviewed; physical evidence reviewed; summary of</p>		

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	<p>or ISP.</p> <p>During an interview on 3/13/14 at 4:35 PM, the DON (Director of Nursing) indicated she would have to clarify Client #5's order for "maintenance" Botox injections. The DON indicated Client #5 did not have a care plan for monitoring for signs and symptoms of Dystonia including pain, depression, swelling, and movement disturbances.</p> <p>6. On 3/13/14 at 4:48 PM, record review indicated Client #9's diagnoses included, but were not limited to, Profound Intellectual Disabilities, Down's Syndrome, Depression, Dementia with behavioral disturbances, and OCD (Obsessive Compulsive Disorder).</p> <p>Review of quarterly nurse review dated 9/10/13 indicated Client #9 had a "Nursing Care Plan" which indicated the following fall risk plan included the following interventions:</p> <ul style="list-style-type: none"> <li>-Glasses</li> <li>-Identifier in place</li> <li>-Safety goal in place - wait for assistance</li> <li>-Fall risk assessment completed quarterly and with every fall</li> <li>-If fall occurs, nursing to assess for injuries</li> <li>-Merry walker - ambulate with merry</li> </ul>		<p>event based on results of interviews, document reviews, and physical evidence; conclusion based on evidence that supports the conclusion of the investigation. Resident #1 continues to refuse to use her Bi-Pap. The respiratory services vendor has been contacted once and brought a different mask for the resident to use. She continues to refuse the use of this new mask, so the vendor has been contacted again to see if there is any other alternative that might be acceptable to the resident. These efforts are documented in the resident's clinical record. Resident #1 is on 15 minute checks during naps and at night, so that staff can assess her respiratory status as she sleeps. Her lung sounds, oxygen saturation levels, and temperature are being assessed every shift and documented in the clinical record. The physician will be notified if the assessment results in a concern related to her current status. Her ISP has been updated to address the resident's refusal to wear the Bi-Pap mask, and a care/risk plan has been developed for her dysphagia and to show the interventions and monitoring that staff is doing when the resident is sleeping and napping. A care plan has been developed regarding resident #1's dry skin issues and related treatment. Her dry skin issues</p>				

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	<p>walker and assist of 1 staff -PT (physical therapy)/OT (occupational therapy) evaluations as indicated.</p> <p>Client #9's ISP (Individual Support Plan) dated 1/2/14 indicated "[Client #9] used to be able to comprehend conversations with staff and join in but lately his Dementia has taken a toll on his mental and physical abilities."</p> <p>Client #9's physician order dated 3/2014 indicated Client #5 had a therapy recommendation dated 8/29/13 which indicated "use wheelchair and encourage propulsion with lower extremities."</p> <p>On 3/13/14 at 5:35 PM during an interview, Client #9's QIDP (Qualified Intellectual Disabilities Professional) #4 indicated Client #9 had a recent decline in physical abilities. In an additional interview by email (electronic mail) on 3/17/14 at 8:20 PM, the QIDP #4 stated Client #9 had been using a merry walker "but he began having difficulties moving around in the walker and started having falls." The QIDP #4 stated "as of 8/29/13 therapy states [Client #9] is to use a wheelchair and encourage propulsion with lower extremities." The QIDP #4 stated "Yes, [Client #9], declined due to his Alzheimer's/Dementia...". No further documentation was available for review</p>		<p>have improved at this time. Resident #5 's risk/care plan and ISP has been reviewed and revised to reflect the monitoring that is in place for the signs/symptoms of Dystonia, including the pain, depression, swelling, and movement disturbances. If there is a change in condition or if the signs or symptoms of Dystonia should appear/worsen, the physician will be notified at that time. Resident #9's ISP and risk/care plan have been updated to reflect monitoring and addressing the signs and symptoms of his dementia, including encouragement from staff to propel self in his wheelchair when possible. Staff will receive training regarding the signs/symptoms of dementia and methods to redirect resident when needed by 4/19/14. In addition, interventions have been added regarding turning and positioning every 2 hours to prevent pressure ulcers. Resident #7's ISP and risk/care plan have been updated to reflect interventions for prevention of pressure ulcer, including specifics for turning and positioning activities. The area on his right outer ankle is scabbed at this time. Resident #10's ISP and behavior plan has been updated to incorporate a physician recommendation for programming that would emphasize auditory and tactile</p>				

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	<p>to indicate Client #9's fall risk plan had been updated with current PT (physical therapy) recommendations for use of wheelchair.</p> <p>7. On 3/13/14 at 12:00 PM record review indicated Client #7's diagnosis included, but was not limited to, Mild Mental Retardation with traumatic head injury. Review of "Nurses Notes" indicated the following notes:</p> <p>-12/26/13 note indicated "NO (new order) for bactroban (antibiotic cream) for infected hair follicles on upper thighs."</p> <p>Record review indicated an "Assessment of Other Skin Abnormalities" dated 11/6/13 which indicated "R (right) ankle 0.5 cm abrasion." An updated skin assessment dated 11/22/13 indicated "scab remains, no signs of infection." Another updated skin assessment dated 11/29/13 indicated "area to right ankle remains slightly red, small scab noted." Record review indicated "Weekly Evaluation" dated 12/4/13 indicated continued updates which indicated on 1/18/14 the area was "healed."</p> <p>Record review of nursing notes indicated the following:</p> <p>-1/19/14 note indicated "New orders</p>		<p>stimulation and skill due to Resident#10's blindness, such as a sensory integration plan. Staff has been trained in this program and is following the program plan at this time. The QIDP will monitor for completion of the plan and its effectiveness. The nursing staff has been trained on the importance of following physician orders, ISPs, and risk/care plans for each resident, including documentation of care given for each resident at the frequency/time it is ordered; such as bed rest, pressure relief, treatment for skin issues, oral care, toileting, turning and repositioning, and 15 minute checks. This is to be done for all residents. Nursing staff has been re-trained on the expectation of complete documentation on all documents, including the 15 minute checks. The nurses have been re-in-serviced on the need for complete documentation of medications and treatments as ordered by the physician. The facility is now documenting the specific times that a resident is turned and repositioned, the position the resident was placed in at the time of the repositioning, and what, if any, supports are used to make sure that the resident was comfortable and in good body alignment when repositioned. The facility staff has been in-serviced on the need to document all care given, including toileting efforts and oral</p>		

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	<p>noted to discontinue Bactroban to R (right) (upper) thigh."</p> <p>-2/24/14 note indicated "pinpoint scab area noted to Rt (right) ankle, no redness or drainage, [primary care physician] updated, duoderm ordered."</p> <p>-2/28/14 note indicated "scab intact to rt (right) ankle."</p> <p>Record review indicated Client #7 had a care plan for open areas which was dated 12/31/09 and continued as reviewed on the following dates: 6/13/10, 12/29/10, 4/2/11, 5/29/11, and 1/21/13. Client #7's care plan indicated potential for right ankle open area due to position Client #7 sleeps in bed.</p> <p>Record review indicated Client #7 had a "Episodic Care Plan for Open Area" dated 2/24/14 which indicated Client #7 had a pressure ulcer to his right outer ankle. Client #7's skin integrity care plan dated 2/28/14 indicated the following interventions:</p> <p>"1) My staff will turn and change my position at least every 2 hours. 2) Staff keep me clean and dry and toilet me at least every 2 hours. 3) Nurses will do a weekly skin assessment.</p>		<p>hygiene, as they occur for each resident. Please see W252 regarding lack of documentation for clients' positioning, oral care, and health/treatment needs for residents #5, #7, #8, #11, #12, #22, #23, #29, #38, #53, #54, #57, #64. Please see W368 regarding administration of medications and treatments in compliance with physician's orders for residents #11, #12, #22, #23, #29, #38, #53, #54, #57, #64.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u> All residents have the potential to be affected. If the Administrator, DON, or any member of the IDT management team observes or finds a concern in any of these areas, he/she will address this situation immediately to ensure the resident's well-being and notify the DON and Administrator if they are not already involved. Once the resident is taken care of, the Administrator will begin an immediate investigation regarding the potential abuse or neglect that may have occurred and will report the issue to the state agencies as required. The DON will begin re-training all staff involved and will address the situation with progressive disciplinary action up to and including termination of employment as deemed necessary by the result of the</p>		

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	<p>4) A Braden assessment will be completed at least quarterly and as needed.</p> <p>5) I have a pressure relieving mattress.</p> <p>6) I have a pressure relieving cushion in my chair.</p> <p>7) Call my doctor if my condition changes.</p> <p>8) Lotion to skin c (with) AM and PM care.</p> <p>9) Lotion to skin c (with) showers</p> <p>10) Turn side to side on even hours."</p> <p>Record review indicated Client #7's "Treatment Record" dated 3/1/14 indicated Client #7 was to be monitoring for "turn/reposition q (every) 2 hrs (hours)." Client #7's 3/14 treatment record indicated he required "assist" in order to turn/reposition. Client #7's treatment record indicated documentation for 3/1/14 to 3/13/14 only document overnight turn/repositioning monitored only once per shift. Turn and repositioning monitoring was documented per shift on 3/1/14 to 3/13/14. No other documentation was available to review to indicate Client #7 was turned or reposition every 2 hours.</p> <p>During an interview on 3/13/14 at 4:35 PM, the DON (Director of Nursing) indicated the facility had been reviewing client's skin integrity care plans to ensure</p>		<p>investigation.</p> <p><u>3.What measures will be put into place to ensure this practice does not recur?</u> The DON will review the focus charting, 24hour report, and physician telephone orders at least 5 days a week during eachtour of duty. She will bring that information to the morning IDT managementmeeting for review and discussion with the IDT. Any interventions that areformulated will be added to the care/risk plan and ISP at that time. The DONwill note those changes on the CNA assignment sheets and the 24 hour report sothat oncoming shifts will be made aware of the changes. The DON or designee will monitor by meansof the "Staff Treatment of Residents/Documentation – W149, W154, W240, &amp;W252" audit form at least 5 days a week. The DON will bring the results of theaudits to the next scheduled morning IDT management meeting for review andfurther discussion. Any issues will be addressed as indicated in question #2.The DON or designee will also document their response and immediate actiontaken on the audit form itself for those things found as not being incompliance at the time of the audit.</p> <p><u>4.How will corrective action be monitored toensure the deficient practice does not recur and what QA will be put into place?</u> The</p>	
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	<p>they were thorough. The DON indicated the facility reviews incident reports to look for trends in skin issues.</p> <p>7. On 3/13/14 at 4:48 PM, record review indicated Client #9's diagnoses included, but were not limited to, Profound Intellectual Disabilities, Down's Syndrome, Depression, Dementia with behavioral disturbances, and OCD (Obsessive Compulsive Disorder).</p> <p>Review of "Nurses Notes" indicated the following notes:</p> <p>-8/9/13 note indicated "PRN (given as needed) treatment initiated for Lotrimin (antifungal cream) for gaulding to groin."</p> <p>-8/12/13 note indicated "skin irritation noted to left shoulder."</p> <p>-8/14/13 note indicated "Res (resident) has two yellow discolorations to right abdomen 6cm (centimeters) x (by) 6cm &amp; (and) 3cm x 2 cm and one to right hip 2 cm x 2cm."</p> <p>-9/20/13 note indicated "resident noted to have open area to coccyx...Bactroban (antibacterial cream) TID (three times daily) x (for) 14 days to coccyx."</p> <p>-9/21/13 note indicated "side area to</p>		<p>DON will bring the results of her auditsto the monthly QA committee meeting for review and recommendations for furtherprocess improvement. Any recommendations will be followed through by the DON ordesignee, with results brought back to the next month's QA committee forconsideration. This will continue on an ongoing basis.</p>				

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	<p>coccyx remains - tx (treatment) done. 0 (no) S/S (signs or symptoms) of infection."</p> <p>-10/4/13 note indicated "area from 9/20/13 to coccyx healed."</p> <p>-10/16/13 note indicated "mass felt to scrotum...[primary care physician] assessed scrotum, no new orders, to re-assess in 2 weeks."</p> <p>-11/5/13 note indicated "[primary care physician] here, scrotum reassessed c (with) 0 (no) new orders."</p> <p>-12/11/13 note indicated the physician stated "hydrocele to R (right) testicle et (or) cyst to R (right) testicle. 0 (no) treatment at this time."</p> <p>-1/9/14 note indicated "0.3 cm (centimeter) round open area noted to left side of scrotum. [Primary Care Physician] notified with new orders rec'd."</p> <p>-1/10/14 note indicated "open area to scrotum remains unchanged. Small amount yellow drainage noted. Tx (treatment) continues."</p> <p>-1/12/14 note indicated "open area remains to scrotum, no drainage noted."</p>			

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	<p>-1/30/14 note indicated "wound to scrotum draining purulent (pus) drainage. Treatment not effective. [Primary Care Physician] updated c (with) new orders to culture."</p> <p>-2/2/14 note indicated "area to scrotum remains TX (treatment) applied, no results of cultures noted."</p> <p>-2/4/14 note indicated "treatment continues to open area which is draining scant amount purulent (pus) drainage."</p> <p>-2/4/14 note indicated "no (new order) Amoxi (antibiotic) mg (milligrams) PO (by mouth) BID (twice daily) D/T (due to) infection in scrotal cyst x (for) 7 days."</p> <p>-2/8/14 note indicated "area to scrotum closed."</p> <p>Review of quarterly nurse review dated 9/10/13 indicated Client #9 had a "Nursing Care Plan" which indicated the "monitor for skin breakdown" plan included the following :</p> <p>-monitor for skin breakdown, treat as needed</p> <p>-encourage change of position every 2 hours at minimum</p>			
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	<p>-manage moisture due to incontinence (toileting as scheduled/needed) -Braden Scale completed quarterly</p> <p>Record review indicated no further documentation available to review to indicated Client #9 was repositioned every 2 hours.</p> <p>During an interview on 3/13/14 at 4:35 PM, the DON (Director of Nursing) indicated the facility had been reviewing client's skin integrity care plans to ensure they were thorough. The DON indicated the facility reviewed the incident reports and looked for trends in skin issues.</p> <p>8. On 3/11/14 between 2:12 PM and 4:57 PM, observations were conducted. At 2:22 PM, Client #10 was seated in a chair slightly away from the activity table leaning to the side. Client #10 continued to be seated in the chair without participating in an activity until he had a drink of juice at 2:34 PM. Client #10 then returned to being seated in the chair not participating in activities. At 2:51 PM, CNA #29 assisted Client #10 by using gait belt and assisting him to transfer into a wheelchair. CNA #29 assisted in pushing Client #10 in his wheelchair to his bedroom where she assisted him in using the restroom.</p>						

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	<p>On 3/12/14 between 6:31 AM and 10:03 AM, observations were conducted. At 6:31 AM, Client #10 appeared to be asleep in the same chair he was seated in the night before. At 7:45 AM, Client #10 was assisted to the dining room for breakfast. After breakfast, Client #10 returned to "Program A" which was the room where they remain for the duration of the day for facility provided day services. At 8:41 AM, Client #10 stood up from being seated in the chair and pulled his pants all the way down. Between 8:51 AM and 9:30 AM, the clients in Program A participated in letter activities (putting a stamp on the letter). ATF (Active Treatment Facilitator) #30 went to each client around the table to assist them with putting a stamp on an envelope. At 9:05 AM, Client #10 took off his pants while seated in the chair. ATF #30 assisted him with putting his pants back on. At 9:09 AM, ATF #30 assisted the clients in Program A which smelling different scents in containers. At 9:20 AM, Client #10 sat leaning in his chair in a resting position with his head resting. At 9:25 AM, Client #10 continued to appear quiet and did not participate in the group activity. At 9:26 AM, Client #10 punched himself hard 5 times in the forehead and face area with a closed fist. At 9:30 AM, ATF #30 indicated to a CNA #31 that Client #10</p>			

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	<p>"has to go to the bathroom, he's getting kind of aggressive." At 9:36 AM, Client #10 had not yet been assisted to the restroom and punched himself in the face 12 times with a closed fist. At 9:50 AM, Client #10 remained seated in his chair not actively participating in any activity. At 9:55 AM, Client #10 attempted to take off his pants again and was redirected by AFT #30. When ATF #30 walked away, Client #10 took off his pants again. At 9:58 AM, ATF #30 indicated to CNA #31 that Client #10 "is going to the restroom next" because Client #10 is taking his pants off. At 10:03 AM, Client #10 attempted to take his pants off again. CNA #31 came in to assist Client #10 to the restroom.</p> <p>On 3/13/14 at 1:42 PM record review indicated client #10's physician orders dated 3/1/14 indicated a physician recommendation of "programming should emphasize auditory (and) tactile stimulation and skill due to diagnosis of blindness" (undated).</p> <p>Review of Client #10's ISP (Individual Support Plan) dated 12/2/13 indicated no sensory integration plan for Client #10.</p> <p>On 3/13/14 at 4:35 PM during an interview, QIDP (Qualified Intellectual Disabilities Professional) #1 indicated</p>						

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	<p>Client #10 has often refused to actively participate in activities and has had many refusals. QIDP #1 stated she was "not going to say it's written" in Client #10's ISP (Individual Support Plan) to provide tactile and sensory stimulation. The QIDP #1 indicated the facility used a technique called "momentary training" which all staff are trained on. The QIDP #1 stated staff were to provide brief opportunities for Client #10 to participate "because he gets irritated." The QIDP #1 stated Client #10 displays self-injurious behaviors (SIBs) when he is irritated but Client #10's SIBs has "improved."</p> <p>On 3/13/14 at 7:25 PM, during an additional interview, QIDP #1 stated Client #10 did not have "momentary training" of sensory and tactile activities in his ISP but could see why it might assist Client #10 in participating in activities.</p> <p>This deficiency was cited on 2/3/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaints #IN00137244 and #IN00138052.</p> <p>3.1-17(a)</p>						

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W000436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.	W000436	<u>1. What corrective action will be done by the facility?</u> Resident #6 ISP has been updated to include how staff will monitor his excessive drooling and how they will assist him to wipe his face when needed. He is on 15 minute checks and staff will be in-serviced by 4/19/14 regarding the monitoring and assistance that is expected. Therapy has been contacted regarding a re-visit to assess the resident's positioning in his wheelchair. The therapist will re-examine the need for the foot rests in order to accommodate the resident's current ability to propel himself while in the wheelchair. The lap tray is used whenever the resident is in the wheelchair.  Resident #52 has had his wheelchair and tray cleaned at least daily and whenever soiled.  Resident #53 has had the wheelchair armrest cushions replaced.  <u>2. How will the facility identify other residents having the</u>	04/19/2014	

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			<p><u>potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>All residents in wheelchairs who are dependent upon staff for positioning, personal care, and cleaning and repair of their wheelchairs have the potential to be affected.</p> <p>If the Administrator, DON, or any member of the IDT management team observes or finds a concern in any of these areas, he/she will address the situation immediately to ensure the resident's well-being and notify the DON and Administrator if they are not already involved. Once the resident is taken care of, the DON or QIDP will begin re-training all staff involved and will address the situation with counseling as needed to maintain compliance.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u></p> <p>The DON has reviewed the cleanliness of the wheelchairs and geri-chairs as well as the expectation that any chairs in need of repair are to be communicated to the Maintenance Director so that he can make repairs as quickly as possible. During the daylight hours, the wheelchairs and geri-chairs are to be cleaned of food and other debris after each meal, after each spill, and at some time every evening. The</p>		

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			<p>charge nurse will visually monitor the cleanliness of the wheelchairs and geri-chairs after the resident has gone to bed. If she finds that a chair is not clean, staff will clean it so that it is ready for the resident the next morning.</p> <p>The DON and other members of the IDT management team will monitor for cleanliness and condition of wheelchairs and geri-chairs as part of their numerous rounds during each tour of duty. Any identified issues will be dealt with as indicated in question #2.</p> <p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>The DON will bring the results of the monitoring of wheelchairs and geri-chairs to the monthly QA committee meeting for review and recommendations for further process improvement. Any recommendations will be followed through by the DON or designee, with results brought back to the next month's QA committee for consideration. This will continue on an ongoing basis.</p>		

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview for 1 of 9 sampled clients (#6) and 2 additional clients (#52 and #53) with adaptive equipment, the facility failed to ensure the clients' wheel chairs were clean and repaired for clients #52 and #53 and to ensure client #6 was provided his lap tray and leg rests while in his wheelchair.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 3/11/14 between 1:45 PM and 4:30 PM and on 3/12/14 between 6:45 AM and 9:15 AM and between 12:30 PM and 3:45 PM. Throughout the observations, client #6 was observed sitting in a wheel chair in the program room, leaning to his right side. Client #6 had saliva/drool hanging from his mouth and/or dripping from his chin/clothing and onto his wheelchair. During observations ATF #1 wiped the drool from client #1's mouth twice. ATF #1 did not wipe the drool from client #6's</p>	W000436	<p><u>1. What corrective action will be done by the facility?</u></p> <p>Resident #6 ISP has been updated to include how staff will monitor his excessive drooling and how they will assist him to wipe his face when needed. He is on 15 minute checks and staff will be in-serviced by 4/19/14 regarding the monitoring and assistance that is expected. Therapy has been contacted regarding a re-visit to assess the resident's positioning in his wheelchair. The therapist will re-examine the need for the foot rests in order to accommodate the resident's current ability to propel himself while in the wheelchair. The lap tray is used whenever the resident is in the wheelchair.</p> <p>Resident #52 has had his wheelchair and tray cleaned at least daily and whenever soiled.</p> <p>Resident #53 has had the wheelchair armrest cushions replaced.</p> <p><u>2. How will the facility identify other residents having the</u></p>	04/19/2014			

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	<p>wheelchair. Client #6 was observed sitting in his wheelchair using the lap tray and not using the lap tray. Throughout all observations, client #6 was not provided with leg/foot rests and client #6 sat slumped in the wheelchair, leaning to the right side with his legs extended. Client #6 was not observed to propel his own wheelchair with his feet.</p> <p>Client #6's record was reviewed on 3/12/14 at 4 PM. Client #6's 3/2014 physician's orders indicated client #6 was to be positioned in his custom tilt in space wheelchair with a head rest, leg rest with calf protectors, a pelvic stabilizer and for the staff to use the lap tray for positioning. Client #6's OT (Occupational Therapy) assessment of 2/26/14 indicated the client was referred "secondary assessment of current seating system. Pt (patient) was assessed by ATP (Assistive Technology Professional) specialist from [name of provider] on 5/1/13 for customized seating. Pt. is currently in custom tilt-in space w/c (wheelchair) with biodynamics custom fabricated seat and back cushion, brake extenders, headrest and leg rests. Pt. had previous adaptations from 5/1/13 eval (evaluation), but are not used. Pt does have a pelvic stabilizing belt and lap tray needed for positioning. Pt. is able to self-propel w/c with B (bilateral) UE (upper extremities)</p>		<p><u>potential to be affected by the same practice and whatcorrective action will be taken?</u></p> <p>All residents in wheelchairs who aredependent upon staff for positioning, personal care, and cleaning and repair oftheir wheelchairs have the potential to be affected.</p> <p>If the Administrator, DON, or any member ofthe IDT management team observes or finds a concern in any of these areas,he/she will address the situation immediately to ensure the resident'swell-being and notify the DON and Administrator if they are not alreadyinvolved. Once the resident is taken care of, the DON or QIDP will beginre-training all staff involved and will address the situation with counselingas needed to maintain compliance.</p> <p><u>3.What measures will be put into place to ensure this practice does not recur?</u></p> <p>The DON has reviewed the cleanliness of thewheelchairs and geri-chairs as well as the expectation that any chairs in needof repair are to be communicated to the Maintenance Director so that he canmake repairs as quickly as possible. During the daylight hours, the wheelchairs andgeri-chairs are to be cleaned of food and other debris after each meal, aftereach spill, and at some time every evening. The</p>	
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	<p>and LE (lower extremities). He maintains good neutral alignment in w/c...."</p> <p>Interview with ATF #1 on 3/12/14 at 4 PM indicated client #6 did not use foot or leg rests. ATF #1 stated, "I haven't ever seen him with any." When asked when client #6 was to use his lap tray, ATF #1 stated, "Oh, that's my bad," and went to the corner of the program room, picked up client #6's lap tray and put it on client #6's wheelchair. When asked if client #6 always leans to the right when sitting in the wheelchair, the ATF indicated that was client #6's regular position.</p> <p>Interview via email with QIDP #1 on 3/14/14 at 1:15 PM indicated "According to the OT (Occupational Therapist) aide, the part that is not being used mentioned on the eval (evaluation) are his footrests. We are going to get a more specific eval that actually states that he does not need to use the foot rests since he self-propels. We will also ask the Dr. (doctor) to revise the doctor's order the (sic) reflect the same. The eval will include [client #6's] seating system and whether or not he needs another. If so, it will be obtained."</p> <p>2. Observations were conducted at the facility training center on 3/12/14 between 7:40 AM and 8:15 AM. At 7:45 AM client #52 was sitting in his</p>		<p>charge nurse will visually monitor the cleanliness of the wheelchairs and geri-chairs after the resident has gone to bed. If she finds that a chair is not clean, staff will clean it so that it is ready for the resident the next morning.</p> <p>The DON and other members of the IDT management team will monitor for cleanliness and condition of wheelchairs and geri-chairs as part of their numerous rounds during each tour of duty. Any identified issues will be dealt with as indicated in question #2.</p> <p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u> The DON will bring the results of the monitoring of wheelchairs and geri-chairs to the monthly QA committee meeting for review and recommendations for further process improvement. Any recommendations will be followed through by the DON or designee, with results brought back to the next month's QA committee for consideration. This will continue on an ongoing basis.</p>		

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	<p>wheelchair with a lap tray in training room two. There was a light colored dried substance on client #52's lap tray under client #52's left arm that was approximately five inches in diameter. The left wheel of client #52's wheelchair also had an unknown light colored substance over a large area of the left wheel and spokes. ATF #4 was working in training room two and at 7:47 AM was asked "What is this client's name?" ATF #4 stated, "I don't know. I've only been here a couple of weeks. I can go get someone who does know." When asked what was on client #4's wheelchair, ATF #4 stated, "I don't know, but I'll go get something to clean it up."</p> <p>Observations were conducted at the facility training center on 3/13/14 between 2:30 PM and 3 PM. Client #53 was a large individual in an oversized wheelchair. When going through the doorways, the sides of client #53's wheelchair scraped the door frames. The foam cushions on the armrests of client #53's wheelchair were broken and portions were missing.</p> <p>Interview with LPN #10 on 3/13/14 at 3:50 PM indicated client #53 was in an oversized wheel chair and the staff were not able to get client #53's wheelchairs through the doors without scraping the</p>						

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	<p>sides of the wheelchair on the door. LPN #10 indicated client #53 needed the arm rest cushions replaced.</p> <p>During interview with the Housekeeping Supervisor (HS) on 3/13/14 at 4:30 PM, the HS indicated the wheelchairs were to be cleaned nightly and as needed.</p> <p>During interview with DON (Director of Nurses) on 3/13/14 at 6 PM indicated the facility had recently obtained a box of cushions for the arm rests on the wheelchairs and maintenance would be replacing the armrests on several of the wheelchairs as needed.</p> <p>This federal tag relates to complaints #IN00137244 and #IN00138052.</p> <p>This deficiency was cited on 2/3/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-39(a)</p>				

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W000436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.	W000436	<u>1. What corrective action will be done by the facility?</u> Resident #6 ISP has been updated to include how staff will monitor his excessive drooling and how they will assist him to wipe his face when needed. He is on 15 minute checks and staff will be in-serviced by 4/19/14 regarding the monitoring and assistance that is expected. Therapy has been contacted regarding a re-visit to assess the resident's positioning in his wheelchair. The therapist will re-examine the need for the foot rests in order to accommodate the resident's current ability to propel himself while in the wheelchair. The lap tray is used whenever the resident is in the wheelchair.  Resident #52 has had his wheelchair and tray cleaned at least daily and whenever soiled.  Resident #53 has had the wheelchair armrest cushions replaced.  <u>2. How will the facility identify other residents having the</u>	04/19/2014	

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			<p><u>potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>All residents in wheelchairs who are dependent upon staff for positioning, personal care, and cleaning and repair of their wheelchairs have the potential to be affected.</p> <p>If the Administrator, DON, or any member of the IDT management team observes or finds a concern in any of these areas, he/she will address the situation immediately to ensure the resident's well-being and notify the DON and Administrator if they are not already involved. Once the resident is taken care of, the DON or QIDP will begin re-training all staff involved and will address the situation with counseling as needed to maintain compliance.</p> <p><u>3. What measures will be put into place to ensure this practice does not recur?</u></p> <p>The DON has reviewed the cleanliness of the wheelchairs and geri-chairs as well as the expectation that any chairs in need of repair are to be communicated to the Maintenance Director so that he can make repairs as quickly as possible. During the daylight hours, the wheelchairs and geri-chairs are to be cleaned of food and other debris after each meal, after each spill, and at some time every evening. The</p>	

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			<p>charge nurse will visually monitor the cleanliness of the wheelchairs and geri-chairs after the resident has gone to bed. If she finds that a chair is not clean, staff will clean it so that it is ready for the resident the next morning.</p> <p>The DON and other members of the IDT management team will monitor for cleanliness and condition of wheelchairs and geri-chairs as part of their numerous rounds during each tour of duty. Any identified issues will be dealt with as indicated in question #2.</p> <p><u>4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>The DON will bring the results of the monitoring of wheelchairs and geri-chairs to the monthly QA committee meeting for review and recommendations for further process improvement. Any recommendations will be followed through by the DON or designee, with results brought back to the next month's QA committee for consideration. This will continue on an ongoing basis.</p>		