

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 02/03/2014
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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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(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
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W000000	<p>This visit was for a PCR (Post Certification Revisit) to the investigation of complaint #IN00138987 completed on 11/27/13.</p> <p>This visit was in conjunction with a pre-determined full recertification and state licensure survey. This visit included the investigation of complaints #IN00141135, #IN00141928 and #IN00142820.</p> <p>This visit was in conjunction with a PCR to the investigation of complaints #IN00137244 and #IN00138052 completed on 10/18/13.</p> <p>This visit was in conjunction with a PCR to the investigation of complaint #IN00135402 completed on 9/18/13.</p> <p>Complaint #IN00138987-Not corrected.</p> <p>Unrelated deficiency-Not corrected.</p> <p>Dates of Survey: 1/15, 1/16, 1/17, 1/21, 1/22, 1/23, 1/24, 1/28 and 2/3/14</p> <p>Facility Number: 000614 Provider Number: 15G068 Aim Number: 100272120</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.</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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W000149	<p>Surveyors: Paula Chika, QIDP-TC Keith Briner, QIDP (1/21/14 to 1/24/14) Susan Eakright, QIDP (1/21/14 to 1/24/14) Vickie Kolb, RN (1/21/14 to 1/24/14)</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality Review completed 2/12/14 by Ruth Shackelford, QIDP.</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, interview and record review for 2 of 10 sampled clients (#6 and #8) and for 7 additional clients (#11, #12, #29, #42, #61, #64 and #66), the facility neglected to implement its written policy and procedures to prevent neglect of clients #8, #12, #61 and #66. The facility failed to prevent neglect in regard to client #61's elopement behavior, to assess client #66's health each time the client went outside in sub zero degree temperatures, and to prevent neglect in regard to repeated incidents of "shearing,"</p>	W000149	<p>1. What corrective action will be done by the facility? Client 61 is safe and secure. She does wear the secure care bracelet on her ankle. Our secure care alarm is on at all times. Staff do not have the ability to "turn it on." What the employee did was turn the sound off. The alarm in the main building is active at all times. The sound is what can be shut off, not the alarm. However, if client 61 turns the bracelet around it is possible for her to exit without the alarm sounding. Because of that, we have added another bracelet which will prevent her</p>	03/05/2014			

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	<p>excoriation and/or pressure ulcers in regard to client #8 and #12's skin integrity and care. The facility failed to implement its written policy and procedures to report all allegations of abuse, neglect and/or injuries of unknown source immediately to the administrator and/or to state officials (Indiana Department of Health and/or Bureau of Developmental Disabilities Services) for clients #29, #42 and #61. The facility failed to conduct thorough investigations in regard to staff to client abuse, injuries of unknown source, elopement incidents for clients #6, #8, #11, #42, #61 and #64.</p> <p>Findings include:</p> <p>1. During the 1/15/14 observation period between 11:55 AM and 12:45 PM, at the training center (TC), client #61 was at the TC for programming.</p> <p>During the 1/22/14 observation period between 6:50 AM and 8:45 AM, at the facility, client #61 walked out of the main door of the dining room. No alarms sounded when client #61 exited the building. Client #61 did not have a coat on as the temperatures were in the single digits and snow was on the ground. Staff #1 followed client #61 out the door of the main building and caught</p>		<p>from being able to turn it around completely and prevent her from exiting the building without supervision. During the stated dates and times that Client 61 exited the building, except for the 11/20/13 incident, she was actually observed going outside and was always assisted back in the building. Client 61's elopement on 12-5-13 was not reported because there is no documentation that the elopement actually occurred. Surveyor said she read it on a behavior card but we are unable to find the behavior card. We have interviewed all staff who worked that day in the training center and nobody recalls Client 61 eloping to a "wooded area." All staff have been re-educated regarding the requirement to report these events to the Administrator. Client 8 continues to have an area of shearing. He is now being toileted and re-positioned every 2 hrs as required. The history of skin issues began in May, 2013. He is on a specialty mattress to aid in healing. Client 12's area has healed. He remains on a specialty mattress and is toileted and re-positioned every 2 hrs. According to her physician, Client 66 expired as a result of "sudden cardiac death syndrome." When asked if he felt that the cold might have been a contributing factor the physician stated "absolutely</p>		

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	<p>up with the client before she got to the landing of the administration building. Staff #1 physically prompted client #61 to turn around and return to the building. Once inside, staff #1 turned an alarm on which was located on the wall by the main door.</p> <p>Interview with staff #1 on 1/22/14 at 8:20 AM stated staff #1 turned a "Secure Care" alarm system on. Staff #1 indicated client #61 wore a bracelet around her ankle and if the client would go through the door an alarm would sound. Staff #1 indicated the alarm was placed on the door as client #61 had attempted to elope from the facility.</p> <p>The facility's reportable incident reports, investigations and/or internal Incident/Accident Reports (IARs) were reviewed on 1/16/14 at 1:51 PM. The facility's 11/20/13 reportable incident report indicated "Staff reported that [client #61] was down the street at the neighbor's house right beside the facility this morning when they came to work. [Client #61] did have a coat on, staff went to the house and assisted [client #61] back to the facility. [Client #61] was assessed by nursing and no injuries were noted. Will add a secure care bracelet that will chime when [client #61] goes outside the door. Will add a</p>		<p>not." When reminded that she had a diagnosis of asthma and being in the cold could have caused it he said "I have treated her since she came here (5-28-2009) and she has never had asthma. That diagnosis is a history of asthma. Her asthma was not acute. If she came in from the cold and did not show signs of having difficulty breathing (she did not) then the cold weather had nothing to do with her death. She was 61 years old and in poor health she died suddenly - that's all." She smoked approximately 2 hours prior to her death. The policy on smoking for clients during changes in weather has been updated. If the wind chill is below zero degrees, clients are to smoke on the front porch at least 8 feet from the entrance. Clients are always monitored when smoking. The incidents involving Client 29 was a bruise on her left buttock caused by becoming angry and slamming herself down in her merry walker. The BDDS regulations state that bruises of unknown origin are to be reported. Since the cause was known and the bruise was not of a reportable size, this injury was not reported. Client 42 was attempting to take coffee from the opposite side of a table he was sitting at. He "threw" himself at the coffee, hitting his groin area on the edge of the table. Since the cause was known and the</p>		

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	<p>behavior program for elopement. Will continue to monitor.</p> <ol style="list-style-type: none"> Staff assisted [client #61] back inside the facility. Nursing assessed and no injuries were noted. [Client #61] did have a coat on. Will add a secure bracelet that will chime when [client #61] goes out the door. Will add a behavior program for elopement. Will continue to monitor." <p>The facility's 11/20/13 IAR indicated "Kitchen staff came in the building said there was a resident down the road (sic). I (LPN #7) ran out saw her down the road (sic). She was passed (sic) the first house. A dog was barking at her. She was crying and she had a coat on."</p> <p>The facility's 11/24/13 follow-up report indicated "According to staff saw [client #61] between 6am-6:15am, and she was brought back inside the facility at approximately 6:30am. [Client #61] now wears a secure care bracelet which chimes when she goes out the door, to alert staff that she has left the building. [Client #61] also has a behavior intervention plan to address elopement. These interventions should prevent future elopement issues. [Client #61]</p>		<p>bruise was not of a reportable size, this injury was not reported. Client 61's elopement was not reported because there is no documentation that the elopement actually occurred. Surveyor said she read it on a behavior card but we are unable to find the behavior card. We have interviewed all staff who worked that day in the training center and nobody recalls Client 61 eloping to a "wooded area." However, all staff were re-educated regarding the reporting requirements for any incident. Client 8 has a shearing. It was felt that since it was not considered a pressure area it was not reportable. Client 11's allegation of abuse was reported and investigated. Since it happened in the training center bathroom and there were no other clients present in the bathroom at that time, no other clients were interviewed. However, Client 11 herself admitted a day after reporting it that the incident had not actually been abuse but rather an employee touching her on the arm and asking her to finish washing her hands so that another client could access the restroom. Client 42 was the bruise from "throwing" himself across the table. We knew exactly how it occurred and therefore, according to guidelines we felt it was not reportable. Client 64 suffered a</p>		

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	<p>did have her coat on at the time of elopement and she was not injured. Will continue to monitor...." The facility's 11/20/13 reportable incident report and/or 11/24/13 follow up report indicated the facility neglected to conduct a thorough investigation in regard to client #61's elopement. The facility's 11/20/13 reportable incident report and/or 11/24/13 follow up report neglected to indicate how client #61 got out of the building and/or where/what facility staff were doing at the time of the incident. The facility's 11/24/13 follow up report neglected to indicate the staffing pattern at the facility, at the time of the incident, and/or indicate if client #61 had a history of getting out of the facility.</p> <p>Client #61's record was reviewed on 1/22/14 at 12:20 PM. Client #61's behavior cards indicated the following (not all inclusive):</p> <p>-1/17/14 "...Running out of TC (Training Center)."</p> <p>-12/6/13 "[Client #61] up @ (at) 4 AM went outside,...."</p> <p>-12/5/13 "[Client #61] Crying, NC (non compliant), ran out of TC and into wooded area behind the main facility."</p>		<p>bite from another client. This was reported to the state and BDDS. Although the behavior intervention plan was reviewed, that review was not documented. 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?</p> <p>Any client who might wander could be affected. Any client who might wander will have the secure care bracelet applied to alert staff if they attempt to exit. The secure care system is being installed at the training center as well to assure that staff will know if a client who might wander exits the building. Any client at risk for skin issues could be affected. All clients will be turned and re-positioned every 2 hrs. This will be for every client with skin integrity issues. Any client at risk for skin issues could be affected. All clients needing assistance will be turned and re-positioned every 2 hrs. This will be for every client with skin integrity issues. All clients could be affected. A procedure has been written regarding clients who smoke and inclement weather. Although we have typically modified our smoking area when the weather is bad, this has not been in writing. We will have any client who smokes go out the front door during inclement weather. They must be at least 8 feet away from the door</p>				

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	<p>The behavior card did not indicate how client #61 was able to get to a wooded area and/or indicate any additional documentation of an investigation. The facility's reportable incident reports, IARs and/or investigations indicated facility staff did not immediately report the 12/5/13 elopement incident to the administrator for an allegation/investigation of possible neglect.</p> <p>-9/25/13 "outside without staff (1 time)." The facility's reportable incident reports and/or IARs did not indicate the 9/25/13 incident was reported to administrator.</p> <p>-9/20/13 "running out of building (4 times)."</p> <p>-9/16/13 "...AWOL (absence without leave/supervision) x 3."</p> <p>-9/4/13 "running outside down road (2 times)...."</p> <p>-8/31/13 Client #61 "ran outside and across street."</p> <p>-8/20/13 Client #61 was "outside alone x 1." The facility's above mentioned reportable incident reports did not indicate the elopement incident was reported to the administrator for an</p>		<p>according to state law and this will be honored. If the wind chill is below 0, clients will smoke on the front porch only. Any client with an injury could be affected. We will continue to comply with the reporting guidelines issued by BDDS and ISDH. Any client with an injury or allegation of abuse could be affected. All injuries will be thoroughly investigated. Clients and staff will both be interviewed during the investigation. 3. What measures will be put into place to ensure this practice does not recur? A secure care system is being installed at the Training Center so that any client who wanders will not be able to exit without the alarm sounding. Staff have been reeducated regarding documentation since it seems the incorrect term of AWOL was being used when the client was simply observed going out the door. All clients who require assistance will be turned every 2 hrs. The turn schedule will be checked daily by the charge nurse and tracked to assure compliance with turning schedules. All clients who require assistance will be turned every 2 hrs. The turn schedule will be checked daily by the charge nurse and tracked to assure compliance with turning schedules. Clients who smoke will be allowed to smoke on the front porch if weather is inclement. They will have to stay</p>				

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	<p>investigation. Another 8/20/13 behavior card from 1:30 PM to 9:00 PM indicated client #61 was "out of the building" 3 times.</p> <p>-8/12/13 "AWOL x 4."</p> <p>-8/8/13 "AWOL x (times) 2." Another 8/8/13 behavior card indicated client #61 was "AWOL x 4."</p> <p>-7/26/13 "[Client #61] up at 2nd (second) shift & (and) still up through all of 3rd (third) shift. yelling, screaming, going outside, running...." Another 7/26/13 behavior card indicated client #61...trying to run out the door to go outside...."</p> <p>-7/25/13 "Running outside...." Another 7/25/13 behavior card indicated "Attempting to leave building x 5...AWOL x 4."</p> <p>-7/22/13 Client #61 "AWOL x 6...."</p> <p>-7/20/13 Client #61 "outside (3 times)."</p> <p>-7/10/13 "[Client #61] 7 AM resident in nurse's car x 1...."</p> <p>-7/9/13 Client #61 left the training center 3 times.</p>		<p>at least 8 feet from the door according to state law. However, the porch is covered and does offer some safety from snow, rain, etc. We will continue to comply with the reporting guidelines issued by BDDS and ISDH. All injuries will be thoroughly investigated. Clients and staff will be interviewed during investigation.4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? During the monthly and quarterly QA meeting any client who wanders will be discussed by the QIDP's. This will be ongoing. The DON will monitor the turning schedule and assure that the turns are being completed and the schedule is being filled out correctly. A report will be given to the Medical Director during the quarterly QA meeting as well as at the monthly QA meeting with the IDT team. The DON will monitor the turning schedule and assure that the turns are being completed and the schedule is being filled out correctly. A report will be given to the Medical Director during the quarterly QA meeting as well as at the monthly QA meeting with the IDT team. A new procedure has been written regarding allowing clients who smoke outside during inclement weather. All staff will be in-serviced regarding this policy. The procedure will be discussed at the</p>		

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	<p>-7/7/13 Client #61 left the building 2 times.</p> <p>-7/6/13 "AWOL x 1 in staff's car x 1."</p> <p>-7/4/13 "Client #61 "Getting into staff cars in parking lot - running out into the road." Another 7/4/13 behavior card indicated "AWOL x 3."</p> <p>Client #61's 2-13 summary of behavioral data from 1/13 to 12/13 indicated the facility tracked verbal aggression, self-injurious behavior, "Inappropriate Social Interaction" and non compliance. The facility's summary of behavioral data for the client neglected to indicate the client demonstrated AWOL behavior.</p> <p>Client #61's 2/5/13 Elopement Risk Assessment indicated client #61 demonstrated "...2. COGNITIVE PATTERNS Memory problem, Memory recall impaired, Decision-making skills impaired, indicators of delirium (1PT) (point) 1...6. MOBILITY STATUS Independent ambulates with or without assistive devices. (1PT) 1 7. TOTAL SCORE 2 Score of 4 or ore requires action. Describe action taken if 4 or more."</p> <p>Client #61's Progress Notes indicated</p>		<p>next HRC meeting with the committee's approval. The Administrator will assure that all suspicious injuries will be reported per guidelines. The results of this reporting will be discussed at the monthly and quarterly QA committee meetings. This will be ongoing or until the committee determines there is no further need to continue. The Administrator will assure that all investigations will be thorough. The results will be discussed with the quarterly and monthly QA meetings. This will be ongoing.</p>				

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	<p>the following (not all inclusive):</p> <p>-1/4/14 Client #61's IDT (interdisciplinary team) met in regard to the client's behavior on 1/4/14 where the client was aggressive toward staff, verbally aggressive, demonstrating inappropriate sexual behavior toward staff and eating a "small plastic disc."</p> <p>-11/25/13 "10:46 am: In response to nursing notes from 11/22/13 re: (regarding) [Client #61] went right outside the door, staff witnessed her going outside but secure care alarm did not sound until she came back inside the door. The placement of the secure care bracelet was adjusted on [client #61's] ankle. The secure care sensor will be adjusted. Nursing checks to ensure secure care ankle bracelets are working properly on the residents who utilize them. Bracelet is working properly at this time. Will continue to monitor."</p> <p>-11/20/13 "3:41pm: In response to nursing notes from 11/20/13 re: Staff report that [client #61] was down the street at the neighbor's house right beside the facility this morning when they came into work. [Client #61] did have a coat on, staff went to the house and assisted [client #61] back into the facility. [Client #61] was assessed by</p>						

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	<p>nursing and no injuries were noted. Will add a secure bracelet that will chime when [client #61] goes outside the door. Will add a behavior program for elopement. Will continue to monitor."</p> <p>Client #61's undated Behavior Intervention Plan (BIP) indicated client #61 demonstrated AWOL behavior defined as "Leaving the facility without staff supervision." The BIP indicated client #61 had "underdeveloped social skills" (no pedestrian safety skills). Client #61's BIP indicated a secure care bracelet was initiated on 11/20/13. The undated BIP neglected to indicate when the secure alarm was to be activated/on to prevent client #61 from eloping from the main building. The undated BIP also neglected to indicate how the facility was to monitor/supervise client #61 while at the TC to prevent the client from eloping from the TC where the client spent the majority of her day. Client #61's BIP and/or 2/5/13 Individual Support Plan (ISP) indicated client #61's IDT (interdisciplinary team) did not meet to review the client's BIP for elopement/AWOL to ensure the protective measures in place met the needs of the client, and/or to ensure additional measures needed to be put in place to prevent reoccurrence. The facility neglected to address client #61's</p>				

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	<p>elopement behavior in a timely manner as the facility did not formally address client #61's AWOL behavior until 11/20/13 when the client demonstrated the behavior in 7/13.</p> <p>Client #61's 2/5/13 ISP indicated the facility neglected to address the client's identified need in regard to pedestrian safety. Client #61's ISP did not indicate how often/when client #61's secure care bracelet was to be monitored/checked to ensure the bracelet was in good working order and would sound/chime upon leaving the building.</p> <p>Confidential interview P indicated client #61 would get out of building unsupervised. Confidential interview P stated "She (client #61) got out and ran in parking lot. One morning found her in a car. A lot of behaviors in the morning. No staff to control behavior." Confidential interview P indicated client #61 knew how to turn off the bracelet so it would not alarm/sound. Confidential interview P indicated the secure care bracelet only worked in the main building. Confidential interview P indicated client #61 had eloped/gone AWOL from the TC.</p> <p>Interview with QIDP #1 (Qualified Intellectual Developmental Professional)</p>				

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	<p>on 1/23/14 at 2:35 PM indicated client #61 only got outside one time without staff supervision. QIDP #1 stated client #61 "ran outside 2 times." QIDP #1 indicated facility staff was documenting the client went AWOL when staff was following the client when she left the building. QIDP #1 indicated the above mentioned behavioral cards indicated client #61 did not AWOL without staff's supervision. QIDP #1 indicated she was not aware of the 12/5/13 AWOL incident when client #61 got out to a wooded area behind the main facility. QIDP #1 indicated client #61 would have left the TC when the 12/5/13 incident occurred. QIDP #1 indicated a reportable incident report should have been completed in regard to the incident. QIDP #1 indicated the 12/5/13 incident was not brought up in the facility's daily management IDT meetings. QIDP #1 indicated client #61 did get inside staff's cars on 3 different occasions. QIDP #1 indicated facility staff was with the client when the client got into the staffs' cars. When asked if the facility completed internal incident reports in regard to the 7/10, 7/6 and 7/4/13 incidents, QIDP #1 stated "No." QIDP #1 indicated she was not aware client #61 got out of the building on 8/20/13 and 9/25/13. QIDP #1 indicated client #61 received the secure bracelet on</p>				

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	<p>11/20/13 after client #61 got to the neighbor's house on 11/20/13. QIDP #1 indicated the client's IDT had not met to review client #61's continued elopement behaviors. QIDP #1 indicated the TC did not have an secure alarm system in place to prevent the client from leaving the building. QIDP #1 indicated facility staff were to monitor/supervise the client and would know when the client left the TC. QIDP #1 indicated client #61's ISP did indicate how client #61 was to be monitored, and/or indicate who was to ensure client #61's bracelet was in good working order. QIDP #1 indicated the facility's nursing services were to monitor the client's bracelet once a shift. QIDP #1 indicate she was not aware client #61 would turn the bracelet to a position so it would not alarm. QIDP #1 indicated an investigation was conducted in regard to the 11/20/13 incident where the client was found at the neighbor's house.</p> <p>Interview with administrative staff #1 on 1/24/14 at 11 AM indicated she was not aware of client #61 getting out into a wooded area. Administrative staff #1 indicated facility staff should have reported the incident (allegation of possible neglect) to her immediately. Administrative staff #1 indicated no investigation was conducted of the</p>				

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	<p>incident since administration was not aware the incident occurred. Administrative staff #1 indicated she was not aware of any other incidents where client #61 got out of the facility unsupervised except on 11/20/13. Administrative staff #1 indicated the facility did not have a secure alarm system at the TC.</p> <p>2. The facility's reportable incident reports, investigations and/or internal Incident/Accident Reports (IARs) from 11/1/13 to 1/14 were reviewed on 1/16/14 at 1:51 AM. The facility's 12/27/13 IAR indicated "Resident (client #8) noted to have sheering (sic) to buttocks 3 cm (centimeters) x (by) 1.5 cm on (R) (right) side of buttocks. Light brown in color."</p> <p>The 12/27/13 IAR indicated an attached 1/2/14 Progress Note "1:27 PM: In response to nursing notes from 12/27/13 re: 3cm x 1.5cm sheering (sic) brown in color to right side of buttocks. Skin flow sheet initiated. [Client #8] placed on a 24 hour nursing log. Treatment ordered. [Client #8] only up for meals until area is healed. Will continue to monitor." The 12/27/13 IAR and/or 1/2/14 Progress Note did not indicate any additional documentation and/or investigation in regard to client #8's</p>						

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	<p>injury of unknown source. The facility's above mentioned IARs, reportable incident reports and/or investigations indicated the facility neglected to report the injury of unknown source to state officials and to conduct an investigation in regard to client #8's injury of unknown source.</p> <p>During the 1/15/14 observation period between 4:40 AM and 9:00 AM, at the main building, client #8 was in a custom made wheelchair. Client #8 stayed in bed except to get up for the breakfast meal.</p> <p>During the 1/15/14 observation period between 10:50 AM and 11:55 AM, at the main building, client #8 was in his bedroom in his bed laying on his backside/buttock.</p> <p>During the 1/16/14 observation period between 9:10 AM and 10:13 AM, at the main building, client #8 was up for the breakfast meal. At 9:10 AM, client #8 indicated he had to use the bathroom. A Certified Nursing Aide (CNA) took client #8 back to his bedroom and left the client sitting in his wheelchair until 10:13 AM. After which, the unidentified CNA put the client in bed. Client #8 was laying on his backside/buttock in the hospital bed</p>						

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	<p>with a special mattress.</p> <p>Interview with client #8 on 1/16/14 at 9:40 AM indicated the client had an area on his bottom. Client #8 stated he would get out of his wheelchair "every 3 hours."</p> <p>Client #8's record was reviewed on 1/17/14 at 11:02 AM. Client #8's physician orders indicated the following (not all inclusive):</p> <p>-1/15/14 Client #8 had an order for a Bariatric Gel Cushion which was ordered 8/17/09 The 1/15/14 order indicated "...May have bedrest, turn from side to side. May participate in activities as tolerated..." as ordered on 5/3/13. Client #8's 1/15/14 physician' order indicated client #8's diagnoses included, but were not limited to, Cerebral Palsy, Bells Palsy and Peripheral Vascular Disease.</p> <p>-12/27/13 "Bactroban (antibiotic ointment) TID (three times a day) to sheering (sic) on buttocks x (times) 14 days (1/10/14) ."</p> <p>-10/21/13 "Bactroban q (every) shift to excoriation buttocks x 14 days."</p> <p>-9/23/13 "Discontinue Bactroban to</p>						

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	<p>buttocks."</p> <p>-9/14/13 "Bactroban TID to open areas on (L) (left) buttocks x 14 days for sheering (sic)."</p> <p>-9/12/13 "Bactroban to open area to coccyx TID until healed."</p> <p>Client #8's Nurse Notes indicated the following (not all inclusive):</p> <p>-12/31/13 "Seen (sic) [name of doctor], 60 day review done and annual physical done, no new orders."</p> <p>-12/30/13 at 2:50 PM, "...Excoriation to buttocks remains. No drainage noted. Tx (treatment) applied as ordered. Res (resident) has no complaints of pain..." Client #8's record indicated the facility neglected to monitor and/or document any additional information in regard to client #8's area on his buttock after the 12/30/13 2:50 PM note.</p> <p>-12/30/13 at 7:00 AM, "...Excoriated areas remain to buttocks, bactroban continues. Up for meals only, Turned & incont (incontinent) care given every 2 hrs (hours) & as needed."</p> <p>-12/30/13 at 1:05 AM, "...Resident resting in bed...as usual with no c/o</p>				

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	<p>(complaints of) pain or discomfort. Area to buttocks remains with no drainage noted. Resident up for meals only, turned and incont care completed every 2 hours and as needed. No s/s (signs/symptoms) of distress."</p> <p>-12/29/13 at 7:00 AM, "... Area remains to buttocks (with) no drainage. Up for meals only. Turned & incont care given every 2 hours & as needed."</p> <p>-12/29/13 at 3:20 AM, "...Resident resting in bed. Area to buttocks remains with no drainage noted. Resident turned every 2 hours along with Toileted when requested. No c/o pain or discomfort. No s/s of distress."</p> <p>-12/28/13 at 3:00 PM, "...Area remains to buttocks, no drainage noted. Up for meals only. Turned & incont care done every 2 hours & as needed."</p> <p>-12/28/13 at 7:00 AM, "Area to buttocks remain, no redness or drainage noted. Up for meals only. ATB (antibiotic) oint (ointment) applied as ordered. (cont) (continue) Turned every 2 hours, incont care given every 2 hours & as needed. no complaints voiced."</p> <p>-12/28/13 at 12:15 AM, "...Area to right buttocks remains. no change noted (sic).</p>			

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	<p>No S/S of pain or distress noted."</p> <p>-12/27/13 at 3:05 PM, "RA (raised) area to right buttock remains. No drainage noted. Res. has 0 (zero) complaints of pain."</p> <p>-12/27/13 at 8:00 AM, "T (temperature) 96. 1. Resident noted to have sheering (sic) to buttocks."</p> <p>-10/28/13 at 9:30 PM, "Skin flow sheet for 10-21-13 resolved areas to left and right buttock healed."</p> <p>-10/22/13 at 2:30 PM, "Area to buttocks remain unchanged. 0 c/o. TX (treatment) continues. T 96.0. Will resolve focus charting et (and) follow along skin flow sheet."</p> <p>-10/22/13 12:05 AM "Areas of excoriations remain to buttocks. No complaints of pain or discomfort noted."</p> <p>-10/21/13 at 3:00 PM, "T. 97.6 Resident has no complaint of pain, excoriation remains to buttock."</p> <p>-10/21/13 at 2:30 PM, "Open areas of excoriation noted to (L) buttocks 2 cm x 2 cm et (and) 4 cm x 1 cm et to (R) buttocks 1 cm x 1 cm. [Name of doctor] updated (with) new orders received for</p>				

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	<p>Bactroban. DON (Director of Nursing) assessed...Staff informed in huddle to encourage bedrest et to turn resident side to side."</p> <p>-9/21/13 at 8:00 AM, "Area noted on 9-14-13 healed at this time."</p> <p>-9/15/13 at 10:00 AM, Area remains to (L) buttocks (with) 0 change. 0 C/O pain. Will resolve focus charting et follow along skin flow."</p> <p>-9/15/13 at 11:50 PM, "T 97.8. Area to (L) buttocks remain. Tx applied as ordered. No S/S of infection noted. Res (resident) on side."</p> <p>-9/14/13 at 2:50 PM, "T. 97.6 Area to Left Buttocks remains. Res has no complaints of pain. No S/S of infection noted."</p> <p>-9/14/13 at 9:00 AM, "1.5 cm x 0.8 cm sheered (sic) area to (L) buttocks noted. Skin flow sheet initiated. [Name of doctor] updated et new orders received...."</p> <p>-9/11/13 at 1:00 PM, "Seen by [name of doctor], 60 day review done, no new orders."</p> <p>The facility's Nurses' Weekly Summary</p>						

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	<p>Notes indicated the following (not all inclusive):</p> <p>-12/21/13 "...No skin issues noted."</p> <p>-1/7/14 "...No skin issues noted."</p> <p>-12/7/13 "...No skin issues noted."</p> <p>Client #8's Assessments Of Other Skin Abnormalities indicated the following (not all inclusive):</p> <p>- 10/21/13 Client #8's doctor was notified in regard to excoriation noted on the client's L buttock which measured 2 cm x 2 cm and 4 cm x 1 cm and an area on the client's R buttocks which measured 1cm x 1 cm. The 10/21/13 assessment form indicated on 10/28/13 "Areas to left and right buttock healed."</p> <p>-9/14/13 Client #8 had "excoriation/gaulding (chafing of the skin from rubbing) 0.8 cm x 1.5 cm open area noted to (L) buttock." The assessment indicated on 9/12/13 "Area healed."</p> <p>Client #8's Braden Scale for Predicting Pressure Sore Risk indicated assessments by the facility's nurses were completed on 3/21/13, 5/2/13 and 5/22/13 with a score of 15 at each</p>						

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	<p>assessment. The above mentioned Braden Scales indicated "...A score of 17 or below requires care plan development for interventions and treatment."</p> <p>Client #8's 5/3/13 Occupational (OT) Evaluation indicated "...Pt (patient) is referred (due to) recent onset, 5/2/13, of pressure ulcer of coccyx of 1.0 cm x 3.0 cm. Pt is obese (with) wt (weight) of 325 # (pounds). Pt currently is in tilt in space w/c (wheelchair) (with) elevating leg rests. footbox (with) lateral thigh supports, head rests, & vicair cushion. Pt. had a new cushion on 3/29/13. Pt & staff of facility have been working with [name of wheelchair company] to provide w/c positioning products. This pt. was referred for OT recommendations re: (regarding) seating system & possible new cushion. Pt seen by this OTR (OT therapist) (with) midline upright posture (with) custom back & all w/c adaptive devices. Per nursing present (with) posterior pelvic tilting when fatigued. OT recommendations: (1) Continue (with) current seating system. (2) Tilt W/C into reclined position when pt. does not need to be upright for work or meals. (3). Continue twice daily bed rest per MD orders or more until resolved. (4). Staff to hoyer pt, into w/c from side to ensure proper positioning. (5). May</p>						

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	<p>trial gel cushion if no change or worsening of coccyx area."</p> <p>Client #8's January 2014 Treatment Record (TR) indicated client #8 was to be "Turn/reposition Q (every) 2 hours. I=Independent D=Dependent A=Assist." The January 2014 TR indicated facility staff documented client #8 was turned/repositioned "Nocs (nights) Days Eves (evenings)." Client #8's TX record indicated the client was "D" on staff. The January 2014 TR indicated facility staff neglected to document and/or reposition/turn client #8 on "Days" 1/4, 1/5, 1/6, 1/7, 1/9 and 1/13/14. The TR also indicated facility staff neglected to document reposition/turning of client #8 on 1/1, 1/2 and on 1/7/13 during the evening shift.</p> <p>Client #8's January 2014 BedRest/Bladder Record indicated client #8 was on bed rest in the "AM" and "PM." The record indicated client #8 was not placed on bed rest in the AM and/or PM on 1/16, 1/7, 1/9 and/or 1/13/14 as the areas indicated were blank on the record. The January 2014 Bedrest record also indicated the facility neglected to toilet the client every 2 hours on 1/6/14 from 6:00 AM to 2:00 PM and on 1/9/14 from 6:00 AM to 2:00 PM as the areas were blank on the form.</p>			
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	<p>Client #8's 8/5/13 Comprehensive Functional Assessment Summary indicated client #8 was a "Skin integrity Risk."</p> <p>Client #8's 9/5/13 Individualized Support Plan (ISP) active treatment schedule indicated client #8 was to be placed on bed rest from 10:00 AM to 11:00 AM and from 2:00 PM to 3:00 PM daily.</p> <p>Client #8's 9/5/13 Repositioning Assessment indicated client #8 utilized a wheelchair for mobility. The 9/5/13 assessment indicated "...THIS RESIDENT REQUIRES REPOSITIONING BECAUSE [Client #8] is non-ambulatory. He has skin integrity issues according to the Braden Scale...BEDREST FREQUENCY: _2x a day_HOW LONG: approximately 1 hr. (hour) 2x per day_...COMMENTS: [Client #8] can indicate to staff when he needs to go to the bathroom and these times will also be considered repositioning."</p> <p>Client #8's 9/5/13 ISP Nursing Care Plan indicated the following in regard to "Skin Integrity Risk:"</p> <p>"...Monitor skin breakdown, treat as</p>			

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	<p>needed</p> <p>Pressure reliving (sic) mattress/cushion Bedrest as ordered Encourage change of position every 2 hours Manage moisture due to incontinence -Tena (topical cream) as ordered/needed -Toileting as scheduled/needed Braden Scale completed Quarterly Dermatology consult as ordered/needed...."</p> <p>Client #8's record indicated client #8 had a 5/2/13 Episodic (temporary care plan until area healed) Care Pan Open Area for client #8's "open area to coccyx" which was no longer being utilized.</p> <p>Client #8's 10/12 to 1/14 Progress Notes indicated the QIDP documented the following (not all inclusive) in regard to client #8's skin integrity issues:</p> <p>-10/23/12 "...[Client #8] has very thin skin which tears easily...."</p> <p>-1/2/14 "1:27pm: In response to nursing notes from 12/27/13 re: 3cm x 1.5cm sheering (sic) brown in color to right side of buttocks. Skin flow sheet initiated. [Client #2] placed on 24 hour nursing log. Treatment ordered. [Client #8] only up for meals until area is healed. Will continue to monitor."</p>			
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	<p>Client #8's 9/5/13 ISP, Progress Notes and/or record indicated the client's interdisciplinary team (IDT) and/or facility neglected to specifically meet and/or address client #8's continual skin integrity issues in regard to pressure ulcers, excoriation, gaulding and/or shearing to prevent reoccurrence. The facility neglected to ensure client #8 was repositioned/turned and toileted every 2 hours, and developed specific risk plans in regard to the client's skin integrity, repositioning and monitoring.</p> <p>Interview with staff #2 on 1/16/14 at 10:09 AM indicated client #8 had a pressure area. Staff #2 indicated client #8 would have to be taken back to his bedroom after meals to lay down. Staff #2 indicated client #8 would be toileted every 1 1/2 hours to 2 hours.</p> <p>Interview with administrative staff #1 on 1/16/14 at 10:24 AM indicated she did not report client #8's injury/shearing to state officials and/or conduct an investigation in regard to the cause/nature of the injury.</p> <p>Interview with LPN #5 on 1/16/14 at 10:35 AM indicated client #8 had an area on his buttock. LPN #5 indicated client #8 was still on bed rest as a</p>			

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	<p>nursing measure.</p> <p>Interview with Director of Nursing (DON) #1 on 1/16/14 at 11:49 AM stated client #8 did not have a pressure ulcer but a "skin shear." DON #1 stated client #8 received the injury from "scooting against something" or when turned to be changed.</p> <p>Confidential interview Q stated client #8 was "regular for pressure sores."</p> <p>Interview with LPN #3 and LPN #4 on 1/17/14 at 11:20 AM indicated client #8 did not have an area on his buttock at this time. LPN #3 and #4 indicated the area had healed. When asked why client #8 was in bed, LPN #3 and #4 indicated client #8 was being kept in bed for bed rest to make sure the area was healed. LPN #3 and #4 stated client #8 did not have a physician's order for "continual bed rest."</p> <p>Confidential interview P indicated CNAs were responsible for repositioning clients. Confidential interview P indicated facility nursing staff would assist to reposition clients when needed. Confidential interview P indicated when the facility was short of staff, the facility did not have enough staff/CNAs to reposition and toilet</p>						

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	<p>clients every 2 hours. Confidential interview P stated "Showers are not getting done. Skin care not being done properly."</p> <p>Interview with DON #1 and the facility's consulting/corporate nurse on 1/22/14 at 1:11 PM indicated CNAs would lay the client down for bedrest 2 times a day. DON #1 indicated the CNAs would document the client's bedrest and repositioning on "ADL (adult daily living) flow sheets." DON #1 indicated the flow sheet did not specifically indicate to document the repositioning of client #8 every 2 hours as facility staff was only documenting once per shift. When asked if client #8 had been treated for a pressure area, DON #1 stated client #8 was treated for "shearing" which was an "abrasion/friction." The facility's consulting/corporate nurse stated "We look at it as a pressure area." DON #1 indicated client #8 would refuse to be repositioned/laid down as the client wanted to stay in his wheelchair. DON #1 indicated client #8's flow sheets did not indicate how client #8 was to be repositioned to ensure healing of the area. When asked how the facility was preventing pressure areas and/or shearing of the client's skin, DON #1 stated "I will have to check." DON #1 stated "There are no care plans at the</p>						

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	<p>facility." DON #1 stated the facility was using "Episodic Care Plans." DON #1 indicated the Episodic Care Plans were "Temporary" until an area was healed.</p> <p>Interview with QIDP #1 on 1/23/14 at 2:35 PM stated clients were to be repositioned "approximately every 2 hours." QIDP #1 indicated the CNAs were to document the repositioning of clients in the CNA book. QIDP #1 indicated she did not know how client #8 was to be repositioned. When asked what caused the area on client #8's buttock, QIDP #1 stated "Not sure, a nursing thing. Not being repositioned or positioned correctly in bed. It would be in the nursing part of the ISP." QIDP #1 indicated client #8's IDT had not met to address the client's repeated skin integrity issues/care.</p> <p>The facility's policy and procedures were reviewed on 1/15/14 at 9 AM and on 1/22/14 at 1:53 PM. The facility's 4/08 policy entitled Prevention of Pressure Ulcers indicated "After conducting a risk assessment to identify risk factors, then focus the prevention program on minimizing their negative effects. When addressing pressure ulcers, prevention is the number one solution...Frequent positioning of the resident is recommended to prevent capillary</p>			

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	occlusion which leads to tissue ischemia and pressure ulcers. Although repositioning will not reduce the intensity of pressure, it will reduce duration, which is more critical...." The facility's policy indicated clients should be repositioned "at least every 2 hours." The policy indicated "...positioning schedules should be designed with an individual resident needs and preferences in mind, which is important in maintaining resident compliance with interventions...." The 4/08 policy indicated "...Repositioning does not always entail a full turn from left side to right side or from back to left side. It may be helpful to intervene with small, frequent position changes using pillows, bath blankets, wedges to reduce pressure...." The facility's policy indicated "friction usually, but not always, accompanies shear. Friction and gravity often result in shear. Friction is the force of rubbing two surfaces against one another. Friction without force (pressure) causes damage to the epidermis and upper dermal layers and is not commonly known as 'sheet burn.' Shear is the result of gravity pulling down on the resident's body and the resistance between the resident and the chair or bed. Shear damages the tissue layers that slide against each other and the underlying blood vessels. Therefore,				

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	<p>when combined with gravity/force (pressure), friction causes shear and the outcome can be more devastating than pressure alone...Up to 40% of reported pressure ulcers may actually originate from shear. As a mechanical force perpendicular to an area, pressure alone usually damages the point of impact and the pressure gradient area. Shear, however, is a parallel mechanical</p> <p>3. Review of the facility reportable records on 1/21/14 at 2 PM indicated: __A BDDS (Bureau of Developmental Disabilities Services) report dated 1/7/14 indicated "On Jan 6, 2014 [client #66] ate dinner and went to her room where she went to bed. Her roommate states that she was already in the room writing in her journal when [client #66] came in. [Client #66] got in bed, covered up and fell asleep. Roommate stated she was snoring which was usual for her. At some point in time after she fell asleep, her snoring 'sounded funny' to the roommate. The roommate looked at her and said she seemed to be okay. A few minutes later the snoring stopped. That is when the roommate looked at her again and said her mouth was open and she looked 'blue.' At that time she called for a nurse. Staff responded immediately and started CPR because [client #66] was a full code. One of them called 911</p>			

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	<p>and when the EMTs arrived they continued the CPR. There did not appear to be any pulse or respirations. We were notified by [name of hospital] that she was pronounced dead. Physician and guardian were notified."</p> <p>The investigative packet contained: ___ An undated note from QIDP #2 indicated "[Client #66] was at dinner that evening and a few times that day she went to smoke (a cigarette) as well. [Client #66] seemed fine to me that day but staff had to keep reminding her that it's cold due to her persistence on wanting to go over to the training center (she kept going outside)."</p> <p>___ A note dated 1/10/14 from facility housekeeping staff #17 indicated "I was cleaning up the dining room the night [client #66] past (sic) away. I seen (sic) her come in the front door by west desk and she look (sic) like she didn't feel well and she groped for the wall. I ask (sic) her if she was OK and she said yes and went on down the hall way. And the next thing I seen (sic) [client #66] coming from the door out side and was walking back down the hallway to her room. It was dark and probably around 7 or 7:30 PM."</p> <p>___ An undated note from administrative</p>						

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	<p>staff #1 indicated "Spoke to [name of staff] who works here in housekeeping and laundry. She states that she saw [client #66] in the front door (it was one of the cold days) sometime between 7 PM and 7:30 PM. [Housekeeping staff #17] said [client #66] looked like she didn't feel well and grabbed the wall to steady herself. [Housekeeping staff #17] asked her if she was okay and she said yes. A few minutes later [Housekeeping staff #17] saw her enter from the door going directly to the dining room. [Client #66] then shivered and made a comment about it being cold outside (she had her coat on). She walked down the hall to her room. [Housekeeping staff #17] states that even though [client #66] looked like she didn't feel well she did not report it to the nurse thinking that since [client #66] said she was okay she might just looked bad due to the cold weather.... In conclusion, based on the investigation and the fact that [name of facility doctor] feels [client #66] had a Myocardial infarction, I feel [client #66's] death was in no way a result of anything other than a sudden heart attack."</p> <p>Review of the IN.GOV web page (http://www.in.gov) on 1/23/14 at 9 PM indicated on 1/5/14 "Governor Pence Declares State of Disaster Emergency in</p>						

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	<p>29 Indiana Counties: ...affected by the severe weather that began on January 5 (2014). As a result of the severe snowstorms, extreme cold and dangerous wind conditions that have impacted counties across Indiana, I (Gov. Pence) have declared a state of disaster emergency in the 29 counties that were most affected by the storm, and the State of Indiana stands ready to assist Hoosiers as needed." Hickory Creek, where client #66 resided, was located in Delaware County and included in one of the counties declared to be in a state of emergency due to severe weather conditions with below zero temperatures on 1/6/14.</p> <p>Client #66's record was reviewed on 1/24/14 at 12 PM.</p> <p>__ Client #66's record indicated a diagnosis of, but not limited to, Bronchial Asthma.</p> <p>__ Client #66's ISP (Individual Support Plan) dated 6/20/13 indicated "According to [client #66's] smoking assessment she has no physical limitations that require a staff to hold her cigarette, she does have difficulty understanding the smoking policy due to her cognitive abilities. She has no other health issues and/or concerns that affect her ability to hold her cigarette and is able to smoke (a cigarette) without</p>						

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	<p>burning herself or her clothing. [Client #66's] smoking plan includes that she always smokes with a staff member with her, she wears a 'smoking apron' for protection and does not carry her own smoking materials, including cigarettes and lighters."</p> <p>__ Client #66's nursing notes indicated on 1/6/14 at 7:20 PM "Resident's roommate yelled for this nurse stating resident was not breathing this nurse responded to resident's room resident lying on bed cyanotic and no visible respirations resident placed on floor this nurse checked and found no pulses chest compressions began and outer clothing removed call placed to 911 CPR (Cardio Pulmonary Resuscitation) continued per this nurse and [name of another nurse] (sic)."</p> <p>__ Client #66's nursing notes indicated no health assessment and/or documentation on 1/6/14. With the severe weather of below zero temperatures, client #66's record did not indicate when client #66 went outside to smoke (a cigarette), how client #6 was dressed when she went outside, if a staff member was with her, how long she was outside to smoke a cigarette and if an assessment was conducted by a nurse each time client #66 returned inside from the below zero temperatures. Client #66's record failed to indicate the</p>				

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	<p>housekeeping staff had reported to nursing when client #66 did not look good when returning in from the below zero temperatures and after having smoked a cigarette.</p> <p>Interview with LPN #15 on 1/23/14 at 10 AM indicated client #66 was not assessed by a nurse each time client #66 returned inside after going outside in the cold temperatures to smoke a cigarette. LPN #15 stated whenever a staff "thinks someone doesn't look right" or "thinks someone's heath was an issue", that staff "should report to us (nursing) immediately."</p> <p>Interview with the DON on 1/23/14 at 3 PM indicated client #66 had a diagnosis of Asthma. The DON stated the facility doctor had told her that client #66 "probably had COPD (Chronic Obstructive Pulmonary Disease) too" but it was not an official diagnosis. When asked if client #66 should have been going out in the below zero temperatures to smoke a cigarette, the DON stated, "No, but it was her choice and someone was with her." The DON indicated the staff tried to discourage client #66 from going outside due to the inclement weather, but was unsuccessful.</p>						

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	<p>Interview with administrative (Adm) staff #1 on 1/24/14 at 1 PM stated client #66 had gone outside "several times" on 1/6/14 to smoke a cigarette. Adm staff #1 indicated client #66 wore a coat, a toboggan type hat and was assisted by staff each time she went out to smoke a cigarette. Adm staff #1 stated, "Because it was so cold, we let her go out the front door and smoke a cigarette in the front of the building instead of going to the designated smoking area in the back of the building." The DON indicated the housekeeping staff did not report to the nursing staff the concern of client #66's health after coming in from inclement weather of below zero temperatures and having smoked a cigarette.</p> <p>The facility's policy and procedures were reviewed on 1/16/14 at 4:03 PM and on 1/22/14 at 1:53 PM. The facility's 9/10 revised policy entitled Resident Mistreatment, Neglect, Abuse & (and) Misappropriation of Property indicated "Residents will be free from mistreatment, neglect, abuse, misappropriation of resident funds and property, verbal, mental, sexual or physical abuse, corporal punishment, or involuntary seclusion." The facility's 9/10 policy indicated neglect was defined as "Failure to provide goods and services necessary to avoid physical</p>						

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	<p>harm, mental anguish, or mental illness. Neglect occurs when facility staff fails to monitor and/or supervise the delivery of resident care and services to assure that care is provided as needed by residents. Neglect occurs when a facility fails to provide necessary care for residents , such as situations in which residents are being left to lie in urine or feces...." The facility's policy indicated "...Staff, whether direct care, ancillary departments, contract staff, or volunteers, will be monitored and supervised by their respective supervisors to ensure that the residents receive appropriate care and services to meet the their needs and to prevent the potential of neglect and/or abuse...." The 9/10 policy indicated "I. Identification: Injuries of unknown or unwitnessed etiology, including but not limited to, fractures, bruises, skin tears, joint dislocations, and abrasion of residents are thoroughly investigated as to possible occurrence and are reported to the appropriate local, state, and federal agencies within the required time frames...J. Investigation: All reported incidents of alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source and misappropriation of resident property are reported to the Administrator immediately, investigated</p>						

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	<p>and reported per state and federal law...." The policy indicated "...M. Reporting/Response: The administrator is to report all allegations of abuse, neglect, misappropriation of resident property, and injuries of unknown etiology, or significant injuries to his/her respective Director of Operations..."</p> <p>4. The facility failed to immediately report allegations of neglect and/or injuries of unknown origin to the administrator and/or to state officials (Indiana State Department of Health/ISDH and/or Bureau of Developmental Disabilities Services (BDDS) for clients #29, #42 and #61. Please see W153.</p> <p>5. The facility failed, for clients #8, #11, #42, #61 and #64, to ensure allegations of abuse/neglect/injuries of unknown origin were thoroughly investigated. Please see W154.</p> <p>This federal tag relates to complaint #IN00138987.</p> <p>This deficiency was cited on 11/27/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-28(a)</p>			

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on interview and record review for 4 of 41 allegations of abuse, neglect and/or injuries of unknown origin reviewed, the facility failed to immediately report allegations of neglect and/or injuries of unknown origin to the administrator and/or to state officials (Indiana State Department of Health/ISDH and/or Bureau of Developmental Disabilities Services (BDDS) for clients #29, #42 and #61.</p> <p>Findings include:</p> <p>1. Client #61's record was reviewed on 1/22/14 at 12:20 PM. Client #61's behavior cards indicated the following (not all inclusive):</p> <p>-12/5/13 "[Client #61] Crying, NC (non compliant), ran out of TC (Training Center) and into wooded area behind the main facility."</p> <p>-8/20/13 Client #61 was "outside alone x</p>	W000153	<p>1. What corrective action will be done by the facility. Client 61 seems to be fine. She does have a leg bracelet on to alert staff if she should go out the doors of the main building. It was not reported to the IDT. Client 29's bruise has healed. Since the investigation determined how the bruise occurred (she slams herself down in her merry walker) that it was not a reportable incident. Client 42 was actually observed walking into the edge of a table and again, it was felt that it was not reportable since we knew exactly how the bruise on his groin occurred. Administrative staff 1 indicated to the surveyor that these two incidents were not reported because the investigation determined how the bruise occurred. It was explained to Administrative staff 1 from the surveyor that these two incidents were reportable simply because the bruises were located in a suspicious area. 2. How will the facility identify other residents having the potential to be affected by the same practice and what</p>	03/05/2014
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	<p>1." Another 8/20/13 behavior card from 1:30 PM to 9:00 PM indicated client #61 was "out of the building" 3 times.</p> <p>The facility's reportable incident reports, Incident/Accident Reports (IARs) and/or investigations were reviewed on 1/16/14 at 11:51 AM. The facility's reportable incident reports from 11/13 to 1/14 indicated the 12/5/13 and 8/20/13 behavioral incidents (allegations of possible neglect) were not immediately reported to the administrator.</p> <p>Interview with QIDP #1 (Qualified Intellectual Developmental Professional) on 1/23/14 at 2:35 PM indicated she was not aware of the 12/5/13 AWOL incident when client #61 got out to a wooded area behind the main facility. QIDP #1 indicated client #61 would have left the TC when the 12/5/13 incident occurred. QIDP #1 indicated the incident should have been reported to the administrator and a reportable incident report should have been completed in regard to the incident.</p> <p>Interview with administrative staff #1 on 1/24/14 at 11 AM indicated she was not aware of client #61 getting out into a wooded area. Administrative staff #1 indicated facility staff should have reported the incident (allegation of</p>		<p>corrective action will be taken? Any client who might wander could be affected. All staff have been re-educated regarding the reporting requirements to the administrator. All clients could be affected. All injuries that might be "suspicious" due to the location of the injury, will be reported. 3. What measures will be put into place to ensure this practice does not recur? All staff have been re-educated regarding reporting requirements for all incidents. Any incident of elopement will be reported promptly to the state and a post elopement assessment will be completed following facility policy. All incidents are discussed during the morning IDT meeting to assure compliance. All injuries of a "suspicious" nature will be reported to the state by either the Administrator, DON or a QIDP. This will be discussed during daily IDT meetings to assure compliance. The QIDP will complete an audit of the reportable incident to ensure protocol has been followed. Results of this audit will be reviewed at the morning meeting and then forwarded to the QA committee. 4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? All incidents will be discussed during the morning IDT meeting with all professional staff. The results of all reportable</p>		

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	<p>possible neglect) to her immediately. Administrative staff #1 indicated she was not aware of any other incidents where client #61 got out of the facility unsupervised except on 11/20/13.</p> <p>2. The facility's reportable incident reports, Incident/Accident Reports (IARs) and/or investigations were reviewed on 1/16/14 at 11:51 AM. The facility's IARs indicated the following (not all inclusive):</p> <p>-12/27/13 Staff found a "purple bruise" on client #29's right buttock which measured 3.5 cm x 2 cm. The facility's reportable incident reports and/or the 12/27/13 IAR indicated the injury of unknown source, located on the client's buttock, was not reported to state officials.</p> <p>-12/9/13 Client #42 was found to have discoloration to the groin area when he was showered. The IAR indicated the area was 2.5 cm x 2 cm and a "reddish purple" color. The facility's 12/9/13 IAR and reportable incident reports from 11/13 to 1/14 indicated the facility did not report client #42's injury of unknown source, in the groin area, to state officials.</p> <p>Interview with administrative staff #1 on</p>		<p>incidents will be discussed during the quarterly QA meeting with the Medical Director as well as with the monthly QA meeting with the IDT team. This will be ongoing. All incidents will be discussed during the morning IDT meeting with all professional staff. The QA committee will review the incident report audit at the monthly QA meeting for 90 days or until 100% compliance is attained. Further audits will be completed as deemed necessary by the QA committee</p>		

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W000154	<p>1/24/14 at 11:00 AM indicated she was aware of the 12/27/13 and 12/9/13 incidents with clients #29 and #42. Administrative staff #1 stated "I thought if investigation was done within 24 hours I did not have to report them to state."</p> <p>This federal tag relates to complaint #IN00138987.</p> <p>This deficiency was cited on 11/27/13. The facility failed to implement systemic plan of correction to prevent recurrence.</p> <p>3.1-28(c)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, record review and interview for 5 of 41 allegations of abuse, neglect and/or injuries of unknown source reviewed for clients #8, #11, #42, #61 and #64, the facility failed to ensure allegations of abuse/neglect/injuries of unknown origin were thoroughly investigated.</p> <p>Findings include:</p> <p>1. The facility's reportable incident</p>	W000154	<p>1. What corrective action will be done by the facility? Client 61 has a double secure care bracelet on at this time to assure that the alarm will sound if she attempts to exit the building. Client 61 has shown no effects from exiting the building. Client 11 is fine. She was monitored by Social Service during the time of the allegation of abuse and at no time did she show any signs of distress. During the investigation Client 11 changed her story and denied that staff 15 hit her. No other</p>	03/05/2014			

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	<p>reports, investigations and/or internal Incident/Accident Reports (IARs) were reviewed on 1/16/14 at 1:51 AM. The facility's 11/20/13 reportable incident report indicated "Staff reported that [client #61] was down the street at the neighbor's house right beside the facility this morning when they came to work. [Client #61] did have a coat on, staff went to the house and assisted [client #61] back to the facility. [Client #61] was assessed by nursing and no injuries were noted. Will add a secure care bracelet that will chime when [client #61] goes outside the door. Will add a behavior program for elopement. Will continue to monitor.</p> <ol style="list-style-type: none"> Staff assisted [client #61] back inside the facility. Nursing assessed and no injuries were noted. [Client #61] did have a coat on. Will add a secure bracelet that will chime when [client #61] goes out the door. Will add a behavior program for elopement. Will continue to monitor." <p>The facility's 11/20/13 IAR indicated "Kitchen staff came in the building said there was a resident down the road. I (LPN #7) ran out (sic) saw her down the road. She was passed (sic) the first</p>		<p>clients were interviewed because no other clients were in the restroom during the incident. Client 8 continues to have an area of shearing, treatment is in place and he is now being re-positioned and toileted every 2 hrs as required. The history of skin issues began in May, 2013. He is also on a specialty mattress to aid in healing. Client 64's injury to his wrist has healed. Client 42's discoloration to his groin has healed. 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? Any client who wanders could be affected. A secure care alarm system is being placed on the doors of the training center to alert staff if a client tries to exit. All clients could be affected. During an allegation of abuse, other clients as well as staff will be interviewed to determine if they know something regarding the allegation. All clients could be affected. Shearing will now be considered a type of pressure area and will be reported to state and BDDS. All clients could be affected. Head to toe skin assessments are being completed on all residents in addition to updated Braden assessments. Clients determined to be at risk for skin breakdown will have a care plan initiated or updated. Documentation of</p>				

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	<p>house. A dog was barking at her. She was crying and she had a coat on."</p> <p>The facility's 11/24/13 follow-up report indicated "According to staff saw [client #61] between 6am-6:15am, and she was brought back inside the facility at approximately 6:30am. [Client #61] now wears a secure care bracelet which chimes when she goes out the door, to alert staff that she has left the building. [Client #61] also has a behavior intervention plan to address elopement. These interventions should prevent future elopement issues. [Client #61] did have her coat on at the time of elopement and she was not injured. Will continue to monitor...." The facility's 11/20/13 reportable incident report and/or 11/24/13 follow up report indicated the facility failed to conduct a thorough investigation in regard to client #61's elopement. The facility's 11/20/13 reportable incident report and/or 11/24/13 follow up report failed to indicate how client #61 got out of the building and/or where/what facility staff were doing at the time of the incident. The facility's 11/24/13 follow up report failed to indicate the staffing pattern at the facility, at the time of the incident, and/or indicate if client #61 had a history of getting out of the facility.</p>		<p>discussions of the behavior intervention plans and exactly what was decided will be documented on the agenda. All suspicious injuries will be reported. 3. What measures will be put into place to ensure this practice does not recur? Secure care checks are now conducted every shift and documented. Clients who can turn the bracelet around to prevent the alarm from sounding will have two bracelets applied to their ankle to prevent that. All allegations of abuse will be thoroughly investigated by the Administrator. Turns for clients will be completed every 2 hours. A new agenda for the IDT meeting has been developed to assure that all discussions are tracked and documented. 4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? Documentation of the secure care checks will be checked by the DON and/or her designee on a daily basis to assure that all bracelets are being checked every shift. The results of the checks will be discussed during the quarterly QA meeting with the Medical Director as well as the monthly QA with the IDT team. This will be ongoing All allegations of abuse will be discussed thoroughly with the Medical Director during the quarterly QA meeting as well as daily at the IDT meeting and</p>				

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	<p>Confidential interview P indicated client #61 would get out of building unsupervised. Confidential interview P stated "She (client #61) got out and ran in parking lot. One morning found her in a car. A lot of behaviors in the morning. No staff to control behavior." Confidential interview P indicated client #61 knew how to turn the bracelet so it would not alarm/sound. Confidential interview P indicated the secure care bracelet only worked in the main building. Confidential interview P indicated client #61 had eloped/went AWOL from the TC.</p> <p>Interview with QIDP #1 (Qualified Intellectual Developmental Professional) on 1/23/14 at 2:35 PM indicated client #61 only got outside one time without staff supervision. QIDP #1 stated client #61 "ran outside 2 times." QIDP #1 indicated facility staff was documenting the client went AWOL when staff was following the client when she left the building. QIDP #1 indicated client #61 received the secure bracelet on 11/20/13 after client #61 got to the neighbor's house on 11/20/13. QIDP #1 indicated an investigation was conducted in regard to the 11/20/13 incident where the client was found at the neighbor's house.</p> <p>2. The facility's reportable incident</p>		<p>monthly at the QA meeting with the IDT team. All allegations will be thoroughly investigated. The administrator will be responsible and this will be ongoing. The C.N.A will document on the turning schedule that they have re-positioned the clients. All IR's will be thoroughly discussed during the morning IDT meeting and documented on the new agenda. Behavior intervention plans will be discussed as well and be documented. The results of all IR's will be discussed during the quarterly QA meeting with the Medical Director. Audits completed weekly by the DON will include ensuring nurses are checking placement and function of personal alarms. Results will be reviewed by the Administrator. Results of the nursing audits will be reviewed at the monthly QA committee meeting for 90 days and until 100% compliance is attained. Further audits to be completed as deemed necessary by QA</p>				

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	<p>reports, investigations and/or internal Incident/Accident Reports (IARs) were reviewed on 1/16/14 at 1:51 AM. The facility's 10/5/13 reportable incident report indicated "Allegations made by [client #11] concerning staff [staff #15], CNA (Certified Nurse Aide). [Client #11] reports [staff #15] 'hit her on the arm' on 10/05/13 at approx. (approximately) 8:00am. Nursing assessment completed. No injury noted. [Client #11] did not appear to be in any distress during interview and the rest of her day in the classroom. [Client #11] has behavior Intervention Plan that includes attention seeking and manipulative behaviors. [Client #11] has inconsistencies concerning situation being reported. She has inconsistencies as to where and the incident occurred. [Staff #15] did state she did tap [client #11] on the upper arm to get her attention. [Staff #11] suspended until outcome of investigation."</p> <p>The facility's attached 10/5/13 investigation, conducted by QIDP #5, indicated client #11 was interviewed in the bathroom at the training center with LPN #2 present. The 10/5/13 investigation indicated client #11 stated staff #15 hit her in the upper arm with a "fist." The investigation indicated no one else was in the bathroom at the time</p>						

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	<p>the incident occurred. The 10/5/13 investigation indicated "...Received phone call from [staff #15]. She states that 'yes she did touch [client #11] today.' She (staff #15) states she was outside the bathroom with another resident when [client #11] came out of the bathroom. [Staff # 15] states she 'tapped' [client #11] on the shoulder and asked her if she 'got all the soap off her hands.' [Staff #15] states she did not hit [client #11], nor would she. [Staff #15] believes [client #11] might think she hit her."</p> <p>An attached undated Synopsis by administrative staff #1 indicated "On 10/5 [client #11] states that [staff #15] came into the bathroom and hit her with her fist on her upper arm. [Client #11's] story did vary depending on who she told and when. At one time she said that [staff #15] 'slapped' her. She did state that her arm was sore but it was sore because she had a shot. She has not had a shot in her arm. By the evening of 10/5 she denied that it had happened and said [staff #15] 'tapped' her on the shoulder and asked if she got all of the soap off her hands...." The undated synopsis indicated administrative staff #1 interviewed client #11 on 10/6/13 and the client indicated staff #15 had hit her. The synopsis indicated on 10/7/13</p>			

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	<p>when client #11 was interviewed by 2 employees she was close to, client #11 indicated it did not happen and it was "an accident." The synopsis indicated client #11 did not like change and there were 2 new admissions to the facility on that week. The undated synopsis indicated, "...I (administrative staff #1) believe the following scenario happened. [Client #11] was in the bathroom washing her hands. She had been washing her hands excessively as evidenced by the amount of time she was in the bathroom and soap on her hands. [Staff #15] entered the bathroom with another client to assist her to the restroom. [Staff #15] asked [client #11] several times to finish washing her hands so the other client could wash her hands. [Client #11] ignored [staff #15]. [Staff #15], to get her attention, touched her on the shoulder and asked her if she had all the soap off. [Client #11] dried her hands and left the bathroom. She then told ATF (Active Treatment Facilitator) that [staff #15] hit her...." The undated synopsis indicated "...I (administrative staff #1) does (sic) not feel any abuse occurred. As a matter of fact, [client #11] now denies that [staff #15] hit her at all and says she was telling her to get her hands clean and leave the bathroom...." Attached statements indicated client #11 was</p>						

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	<p>interviewed on 10/5 and 10/7/13 when the client indicated the staff hit her on 10/5/13 and said it was "an accident" on 10/7/13. The facility's 10/5/13 investigation indicated 3 facility staff and the perpetrator were interviewed. The facility's 10/5/13 investigation indicated no other clients were interviewed in regard to staff to client abuse at the training center.</p> <p>Interview with client #11 on 1/16/14 at 8:10 AM when asked how staff treated her, client #11 shrugged her shoulders. When asked what was wrong, client #11 indicated she did not like staff. When asked why, client #11 stated "I don't know. Staff are mean." Client #11 would not elaborate and/or provide any additional information. Client #11 indicated her concerns were with the afternoon shift.</p> <p>Confidential interview Q indicated client #11 was upset the day of the allegation of abuse. Confidential interview Q indicated a QIDP came to interview client #11 at the training center. Confidential interview Q indicated the QIDP did not interview client #11 in private. Confidential interview Q indicated the QIDP pulled client #11 to the side of the room and everyone could hear what was being said and asked of</p>						

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	<p>client #11. Confidential interview Q stated the QIDP was asking "leading questions" of client #11. Confidential interview Q indicated the QIDP stated "She really did not hit you did she?"</p> <p>Interview with administrative staff #1 on 1/23/14 at 3:55 PM and on 1/16/14 at 11:50 AM indicated client #11 had made an allegation of abuse against staff #15. Administrative staff #1 stated the allegation of abuse was "not substantiated." Administrative staff #1 indicated on 1/16/14 she had suspended staff #15. Administrative staff #1 stated assault charges had been filed against staff #15 for something that had nothing to do with work at the facility. Administrative staff #1 indicated no other clients were interviewed in regard to abuse at the training center/with staff #15. Administrative staff #1 indicated only the staff working were interviewed.</p> <p>3. The facility's reportable incident reports, investigations and/or internal Incident/Accident Reports (IARs) from 11/1/13 to 1/14 were reviewed on 1/16/14 at 1:51 AM. The facility's 12/27/13 IAR indicated "Resident (client #8) noted to have sheering (sic) to buttocks 3 cm (centimeters) x (by) 1.5 cm on (R) (right) side of buttocks. Light brown in color."</p>						

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	<p>The 12/27/13 IAR indicated an attached 1/2/14 Progress Note "1:27 PM: In response to nursing notes from 12/27/13 re: 3cm x 1.5cm sheering (sic) brown in color to right side of buttocks. Skin flow sheet initiated. [Client #8] placed on a 24 hour nursing log. Treatment ordered. [Client #8] only up for meals until area is healed. Will continue to monitor." The 12/27/13 IAR and/or 1/2/14 Progress Note did not indicate any additional documentation and/or investigation in regard to client #8's injury of unknown source.</p> <p>Client #8's record was reviewed on 1/17/14 at 11:02 AM. Client #8's 12/27/13 physician orders indicated "Bactroban (antibiotic ointment) TID (three times a day) to sheering (sic) on buttocks x (times) 14 days (1/10/14) ."</p> <p>Client #8's 12/13 nurse notes and/or record did not indicate how client received the sheering on his buttock.</p> <p>Interview with administrative staff #1 on 1/16/14 at 10:24 AM indicated she did not report client #8's injury/sheering to state officials and/or conduct an investigation in regard to the cause/nature of the injury.</p>				

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	<p>Interview with Director of Nursing (DON) #1 on 1/16/14 at 11:49 AM stated client #8 did not have a pressure ulcer but a "skin shear." DON #1 stated client #8 received the injury from "scooting against something" or when turned to be changed.</p> <p>Confidential interview P indicated CNAs were responsible for repositioning clients. Confidential interview P indicated facility nursing staff would assist to reposition clients when needed. Confidential interview P indicated when the facility was short of staff, the facility did not have enough staff/CNAs to reposition and toilet clients every 2 hours. Confidential interview P stated "Showers are not getting done. Skin care not being done properly."</p> <p>4. The facility's reportable incident reports, investigations and/or internal Incident/Accident Reports (IARs) were reviewed on 1/16/14 at 1:51 AM. The facility's reportable incident reports, IARs and/or investigations indicated the following:</p> <p>-12/27/13 "On 12-27-2013 that [client #64] was in the dining room with the other residents for lunch, staff turned around to get silverware and staff heard</p>						

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	<p>[client #64] yell. [Client #6] took off her helmet and leaned over and bit [client #64] on his right wrist. Staff intervened immediately and separated the two. Comfort measures were given to [client #64] and nursing assessed his wrist. [Client #64's] wrist was red and had teeth marks on him. Staff washed his wrist with soap and water..." The 12/27/13 reportable incident report indicated staff placed client #6's helmet back on her "...to prevent bites or injury." The reportable incident report indicated client #6's interdisciplinary team (IDT) would review the client's behavior plan at the next IDT on 12/30/13. The facility's reportable incident report and/or IAR did not indicate any additional information and/or an investigation in regard to the allegation of client to client abuse and/or allegation of staff to client neglect as the reportable incident report did not indicate how client #6 was being monitored at the time of the incident as the client had a helmet on to prevent her from biting others.</p> <p>-12/9/13 Client #42 was found to have discoloration to the groin area when he was showered. The IAR indicated the area was 2.5 cm x 2 cm and a "reddish purple" color.</p>			

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	<p>An attached 12/10/13 Progress Note indicated "...[Staff #15], CNA (Certified Nurse Aide) stated that she saw [client #42] dive over tables and chairs to get other's drinks. [Staff #50], ATF (Active treatment facilitator) witnessed [client #42] that same day bump the table going after a drink causing him to bump the table in that area. [Client #42] was trained to please slow down and not bump into items...."</p> <p>An attached 12/10/13 witness statement by staff #50 indicated "I have seen [client #42] hit the table going after a drink causing him to hit his side (groin area not mentioned)!"</p> <p>Staff #15's 12/10/13 witness statement indicated "[Client #42] will dive over tables & (and) chairs to get other's drinks."</p> <p>Staff #51's 12/9/13 witness statement indicated "[Client #42] could have walked into something. He could have stole (sic) a pop." The facility's 12/10/13 investigation indicated the facility did not interview any clients and/or other staff who worked with the client.</p> <p>Interview with administrative staff #1 on 1/24/14 at 11:00 AM indicated an</p>						

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W000210	<p>investigation was conducted in regard to the 12/9/13 injury of unknown source. Administrative staff #1 indicated the 12/27/13 client to client aggression/abuse should have been investigated.</p> <p>This federal tag relates to complaint IN00138987.</p> <p>This deficiency was cited on 11/27/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-28(d)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 5 of 10 sample clients (#1, #4, #6, #7 and 8) and 13 additional clients (#11, #14, #16, #25, #28, #34, #35, #36, #37, #43, #47, #48 and #57), the facility IDT (Interdisciplinary Team) failed to ensure: ___ Client #11 was assessed in regard to excessive use of hand sanitizer in regard to her history of skin issues. ___ Client #28 was assessed in regard to</p>	W000210	<p>1. What corrective action will be done by the facility? Resident #11 does have an appointment to see a dermatologist for her continuing dry skin condition. The alcohol gel hand sanitizer has been removed from all public areas, so Resident #11 does not have access to it. She is encouraged to ask the nursing staff for lotion to use on her dry skin. Resident #28 now has a care plan to address</p>	03/05/2014

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	<p>his identified behavior of excessive masturbation to the point of causing repeated gaulding (chafing of the skin due to rubbing) of the groin.</p> <p>__ Clients #1, #14, #16, #43, #47 and #57 were assessed for appropriate fitting of their wheel chair and any needed supports.</p> <p>__ Clients #1 and #14 were assessed by PT/OT (Physical Therapy/Occupational Therapy).</p> <p>__ Clients #1, #4, #8, #16, #25, #34, #35, #36, #37, #43, #47, #48 who were to use Dove soap were assessed for the need for a laundry detergent for sensitive skin.</p> <p>__ Client #6 was re-assessed for use/need of a wheelchair.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 1/23/14 between 10 AM and 11 AM. At 10:20 AM client #11 sat up on the side of her bed. Client #11's facial skin across her forehead and cheeks was flaky and dry. Client #11 was touching and rubbing her face/forehead/neck area. When asked does your skin itch, client #11 did not respond.</p> <p>Interview with LPN #15 on 1/23/14 at 10:25 AM indicated client #11 liked to use hand sanitizer and would frequently</p>		<p>the chafing and gaulding that can occur due to his excessive masturbation. He is encouraged to participate in active treatment during the day as well. Resident #57 is being seen by therapy to</p> <p>assess the need for any type of support device for sitting. His skin tear located under the abdominal fold has now healed. Resident #16 pressure area healed on 1/29/14. All staff has been in-serviced regarding the need to remove the lift sling from beneath the resident after the resident has laid down. Resident #1 has been evaluated by OT for correct seating as well as for his adaptive brace on his leg. Therapy has screened every resident in the facility. Any recommendations that were made</p> <p>have been put into place and are being followed by staff; including those for Resident #1. Resident #14 pressure area was healed on 1/29/14. He has been seen by therapy. All residents who use a wheelchair for transfer are being evaluated by the therapy department. Residents # 1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, #48 have Dove soap available for their use at all times. All</p> <p>nursing staff has been in-serviced on the need to have</p>				

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	<p>put it on her face, neck and hands. LPN #15 stated client #15's skin "Looks better than it usually does." LPN #15 stated client #11's face and forehead were "ashy and dry." The LPN stated, "We have lotions we put on her skin."</p> <p>Client #11's record was reviewed on 1/23/14 at 1 PM.</p> <p>__ Client #11's record indicated "Due to dry skin condition, [client #11] will bathe two times a week...." Client #11's 2013 physician's orders indicated client #11 had an order for Ammonium lactate (a skin softener) to use as needed and to use Dove soap for bath/shower.</p> <p>__ Client #11's nursing notes of 12/12/13 indicated client #11 had three scratches to right side of neck and dry skin. The note indicated the client admitted to scratching her neck because it itched. The note indicated the DON, the doctor, the administrator and the QIDP were notified. The nursing note of 12/14/13 indicated "Resident found applying hand sanitizer to dry skin on neck and reopening areas to neck.... Refusing to let nurse apply PRN (as needed) treatment."</p> <p>Interview with RN #18 on 1/24/14 at 11 AM indicated client #11 had not been assessed by a dermatologist in regard to skin issues.</p>		<p>all supplies available for resident care, including topical supplies, such as Dove soap. Dove soap is now stored in an area accessible to staff, and the use of Dove soap has been added to the CNA assignment sheet, so that the staff is familiar with which residents require the use of Dove soap. Resident #6 uses her walker for short</p> <p>distances. She is assisted to the training center in her wheelchair for safety – all staff has been educated regarding this.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 by these practices. All residents have been screened by therapy, have</p> <p>had skin assessments and Braden scale assessments done, have had care plans reviewed, developed, and revised to reflect current needs, and staff has been in-serviced on all these topics and the facility expectations and policies for each one. If the DON or other member of the IDT observes or finds an issue related to resident care or documentation of resident care, she will address it immediately until the situation has been corrected. Once the resident(s) are taken care of, the DON will re-train the</p>		

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	<p>2. Observations were conducted at the facility on 1/22/14 between 7:30 AM and 10 AM. At 7:35 AM client #28 was standing nude in the bathroom. Client #28's groin and perineal area was dark in color and looked scarred. The skin was intact with no open areas noted. CNA (Certified Nursing Assistant) #16 was assisting client #28 while in the bathroom and stated, "I think that is from where he is gaulded all the time." CNA #16 indicated client #28 would lay in his bed most of the day and masturbate. When asked what staff do when he does this, CNA #16 stated, "We just try to give him some privacy."</p> <p>On 1/23/14 at 11:15 AM client #28 had just gone to the bathroom. LPN #15 assisted client #28 back to bed. Client #28, with the help of LPN #15, removed his pants down to his underwear and client #28 got into bed. LPN #15 pulled client #28's covers up and client #28 rolled over to his side. Within two minutes of getting into bed, client #28 began masturbating.</p> <p>Client #28's record was reviewed on 1/24/14 at 1 PM. Client #28's 1/19/14 Assessment of Other Skin Abnormalities indicated "Gaulding to groin." Client #28's 12/2013 physician's orders</p>		<p>staff involved and will utilize progressive disciplinary action, up to and including termination of employment for continued noncompliance. 3. What measures will be put into place to ensure this practice does not recur? Hand sanitizers have been removed from public areas. The nurses are completing weekly summaries of the residents' condition and performing weekly skin assessments. The completed summaries and assessments will be given to the DON upon completion</p> <p>for her review and follow up, if needed. When her review is complete, the summaries and assessments will be filed in the residents' medical records. The Braden scales will be completed on all residents on a quarterly basis. The shower CNA will report the completion of showers, including any issues noted during showers, to the DON or designee each day. The DON or designee will review the focus charting, 24 hour report, and copies of physician telephone orders each morning</p> <p>during his/her tour of duty, and will bring that information to the morning IDT management meeting that occurs at least 5 days a week. This information will be presented to the team for further review and discussion.</p>		

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	<p>indicated client #28 had an order for Lotrisone cream to the groin area as needed for gaulding. Client #28's record indicated no specific care plan/risk plan in regard to client #28's recurring skin issues of the groin.</p> <p>Interview with LPN #15 on 1/23/14 at 11:20 AM stated client #28's groin and skin between his legs was healed but darker than the other skin because of "gaulding" caused from "frequent masturbation." LPN #15 stated, "I don't know if it's because he is bored or just needs something to do with his hands." LPN #15 indicated client #28 was blind and liked to spend most of his time in his bedroom masturbating. When asked what the staff are to do when he is masturbating, redirect him or offer other activities, LPN #15 stated, "I think he is just given private time."</p> <p>Interview with the Director of Nurses (DON) on 1/23/14 at 3 PM indicated no specific plan of care/risk plan in regard to client #28's recurring issues of the groin in regard to gaulding.</p> <p>3. Observations were conducted at the facility on 1/21/14 at 4 PM and 6:30 PM. At 4 PM client #57 sat near the entrance of the front door in his wheel</p>		<p>Care plans will be updated accordingly as changes in orders and condition are noted. CNA assignment sheets will also be updated as indicated by the residents' changing needs. The Business Office Manager is now responsible for keeping an inventory on the amount of Dove soap available for residents and for making sure that any needed supply is ordered and available.</p> <p>The Business Office Manager will keep the IDT members apprised of the current supply of Dove soap and any outstanding orders to resupply the stock of Dove</p> <p>soap during the morning management meeting that occurs at least 5 days a week. The DON will utilize a medication audit tool to monitor the compliance with physician orders for medications and other topical medications/supplies. She will audit using this tool at least 3 times weekly for the first month, than at least weekly for the next 30 days. Any identified issues will be addressed as indicated in question #2. 4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? The DON will report the findings of the reviews</p> <p>of the focus charting, 24 hour report sheets, physician</p>		

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	<p>chair, leaning to his right side. Client #57 was a large young man. No adaptive supports or pillows were used to assist client #57 in correcting his position to sit up straight.</p> <p>__At 4:50 PM LPN #16 assisted client #14 to roll to his right side so the LPN could assess the client's buttocks. Client #14 had a bowel movement and had feces on his buttocks. Client #14 had a 2 cm (centimeter) open area to his left buttocks. LPN #16 stated, "It's a stage two pressure area."</p> <p>__At 5 PM CNA #17 placed a Hoyer sling under client #14. CNA #17 stated, "Some days we just leave him in bed because that's what he wants." CNA #17 called for additional assistance and lifted client #14 out of bed with a mechanical lift and placed him into the wheelchair. The sling was left under client #14. At 5:15 PM client #14 was wheeled to the dining room for his evening meal.</p> <p>Observations were conducted at the facility on 1/22/14 between 7:30 AM and 8:30 AM.</p> <p>__From 7:30 AM to 8:05 AM client #14 laid in his bed, on his back, the sling under him. At 8:05 AM client #14 was lifted from his bed and placed into his wheel chair. The sling was not removed from under client #14. Client #14 was then wheeled out into the hallway where</p>		<p>telephone orders, weekly summaries and skin assessments, completion of showers, care plan revision and updating, therapy screens and recommendations, as well as observations of resident care, including turning and positioning, to the QA Committee on a monthly basis. Any recommendations given by the committee for further process improvement will be followed up by the DON, with the results of those recommendations brought back to the next scheduled QA committee for further review. The monitoring activities and processes outlined in questions #1 - #3 will continue on an ongoing basis. The Business Office Manager will also continue inventorying and ordering needed Dove soap on an ongoing basis.</p>				

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	<p>he sat waiting for someone to roll him to the dining room. Client #14 was wheeled to the dining room at 8:15 AM.</p> <p>__At 7:50 AM client #16 was lying sideways on her bed, her head was to the right side of the bed and her feet dangled off the left side. Client #16 was lying on the Hoyer sling. At 8 AM CNAs #15 and #18 came into the room and assisted client #16 into a wheel chair using the Hoyer. The sling remained under client #16 while sitting in the wheel chair and while lying in the bed during this observation.</p> <p>__At 8:05 AM two staff got client #43 up into a wheelchair with the use of a Hoyer. One staff then pushed client #43's wheelchair to the dining room. At 8:20 AM CNA #15 returned client #43 to her room. CNA #15 indicated client #43 had eaten her breakfast and wanted to come back to bed. CNA #15 indicated client #43 was required staff assistance for all of her ambulation and repositioning. The Hoyer sling remained under client #43 while in the wheel chair and while in her bed.</p> <p>Observations were conducted at the facility on 1/23/14 between 10 AM and 11 AM.</p> <p>__Client #57 was observed sitting near the front entrance in his wheel chair, leaning to the right side. Client #57 had</p>						

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	<p>a bed pillow stuffed under his right arm.</p> <p>__ At 11 AM CNA #19 and CNA #20 assisted client #57 back to his bed. The staff used a Hoyer lift to transfer client #57 into the bed. Client #57 had a large abdominal fold of skin. LPN #15 lifted the fold of abdominal tissue to expose a skin tear in the crease of the fold. The Hoyer sling remained under client #57 after the transfer.</p> <p>Client #1's record was reviewed on 1/23/14 at 1:30 PM. Client #1's record's indicated diagnoses of, but not limited to, Paralysis of upper and lower extremities and Constipation. Client #1's record indicated client #1 had a history of a hip and ankle fracture.</p> <p>__ Client #1's quarterly physician's orders for 12/2013 indicated client #1 required the Hoyer for all transfers and used a wheel chair for mobility. Client #1 was to have Lotrisone applied to gaulded areas every shift as needed.</p> <p>__ Client #1's record indicated client #1 required staff assistance for all repositioning needs.</p> <p>__ Client #1's December 2013 treatment record indicated client #1 received Bactroban (an antibiotic ointment) to his buttocks twice a day to the excoriated open area on his right buttocks.</p> <p>__ Client #1's physician's order of 12/18/13 indicated an order for client #1</p>			

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	<p>to be evaluated by OT for positioning. Client #1's record indicated no OT evaluation.</p> <p>__ Client #1's ISP (Individual Support Plan) of 3/19/13 indicated client #1 "currently requires total care to meet all of his needs."</p> <p>Client #1's Nursing notes indicated: 12/15/13 - 6 cm (centimeter) by 4 cm yellow and purple discoloration noted to upper right arm at area where tourniquet would have been. Also has a 2 cm by 2.5 cm abrasion noted to right shin where edge of knee brace is. 12/16/13 - 0.3 cm by 0.7 cm by 0.1 cm excoriated area noted to right buttocks, 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."</p> <p>Client #1's record indicated no OT assessment and/or a wheelchair assessment for correct seating/size and supports.</p> <p>Client #14's record was reviewed on 1/22/14 at 12:30 PM. Client #14's record indicated diagnoses</p>				

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	<p>of, but not limited to, Olecranon Bursitis (pain, redness and swelling around the elbow and caused by inflammation), Esophageal Stricture (a narrowing or tightening of the esophagus that causes swallowing difficulties), Spastic Paraplegia, Quadripareisis and Seizure Disorder, Hypertension, GERD (Gastric Esophageal Reflux Disease) and Constipation.</p> <p>Client #14's 12/13 physician's orders indicated client #14 "May have bed rest or choice of repositioning in arm chair" and "to be positioned with cushion tilt in space seating system head rest, foot box, pelvic stabilizer and lap tray."</p> <p>Client #14's record indicated a Seating and Mobility Evaluation dated 4/17/13. The evaluation indicated "[Client #14] requires staff assist for all mobility and repositioning.... [Client #14] is increased fall risk secondary to use of wheelchair for mobility. He is wheelchair or bed bound based on diagnosis (sic) of..., Quadripareisis, spastic paraplegia and seizure disorder without functional use of legs. He uses a Hoyer lift for all functional transfers...."</p> <p>Client #14's ISP dated 4/7/13 indicated client #14 required no repositioning while in the wheelchair because the</p>			

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	<p>client was able to move forward, back and side to side. "Repositioning for changing approximately every two to three hours." The ISP indicated client #14 was incontinent of bowel and bladder and was to be toileted every two to three hours.</p> <p>Client #14's "Episodic Care Plan Open Area" dated 1/15/14 indicated client #14 had a 0.2 cm (centimeter) by 0.2 cm by 0.1 cm stage 2 pressure ulcer on his left buttocks.</p> <p>Client #14's record indicated no assessments conducted by a physical therapist and/or occupational therapist.</p> <p>Client #57's record was reviewed on 1/23/14 at 2 PM.</p> <p>__ Client #57 ' s record indicated diagnoses of, but not limited to, Spastic Paraplegia, Cellulitis, Asthma, Hypertension and Constipation. The record indicated client #57 weighed 285 pounds.</p> <p>__ Client #57's 1/14 quarterly physician's orders indicated client #57 was to have an extra wide wheelchair for mobility and a Hoyer lift for transfers. The physician's orders indicated client #57 "May have bedrest between breakfast and lunch, also between lunch and dinner. May use enabler to assist with</p>			

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	<p>turning and positioning.... Bactroban ointment apply topically to open area on right lower buttock every shift until healed then as needed."</p> <p>__ Client #57's "Episodic Care Plan Open Area" dated 12/18/13 indicated client #57 had a 4 cm by 0.6 cm superficial open area to his right buttocks.</p> <p>__ Client #57's 8/13/13 ISP indicated client #57 used a bariatric wheelchair and required staff assistance for all transfers, repositioning and toileting. Client #57's ISP indicated "[Client #57's] morbid obesity has contributed to some skin breakdown issues. Another weakness is his spastic paraplegia which will continue to progress and limit his physical ability to be independent. He is incontinent and a fall risk." The ISP indicated client #57 was to be toileted and repositioned every two to three hours. The ISP indicated client #57 was to bathe/shower 6 times a week.</p> <p>__ Client #57's Quarterly Progress Report of 5/1/13 indicated "Open area to right buttocks, treated with ATB (antibiotic) ointment and monitored until healed.</p> <p>A review of a facility list of all clients in the facility, who used wheelchairs for ambulation on 1/23/14 at 9 AM indicated 31 of 65 clients in the facility</p>						

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	<p>used wheelchairs for mobility.</p> <p>A request was made with RN #18 on 1/23/14 at 10:30 AM to see the wheelchair assessments for clients #1, #12, #14, #16, #43, #47, #54, #57. RN #18 indicated no wheelchair (seating and mobility evaluation) had been conducted for clients #1, #12, #16, #43, #47, #54 and #57.</p> <p>Interview with the Director of Nurses (DON) on 1/23/14 at 3 PM indicated the facility was in the process of acquiring PT/OT services for the facility and all clients would be evaluated annually. The DON indicated the facility did not do annual seating and mobility evaluations in regard to the clients that used wheelchairs. The DON indicated that would be changed and all clients in wheelchairs would be evaluated in the future.</p> <p>4. During observation in the main building lounge on 1/21/14 from 9:10am, until 5:25pm, on 1/22/14 from 9:10am until 4:40pm, and on 1/23/14 from 8:35am until 5:50pm, no dove soap was observed to be available for clients #1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, and #48.</p> <p>On 1/22/14 at 11:07am, RN (Registered</p>						

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	<p>Nurse) #33 provided a tour of the nurses station, the nursing storage room, the medical supplies storage room, two of two shower rooms, clients #4 and #7's individual bedrooms, and the laundry/housekeeping storage rooms and indicated no Dove soap was available and/or in use for clients #1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, and/or #48.</p> <p>On 1/22/14 at 9:55am, a review and interview of the facility's Laundry Room with the Laundry Supervisor and Laundry Staff #31 was conducted. At 9:55am, Laundry Staff #31 and the Laundry Supervisor both stated "No client" had their laundry washed separate from other clients and "No client" had their clothing washed in "Dove" or a special soap for sensitive skin.</p> <p>On 1/23/14 at 11:10am, an interview with the Director of Nursing (D.O.N.) and Business Manager #1 was conducted. The D.O.N. and the Business Manager #1 both stated the facility had "No" dove soap available to be used by clients #1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, and #48. The D.O.N. indicated the Business Manager #1 had six (6) bars located inside her locked file cabinet inside her</p>						

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	<p>office and not in the main building. The D.O.N. indicated the facility would be obtaining Dove soap to have available for clients #1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, and #48 to use. The D.O.N. indicated clients #1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, and #48 had sensitive skin and each client had medical histories of skin problems. The D.O.N. indicated the IDT had not met to review clients #1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, and #48's 12/2013 doctors orders which included Dove soap to be used for bathing. The D.O.N. indicated the IDT had not met to consider the use and/or assessed the need for detergent/soap for sensitive skin for client #1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, and #48's laundry.</p> <p>On 1/23/14 at 10:45am, an interview with the Qualified Intellectual Disabilities Professional (QIDP) #3 was conducted. QIDP #3 stated the facility's IDT "had not met to review" the doctor recommendations for clients #1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, and #48 to use Dove soap for bathing. QIDP #3 indicated the facility's IDT had not considered and/or assessed washing clients #1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, and #48's clothing with a soap for sensitive skin. QIDP #3</p>			

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	<p>indicated the IDT should have reviewed clients #1, #4, #7, #8, #16, #25, #34, #35, #37, #43, #47, and #48's skin issues and sensitivity to ensure the facility implemented proactive measures to prevent skin problems.</p> <p>Interview with the Director of Nurses (DON) on 1/23/14 at 3 PM indicated some of the clients in the facility required Dove soap to be used due to skin issues. The DON provided two CNA (Certified Nursing Assistant) schedules for the clients in the facility and pointed out on the schedule the clients that were to have Dove soap when showering.</p> <p>Review of the CNA (Certified Nursing Assistant) schedules on 1/23/14 at 3:15 PM indicated clients #1, #4, #8, #16, #25, #34, #35, #36, #37, #43, #47, and #48 were to use Dove soap when showering.</p> <p>On 1/22/14 at 3:35pm, client #7's record was reviewed and indicated a 1/15/14 "Physician's Order" for Dove soap when bathing (for his sensitive skin).</p> <p>5. Observations were conducted at the facility on 1/22/14 from 6:50 AM through 9:00 AM. At 8:00 AM client #6 was pushed in a wheelchair from her</p>						

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	<p>bedroom on the West hallway to the facility dining area. Client #6 was seated in a wheelchair while at the dining table eating breakfast. Client #6 was seated in a wheelchair throughout the observation period.</p> <p>Client #6's record was reviewed on 1/22/14 at 2:27 PM. Client #6's Program Notes dated 1/18/14 indicated, "Was using walker upon admit on 10/3/13." Client #6's ISP (Individual Support Plan) dated 11/1/13 indicated client #6 should utilize a rolling walker for ambulation. Client #6's Physician's Order Form (POF) dated 12/31/13 indicated, "Therapy Services: 11/14/13, Rolling Walker, minimal staff assistance and verbal cues to slow down." Client #6's POF form did not indicate an physicians order for use of a wheelchair. Client #6's PT (Physical Therapy) form dated 10/6/13 indicated, "Recommendations: [Client #6] will benefit from daily ambulation with rolling walker with minimal CGA (Care Giver Assistance) and verbal cues to slow the pace of ambulation." Client #6's record did not indicate documentation client #6's need for the use of a wheelchair.</p> <p>QIDP #1 (Qualified Intellectual Disabilities Professional) was</p>			

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W000268	<p>interviewed (by phone) on 1/28/14 at 12:55 PM. QIDP #1 indicated client #6 should be encouraged to use her walker.</p> <p>DON (Director of Nursing) #1 was interviewed on 1/23/14 at 4:37 PM. DON #1 indicated client #6 should use a rolling walker to ambulate unless she has a physicians order for a wheelchair.</p> <p>This federal tag is related to complaint #IN00138987.</p> <p>This deficiency was cited on 11/27/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-31(a)</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>Based on observations, record review and interview for 3 of 10 sampled clients (#1, #2 and #9) plus 4 additional clients (#20, #21, #38 and #54), the facility failed to promote clients #38 and #54's dignity in regard to having clean wheelchairs, pushing client #1's wheelchair backwards with no interaction, clients #20, #21 and #2</p>	W000268	<p>1. What corrective action will be done by the facility? Resident #9 is encouraged to brush his teeth every morning. He approaches people and stands directly in their path and very close to their face with seemingly no boundaries regarding personal space of others. Because of this, he is encouraged to brush his teeth and rinse his mouth often. There are times, especially in the early morning or right after a meal</p>	03/05/2014			

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	<p>kissing without redirection and client #9's halitosis.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 1/21/14 from 8:20 AM through 9:30 AM. At 8:45 AM, client #9 approached surveyor to talk. Client #9 stood next to surveyor and presented with strong halitosis as he interacted.</p> <p>Observations were conducted at the facility on 1/22/14 from 6:50 AM through 9:00 AM. At 6:50 AM, client #9 approached surveyor to talk. Client #9 stood next to surveyor and presented with strong halitosis as he interacted. At 8:40 AM, client #9 approached surveyor to talk. Client #9 stood next to surveyor and presented with strong halitosis as he interacted.</p> <p>Observations were conducted at the facility on 1/23/14 from 1:20 PM through 1:45 PM. At 1:20 PM, client #9 approached surveyor to talk. Client #9 stood next to surveyor and presented with strong halitosis as he interacted.</p> <p>ATF (Active Treatment Facilitator) #49 was interviewed on 1/22/14 at 8:45 AM. ATF #49 stated, "Yeah, his breath is strong. It may have something to do with</p>		<p>when he does exhibit strong halitosis. He has a behavior program in place that addresses his violation of other people's personal space. He is also encouraged to brush his teeth and rinse his mouth at least 2 times daily. Resident #21's behavior program has been updated and now includes his tendency for public masturbation, kissing behavior with other residents, and invading other resident's personal space. Residents 2 and 20 have not indicated any emotional distress as a result of this incident. Resident #1 is now being pushed in his geri-chair, instead of pulled backwards. The Social Services Director has been re-educated regarding how to transport a resident safely and with dignity. Residents #14, #32, and #54 have had their wheelchairs cleaned thoroughly. All staff has been re-educated about cleaning wheelchairs after every meal and every evening when the residents go to bed. All staff was educated regarding the need for residents to be reminded to brush their teeth and rinse their mouths every morning, unless specified differently in their behavior plans. 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 any member of the</p>				

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	<p>his medications." When asked if client #9 had brushed his teeth or been encouraged to rinse his mouth with mouth wash, ATF #9 stated, "[Client #9] should have already brushed his teeth this morning."</p> <p>LPN #50 (Licensed Practical Nurse) was interviewed on 1/22/14 at 11:30 AM. LPN #1 stated, "Yeah, we've been working on that. [Client #9] gets a rinse."</p>		<p>IDT becomes aware of any issues, he/she will intervene as quickly as possible to rectify the immediate situation. Once the resident is safe and cared for, the Administrator, DON, or IDT member will re-train the staff involved in the facility policy for correcting the identified issue. In addition, disciplinary action may be used for staff members who continue to be noncompliant. 3. What measures will be put into place to ensure this practice does not recur?The IDT management team meets at least 5 days a week to discuss changes in resident behavior or conditions that require a change in interventions and approaches to better manage the resident's behavior. The QIDPs will monitor the residents as part of their rounds during their tour of duty and will assure that staff are re-directing and managing the residents' behaviors as directed in the behavior plans. All residents will be pushed, not pulled, while in wheelchairs and/or geri-chairs unless staff is taking them down the ramp outside the building. Residents are taken down the ramp backwards for safety reasons. An audit will be utilized to monitor the cleanliness of the wheelchairs and geri-chairs. The midnight nurse will be responsible to audit the chairs for cleanliness prior to use the next day. Issues identified by the IDT members will be</p>		

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	2. During observation and interviews on 1/21/14 from 3:15pm until 3:30pm, and on 1/21/14 from 4:00pm until 5:25pm in the main building lounge clients #2, #20, and #21 were with ATF #31. From 3:15pm until 5:25pm, client #21 was not observed offered and/or encouraged to participate in an activity. At 3:15pm, client #21 placed his hands inside the waist line of his pants and movement was observed to indicate client #21 was manipulating his private area inside his pants. ATF #31 did not redirect client #21 and/or offer him an activity. From 3:15pm until 4:45pm, male client #21 kissed clients #2 and #20 on their heads and faces without redirection. Both clients #2 and #20 ducked their heads,		addressed as indicated in question #2. 4. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?The QIDPs will bring the results of their observations and behavior tracking, and the DON will bring the results of the wheelchair/geri-chair cleaning to the monthly QA meeting for review. Recommendations made by the committee will be followed up by designated staff and the results of those recommendations will be brought back to the next scheduled QA meeting for further review if necessary. This will be done on an ongoing basis		

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	<p>wiggled free of client #21's advances, and had drawn facial expressions each time client #21 touched them. At 4:45pm, Social Services Director and Housekeeping/Laundry staff #36 came to the lounge area and initiated interaction with clients. Both the additional staff came and went from the lounge area during the observation period.</p> <p>On 1/23/14 at 11:10am, an interview with QIDP (Qualified Intellectual Disabilities Professional) #3 was conducted. QIDP #3 indicated male client #21 should have been redirected from kissing other male clients #2 and #20. QIDP #3 indicated male client #21 should have washed his hands and offered activity after he placed his hands inside his pants.</p> <p>On 1/23/14 at 11:20am, an interview with QIDP #2 was conducted. QIDP #2 indicated client #21 did not have an identified behavior of public masturbation and/or kissing other clients (male and female) identified in his BSP. QIDP #2 indicated staff should have used redirection for client #21's masturbation and kissing behaviors. QIDP #2 indicated client #21 should have been redirected to protect client #2, #20, and #21's dignity.</p>						

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	<p>Client #21's record was reviewed on 1/23/14 at 11:20am. Client #21's 7/9/13 ISP (Individual Support Plan) and BSP (Behavior Support Plan) did not indicate client #21 had the behavior of public masturbation, kissing behavior, and/or invading other clients' personal space.</p> <p>3. On 1/21/14 at 10:10am, client #1 was seated reclined in his wheelchair/geri chair and sat in the lounge at the main building. At 10:10am, Social Service Director #1 entered the lounge, without interaction with client #1 and turned his reclined wheelchair/geri chair backwards. Social Service Director #1 pulled client #1 in his reclined wheelchair/geri chair backwards down the length of the hallway and into his client bedroom without interaction.</p> <p>On 1/23/14 at 11:10am, an interview with QIDP (Qualified Intellectual Disabilities Professional) #3 was conducted. QIDP #3 indicated client #1 nor any other client in the facility should be pulled backwards down a hallway without interaction. QIDP #3 indicated it was a dignity issue to interact with clients and tell the client what you are going to do before a staff was to initiate the task.</p>						

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W000331	<p>4. During the 1/15/14 observation period between 4:40 AM and 9:00 AM, at the facility, clients #14, #32 and #54's wheelchairs sat in the hallway while the clients were in their bedrooms in bed. Client #14, #32 and #54's wheelchairs had an odor/unclean smell.</p> <p>Interview with the Director of Nursing (DON) on 1/22/14 at 1:11 PM indicated housekeeping cleaned clients #14, #32 and #54's wheelchairs once a month.</p> <p>This deficiency was cited on 11/27/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-3(t)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview for 6 of 10 sampled clients (#1, #2, #4, #6, #7 and #8) and 17 additional clients (#11, #12, #13, #14, #15, #16, #28, #32, #39, #43, #47, #49, #53, #54, #57, #64 and #66), the facility nursing services failed: __ To develop and implement individualized health/risk plans and</p>	W000331	We would like to note that according to her physician, Resident #66 expired as a result of "sudden cardiac death syndrome". When asked if he felt that the cold might have been a contributing factor, the physician stated, "absolutely not". When reminded of her diagnosis of asthma, he stated that he had treated her since she came to the facility as a resident in 2009. During that time the Resident	03/05/2014

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	<p>positioning schedules for clients #1, #8, #12, #14, #16, #43, #54 and #57.</p> <p>__To develop and implement a specific plan of care/risk plan in regard to client #8 and #12's history of skin issues in regard to shearing and/or pressure ulcers.</p> <p>__To assess/monitor client #66 when going outside to smoke a cigarette in below zero temperatures due to the client's history of Asthma and to ensure staff reported to the nurse when the client looked ill.</p> <p>__To ensure staff repositioned clients #1, #12, #14, #16, #43, #54 and #57 and documented on the clients' treatment records.</p> <p>__To monitor clients' hygiene and bathing to ensure the clients were being bathed as scheduled in regard to clients #1, #6, #7, #14, #15, #16, #28, #43, #47, #54 and #57.</p> <p>__To ensure staff removed the Hoyer (mechanical lift) sling after repositioning clients #14, #16, #43 and #57.</p> <p>__To develop and implement a plan of care for client #11 in regard to her history of dry skin and to ensure client #11 was seen by a dermatologist in regard to history of skin issues.</p> <p>__To develop and implement a plan of care for client #28 in regard to recurring gaulding (chafing of skin due to</p>		<p>never showed difficulty in breathing during cold weather. She last smoked approximately 2 hours before her death What corrective action will be done by the facility?The nursing staff has been in-serviced by the DON regarding implementation of turning and positioning for residents who are unable to do it for themselves; prevention of shearing, chafing, non-pressure skin issues such as excoriation, and pressure ulcers; performance of frequent bathing and proper hygiene for all residents; the procedure for removal of mechanical lift slings after repositioning residents; follow through on residents' dry skin, including the need for dermatology consultation; following physician orders, including giving medications as ordered and keeping a resident up for 30 minutes after eating; provision of fluids/supplements in between meals and assisting residents to drink the fluid/supplements if they are unable to do so for themselves; and follow up with therapy services as ordered by the physician. Documentation of all the identified issues was also discussed by the DON as part of the training. Therapy has screened every resident in the facility. Any recommendations that were made have been put into place and are being followed by staff; including those for</p>				

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	<p>rubbing) of the groin.</p> <p>__To ensure client #43 remained up for 30 minutes after eating her meal.</p> <p>__To ensure clients #1, #12, #13, #14, #16, #32, #39 and #49 were provided their fluids/supplements in between meals.</p> <p>__To ensure client #52 received her medication every eight hours as ordered by the physician.</p> <p>__To ensure client #1 was provided an OT (Occupational Therapy) evaluation for positioning as ordered by the physician.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 1/21/14 between 4 PM and 6:30 PM.</p> <p>__At 4 PM client #57 sat near the entrance of the front door in his wheel chair, leaning to his right side. Client #57 was a large young man. No adaptive supports or pillows were used to assist client #57 in correcting his position to sit up straight.</p> <p>__From 4 PM until 4:50 PM, client #14 lay in his bed on his back. At 4 PM client #14 indicated he was not ambulatory and required staff assistance for positioning and the wheelchair for mobility.</p> <p>__At 4:50 PM LPN #16 assisted client</p>		<p>Resident #1. Care plans have been reviewed and updated for all residents, including those for Residents #1, #8, #12, #14, #16, #28, #43, #54, and #57. Included in the care plans are specific interventions, such as turning and positioning frequently, prevention of shearing and pressure ulcer development, hygiene and bathing frequency, removal of mechanical lift slings after repositioning, dry skin care and follow up with a dermatologist, prevention of excoriation/chafing in the peri-anal area, upright positioning for 30 minutes after eating, provision of fluids and supplements in between meals, medication administered as ordered by the physician, therapy recommendations, and smoking according to facility policy, weather conditions, and resident status. Resident #11 does have an appointment to see a dermatologist for her continuing dry skin condition. The alcohol gel hand sanitizer has been removed from all public areas, so Resident #11 does not have access to it. She is encouraged to ask the nursing staff for lotion to use on her dry skin. All residents are receiving showers as required, including Residents #1, #6, #7, #14, #16, #43, #47, #54, and #57 who receive their showers 3 times a week or as they have requested. A CNA has been assigned as a "shower CNA" who makes sure that all showers are</p>		

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	<p>#14 to roll to his right side so the LPN could assess the client's buttocks. Client #14 had a bowel movement and had feces on his buttocks. Client #14 had a 2 cm (centimeter) open area to his left buttocks. LPN #16 stated, "It's a stage two pressure area and he gets Bactroban (an antibiotic ointment) on it." LPN #16 asked CNA (Certified Nursing Assistant) #17 to clean client #14 and walked out of the room.</p> <p>__At 5 PM CNA #17 put on gloves, wiped the feces from client #14's buttocks using several wash cloths and placing the soiled cloths into a trash bag. After cleaning client #14's buttocks, CNA #17 applied a thick coating of White Petroleum Jelly to client #14's buttocks and over the open area on his left buttocks. CNA #17 did not change her gloves after cleaning the feces from client #14's buttocks and prior to applying the petroleum jelly to client #14. CNA #17 was asked if she should have changed her gloves prior to putting the petroleum jelly on client #14. CNA #17 stated, "Yes, I guess I should have. I wasn't thinking, we're running a little short (staffing) today and I'm behind." CNA #17 changed client #14's clothing and placed a Hoyer sling under client #14. CNA #17 stated, "Some days we just leave him in bed because that's what he wants." CNA #17 called for</p>		<p>done as requested for each resident. Resident #12 pressure area has healed. He remains on a speciality mattress as a preventative measure. Resident #53 continues to receive her Diazepam, but the time given is being documented for it, to assure that it is given every 8 hours as ordered. Residents #2, #4, and #7 are being followed by Speech Therapy to determine if they can use or communicate via a communication book. Further evaluations are being done. Resident #6 uses her walker for short distances. She is assisted to the training center in her wheelchair for safety – all staff has been educated regarding this. 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 by these practices. All residents have been screened by therapy, have had skin assessments and Braden scale assessments done, have had care plans reviewed, developed, and revised to reflect current needs, and staff has been in-serviced on all these topics and the facility expectations and policies for each one. If the DON or other member of the IDT observes or finds an issue related to resident care or documentation of resident care, she will address it immediately until the situation</p>				

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	<p>additional assistance and lifted client #14 out of bed with a mechanical lift and placed him into the wheelchair. The sling was left under client #14. At 5:15 PM client #14 was wheeled to the dining room for his evening meal.</p> <p>Observations were conducted at the facility on 1/22/14 between 7:30 AM and 8:30 AM.</p> <p>__From 7:30 AM to 8:05 AM client #14 laid in his bed, on his back, the sling under him. At 8:05 AM client #14 was lifted from his bed and placed into his wheel chair. The sling was not removed from under client #14. Client #14 was then wheeled out into the hallway where he sat waiting for someone to roll him to the dining room. Client #14 was wheeled to the dining room at 8:15 AM.</p> <p>__At 7:50 AM client #16 was laying sideways on her bed, her head was to the right side of the bed and her feet dangled off the left side. Client #16 was laying on the Hoyer sling. At 8 AM CNAs #15 and #18 came into the room and assisted client #16 into a wheel chair using the Hoyer. The sling remained under client #16 while sitting in the wheel chair and while laying in the bed during this observation.</p> <p>__At 8:05 AM two staff got client #43 up into a wheelchair with the use of a Hoyer. One staff then pushed client</p>		<p>has been corrected. Once the resident(s) are taken care of, the DON will re-train the staff involved and will utilize progressive disciplinary action, up to and including termination of employment for continued noncompliance. What measures will be put into place to ensure this practice does not recur?The nurses are completing weekly summaries of the residents' condition and performing weekly skin assessments. The completed summaries and assessments will be given to the DON upon completion for her review and follow up, if needed. When her review is complete, the summaries and assessments will be filed in the residents' medical records. The Braden scales will be completed on all residents on a quarterly basis. The shower CNA will report the completion of showers, including any issues noted during showers, to the DON or designee each day. The DON or designee will review the focus charting, 24 hour report, and copies of physician telephone orders each morning during his/her tour of duty, and will bring that information to the morning IDT management meeting that occurs at least 5 days a week. This information will be presented to the team for further review and discussion. Care plans will be updated accordingly as changes in orders and condition are noted. CNA assignment sheets will also</p>		

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	<p>#43's wheelchair to the dining room. At 8:20 AM CNA #15 returned client #43 to her room. CNA #15 indicated client #43 had eaten her breakfast and wanted to come back to bed. CNA #15 stated, "We're supposed to keep them up for 30 minutes after they eat, but she wanted to come back, so I brought her." CNA #15 indicated client #43 required staff assistance for all of her ambulation and repositioning. The Hoyer sling remained under client #43 while in the wheel chair and while in her bed.</p> <p>Observations were conducted at the facility on 1/23/14 between 10 AM and 11 AM.</p> <p>__ Client #57 was observed sitting near the front entrance in his wheel chair, leaning to the right side. Client #57 had a bed pillow stuffed under his right arm.</p> <p>__ At 11 AM CNA #19 and CNA #20 assisted client #57 back to his bed. The staff used a Hoyer lift to transfer client #57 into the bed. Client #57 had a large abdominal fold of skin. LPN #15 lifted the fold of abdominal tissue to expose a skin tear in the crease of the fold. LPN #15 stated, "We just discovered this yesterday." Client #57 stated he did not get changed as often as he would like or needed because the "staff were too busy and didn't have enough time to care for everyone." The Hoyer sling remained</p>		<p>be updated as indicated by the residents' changing needs. The DON or designee will check the MARs when new orders are received to make sure that the orders have been transcribed correctly and completely, including documentation of time of medication administration. In addition they will check the MARs at least weekly to make sure that all medications are being given as ordered and that times have been assigned to individual medication orders as specified by the physician. The dietary department delivers the supplements at specific times throughout the day. When they return to pick up the finished supplements, they will notify the DON if they find any that have not been given to the residents. The Administrator, DON or other appropriate members of the IDT will follow up on any issues or concerns noted or reported to them. They will follow through as indicated in question #2. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?The DON will report the findings of the reviews of the focus charting, 24 hour report sheets, physician telephone orders, weekly summaries and skin assessments, completion of showers, supplement consumption, timing of medication orders, care plan revision and updating, therapy</p>				

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	<p>under client #57 after the transfer.</p> <p>1. a. Client #1's record was reviewed on 1/23/14 at 1:30 PM. Client #1's record indicated diagnoses of, but not limited to, Seizure Disorder, Anemia, Dysphasia, Paralysis of upper and lower extremities, Constipation and Urinary Retention secondary to an Enlarged Prostate. Client #1's record indicated client #1 had a history of a hip and ankle fracture.</p> <p>__ Client #1's quarterly physician's orders for 12/2013 indicated client #1 required the Hoyer for all transfers and used a wheel chair for mobility. Client #1 was to have Lotrisone applied to gauled areas every shift as needed.</p> <p>__ Client #1's record indicated client #1 was required staff assistance for all repositioning needs.</p> <p>__ Client #1's December 2013 treatment record indicated client #1 received Bactroban (an antibiotic ointment) to his buttocks twice a day to the excoriated open area on his right buttocks.</p> <p>__ Client #1's physician's order of 12/18/13 indicated an order for client #1 to be evaluated by OT for positioning. Client #1's record indicated no OT evaluation.</p> <p>__ Client #1's ISP (Individual Support Plan) of 3/19/13 indicated client #1 "currently requires total care to meet all</p>		<p>screens and recommendations, as well as observations of resident care, including turning and positioning, to the QA Committee on a monthly basis. Any recommendations given by the committee for further process improvement will be followed up by the DON, with the results of those recommendations brought back to the next scheduled QA committee for further review. The monitoring activities and processes outlined in questions #1 - #3 will continue on an ongoing basis.</p>				

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	<p>of his needs.</p> <p>Client #1's Nursing notes indicated: 12/15/13 - 6 cm (centimeter) by 4 cm yellow and purple discoloration noted to upper right arm at area where tourniquet would have been. Also has a 2 cm by 2.5 cm abrasion noted to right shin where edge of knee brace is. 12/16/13 - 0.3 cm by 0.7 cm by 0.1 cm excoriated area noted to right buttocks, 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.</p> <p>Client #1's Nursing Care Plan of 10/9/13 indicated the following, not all inclusive: "...#7 Monitor bowel/bladder habits. #8 Monitor meal intakes and hydration - may feed client to promote adequate intakes. #10 Fall Risk Plan __ Falling leaf program __ Identifier in place</p>						

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	<p><input type="checkbox"/> Safety goal in place</p> <p><input type="checkbox"/> Fall risk assessment completed quarterly and with every fall.</p> <p><input type="checkbox"/> If fall occurs, nursing to assess for injuries.</p> <p><input type="checkbox"/> Hoyer lift for transfers and shower chair may be used for bathing.</p> <p><input type="checkbox"/> PT/OT evaluations as indicated.</p> <p>#11 Aspiration Risk</p> <p><input type="checkbox"/> Diet as ordered</p> <p><input type="checkbox"/> Monitor for signs/symptoms of aspiration as needed; cough, fever, lung sounds.</p> <p><input type="checkbox"/> Staff to document triggers.</p> <p><input type="checkbox"/> Notify doctor with any noted trigger trends.</p> <p><input type="checkbox"/> Speech Therapist to evaluate and treat as needed</p> <p><input type="checkbox"/> Adaptive equipment as assessed by Speech/Language Therapist, Occupational Therapist, Physical Therapist and the doctor.</p> <p>#13 Monitor for Seizure Activity</p> <p><input type="checkbox"/> Document all seizures in seizure record.</p> <p><input type="checkbox"/> Anticonvulsant medication(s) and labs as ordered.</p> <p><input type="checkbox"/> Neurology Consult/follow along as ordered/needed.</p> <p><input type="checkbox"/> If seizure does occur, staff to safely intervene to keep resident as safe as possible.</p> <p>#14 Skin Integrity Risk</p> <p><input type="checkbox"/> Use Dove or Caress soap at bath time.</p>			
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	<p><input type="checkbox"/> Monitor for skin breakdown, treat as needed.</p> <p><input type="checkbox"/> Pressure relieving mattress/wheel chair/recliner chair - cushion/overlay.</p> <p><input type="checkbox"/> Bed rest as ordered/needed.</p> <p><input type="checkbox"/> Encouraging change of position every two hours at minimum.</p> <p><input type="checkbox"/> Manage moisture due to incontinence.</p> <p><input type="checkbox"/> Braden Scale completed quarterly.</p> <p><input type="checkbox"/> Diet as ordered.</p> <p><input type="checkbox"/> Dermatology consult as ordered/needed.</p> <p>#17 Monitor health care needs and treat them as they arise."</p> <p>Client #1's ADL (Adult Daily Living) Records for October, November and December 2013 indicated:</p> <p><input type="checkbox"/> Client #1 was not repositioned on the day shift on October 22, 24, 29, 31, November 7, 9, 19, 16, 22, 30, December 6, 8, 9, 10, 13, 16, 24 and 30, 2013.</p> <p><input type="checkbox"/> Client #1 was not repositioned on the evening shift on October 26, 29, November 7, 9, 14, 20, 21, 25, December 13, 14 and 18, 2013.</p> <p><input type="checkbox"/> Client #1 was not repositioned on the night shift on October 31.</p> <p>Client #1's nursing plan failed to indicate what the staff were to monitor, how often they were to monitor, what was to be documented and what health</p>			

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(X) 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	
	<p>issues were to be reported to nursing and when. Client #1's record failed to indicate a specific positioning schedule that documented the client's position and the supports needed to maintain good alignment and prevent pressure areas from occurring. Client #1's record indicated nursing did not address the physician's order for an OT assessment.</p> <p>1. b. Client #14's record was reviewed on 1/22/14 at 12:30 PM. Client #14's record indicated diagnoses of, but not limited to, Olecranon Bursitis (pain, redness and swelling around the elbow and caused by inflammation), Esophageal Stricture (a narrowing or tightening of the esophagus that causes swallowing difficulties), Spastic Paraplegia, Quadriparesis and Seizure Disorder, Hypertension, GERD (Gastric Esophageal Reflux Disease) and Constipation.</p> <p>Client #14's 12/13 physician's orders indicated client #14 "May have bed rest or choice of repositioning in arm chair" and "to be positioned with cushion tilt in space seating system head rest, foot box, pelvic stabilizer and lap tray."</p> <p>Client #14's record indicated a Seating and Mobility Evaluation dated 4/17/13. The evaluation indicated "[Client #14]</p>				

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	<p>requires staff assist for all mobility and repositioning.... [Client #14] is increased fall risk secondary to use of wheelchair for mobility. He is wheelchair or bed bound based on diagnosis (sic) of..., Quadriplegia, spastic paraplegia and seizure disorder without functional use of legs. He uses a Hoyer lift for all functional transfers..."</p> <p>Client #14's ISP dated 4/7/13 indicated client #14 required no repositioning while in the wheelchair because the client was able to move forward, back and side to side. "Repositioning for changing approximately every two to three hours." The ISP indicated client #14 was incontinent of bowel and bladder and was to be toileted every two to three hours.</p> <p>Client #14's "Episodic Care Plan Open Area" dated 1/15/14 indicated client #14 had a 0.2 cm (centimeter) by 0.2 cm by 0.1 cm stage 2 pressure ulcer on his left buttocks. The care plan indicated:</p> <p><input type="checkbox"/> Keep area clean and dry.</p> <p><input type="checkbox"/> Keep off affected area as much as possible.</p> <p><input type="checkbox"/> Change position at least every two hours.</p> <p><input type="checkbox"/> Monitor site every shift.</p> <p><input type="checkbox"/> Use universal precautions.</p>						

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	<p>Client #14's record indicated no assessments conducted by a physical therapist and/or occupational therapist.</p> <p>Client #14's ISP/Nursing Plan of 2/27/13 indicated the following, not all inclusive:</p> <p>"...#7 Monitor bowel/bladder habits. #8 Monitor meal intakes and hydration. #10 Fall Risk Plan <input type="checkbox"/> Bolster Mattress <input type="checkbox"/> Identifier in place. <input type="checkbox"/> Safety goal in place. <input type="checkbox"/> Fall risk assessment completed quarterly and with every fall. <input type="checkbox"/> If fall occurs, nursing to assess for injuries. <input type="checkbox"/> W/C (wheelchair), other adaptive devices as ordered. <input type="checkbox"/> PT/OT evaluations as indicated. #11 Skin Integrity Risk <input type="checkbox"/> Use sunscreen in anticipating sun exposure due to medication. <input type="checkbox"/> Monitor for skin breakdown, treat as needed. <input type="checkbox"/> Pressure relieving mattress/cushion in wheelchair. <input type="checkbox"/> Bed rest as ordered/assist bars to assist in repositioning. <input type="checkbox"/> Encouraging change of position every two hours at minimum. <input type="checkbox"/> Manage moisture due to incontinence. <input type="checkbox"/> Primaguard (breathable cloth adult diapers) as ordered/needed.</p>			

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	<p><input type="checkbox"/> Braden Scale completed quarterly.</p> <p><input type="checkbox"/> Dermatology consult as ordered/needed.</p> <p>13. Aspiration Risk</p> <p><input type="checkbox"/> Monitor for signs/symptoms of aspiration as needed; cough, fever, lung sounds.</p> <p><input type="checkbox"/> Staff to document triggers.</p> <p><input type="checkbox"/> Notify doctor with any noted trigger trends.</p> <p><input type="checkbox"/> Speech Therapist to evaluate and treat as needed</p> <p><input type="checkbox"/> Adaptive equipment as assessed by Speech/Language Therapist, Occupational Therapist, Physical Therapist and the doctor.</p> <p>#14 Monitor for Seizure Activity</p> <p><input type="checkbox"/> Document all seizures in seizure record.</p> <p><input type="checkbox"/> Anticonvulsant medication(s) and labs as ordered.</p> <p><input type="checkbox"/> Neurology Consult/follow along as ordered/needed.</p> <p><input type="checkbox"/> If seizure does occur, staff to safely intervene to keep resident as safe as possible.</p> <p><input type="checkbox"/> Bedrails may be used to prevent harm due to seizure diagnoses. IDT (Interdisciplinary Team) determined that they are not necessary due to seizures under good control and they impede independence/safety</p> <p>16. DVT (Deep Vein Thrombosis) treatment and prevention as relates to</p>				

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	<p>immobility</p> <p>__ Bedrest/position change as needed.</p> <p>__ Monitor for signs and symptoms of poor circulation as needed; pain, swelling, warmth, redness.</p> <p>__ Monitor for bleeding due to anticoagulant therapy; labs as ordered, use of electric razor</p> <p>17. Monitor hypertension/notify doctor as indicated.</p> <p>18. Monitor health care needs and treat them as they arise."</p> <p>Client #14's ADL Records for November, December, 2013 indicated:</p> <p>__ Client #14 was not repositioned on the day shift on January 3, 4, 5, 6, 7, 8, 2014, December 3, 8, 11, 12, 20, 23, 24, 30, November 22 and 24, 2013.</p> <p>__ Client #14 was not repositioned on the evening shift on January 8, 2014, December 15, 16, 20, November 2 and 4, 2013.</p> <p>__ Client #14 was not repositioned on the night shift on January 6, 2014, December 2 and 30, 2013</p> <p>Client #14's nursing plan failed to indicate what the staff were to monitor, how often they were to monitor, what was to be documented and what health issues were to be reported to nursing and when. Client #14's record failed to indicate a specific positioning schedule</p>						

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	<p>that documented the client's position and the supports needed to maintain good alignment and prevent pressure areas from occurring.</p> <p>1. c. Client #16's record was reviewed on 1/22/14 at 1 PM. Client #16's quarterly physician's orders of 1/14 indicated client #16 could have bedrest. Client #16's record indicated client #16 required staff assistance for mobility and positioning.</p> <p>Client #16's nursing notes indicated: __ 12/16/13 "Area noted on resident's left buttock area 0.6 cm long by 1.6 cm wide. Ctr (center) of area bright pink in color. No drainage or odor noted. No tunneling (channels that extend from the wound into subcutaneous tissue or muscle) or undermining (wider area of channeling under the wound) noted." __ 12/17/13 Up for meals only. Area on left buttocks with no drainage and no odor. __ 12/18/13 Area on left buttocks remains. __ 12/19/13 Area on left buttocks remains. __ 12/20/13 Area on left buttocks remains. __ 12/21/13 Area on left buttocks remains. __ 12/22/13 Area on left buttocks</p>						

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	<p>remains. ___ 12/23/13 Area on left buttocks remains. ___ 12/24/13 Area on left buttocks remains. ___ 12/25/13 Area on left buttocks remains. ___ 12/26/13 Area on left buttocks remains. "Healing well." ___ 12/27/13 Area on left buttocks remains. ___ 12/28/13 Area on left buttocks remains. ___ 12/29/13 Area on left buttocks remains. ___ 12/30/13 Area on left buttocks remains. ___ 12/31/13 Area on left buttocks remains. ___ 1/1/14 Area on left buttocks remains. "Almost healed." ___ 1/2/14 Area on left buttocks remains. ___ 1/3/14 Area on left buttocks remains. ___ 1/4/14 Area on left buttocks remains. ___ 1/5/14 Area on left buttocks remains. ___ 1/6/14 Area on left buttocks remains. ___ 1/7/14 Area on left buttocks remains. "Area healing with no redness or drainage noted." ___ 1/8/14 Area on left buttocks remains. ___ 1/9/14 Area on left buttocks remains. ___ 1/13/14 Area on left buttocks healed.</p> <p>Client #16's ADL records for October,</p>			

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	<p>November and December indicated: ___ Client #16 was not repositioned on the day shift on November 12, 24, 28, 29, December 2, 8, 11, 13, 20, 23, 24 and 30, 2013. ___ Client #16 was not repositioned on the evening shift on November 2, 17, 21, 29 and 30, 2013.</p> <p>Client #16's nursing plan failed to indicate what the staff were to monitor, how often they were to monitor, what was to be documented and what health issues were to be reported to nursing and when. Client #16's record failed to indicate a specific positioning schedule that documented the client's position and the supports needed to maintain good alignment and prevent pressure areas from occurring.</p> <p>1. d. Client #43's record was reviewed on 1/23/14 at 4 PM. ___ Client #43's record indicated diagnoses of, but not limited to, GERD (Gastric Esophageal Reflux Disease) and Osteoporosis. ___ Client #43's 1/14 quarterly physician's orders indicated an order (original date of order 11/25/13) for Bactroban (an antibiotic ointment) to left lower buttock twice daily until healed. ___ The Nutritional Assessment and Progress Note of 1/21/14 indicated</p>						

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	<p>client #43 had a pressure ulcer on her left lower buttocks that was "1/2 cm 0.2 x 0.2 x 0.2 cm" and was stage "IV - stage by DON" Intervention started 11/25/13 of Bactroban.</p> <p>__ Client #43's ISP indicated "Due to recent decline in [client #43's] ability to walk, she is currently using a wheelchair for mobility. [Client #43] was ambulating with the use of a roaming walker and staff. [Client #43] has had several PT evaluations relating to her not wanting to bear weight. At this time [client #43] is using a wheelchair, and they are using a Hoyer lift as needed. Staff are still encouraging [client #43] to stand and transfer but if she is has (sic) trouble they may use a Hoyer lift for her transfer. Staff are encouraging [client #43] to wheel her own wheelchair."</p> <p>Client #43's Nursing Care Plan of 2/20/13 indicated the following, not all inclusive: "...#7 Monitor bowel/bladder habits. #8 Monitor meal intakes and hydration. #10 Fall Risk Plan __ Identifier in place. __ Safety goal in place. __ Fall risk assessment completed quarterly and with every fall. __ If fall occurs, nursing to assess for injuries. __ Adaptive equipment as ordered.</p>			
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	<p>__ (Rolling walker)-assist r/t (due to) blindness and follow with w/c. __ PT/OT evaluations as indicated. #11 Monitor for skin breakdown, treat as needed. __ Manage moisture due to occasional incontinence. __ Braden Scale completed quarterly. __ Dermatology consult as ordered/needed. #13. Aspiration Risk __ Monitor for signs/symptoms of aspiration as needed; cough, fever, lung sounds. __ Speech Therapist to evaluate and treat as needed __ Adaptive equipment as assessed by Speech/Language Therapist, Occupational Therapist, Physical Therapist and the doctor. #16. Monitor health care needs and treat them as they arise...."</p> <p>Client #43's ADL records for October, November and December 2013 indicated: __ Client #43 was not repositioned on the day shift on November 1, 2, December 6, 23 and 30, 2013. __ Client #43 was not repositioned on the evening shift on October 25, 27, November 2, 9, 10, 14, 30, December 7, 16, 26 and 27, 2013. __ Client #43 was not repositioned on</p>			

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	<p>the night shift on December 2 and 30, 2013.</p> <p>Client #43's nursing plan failed to indicate what the staff were to monitor, how often they were to monitor, what was to be documented and what health issues were to be reported to nursing and when. Client #43's record failed to indicate a specific positioning schedule that documented the client's position and the supports needed to maintain good alignment and prevent pressure areas from occurring.</p> <p>1. e. Client #54's record was reviewed on 1/22/14 at 11 AM. Client #54's record indicated diagnoses of, but not limited to, Cerebral Palsy with a history of frequent falls, Constipation, Scoliosis and Chronic Seizures.</p> <p>__ Client #54's 1/2014 quarterly physician's orders indicated client #54 used a custom tilt in space wheelchair with a head rest and leg rests.</p> <p>__ Client #54's record indicated client #54 used a wheel chair for mobility and required staff assistance for repositioning. The record indicated client #54 was currently in the hospital due to pneumonia and a UTI (urinary tract infection). Client #54's record indicated client #54 was in the hospital also in August 2013 for pneumonia.</p>						

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	<p>__ Client #54's Assessment of Other Skin Abnormalities dated 1/16/14 indicated client #54 had a shearing to right buttocks the size of 1 by 1.6 by 0.1 cm (centimeters). Client #54's 1/16/14 indicated client #54 was to have Bactroban three times a day to the area on the buttocks.</p> <p>Client #54's ADL Records for October, November and December 2013 and January 2014 indicated: __ Client #54 was not repositioned on the day shift on October 24, 29, 31, November 1, 3, 4, 9, 10, 16, 18, 22, December, 6, 8, 9, 13, 16, 17, 29, 30, 31, 3013 and January 1, 2, 4, 5, 6 and 7, 2014. __ Client #54 was not repositioned on the evening shift on October 26, November 30, 31, December 6, 7, 8, 17, 18 and 30, 2013. __ Client #54 was not repositioned on the night shift on December 2, 2013.</p> <p>Client #54's nursing plan failed to indicate what the staff were to monitor, how often they were to monitor, what was to be documented and what health issues were to be reported to nursing and when. Client #54's record failed to indicate a specific positioning schedule that documented the client's position and the supports needed to maintain good</p>						

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	<p>alignment and prevent pressure areas from occurring.</p> <p>1. f. Client #57's record was reviewed on 1/23/14 at 2 PM.</p> <p>__ Client #57 ' s record indicated diagnoses of, but not limited to, Spastic Paraplegia, Cellulitis, Asthma, Hypertension and Constipation. The record indicated client #57 weighed 285 pounds.</p> <p>__ Client #57's 1/14 quarterly physician's orders indicated client #57 was to have an extra wide wheelchair for mobility and a Hoyer lift for transfers. The physician's orders indicated client #57 "May have bedrest between breakfast and lunch, also between lunch and dinner. May use enabler to assist with turning and positioning.... Bactroban ointment apply topically to open area on right lower buttock every shift until healed then as needed."</p> <p>__ Client #57's "Episodic Care Plan Open Area" dated 12/18/13 indicated client #57 had a 4 cm by 0.6 cm superficial open area to his right buttocks.</p> <p>__ Client #57's 8/13/13 ISP indicated client #57 used a bariatric wheelchair and required staff for all transfers, repositioning and toileting. Client #57's ISP indicated "[Client #57's] morbid obesity has contributed to some skin</p>						

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	<p>breakdown issues. Another weakness is his spastic paraplegia which will continue to progress and limit his physical ability to be independent. He is incontinent and a fall risk." The ISP indicated client #57 was to be toileted and repositioned every two to three hours. The ISP indicated client #57 was to bathe/shower 6 times a week.</p> <p>__ Client #57's Quarterly Progress Report of 5/1/13 indicated "Open area to right buttocks, treated with ATB (antibiotic) ointment and monitored until healed."</p> <p>__ Client #57's Nursing Care Plan dated 7/24/13 indicated, not all inclusive: "...#7 Monitor bowel/bladder habits R/T (due to) constipation.</p> <p>__ Monitor for s/s (signs and symptoms) - hard formed stool, decreased bowel sounds, distention of abdomen.</p> <p>__ Encourage/promote adequate dietary/fluid intake.</p> <p>__ Medicate as/if ordered.</p> <p>consult MD/dietician as indicated.</p> <p>#8 Monitor meal intake and hydration.</p> <p>#10 Fall Risk Plan</p> <p>__ Identifier in place</p> <p>__ Safety goal in place</p> <p>__ Fall risk assessment completed quarterly and with every fall.</p> <p>__ If fall occurs, nursing to assess for injuries.</p>						

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	<p><input type="checkbox"/> Walker, w/c (wheelchair), other adaptive devices as ordered (splints, orthopedic shoes, etc.)</p> <p><input type="checkbox"/> PT/OT evaluations as indicated.</p> <p>#11 Skin Integrity Risk</p> <p><input type="checkbox"/> Maintain/develop clean and intact skin.</p> <p><input type="checkbox"/> Monitor for skin breakdown, treat as needed.</p> <p><input type="checkbox"/> Pressure relieving mattress.</p> <p><input type="checkbox"/> Bed rest as ordered.</p> <p><input type="checkbox"/> Maintain adequate nutrition and hydration.</p> <p><input type="checkbox"/> Encouraging change of position every two hours at minimum.</p> <p><input type="checkbox"/> Manage moisture due to incontinence.</p> <p><input type="checkbox"/> Braden Scale completed quarterly.</p> <p><input type="checkbox"/> Dermatology consult as ordered/needed.</p> <p>#17 Monitor health care needs and treat them as they arise."</p> <p>Client #57's ADL Records for October, November and December 2013 indicated:</p> <p><input type="checkbox"/> Client #57 was not repositioned on the day shift on October 20, 23, 24, 25, November 21, 30, 2013.</p> <p><input type="checkbox"/> Client #57 was not repositioned on the evening shift on October 11, 12, 13, 18, 31, 2013.</p> <p><input type="checkbox"/> Client #57 was not repositioned on the night shift on October 29, 31, 2013.</p>						

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	<p>Client #57's nursing plan failed to indicate what the staff were to monitor, how often they were to monitor, what was to be documented and what health issues were to be reported to nursing and when. Client #57's record failed to indicate a specific positioning schedule that documented the client's position and the supports needed to maintain good alignment and prevent pressure areas from occurring.</p> <p>Review of the facility policy of Prevention of Pressure Ulcers with a revised date of 4/08 on 1/22/14 at 1 PM indicated "After conducting a risk assessment to identify risk factors, then focus the prevention program on minimizing their negative effects. When addressing pressure ulcers, prevention is the number one solution.... Frequent positioning of the resident is recommended to prevent capillary occlusion, which leads to ischemia and pressure ulcers.... The Agency for Healthcare Research and Quality... recommends repositioning at least every two (2) hours. However, the frequency of repositioning required to prevent ischemia depends on capillary closing pressures, which vary by person and pressure point.... ..positioning schedules should be designed with an individual resident needs and preferences in mind,</p>						

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	<p>which is important in maintaining resident compliance with interventions...."</p> <p>Interview with LPN #15 on 1/23/14 at 11 AM indicated the staff should change their gloves and/or wash their hands after cleaning the client and prior to providing the client any other services. The LPN indicated all clients were to remain up for 30 minutes after eating because it was a health risk of aspiration.</p> <p>Confidential interview #1 indicated the facility was short staffed and did not have enough staff to provide 2 hour toileting and repositioning for all of the clients that needed it."</p> <p>Confidential interview #2 stated, "We do the best we can, but there just isn't enough of us to get everything done these clients need."</p> <p>Interview with CNA #19 on 1/23/14 at 11:10 AM indicated the clients were to be turned and toileted every two hours. CNA #19 indicated the Hoyer slings were left under the clients when the clients were not going to be in their chair or their bed for very long. CNA #19 stated, "It's too hard to try to get the sling out from under them once they are</p>				

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	<p>in their chair, so we just leave it."</p> <p>Interview with the Director of Nurses (DON) on 1/22/14 at 1:15 PM and on 1/23/14 at 3 PM indicated all clients who used a wheelchair were to be repositioned every two hours. The DON indicated the CNAs did not document the specific position the client was in throughout the day. The DON indicated each shift of staff would initial on the ADL records once a shift, indicating the staff had turned the client every two hours. When asked how that provided evidence the client was repositioned every two hours, the DON stated it didn't, but "By initialing once a shift, that CNA is documenting the client was repositioned every two hours." The DON indicated she had just recently taken the position at the facility as the DON and was in the process of making changes. The DON indicated the facility at the present time did not do specific detailed risk/care plans for the clients' medical needs and at present each client had a generalized nursing plan. The DON indicated if a client had a skin break down and or a medical issue, the nurses would implement an "Episodic Care Plan" and that plan would stay in effect until the issue was resolved and then the plan would be discontinued. The DON indicated at the present time</p>						

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	<p>the facility did not utilize preventive planning in regard to the nursing plan/risk plan. The DON indicated the facility would be implementing a more detailed, preventative plan of care for every client at risk for skin breakdown and for the health concerns. The DON indicated the Hoyer sling was not to be left under the client after the clients were positioned in the bed and/or the wheelchair. The DON indicated the sling/lift was to be removed once the client was positioned. The DON indicated she would have to do another training with the CNAs to ensure they are removing the slings. The DON stated if the CNA did not initial the treatment record in regards to repositioning, "Then it wasn't done."</p> <p>Review of an email received on 1/30/14 at 3:48 PM from the administrator on 1/30/14 at 3:50 PM indicated "We cannot find the evaluation done on [client #1]. We called the Therapy dept and they show that the OT was in our building for over 5 hours on 12/18/13 but they do not have a copy of the eval."</p> <p>2. Review of the facility reportable records on 1/21/14 at 2 PM indicated: __A BDDS (Bureau of Developmental Disabilities Services) report dated 1/7/14 indicated "On Jan 6, 2014 [client #66]</p>				

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	<p>ate dinner and went to her room where she went to bed. Her roommate states that she was already in the room writing in her journal when [client #66] came in. [Client #66] got in bed, covered up and fell asleep. Roommate stated she was snoring which was usual for her. At some point in time after she fell asleep, her snoring 'sounded funny' to the roommate. The roommate looked at her and said she seemed to be okay. A few minutes later the snoring stopped. That is when the roommate looked at her again and said her mouth was open and she looked 'blue.' At that time she called for a nurse. Staff responded immediately and started CPR (Cardio Pulmonary Resuscitation) because [client #66] was a full code. One of them called 911 and when the EMTs arrived they continued the CPR. There did not appear to be any pulse or respirations. We were notified by [name of hospital] that she was pronounced dead. Physician and guardian were notified."</p> <p>The investigative packet contained: ___ An undated note from QIDP (Qualified Intellectual Disabilities Professional) #2 indicated "[Client #66] was at dinner that evening and a few times that day she went to smoke (a cigarette) as well. [Client #66] seemed fine to me that day but staff had to keep</p>			

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	<p>reminding her that it's cold due to her persistence on wanting to go over to the training center (she kept going outside)." _A note dated 1/10/14 from facility housekeeping staff #17 indicated "I was cleaning up the dining room the night [client #66] past (sic) away. I seen (sic) her come in the front door by west desk and she look (sic) like she didn't feel well and she groped for the wall. I ask (sic) her if she was OK and she said yes and went on down the hall way. And the next thing I seen (sic) [client #66] coming from the door</p> <p>4. The facility's reportable incident reports, investigations and/or internal Incident/Accident Reports (IARs) from 11/1/13 to 1/14 were reviewed on 1/16/14 at 1:51 AM. The facility's 12/27/13 IAR indicated "Resident (client #8) noted to have sheering (sic) to buttocks 3 cm (centimeters) x (by) 1.5 cm on (R) (right) side of buttocks. Light brown in color."</p> <p>The 12/27/13 IAR indicated an attached 1/2/14 Progress Note "1:27 PM: In response to nursing notes from 12/27/13 re: 3cm x 1.5cm sheering (sic) brown in color to right side of buttocks. Skin flow sheet initiated. [Client #8] placed on a 24 hour nursing log. Treatment ordered. [Client #8] only up for meals</p>				

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	<p>until area is healed. Will continue to monitor."</p> <p>During the 1/15/14 observation period between 4:40 AM and 9:00 AM, at the main building, indicated client #8 was in a custom made wheelchair. Client #8 stayed in bed except to get up for the breakfast meal.</p> <p>During the 1/15/14 observation period between 10:50 AM and 11:55 AM, at the main building, client #8 was in his bedroom in his bed laying on his backside/buttock.</p> <p>During the 1/16/14 observation period between 9:10 AM and 10:13 AM, at the main building, client #8 was up for the breakfast meal. At 9:10 AM, client #8 indicated he had to use the bathroom. A Certified Nursing Aide (CNA) took client #8 back to his bedroom and left the client sitting in his wheelchair until 10:13 AM. After which, the unidentified CNA put the client in bed. Client #8 was laying on his backside/buttock in the hospital bed with a special mattress.</p> <p>Interview with client #8 on 1/16/14 at 9:40 AM indicated the client had an area on his bottom. Client #8 stated he would get out of his wheelchair "every 3</p>						

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	<p>hours."</p> <p>Client #8's record was reviewed on 1/17/14 at 11:02 AM. Client #8's physician orders indicated the following (not all inclusive):</p> <p>-1/15/14 Client #8 had an order for a Bariatric Gel Cushion which was ordered 8/17/09 The 1/15/14 order indicated "...May have bedrest, turn from side to side. May participate in activities as tolerated..." as ordered on 5/3/13. Client #8's 1/15/14 physician's order indicated client #8's diagnoses included, but were not limited to, Cerebral Palsy, Bells Palsy and Peripheral Vascular Disease.</p> <p>-12/27/13 "Bactroban (antibiotic ointment) TID (three times a day) to sheering (sic) on buttocks x (times) 14 days (1/10/14) ."</p> <p>-10/21/13 "Bactroban q (every) shift to excoriation to excoriation buttocks x 14 days."</p> <p>-9/23/13 "Discontinue Bactroban to buttocks."</p> <p>-9/14/13 "Bactroban TID to open areas on (L) (left) buttocks x 14 days for sheering (sic)."</p>				

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	<p>-9/12/13 "Bactroban to open area to coccyx TID until healed."</p> <p>Client #8's Nurse Notes indicated the following (not all inclusive):</p> <p>-12/31/14 "Seen [name of doctor], 60 day review done and annual physical done, no new orders."</p> <p>-12/30/13 at 2:50 PM, "...Excoriation to buttocks remains. No drainage noted. Tx (treatment) applied as ordered. Res (resident) has no complaints of pain..." Client #8's record indicated the facility neglected to monitor and/or document any additional information in regard to client #8's area on his buttock after the 12/30/13 2:50 PM note.</p> <p>-12/30/13 at 7:00 AM, "...Excoriated areas remain to buttocks, bactroban continues. Up for meals only, Turned & incont (incontinent) care given every 2 hrs (hours) & as needed."</p> <p>-12/30/13 at 1:05 AM, "...Resident resting in bed...as usual with no c/o (complaints of) pain or discomfort. Area to buttocks remains with no drainage noted. Resident up for meals only, turned and incont care completed every 2 hours and as needed. No s/s</p>			

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	<p>(signs/symptoms) of distress."</p> <p>-12/29/13 at 7:00 AM, "... Area remains to buttocks (with) no drainage. Up for meals only. Turned & incont care given every 2 hours & as needed."</p> <p>-12/29/13 at 3:20 AM, "...Resident resting in bed. Area to buttocks remains with no drainage noted. Resident turned every 2 hours along with Toileted when requested. No c/o pain or discomfort. No s/s of distress."</p> <p>-12/28/13 at 3:00 PM, "...Area remains to buttocks, no drainage noted. Up for meals only. Turned & incont care done every 2 hours & as needed."</p> <p>-12/28/13 at 7:00 AM, "Area to buttocks remain, no redness or drainage noted. Up for meals only. ATB (antibiotic) oint (ointment) applied as ordered. (cont) (continue) Turned every 2 hours, incont care given every 2 hours & as needed. no complaints voiced."</p> <p>-12/28/13 at 12:15 AM, "...Area to right buttocks remains. no changed noted. No S/S of pain or distress noted."</p> <p>-12/27/13 at 3:05 PM, "RA (raised) area to right buttock remains. No drainage noted. Res. has 0 (zero) complaints of</p>				

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	<p>pain."</p> <p>-12/27/13 at 8:00 AM, "T (temperature) 96. 1. Resident noted to have sheering to buttocks."</p> <p>-10/28/13 at 9:30 PM, "Skin flow sheet for 10-21-13 resolved areas to left and right buttock healed."</p> <p>-10/22/13 at 2:30 PM, "Area to buttocks remain unchanged. 0 c/o. TX (treatment) continues. T 96.0. Will resolve focus charting et (and) follow along skin flow sheet."</p> <p>-10/22/13 12:05 AM "Areas of excoriations remain to buttocks. No complaints of pain or discomfort noted."</p> <p>-10/21/13 at 3:00 PM, "T. 97.6 Resident has no complaint of pain excoriation remains to buttock."</p> <p>-10/21/13 at 2:30 PM, "Open areas of excoriation noted to (L) buttocks 2 cm x 2 cm et (and) 4 cm x 1 cm et to (R) buttocks 1 cm x 1 cm. [Name of doctor] updated (with) new orders received for Bactroban. DON (Director of Nursing) assessed...Staff informed in huddle to encourage bedrest et to turn resident side to side."</p>						

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	<p>-9/21/13 at 8:00 AM, "Area noted on 9-14-13 healed at this time."</p> <p>-9/15/13 at 10:00 AM, Area remains to (L) buttocks (with) 0 change. 0 C/O pain. Will resolve focus charting et follow along skin flow."</p> <p>-9/15/13 at 11:50 PM, "T 97.8. Area to (L) buttocks remain. Tx applied as ordered. No S/S of infection noted. Res (resident) on side."</p> <p>-9/14/13 at 2:50 PM, "T. 97.6 Area to Left Buttocks remains. Res has no complaints of pain. No S/S of infection noted."</p> <p>-9/14/13 at 9:00 AM, "1.5 cm x 0.8 cm sheered (sic) area to (L) buttocks noted. Skin flow sheet initiated. [Name of doctor] updated et new orders received...."</p> <p>-9/11/13 at 1:00 PM, "Seen by [name of doctor], 60 day review done, no new orders."</p> <p>The facility's Nurses' Weekly Summary Notes indicated the following (not all inclusive):</p> <p>-12/21/13 "...No skin issues noted."</p>				

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	<p>-1/7/14 "...No skin issues noted."</p> <p>-12/7/13 "...No skin issues noted."</p> <p>Client #8's Assessments Of Other Skin Abnormalities indicated the following (not all inclusive):</p> <p>- 10/21/13 Client #8's doctor was notified in regard to excoriation noted on the client's L buttock which measured 2 cm x 2 cm and 4 cm x 1 cm and an area on the client's R buttocks which measured 1cm x 1 cm. The 10/21/13 assessment form indicated on 10/28/13 "Areas to left and right buttock healed."</p> <p>-9/14/13 Client #8 had "excoriation/gaulding 0.8 cm x 1.5 cm open area noted to (L) buttock." The assessment indicated on 9/12/13 "Area healed."</p> <p>Client #8's Braden Scale for Predicting Pressure Sore Risk indicated assessments by the facility's nurses were completed on 3/21/13, 5/2/13 and 5/22/13 with a score of 15 at each assessment. The above mentioned Braden Scales indicated "...A score of 17 or below requires care plan development for interventions and treatment."</p> <p>Client #8's 5/3/13 Occupational (OT)</p>				

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	<p>Evaluation indicated "...Pt (patient) is referred (due to) recent onset, 5/2/13, of pressure ulcer of coccyx of 1.0 cm x 3.0 cm. Pt is obese (with) wt (weight) of 325 # (pounds). Pt currently is in tilt in space w/c (wheelchair) (with) elevating leg rests, footbox (with) lateral thigh supports, head rests, & vicair cushion. Pt. had a new cushion on 3/29/13. Pt & staff of facility have been working with [name of wheelchair company] to provide w/c positioning products. This pt. was referred for OT recommendations re: (regarding) seating system & possible new cushion. Pt seen by this OTR (OT therapist) (with) midline upright posture (with) custom back & all w/c adaptive devices. Per nursing present (with) posterior pelvic tilting when fatigued. OT recommendations: (1) Continue (with) current seating system. (2) Tilt W/C into reclined position when pt. does not need to be upright for work or meals. (3). Continue twice daily bed rest per MD orders or more until resolved. (4). Staff to hoyer pt, into w/c from side to ensure proper positioning. (5). May trial gel cushion if no change or worsening of coccyx area."</p> <p>Client #8's January 2014 Treatment Record (TR) indicated client #8 was to be "Turn/reposition Q (every) 2 hours.</p>						

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	<p>I=Independent D=Dependent A=Assist."</p> <p>The January 2014 TR indicated facility staff documented client #8 was turned/repositioned "Nocs (nights) Days Eves (evenings)." Client #8's TX record indicated the client was "D" on staff.</p> <p>The January 2014 TR indicated facility staff failed to document and/or reposition/turn client #8 on "Days" 1/4, 1/5, 1/6, 1/7, 1/9 and 1/13/14. The TR also indicated facility staff failed to document, reposition/turn client #8 on 1/1, 1/2 and on 1/7/13 during the evening shifts.</p> <p>Client #8's January 210 14 BedRest/Bladder Record indicated client #8 was on bed rest in the "AM" and "PM." The record indicated client #8 was not placed on bed rest in the AM and/or PM on 1/16, 1/7, 1/9 and/or 1/13/14 as the areas indicated were blank on the record. The January 2014 Bedrest record also indicated the facility failed to toilet the client every 2 hours on 1/6/14 from 6:00 AM to 2:00 PM and on 1/9/14 from 6:00 AM to 2:00 PM as the areas were blank on the form.</p> <p>Client #8's 8/5/13 Comprehensive Functional Assessment Summary indicated client #8 was a "Skin integrity Risk."</p>			
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	<p>Client #8's 9/5/13 Individualized Support Plan (ISP) active treatment schedule indicated client #8 was to be placed on bed rest from 10:00 AM to 11:00 AM and from 2:00 PM to 3:00 PM daily.</p> <p>Client #8's 9/5/13 Repositioning Assessment indicated client #8 utilized a wheelchair for mobility. The 9/5/13 assessment indicated "...THIS RESIDENT REQUIRES REPOSITIONING BECAUSE [Client #8] is non-ambulatory. He has skin integrity issues according to the Braden Scale...BEDREST FREQUENCY: _2x a day_HOW LONG: approximately 1 hr. (hour) 2x per day_...COMMENTS: [Client #8] can indicate to staff when he needs to go to the bathroom and these times will also be considered repositioning."</p> <p>Client #8's 9/5/13 ISP indicated Nursing Care Plan indicated the following in regard to "Skin Integrity Risk:"</p> <p>"Monitor skin breakdown, treat as needed Pressure reliving (sic) mattress/cushion Bedrest as ordered Encourage change of position every 2 hours Manage moisture due to incontinence</p>						

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	<p>-Tena (topical cream) as ordered/needed</p> <p>-Toileting as scheduled/needed</p> <p>Braden Scale completed Quarterly</p> <p>Dermatology consult as ordered/needed...."</p> <p>Client #8's record indicated client #8 had a 5/2/13"Episodic (temporary care plan until area healed) Care Pan Open Area" for client #8's "open area to coccyx" which was no longer being utilized.</p> <p>Client #8's 10/12 to 1/14 Progress Notes indicated the QIDP documented the following (not all inclusive) in regard to client #8's skin integrity issues:</p> <p>-10/23/12 "...[Client #8] has very thin skin which tears easily...."</p> <p>-1/2/14 "1:27pm: In response to nursing notes from 12/27/13 re: 3cm x 1.5cm sheering (sic) brown in color to right side of buttocks. Skin flow sheet initiated. [Client #2] placed on 24 hour nursing log. Treatment ordered. [Client #8] only up for meals until area is healed. Will continue to monitor."</p> <p>Client #8's 9/5/13 ISP, Progress Notes and/or record indicated the facility's nursing services failed to specifically address client #8's continual skin integrity issues in regard to pressure</p>				

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	<p>ulcers, excoriation, gaulding and/or shearing to prevent reoccurrence. The facility's nursing services failed to ensure client #8 was repositioned/turned and toileted every 2 hours, developed specific risk plans in regard to the client's skin integrity, repositioning and monitoring to prevent skin integrity issues.</p> <p>Interview with staff #2 on 1/16/14 at 10:09 AM indicated client #8 had a pressure area. Staff #2 indicated client #8 would have to be taken back to his bedroom after meals to lay down. Staff #2 indicated client #8 would be toileted every 1 1/2 hours to 2 hours.</p> <p>Interview with LPN #5 on 1/16/14 at 10:35 AM indicated client #8 had an area on his buttock. LPN #5 indicated client #8 was still on bed rest as a nursing measure.</p> <p>Interview with Director of Nursing (DON) #1 on 1/16/14 at 11:49 AM stated client #8 did not have a pressure ulcer but a "skin shear." DON #1 stated client #8 received the injury from "scoting against something" or when turned to be changed.</p> <p>Confidential interview Q stated client #8 was "regular for pressure sores."</p>						

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	<p>Interview with LPN #3 and LPN #4 on 1/17/14 at 11:20 AM indicated client #8 did not have an area on his buttock at this time. LPN #3 and #4 indicated the area had healed. When asked why client #8 was in bed, LPN #3 and #4 indicated client #8 was being kept in bed for bed rest to make sure the area was healed. LPN #3 and #4 stated client #8 did not have a physician's order for "continual bed rest."</p> <p>Confidential interview P indicated CNAs were responsible for repositioning clients. Confidential interview P indicated facility nursing staff would assist to reposition clients when needed. Confidential interview P indicated when the facility was short of staff, the facility did not have enough staff/CNAs to reposition and toilet clients every 2 hours. Confidential interview P stated "Showers are not getting done. Skin care not being done properly."</p> <p>Interview with DON #1 and the facility's consulting/corporate nurse on 1/22/14 at 1:11 PM indicated CNAs would lay the client down for bedrest 2 times a day. DON #1 indicated the CNAs would document the client's bedrest and repositioning on "ADL (adult daily</p>						

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	<p>living) flow sheets." DON #1 indicated the flow sheet did not specifically indicate to document the repositioning of client #8 every 2 hours as facility staff was only documenting once per shift. When asked if client #8 had been treated for a pressure area, DON #1 stated client #8 was treated for "shearing" which was an "abrasion/friction." The facility's consulting/corporate nurse stated "We look at it as a pressure area." DON #1 indicated client #8 would refuse to be repositioned/laid down as the client wanted to stay in his wheelchair. DON #1 indicated client #8's flow sheets did not indicate how client #8 was to be repositioned to ensure healing of the area. When asked how the facility was preventing pressure areas and/or shearing of the client's skin, DON #1 stated "I will have to check." DON #1 stated "There are no care plans at the facility." DON #1 stated the facility was using "Episodic Care Plans." DON #1 indicated the Episodic Care Plans were "Temporary" until an area was healed.</p> <p>Interview with QIDP #1 on 1/23/14 at 2:35 PM stated clients were to be repositioned "approximately every 2 hours." QIDP #1 indicated the CNAs were to document the repositioning of clients in the CNA book. QIDP #1 indicated she did not know how client</p>				

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	<p>#8 was to be repositioned. When asked what caused the area on client #8's buttock, QIDP #1 stated "Not sure a nursing thing. Not being repositioned or positioned correctly in bed. It would be in the nursing part of the ISP." QIDP #1 indicated client #8's IDT had not met to address the client's repeated skin integrity issues/care.</p> <p>5. During the 1/15/14 observation period between 4:40 AM and 9:00 AM at the facility, and the 1/16/14 observation period between 9:10 AM and 11:30 AM, client #12 was in his room in his bed. Specifically during the 1/16/14 observation period, client #12 laid in his bed on his back. Client #12 was not repositioned.</p> <p>The facility's reportable incident reports, investigations and/or internal Incident/Accident Reports (IARs) were reviewed on 1/16/14 at 1:51 AM. The facility's 12/2/13 reportable incident report indicated "[LPN #6] reported [client #12] had a stage 2 pressure ulcer to left lower buttock. No exudate, tunneling, or depth was noted. Area measured 3cm 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</p>						

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	<p>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 facility's 12/9/13 reportable incident report indicated the pressure ulcer was discovered on 12/2/13 and a head to toe assessment was conducted during her shower on 11/29/13. The reportable incident report indicated client #12 was repositioned and turned every 2 hours and documented on the client's CNA ADL flow sheet. The follow-up report indicated client #12 is "...non-ambulatory and requires Hoyer Lift transfer in an out of bed and wheelchair...The resident was 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 #12 had not had a pressure ulcer in the past year. The follow up report indicated facility staff were trained in "decub care prevention" on 10/7/13.</p> <p>Client #12's record was reviewed on 1/17/14 at 9:52 AM. Client #12's 9/12/13 Assessments Of Other Skin</p>				

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	<p>Abnormalities indicated "Open area to coccyx 3 cm (centimeter) x 3 cm x 0.2." The assessment form indicated the area was excoriated and gaulded. The 9/12/13 assessment indicated the area on 9/20/13 the area 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 #12's physician 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>Client #12's Weekly Pressure Ulcer/Deep Tissue Injury Assessment indicated the following on 12/2/13 client #12 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</p>						

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	<p>#12'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 #12'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 #12's Nurses Notes indicated the following (not all inclusive):</p> <p>-9/12/13 Client #12 "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..."</p> <p>-9/27/13 "Area to coccyx noted on 9-12-13 healed. Skin sheet stopped."</p> <p>-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."</p>			

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	<p>-12/3/13 "...Res (resident) is up only for meals to relieve pressure Tx to coccyx et buttock done per MD order...."</p> <p>-12/4/13 "...Open area remains to buttock and coccyx. 0 (zero) distress noted. Currently resting in bed. Turned per staff."</p> <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 x.1. Epithelial (tissue which 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 & repositioned q (every) 2 (hours) when in bed. Res. expresses 0 sx (symptoms) of pain. Res. incont of B&B (bowel and bladder).</p>			
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	<p>Incont care provided (after) each incont episode. Res. checked for incont q 2 (hours) & 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 remains open 0.2cm scab intact to (R) buttocks. Tx continues."</p> <p>-12/13/13 "...Resident resting in bed. Tx applied to buttocks area. healing (sic) with no signs and symptoms of infection noted."</p> <p>-12/14/13 "...Area to L buttock remains...."</p> <p>-12/15/13 "...Area to left buttocks remain and Tx applied. No s/s of infection or drainage noted...."</p> <p>-12/16/13 at 12:20 AM, "...Area to left buttocks remains with no s/s of infection...."</p>						

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	-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 orders) at this time."			

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	<p>-1/9/14 (LE) (late entry) MD notified of WT (weight) loss this month. Resident placed on weekly wgt's (weights)." Client #12's record did not indicate any additional documentation and/or monitoring in regard to client #12's Gluteal Cleft since found on 1/15/14 and/or indicate the facility's nursing services monitored client #12's skin care issues since the client's buttocks area was resolved on 12/27/13 to prevent recurrent issues.</p> <p>Client #12's Nurses Notes did not indicate the facility's monitored and/or documented any additional information in regard to client #12's skin care issues after 12/27/13 and/or after client #12 was determined to have a Gluteal Cleft on 1/15/14.</p> <p>Client #12's 12/2/13 Episodic Care Plan Open Area indicated client #12 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 the following:</p> <p>"#1 Pressure Ulcer #2 Gluteal Split Site: #1 lower left buttock Size: 3cm x 1 cm Stage:2 Appearance: Pink Site: #2 gluteal cleft Size: 5cm x 0.1 cm Stage: 0</p>						

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	<p>Appearance: Long Split to gluteal cleft (non pressure)...Will have s/s of healing without complication by 12/9/13.</p> <p>-Keep area clean & dry.</p> <p>Keep off affected area as much as possible.</p> <p>-Change position at least every 2 hours...</p> <p>-Pressure relieving mattress D'cd (discontinued) 12-5-13.</p> <p>-Devices for pressure relief to feet & other areas. Cushion in W/C (wheelchair).</p> <p>-Diet as ordered...</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>-Other Up for meals only</p> <p>* Specialty mattress on bed 12/5/13.</p> <p>* DON to do weekly assessment & PUSH Score</p> <p>* Weekly skin checks on shower days."</p> <p>Client #12's 5/14/13 ISP (Individual Support Plan) indicated client #12's diagnoses included, but were not limited to, Alzheimer's Disease, Arthritis, Right Sided Hemiplegia and Deep Vein Thrombosis.</p> <p>Client #12's 5/14/13 ISP indicated the</p>				

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	<p>client had a nursing care plan for "Skin Integrity Risk" which indicated the following:</p> <p>"Monitor skin breakdown, treat as needed Pressure relieving (sic) mattress/cushion Bedrest as ordered Encourage change of position every 2 hours Manage moisture due to incontinence -Tena (topical cream) as ordered/needed -Toileting as scheduled/needed Braden Scale completed Quarterly Dermatology consult as ordered/needed...."</p> <p>Client #12's January 2014 BEDREST/BLADDER RECORD indicated client #12 was placed on bed rest 2 times a day once in the AM and once in the PM. The form indicated "Turn/Reposition Q (every) 2 hours I-Independent D=Dependent A=Assist." The form indicated facility staff documented the client was repositioned on days, evening and night shifts. The record did not specifically indicate the facility staff documented client #12 was repositioned every 2 hours and/or how the client was repositioned/turned to prevent pressure areas. The form also indicated facility staff did not indicate the client was placed on bed rest on 1/1,</p>				

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	<p>1/2, 1/3 (PM), 1/6, 1/7 (AM), 1/8 (PM), 1/9 (PM), 1/10 (PM), 1/11 (PM) and on 1/12 (PM) as the areas were left blank. Client #12's bedrest/bladder sheet indicated client #2 was not toileted every 2 hours on 1/1/14 from 5:00 AM to 1:00 PM and on 1/6/14 from Midnight to 1:00 PM as the areas on the toileting sheet were blank.</p> <p>Client #12's December 2013 BEDREST/BLADDER RECORD indicated client #12 was placed on bed rest 2 times a day once in the AM and once in the PM. The form indicated "Turn/Reposition Q (every) 2 hours I-Independent D=Dependent A=Assist." The form indicated facility staff documented the client was repositioned on days, evening and night shifts. The record did not specifically indicate if and/or how client #12 was repositioned/turned every 2 hours to prevent pressure areas.</p> <p>Client #12's Treatment Records (TRs) indicated the following:</p> <p>-In September 2013, client #12 received Bactroban for an open area to his coccyx on 9/13/13. The 9/13 TR indicated client #12 received Clotrim/Beta Cream topically to lower abdomen fold and groin area "as a palliative measure due</p>						

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	<p>to gaulding."</p> <p>-In October 2013, client #12 continued to receive Bactroban for treatment of the open area to the client's coccyx. The TR indicated client Clotrim/Beta cream was being used as a PRN.</p> <p>-In November 2013, client #12's Bactroban for his coccyx was stopped on 11/24/13. The TR indicated client #12 continued to be treated for gaulded areas on his lower abdomen/groin areas and received Lotrimin Cream two times a day for left arm pit gaulding.</p> <p>-In December 2013, client #12 received treatments for a Gluteal Cleft and Bactroban to his left lower buttock every shift until healed. The TR indicated the above medications were stopped on 11/17/13.</p> <p>-In January 2014, client #12 TR indicated facility staff did not document the client was repositioned every 2 hours for the following days and/or shifts: 1/1/14 day and evening, 1/2/14 day, 1/4/14 days and evening, and on 1/5, 1/6, 1/7/14 day shifts.</p> <p>Client #12's TR and/or ISP did not specifically indicate how client #12 was to be repositioned to prevent skin</p>						

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	<p>breakdown and/or injuries to his butt crack.</p> <p>Interview with LPN #8 on 1/16/14 at 10:35 AM indicated client #12 had a "Gluteal Cleft" the client was being treated for. LPN #8 indicated client #12's treatment was changed to Duoderm (wound wrap/treatment).</p> <p>Interview with QIDP #1 on 1/23/14 at 2:35 PM indicated clients were to be repositioned every 2 hours. QIDP #1 stated the CNAs documented the repositioning of clients in a "CNA Book." When asked how client #12 was to be repositioned, QIDP #1 stated "Not sure how repositioned."</p> <p>Interview with the Director of Nursing (DON) on 1/16/14 at 11:49 AM and on 1/23/14 at 3:13 PM indicated client #12 was being treated for a Gluteal Cleft. The DON stated "It's not a pressure ulcer but a skin tear." The DON stated the injury was due to "staff moving and turning the client." The DON indicated facility staff were to use "draw sheets" to assist the client to turn when changing. The DON indicated facility staff were retrained to use the draw sheets. The DON indicated she did not have written documentation which showed facility staff were retrained to use draw sheets</p>				

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	<p>when changing/toileting the client to prevent injuries.</p> <p>The DON stated client #12's "Episodic Care Plan" for his stage 2 coccyx ulcer had been resolved. The DON indicated client #12 did not have an Episodic Care Plan/risk plan for the Gluteal Cleft. The DON indicated client #12 was on nursing measures to be up for meals only. The DON indicated client #12 should be repositioned every 2 hours. The DON indicated client #12's treatment record and/or ISP did not indicate how client #12 was to be repositioned. The DON stated the facility only used "Acute Plans (plans which addressed the current problem)." The DON indicated client #12's treatment record did not indicate facility staff turned/repositioned the client every 2 hours as the record only indicated "Noc (night)." "Day" and "Eves (evenings)." When asked how the facility was preventing client #12 from getting pressure areas and/or Gluteal Clefts, the DON stated "No Care Plans only Acute Plans." The DON did not know why client #12's record did include any documentation in regard to the client's 1/15/14 Gluteal Cleft.</p> <p>6. On 1/22/14 at 10:50am, QMA (Qualified Medication Aide) #34</p>				

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	<p>selected client #53's "Diazepam 2mg (milligrams) give every 8 (eight) hours" for anxiety, punched out the medication into a medication cup, and administered the medication in apple sauce to client #53. At 10:50am, QMA #34 stated she "only" recorded that she administered the medication and did not document the time the medication was administered. QMA #34 requested the assistance of RN (Registered Nurse) #33 when asked the time of client #53's previous dose of Diazepam every eight hours medication. RN #33 indicated client #53's medication administration time was not recorded because it was not facility policy. RN #33 indicated client #53's Diazepam medication would have been administered between 5:00am to 6:30am approximately. RN #33 indicated medications could have been administered anytime during the time frame within the facility's medication time for administration. When asked if client #53's physician's order was followed. RN #33 indicated client #53's physician order was for every eight hours and client #53's Diazepam medication was not administered according to her physician's order.</p> <p>On 1/23/14 at 11:10am, an interview with the Director of Nursing (D.O.N.) was conducted. The D.O.N. indicated</p>						

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	<p>client #53's physician's order was not followed to administer her Diazepam medication every eight hours. The D.O.N. indicated the time client #53's medication was administered was not recorded to ensure client #53 received her Diazepam medication every eight hours.</p> <p>On 1/22/14 at 11:25am, client #53's record was reviewed. Client #53's 1/15/14 "Physician's Order" indicated "Diazepam 2mg every 8 hours" for anxiety.</p> <p>7. During observation and interview on 1/21/14 from 9:10am until 5:25pm, at the facility clients #12, #13, #14, #16, #32, #39, #49, and #64's nourishment drink supplements were not provided to the clients by the facility staff. On 1/21/14 at 3:15pm, client #12, #13, #14, #16, #32, #39, #49, and #64's names were labeled on the top of an individual glass which sat on the table inside the lounge. At 3:15pm, ATF #37 and Housekeeping Laundry staff #36 both indicated the nourishment drinks on the table were from 2:00pm nourishment time. ATF #37 stated a CNA (Certified Nursing Assistant) "had to give those clients their drinks." Clients #12, #13, #14, #16, #32, #39, #49, and #64 were not present inside the lounge room.</p>			

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	<p>ATF #37 indicated clients #12, #13, #14, #16, #32, #39, #49, and #64 were on bedrest. Client #1 did not receive any fluids and/or nourishments and was not offered a dietary supplement.</p> <p>On 1/21/14 at 4:00pm, a second tray of nourishment drink glasses was delivered to the lounge room from dietary. The tray included drinks identified with each clients' name on the glass for clients #12, #13, #14, #16, #32, #39, #49, and #64 who were not inside the lounge program room. At 4:10pm, the tray of 2:00pm untouched drink glasses for clients #12, #13, #16, #39, and #49 nourishment drinks was returned to dietary to be discarded. At 4:30pm, clients #12, #13, #14, #16, #32, #39, #49, and #64's nourishment drinks labeled with each client's name and 4:00pm remained unmoved on the table inside the lounge program room and were not given by the staff on duty in the lounge program room. At 4:30pm, clients #12, #13, #14, #16, #32, #39, and #49 were not present inside the lounge program room. Client #64 had two (2) eight (8) ounce glasses of nourishment drinks on the undelivered tray, client #64 was present inside the lounge program room, and his drinks were not given to him. At 5:10pm, clients #12, #13, #16, and #39 were not present in</p>				

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	<p>the lounge program room, clients #12, #13, #16, and #39's nourishment drinks sat on a tray in the lounge, and the tray was picked up by ATF #37 then carried to rest outside the dietary doorway. At 5:10pm, ATF #37 stated clients #12, #13, #16, and #39 did not receive their 4:00pm nourishment drinks because "they were not given" to each client by the facility staff. ATF #37 indicated the facility provided drinks for clients #12, #13, #14, #16, #32, #39, #49, and #64 at 2:00pm, 4:00pm, and 7:00pm daily. ATF #37 indicated clients #12, #13, #14, #16, #32, #39, #49, and #64 did not have water pitchers and/or glasses provided by the facility at the clients' bedside for drinking fluids when a client was on bedrest and/or in their rooms. When asked how the staff determined when a client needed a drink of fluids. ATF #37 indicated the drinks for clients #12, #13, #14, #16, #32, #39, #49, and #64 had to be delivered and given by a CNA to those clients. ATF #37 indicated the facility staff did not record documentation on whether the nourishment drinks had been given to the clients and/or sent back to dietary.</p> <p>Client #1's record was reviewed on 1/23/14 at 1:30 PM.</p> <p>Client #1's physician's orders of 12/2013 indicated client #1 was to have the</p>						

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	<p>following supplements/snacks: ___ a four ounce "Magic Cup" twice daily ___ a 4 ounce "House supplement" between meals.</p> <p>On 1/23/14 at 11:10am, an interview with the D.O.N. (Director of Nursing) was conducted. The D.O.N. stated "No record" was available for review to determine if clients #12, #13, #14, #16, #32, #39, #49, and #64's nourishment drinks were given to the clients. The D.O.N. stated clients #12, #13, #14, #16, #32, #39, #49, and #64 were assisted back to bed during the day for "bedrest" and were not "always" in the lounge when nourishments were provided by the dietary at 2:00pm, 4:00pm, and 7:00pm daily. The D.O.N. indicated clients #12, #13, #14, #16, #32, #39, #49, and #64 did not have water pitchers and/or glasses provided by the facility at the clients' bedside for drinking fluids when a client was on bedrest and/or in their bedrooms. When asked how the staff determined when a client needed a drink of fluids, the D.O.N. stated the drinks for clients #12, #13, #14, #16, #32, #39, #49, and #64 "had to be delivered and given by a CNA to those clients." The D.O.N. indicated the facility staff did not record documentation on whether the nourishment drinks had been given to</p>			

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	<p>the clients and/or sent back to dietary.</p> <p>8. Client #2's record was reviewed on 1/22/14 at 2:00 PM. Client #2's 6/17/13 auditory evaluation indicated "no valid response." No further information was available for review. Client #2's 6/4/13 ISP (Individual Support Plan) indicated he was non verbal and used a communication book to communicate. Client #2's 10/30/13, 7/31/13, and 5/1/13 Nursing assessments did not indicate whether or not client #2 could hear.</p> <p>Client #4's record was reviewed on 1/22/14 at 12:25 PM. Client #4's 6/19/13 auditory evaluation indicated "no valid response." No further information was available for review. Client #4's 8/13/13 ISP (Individual Support Plan) indicated she was non verbal and used a communication book to communicate. Client #4's 10/23/13, 8/15/13, and 7/24/13 nursing assessments did not indicate whether or not client #4 could hear.</p> <p>Client #7's record was reviewed on 1/22/14 at 3:35 PM. Client #7's 10/29/13 auditory evaluation indicated "no valid response." No further information was available for review. Client #7's 10/24/13 ISP (Individual Support Plan) indicated he was non</p>						

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	<p>verbal. Client #7's 10/24/13 and 8/14/13 nursing assessments did not indicate whether or not client #7 could hear.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) #3 on 1/23/14 at 11:10 AM indicated QIDP #3 did not think client #2, #4, and #7's auditory evaluations were reviewed by the IDT and indicated she did not know the recommendation was "no valid response" from the evaluations. QIDP #3 indicated the nursing department had not shared the information with the IDT members.</p> <p>Interview with the D.O.N. (Director of Nursing) on 1/23/14 at 11:10am, indicated the D.O.N. was not aware of client #2, #4, and #7's auditory evaluations which indicated "no valid response." The D.O.N. indicated no follow up had been completed to client #2, #4, and #7's doctors to request further evaluations for the clients' hearing needs.</p> <p>9. Observations were conducted at the facility on 1/22/14 from 6:50 AM through 9:00 AM. At 8:00 AM client #6 was pushed in a wheelchair from her bedroom on the West hallway to the facility dining area. Client #6 was seated in a wheelchair while at the dining table</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>eating breakfast. Client #6 was seated in a wheelchair throughout the observation period.</p> <p>Client #6's record was reviewed on 1/22/14 at 2:27 PM. Client #6's Program Notes dated 1/18/14 indicated, "Was using walker upon admit on 10/3/13." Client #6's ISP (Individual Support Plan) dated 11/1/13 indicated client #6 should utilize a rolling walker for ambulation. Client #6's Physician's Order Form (POF) dated 12/31/13 indicated, "Therapy Services: 11/14/13, Rolling Walker, minimal staff assistance and verbal cues to slow down." Client #6's POF form did not indicate a physicians order for use of a wheelchair. Client #6's PT (Physical Therapy) form dated 10/6/13 indicated, "Recommendations: [Client #6] will benefit from daily ambulation with rolling walker with minimal CGA (Care Giver Assistance) and verbal cues to slow the pace of ambulation."</p> <p>QIDP #1 (Qualified Intellectual Disabilities Professional) was interviewed on 1/28/14, by phone, at 12:55 PM. QIDP #1 indicated client #6 should be encouraged to use her walker. QIDP #1 indicated client #6 had used the wheelchair for long distances.</p>						

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	<p>DON (Director of Nursing) #1 was interviewed on 1/23/14 at 4:37 PM. DON #1 indicated client #6 should use a rolling walker to ambulate unless she has a physicians order for a wheelchair. When asked if client #6 could regress in her ambulatory ability from using the wheelchair, DON #1 stated, "Yes."</p> <p>This federal tag relates to complaint #IN00138987.</p> <p>This deficiency was cited on 11/27/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-17(a)</p>						