

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155389	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/14/2015
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NAME OF PROVIDER OR SUPPLIER  WESTPARK A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 N TIBBS AVE INDIANAPOLIS, IN 46222
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00186082.</p> <p>Complaint IN00186082-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey date: December 14, 2015</p> <p>Facility number: 000473 Provider number: 155389 AIM number: 100290410</p> <p>Census bed type: SNF/NF: 51 Total: 51</p> <p>Census payor type: Medicare: 8 Medicaid: 28 Other: 15 Total: 51</p> <p>Sample: 3</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility respectfully requests paper compliance for this citation.	

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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F 0157 SS=D Bldg. 00	<p>Quality review completed by 30576 on December 18, 2015</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>			

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	<p>Based on record review and interview, the facility failed to ensure the attending physician was notified when a resident refused or was non compliant with medications or treatments (Residents B, C, and D). 3 residents of 3 reviewed for physician notification.</p> <p>Findings include:</p> <p>1. The record of Resident B was reviewed on 12/14/15 at 10:30 A.M. Diagnoses, obtained from the October 2015 recapitulation of physician's orders, included, but were not limited to, end stage renal disease, anorexia nervosa, anemia, diabetes mellitus, atrial fibrillation, and bilateral below the knee amputations.</p> <p>A 14 day Minimum Data Set assessment dated 10/18/15 indicated Resident B had no cognitive deficits, had mood disorders including trouble sleeping, had no noted behaviors, did not ambulate, and required minimal staff assistance for activities of daily living.</p> <p>Physician's orders for Resident B included, but were not limited to:</p> <p>10/07/15 "Change dressing to R BKA (right below the knee amputation): Apply Telfa to incision; wrap with Kerlix and</p>	F 0157	<p>F-157 It is the policy of this facility to ensure that the attending physician is notified when a resident refuses or is not compliant with meds or treatments. Resident B no longer resides at the facility. However, Resident B's physician was updated regularly on Resident B's outings from the building as well as his pattern of refusals of treatments including therapy. This is documented. Resident C has any refusals of medication or weights reported to the physician regularly. This has been the facility's practice ongoing for Resident C's pattern of refusals. This is documented. Resident D no longer resides in the facility. However, Resident D's physician was updated regularly on Resident D's pattern of refusals including breathing treatments, medications, topical treatment, getting out of bed and care in general. This is documented. Any residents who reside in the facility and who refuse any aspect of their care and services have the refusal documented appropriately including physician and family notifications. Going forward, the nurses will document any refusals of any aspects of care in the progress notes. The DON/Designee will monitor the 24 Hour Report daily for any documentation that indicates a refusal by a resident. At the daily CQI meetings all refusals will be</p>	01/13/2016

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	<p>secure with tape. Continue with treatment plan until drainage from incision has resolved. Every day shift for wound healing."</p> <p>"Late entry for 10/07/2015. Physical therapy clarification order- Skilled Physical Therapy 5 times a week for 4 weeks to include therapeutic exercise, therapeutic activities, neuromuscular reeducation, gait training, static and dynamic standing balance, trunk control, patient education..."</p> <p>Progress notes indicated:</p> <p>10/09/15 10:58 A.M.: "SS (Social Services) was asked to talk to (Resident B) about going to therapy and to check before he signs out LOA (Leave of Absence)..."</p> <p>10/10/15 1:40 P.M.: "...resident stated at this time he doesn't need a dressing change..."</p> <p>10/21/15 6:37 P.M. "SS spoke with (Resident B) when he returned from LOA. (Resident B) has been signing out of the building for extended periods of times...SS explained his therapy will be over on Friday and he will no longer have a skilled need to be here..."</p>		<p>followed up on to ensure that proper notification takes place. Any concerns will be addressed as discovered. This practice will be ongoing as part of the CQI agenda. The DON/Designee will monitor for follow through on appropriate notifications 3 days weekly until 4 consecutive weeks of zero negative findings are achieved. After that, monitoring will occur at least 1 day weekly for a period of at least 6 months to ensure ongoing compliance. After that, random monitoring will occur. Note: Since the follow up of notifications will occur at the daily CQI meetings the additional monitoring will be a second check. At the monthly QA meetings the results of the monitoring will be reviewed. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. The Action Plan will be monitored by the Administrator until resolution.</p>	

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	<p>10/23/15 1:46 P.M.: "Unable to complete resident daily wound care...asked resident if he would allow wound care to be complete before he left stated (sic) he had to catch a bus..."</p> <p>10/25/15 11:55 A.M.: "Resident comes and goes from the facility during the day, which makes it hard to do any kind of dressing change for resident..."</p> <p>10/27/15 8:47 A.M.: "Resident offered to have dressing changed before appointment refused states wait (sic) until he gets back..."</p> <p>10/28/15 3:22 P.M.: "...resident was told by writer after lunch dressing change will be complete (sic) resident took it upon himself to leave building after lunch and hasn't been back..."</p> <p>Resident B's record contained no indication the physician was notified of the above incidents of Resident B's leaving the facility for extended times, non compliance with ordered therapy, or non compliance with ordered dressing changes.</p> <p>2. The record of Resident C was reviewed on 12/14/15 at 1:15 P.M. Diagnoses, obtained from the December 2015 recapitulation of physician's orders,</p>			

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	<p>included, but were not limited to, congestive heart failure, chronic obstructive pulmonary disease, vertigo, anemia, hypertension, prostate cancer, and diabetes mellitus.</p> <p>A quarterly Minimum Data Set assessment dated 11/06/15 indicated Resident C had no cognitive deficits, had mood disorders including feeling down or depressed, trouble concentrating, and poor appetite, had no identified behaviors, requires staff assistance for activities of daily living, and was occasionally incontinent of bowel and bladder.</p> <p>Physician's orders for Resident C included, but were not limited to:</p> <p>10/02/15 "Furosemide (Lasix, a diuretic) 20 MG (milligrams) Give 1 tablet by mouth one time a day for CHF (congestive heart failure)."</p> <p>8/15/15 "Weigh Daily every day shift Notify MD if weight gain is (symbol for "greater than") 3 lbs (pounds) or (symbol for "greater than") 5 lbs in one week."</p> <p>Progress notes for Resident C indicated:</p> <p>9/26/15 2:26 P.M.: "Resident refused weight x (times) 3..."</p>			

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	<p>10/06/15 6:47 P.M.: "Resident requested to hold Lasix due to going out..."</p> <p>10/28/15 5:17 P.M.: "Resident refused medication (Lasix) X3..."</p> <p>10/31/15 5:16 P.M.: "Resident refused drug (Lasix)..."</p> <p>11/20/15 4:53 P.M.: "Resident refused medication (Lasix) x3..."</p> <p>11/21/15 5:54 P.M.: "Refused (Lasix) x3..."</p> <p>12/02/15 4:29 P.M.: "Resident refused medication (Lasix) x3..."</p> <p>12/06/15 8:54 P.M.: "Refused (Lasix) x3..."</p> <p>12/08/15 6:36 P.M.: "Resident refused (Lasix) x3..."</p> <p>Resident C's record contained no indication the physician was notified of the above incidents of Resident C's refusing daily weights or the refusal of ordered medications.</p> <p>3. The record of Resident D was reviewed on 12/14/15 at 2:30 P.M. Diagnoses, obtained from a recapitulation</p>			

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	<p>of physician's orders dated 12/04/15, included, but were not limited to, pneumonia, syncope and collapse, hypertension, anemia, osteoarthritis, and osteoporosis.</p> <p>A quarterly Minimum Data Set (M.D.S.) assessment dated 1/21/15 indicated Resident D had no cognitive impairment, had mood disorders including feeling down or depressed, had no recognized behaviors, did not ambulate, and required staff assistance with all activities of daily living.</p> <p>Physician's orders for Resident D included, but were not limited to:</p> <p>9/30/15 "Incentive spirometry (breathing treatment) 10 breaths 4 x a day."</p> <p>11/03/15 "Please get resident up in chair every morning every day shift for to (sic) increase pt (patient) activity out of bed."</p> <p>8/25/15 "Icy Hot (Menthol Topical Analgesic) Apply to bil (bilateral) knees/lower back topically three times a day for pain related to difficulty in walking."</p> <p>Progress notes for Resident D indicated:</p> <p>11/03/15 1:56 P.M.: "Resident states she</p>			

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	<p>didn't need any (Icy Hot) today."</p> <p>11/07/15 1:38 P.M.: "Resident has refused to get out of bed..."</p> <p>11/08/15 12:32 P.M.: "Resident stated she is to tiered (sic) to do (incentive spirometry)..."</p> <p>11/10/15 12:24 P.M.: "Resident state (sic) she didn't want to so I.S. (incentive spirometry) at this time..."</p> <p>11/17/15 1:09 P.M.: "Resident refuses Icy Hot..."</p> <p>11/18/15 12:27 P.M.: "Resident stated she didn't want any medication today..."</p> <p>11/20/15 11:42 A.M.: "Resident stated she doesn't feel up to doing her breathing exercise (incentive spirometry)..."</p> <p>11/21/15 1:56 P.M.: "Resident is refusing all care, resident states she is not feeling well enough to do I.S..."</p> <p>11/26/15 10:51 A.M.: "Resident stated she didn't want to do I.S. exercise..."</p> <p>Resident D's record contained no indication the physician was notified of the above incidents of Resident D's refusal of medications, breathing</p>			

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	<p>treatments, or getting out of bed as ordered by the physician.</p> <p>During an interview on 12/14/15 at 3:40 P.M., the Director of Nursing indicated the attending physician for Residents B, C, and D was in the facility on a daily basis, and she believed the physician was aware of the resident's condition and behavior, but there was no additional documentation of physician notification of the above noted concerns..</p> <p>A facility document titled "Physician Notification of Resident Change of Condition" dated 2/02/15 received from the Director of Nursing on 12/14/15 at 2:30 P.M., indicated:</p> <p>"Guideline: It is the intent of the facility for the attending physician to be notified of a change in a resident's condition by licensed personnel as warranted.</p> <p>Procedure: Physician notification is to include but is not limited to:...Any accident or incident...Repeated refusals to take prescribed medication after the third refusal...Unusual behavior...Make an entry into Nurse's notes regarding condition/physician notification..."</p> <p>3.1-5 (a)(1)</p>			

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F 0279 SS=D Bldg. 00	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure care plans were developed for residents who refused or were non compliant with medications or treatments (Residents B, C, and D). 3 residents of 3 reviewed for care plans.</p> <p>Findings include:</p> <p>1. The record of Resident B was reviewed on 12/14/15 at 10:30 A.M. Diagnoses, obtained from the October 2015 recapitulation of physician's orders, included, but were not limited to, end stage renal disease, anorexia nervosa,</p>	F 0279	F-279 It is the policy of this facility to ensure that care plans are developed for residents who refuse or who are non-compliant with meds and/or treatments. Resident B no longer resides in the facility. Resident C has had their care plan reviewed and updated and the care plan addresses appropriate concerns related to the care of this resident. Resident D no longer resides in the facility. Any resident who resides in the facility has a plan of care. Therefore, any resident who resides in the facility has the potential to be affected by this finding. All care	01/13/2016

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	<p>anemia, diabetes mellitus, atrial fibrillation, and bilateral below the knee amputations.</p> <p>A 14 day Minimum Data Set assessment dated 10/18/15 indicated Resident B had no cognitive deficits, had mood disorders including trouble sleeping, had no noted behaviors, did not ambulate, and required minimal staff assistance for activities of daily living.</p> <p>Physician's orders for Resident B included, but were not limited to:</p> <p>10/07/15 "Change dressing to R BKA (right below the knee amputation): Apply Telfa to incision; wrap with Kerlix and secure with tape. Continue with treatment plan until drainage from incision has resolved. Every day shift for wound healing."</p> <p>"Late entry for 10/07/2015. Physical therapy clarification order- Skilled Physical Therapy 5 times a week for 4 weeks to include therapeutic exercise, therapeutic activities, neuromuscular reeducation, gait training, static and dynamic standing balance, trunk control, patient education..."</p> <p>Progress notes indicated:</p>		<p>plans will be reviewed to make certain that they are updated and appropriate and reflective of the residents' care needs. The DON/Designee will monitor 10 care plans weekly to ensure that the care plan is updated and reflective of the resident's care needs. Any concerns will be addressed as found. This monitoring will continue until 4 consecutive weeks of zero negative findings are achieved. After that, 3 care plans will be reviewed weekly for the same validation for a period of not less than 6 months to ensure ongoing compliance. Afterwards, random monitoring will occur. At an in-service held 12/30/15 the staff who write care plans were educated on the care plan process. This included how to write a concern, measurable goals, interventions and time frames as related to care planning. Further, the care plan meeting process was discussed including who should attend the meetings and why. Any staff whom fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated. At the monthly Quality Assurance meetings the results of the care plan monitoring will be discussed. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. The Action Plan will be monitored by</p>	

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	<p>10/09/15 10:58 A.M.: "SS (Social Services) was asked to talk to (Resident B) about going to therapy and to check before he signs out LOA (Leave of Absence)..."</p> <p>10/10/15 1:40 P.M.: "...resident stated at this time he doesn't need a dressing change..."</p> <p>10/21/15 6:37 P.M. "SS spoke with (Resident B) when he returned from LOA. (Resident B) has been signing out of the building for extended periods of times...SS explained his therapy will be over on Friday and he will no longer have a skilled need to be here..."</p> <p>10/23/15 1:46 P.M.: "Unable to complete resident daily wound care...asked resident if he would allow wound care to be complete before he left stated (sic) he had to catch a bus..."</p> <p>10/25/15 11:55 A.M.: "Resident comes and goes from the facility during the day, which makes it hard to do any kind of dressing change for resident..."</p> <p>10/27/15 8:47 A.M.: "Resident offered to have dressing changed before appointment refused states wait until he gets back..."</p>		<p>the Administrator weekly until resolution. Note: The 2567 cited refusals not being care planned as a result of the care plan being written based on the results of the MDS assessments. Since the facility had documentation that indicated that the E0800 section of the MDSs cited on the survey were in fact coded correctly, the care plans were not lacking if based solely on the specific findings in the 2567. The facility does not dispute that the care plans should have addressed refusals, however based on the 2567 as it is written the care plans were not incorrect.</p>	

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NAME OF PROVIDER OR SUPPLIER  WESTPARK A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 N TIBBS AVE INDIANAPOLIS, IN 46222
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	<p>10/28/15 3:22 P.M.: "...resident was told by writer after lunch dressing change will be complete (sic) resident took it upon himself to leave building after lunch and hasn't been back..."</p> <p>Resident B's record contained no care plans to address the issues of leaving the facility for extended times, non compliance with ordered therapy, or non compliance with ordered dressing changes.</p> <p>2. The record of Resident C was reviewed on 12/14/15 at 1:15 P.M. Diagnoses, obtained from the December 2015 recapitulation of physician's orders, included, but were not limited to, congestive heart failure, chronic obstructive pulmonary disease, vertigo, anemia, hypertension, prostate cancer, and diabetes mellitus.</p> <p>A quarterly Minimum Data Set assessment dated 11/06/15 indicated Resident C had no cognitive deficits, had mood disorders including feeling down or depressed, trouble concentrating, and poor appetite, had no identified behaviors, requires staff assistance for activities of daily living, and was occasionally incontinent of bowel and bladder.</p>			

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	<p>Physician's orders for Resident C included, but were not limited to:</p> <p>10/02/15 "Furosemide (Lasix, a diuretic) 20 MG (milligrams) Give 1 tablet by mouth one time a day for CHF (congestive heart failure)."</p> <p>8/15/15 "Weigh Daily every day shift Notify MD if weight gain is (symbol for "greater than") 3 lbs (pounds) or (symbol for "greater than") 5 lbs in one week."</p> <p>Progress notes for Resident C indicated:</p> <p>9/26/15 2:26 P.M.: "Resident refused weight x (times) 3..."</p> <p>10/06/15 6:47 P.M.: "Resident requested to hold Lasix due to going out..."</p> <p>10/28/15 5:17 P.M.: "Resident refused medication (Lasix) X3..."</p> <p>10/31/15 5:16 P.M.: "Resident refused drug (Lasix)..."</p> <p>11/20/15 4:53 P.M.: "Resident refused medication (Lasix) x3..."</p> <p>11/21/15 5:54 P.M.: "Refused (Lasix) x3..."</p> <p>12/02/15 4:29 P.M.: "Resident refused</p>			

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	<p>medication (Lasix) x3..."</p> <p>12/06/15 8:54 P.M.: "Refused (Lasix) x3..."</p> <p>12/08/15 6:36 P.M.: "Resident refused (Lasix) x3..."</p> <p>Resident C's record contained no care plans for the issues of refusing daily weights or the refusal of ordered medications.</p> <p>3. The record of Resident D was reviewed on 12/14/15 at 2:30 P.M. Diagnoses, obtained from a recapitulation of physician's orders dated 12/04/15, included, but were not limited to, pneumonia, syncope and collapse, hypertension, anemia, osteoarthritis, and osteoporosis.</p> <p>A quarterly Minimum Data Set (M.D.S.) assessment dated 1/21/15 indicated Resident D had no cognitive impairment, had mood disorders including feeling down or depressed, had no recognized behaviors, did not ambulate, and required staff assistance with all activities of daily living.</p> <p>Physician's orders for Resident D included, but were not limited to:</p>			

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	<p>9/30/15 "Incentive spirometry (breathing treatment) 10 breaths 4 x a day."</p> <p>11/03/15 "Please get resident up in chair every morning every day shift for to (sic) increase pt (patient) activity out of bed."</p> <p>8/25/15 "Icy Hot (Menthol Topical Analgesic) Apply to bil (bilateral) knees/lower back topically three times a day for pain related to difficulty in walking."</p> <p>Progress notes for Resident D indicated:</p> <p>11/03/15 1:56 P.M.: "Resident states she didn't need any (Icy Hot) today."</p> <p>11/07/15 1:38 P.M.: "Resident has refused to get out of bed..."</p> <p>11/08/15 12:32 P.M.: "Resident stated she is to tiered (sic) to do (incentive spirometry)..."</p> <p>11/10/15 12:24 P.M.: "Resident state (sic) she didn't want to so I.S. (incentive spirometry) at this time..."</p> <p>11/17/15 1:09 P.M.: "Resident refuses Icy Hot..."</p> <p>11/18/15 12:27 P.M.: "Resident stated she didn't want any medication today..."</p>			

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	<p>11/20/15 11:42 A.M.: "Resident stated she doesn't feel up to doing her breathing exercise (incentive spirometry)..."</p> <p>11/21/15 1:56 P.M.: "Resident is refusing all care, resident states she is not feeling well enough to do I.S..."</p> <p>11/26/15 10:51 A.M.: "Resident stated she didn't want to do I.S. exercise..."</p> <p>Resident D's record contained no care plan for the issues of refusal of medications, breathing treatments, or getting out of bed as ordered by the physician.</p> <p>During an interview on 12/14/15 at 3:40 P.M., the Director of Nursing indicated there were no additional care plans for Residents B, C, or D.</p> <p>A facility document titled "Care Plans" dated 2/02/15 received from the Director of Nursing on 12/14/15 at 2:30 P.M., indicated:</p> <p>"Guidelines: It is the intent of the facility that each resident will have a plan of care to identify problems, needs, and strengths that will identify how the interdisciplinary team will provide care.</p>			

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	<p>Procedure:...A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment. All areas of concern will be addressed...For each problem, need or strength a resident centered goal is developed..."</p> <p>3.1-35(a) 3.1-35 (b)(1)</p>				