

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155630	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/31/2013
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NAME OF PROVIDER OR SUPPLIER  FLATROCK RIVER LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 904 E 11TH ST RUSHVILLE, IN 46173
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Dates of survey: October 23, 24, 25, 28, 29, 30, &amp; 31 2013</p> <p>Facility number: 001126 Provider number: 155630 AIM number: 200011300</p> <p>Survey team: Angel Tomlinson RN Barbara Gray RN Leslie Parrett RN</p> <p>Census bed type: SNF/NF: 50 Residential: 6 Total: 56</p> <p>Census payor type: Medicare: 3 Medicaid: 42 Other: 11 Total: 56</p> <p>Residential sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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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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	Quality review completed on 11/07/13 by Suzanne Williams, RN				

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F000157 SS=D	<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> <p>Based on observation, interview and record review, the facility failed to notify the physician of new pressure ulcers for 1 of 2 residents reviewed for pressure ulcers of 2 who met the</p>	F000157	The facility does notify the physician and family or residents that acquire pressure ulcers at the facility. Treatment orders for resident #40 was received on 10-23-13. The resident and	11/30/2013	

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	<p>criteria for pressure ulcers (Resident #40).</p> <p>Findings include:</p> <p>1.) The record of Resident #40 was reviewed on 10-23-13 at 12:51 p.m. A "skin problem" note dated 9-18-13 at 9:47 a.m. indicated the resident's pressure area to the right hip remains healed for the last four weeks. Nurses will continue to assess the resident's skin during weekly skin assessments. The wound nurse no longer would follow unless a new skin area arises. The documentation indicated no skin assessments since 9-18-13.</p> <p>Interview with the Director Of Nursing (DON) on 10-23-13 at 1:15 p.m. indicated Resident #40 had a pressure ulcer on his right hip area that healed on 8-29-13. The DON indicated the floor nurses were responsible to do the weekly skin assessments. The DON indicated the nurses were aware of which residents they were responsible to do by a paper kept on a clip board at the nursing station with what shift is responsible for which room and what day the skin assessment is due. The DON indicated there was no documented skin assessments on Resident #40 since 9-18-13.</p>		<p>residents POA received notification of the change in MD orders on 10-23-13. The facility DON or designee will review medical records of all current residents to ensue all notifications are documented. Licensed nursing staff and the ID team shall be in serviced on notification requirements. The DON or designee shall monitor for compliance by confucting chart audits weekly for 8 weeks then monthly for 4 months to ensure continued compliance Negative findings will be reported to the Quarlity Assurance performance Improvement (QAPI) Committee. Completion by 9-30-13</p>				

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	<p>During observation on 10-23-13 at 1:25 p.m. with the DON and the Wound Nurse, Resident #40 had a dressing on his right hip dated 10-22-13, with Qualified Medication Assistant (QMA) #1's name on the dressing. The DON removed the dressing and there was pink drainage on it. The DON indicated the dressing appeared to be a polymem (wound dressing treatment). The resident had a pink area on his right hip with two pink open areas in the middle. The DON indicated she was not aware of the resident's pressure ulcer on his right hip. The resident had a small pink, yellow and brown scabbed area on his left hip. Interview with the Wound Nurse at this time indicated QMA #1 had reported the areas on the resident's right hip to her on 10-22-13, but the area on his left hip was a new area. The Wound Nurse indicated she had QMA #1 put polymem dressing on the right hip, because it was the treatment used for this resident in the past and it worked well to heal his last pressure ulcer. The Wound Nurse indicated she had not notified the physician of the pressure ulcer on the right hip, had not assessed the areas on the right hip and did not document the pressure ulcers on the right hip.</p>			
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	<p>The skin problem note for Resident #40, dated 10-23-13 at 2:42 p.m., indicated the resident had a pressure ulcer to the right hip, upper, full thickness stage III measuring 0.5 centimeters (cm) by 0.5 cm by 0.4 cm by &lt; 0.1 cm. The areas had no undermining or tunneling. The area had scant amount of serous drainage. The wound bed had 100% loosely adherent slough tissue present. The resident states the area was tender. The resident had a pressure ulcer to the right hip, lower, full thickness stage III measuring 0.3 cm by 0.5 cm by &lt; 0.1 cm. The area had 100% loosely adherent slough tissue present. The resident had a pressure ulcer to the left hip full thickness stage III measuring 0.4 cm by 0.3 cm by &lt; 0.1 cm. The area had a scant amount of serous drainage. The wound bed had 50% loose yellow tissue and 50% eschar tissue. The current treatment to all the areas was poly mem.</p> <p>Review of the record of Resident #40 on 10-25-13 at 10:10 a.m. indicated the resident's diagnoses included, but were not limited to, diabetes, respiratory failure, dementia with delusions and behavioral disturbance, congestive heart failure, depression</p>			

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	<p>and coronary artery disease.</p> <p>The physician order for Resident #40 dated 10-23-13 indicated the resident was ordered poly mem dressing to the open areas on left and right hip and change every three days.</p> <p>Interview with QMA #1 on 10-28-13 at 11:00 a.m. indicated on 10-22-13 during Resident #40's shower a CNA found the area on the resident's right hip and reported it to her. QMA #1 indicated she reported the area to the Wound Nurse. QMA #1 indicated the area was found before breakfast on 10-22-13 when the resident received his shower.</p> <p>The physician notification/consultation parameters provided by the DON on 10-28-13 at 11:10 a.m. indicated immediate physician notification and consultation was required when there was a stage III or IV pressure ulcer receiving no treatment or new complication.</p> <p>3.1-5(a)(2)</p>			

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS 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 interview and record review, the facility failed to develop a plan of care with individualized interventions to treat 1 resident's depression, of 13 residents reviewed for care plans. (Resident #58)</p> <p>Findings include:</p> <p>Resident #58's record was reviewed on 10/25/13 at 11:42 A.M. Diagnoses included, but were not limited to, depression, lower extremity muscle spasticity, and weakness.</p>	F000279	The facility does develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a residents medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. Resident #58 Care plan was reviewed to insure it included a plan of car with individualized interventions to treat depression. The Social Service Designee will review all resident care plans to assure all residents with sign of depression have individualized interventions and assure measurable	11/30/2013			

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	<p>Resident #58's significant change Minimum Data Set (MDS) assessment dated 8/21/13, indicated the following: He scored 15 on his Brief Interview for Mental Status (BIMS) exam, indicating he was cognitively intact. He was understood and was able to understand others. He required extensive assistance of 2 persons for bed mobility, transfers, and toileting. He required extensive assistance of 1 person for dressing and personal hygiene. He had functional limitation in his range of motion to his bilateral lower extremities. He had a history of falls and he did not walk.</p> <p>Resident #58's October, 2013, physician recapitulation order indicated the following anti-depressant medication orders: 4/17/13-He would receive elavil 50 milligrams (mg) daily at bedtime for depression/insomnia. 9/5/12-He would receive lexapro 10 mg daily for depression.</p> <p>Social Service notes for Resident #58 indicated the following: 8/20/13 at 12:07 P.M.-Resident #58 had been denied on his pre-authorization for aquatic therapy. Resident #58 was aware of the denial. 8/21/13 at 3:02 P.M.-Resident #58 indicated he felt</p>		<p>objectives and timetables are present. This will be done weekly for 8 weeks then monthly for four months. Any negative findings will be reorted to QAPI Committee completion by 11-30-13</p>	

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	<p>bad that he was unable to do aquatic therapy. 8/21/13 at 4:39 P.M.-Social Services was notified that Resident #58's annual MDS was changed to a significant change MDS because he had weight gain, weaker legs, and was incontinent of urine.</p> <p>A Psychoactive Medication Assessment for Resident #58 dated 8/30/13 at 2:00 P.M., indicated the following: He had been requiring more assistance with his care due to his leg muscle weakness and spasticity. He also had weight gain. His elavil had been increased to 50 mg daily on 4/17/13 by a neurologist. He was followed by the facility physician.</p> <p>A Pharmacist Medication Regimen Review for Resident #58 dated 9/27/13, indicated the following: Resident #58 was due for consideration of a dose reduction for his elavil and lexapro. It might be appropriate to reduce his elavil to 25 mg at bedtime. On 10/8/13 the physician declined the recommendation. He indicated the resident had traumatic cord injury.</p> <p>A Care Plan for Resident #58 indicated the following: Problem-Resident #58 had the</p>						

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	<p>potential for adverse medication side effects related to anti-depressant use. Goal-He would receive the lowest dose possible to control symptoms and be monitored daily for possible adverse reactions. Approach-The nurses would monitor him for any adverse drug reactions daily, document any findings, and notify the physician. He would receive a routine pharmacy drug review and as needed. A dose reduction would be requested bi-annually, unless contraindicated. His physician and family would be informed of any changes. The nurse aides would report unusual behavior, changes in condition, or changes in appetite.</p> <p>On 10/29/13 at 11:27 A.M., the Director of Nursing (DoN) indicated Resident #58 was seen by a Neurologist and the facility physician. She indicated Resident #58 did not receive any psych services. She indicated their was no other plan of care available with individualized interventions related to treating his depression except medication monitoring.</p> <p>On 10/30/13 at 1:30 P.M., Resident #58 indicated his medical condition caused him to be depressed at times and he thought he would be walking</p>				

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	<p>by now. He indicated he wasn't walking due to his spinal condition and his leg muscle spasms. He indicated he was still hopeful he would eventually be able to participate in aquatic therapy. He indicated he was unable to determine if his anti-depressant medications helped him or not.</p> <p>On 10/30/13 at 2:23 P.M., the Social Service Director provided an updated Care Plan for Resident #58. She indicated the goals were updated on 10/29/13. The care plan goals updated on 10/29/13, indicated the following: He would have no crying, furrowed brow, or signs and symptoms depression through his next review. He would vent his feelings of frustration of health issues as he felt through his next review. The Social Service Director indicated no other interventions were documented related to treating his depression.</p> <p>3.1-35(a) 3.1-35(b)(2)</p>				

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to provide treatment to a pressure ulcer by a qualified person for a resident with a history of pressure ulcers for 1 of 2 residents reviewed for pressure ulcers of 2 who met the criteria for pressure ulcers ( Resident #40).</p> <p>Finding include:</p> <p>1.) During observation on 10-23-13 at 1:25 p.m. with the DON and the Wound Nurse, Resident #40 had a dressing on his right hip dated 10-22-13 with Qualified Medication Assistant (QMA) #1's name on the dressing. The DON removed the dressing and there was pink drainage on it. The DON indicated the dressing appeared to be a polymem (wound dressing treatment). The resident had a pink area on his right hip with two pink open areas in the middle. The DON indicated she was not aware of the resident's pressure ulcer on his right hip. The resident had a small pink, yellow and brown scabbed area on his left hip. Interview with the</p>	F000282	<p>The facility does provide services by qualified persons in accordance with each resident's written plan of care. New orders were received on 10-23-13 for resident #40 and Facility Skin Care Policy was followed by qualified wound nurse. QMA 1 (CNA) and wound nurse were counseled for policy violations. All nursing staff will be inserviced on scope of practice parameters. DON to check treatment sheets once a week times 8 weeks then monthly x 4 mo. to make sure all treatments are being completed by qualified staff members. All findings will be reported to the facility QAPI Committee. Completion by 11-30-13</p>	11/30/2013	

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	<p>Wound Nurse at this time indicated QMA #1 had reported the areas on the resident's right hip to her on 10-22-13, but the area on his left hip was a new area. The Wound Nurse indicated she had QMA #1 put polymem dressing on the right hip because it was the treatment used for this resident in the past and it worked well to heal his last pressure ulcer. The Wound Nurse indicated she had not notified the physician of the pressure ulcer on the right hip, had not assessed the areas on the right hip and did not document the pressure ulcers on the right hip.</p> <p>The skin problem noted for Resident #40 dated 10-23-13 at 2:42 p.m. indicated the resident had a pressure ulcer to the right hip upper full thickness stage III measuring 0.5 centimeters (cm) by 0.5 cm by 0.4 cm by &lt; 0.1 cm. The areas had no undermining or tunneling. The area had scant amount of serous drainage. The wound bed had 100% loosely adherent slough tissue present. The resident states the area was tender. The resident had a pressure ulcer to the right hip lower full thickness stage III measuring 0.3 cm by 0.5 cm by &lt; 0.1 cm. The area had 100% loosely adherent slough tissue present. The resident had a pressure ulcer to the</p>			

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	<p>left hip full thickness stage III measuring 0.4 cm by 0.3 cm by &lt; 0.1 cm. The area had a scant amount of serous drainage. The wound bed had 50% loose yellow tissue and 50% eschar tissue. The current treatment to all the areas were poly mem.</p> <p>Review of the record of Resident #40 on 10-25-13 at 10:10 a.m. indicated the resident's diagnoses included, but were not limited to, diabetes, respiratory failure, dementia with delusions and behavioral disturbance, congestive heart failure, depression and coronary artery disease.</p> <p>Interview with QMA #1 on 10-28-13 at 11:00 a.m. indicated on 10-22-13 during Resident #40's shower a CNA found the area on the resident's right hip and reported it to her. QMA #1 indicated she reported the area to the Wound Nurse. QMA #1 was unable to describe what the area on the resident's right hip looked like. QMA #1 indicated Resident #40 was still wet from his shower and the Wound Nurse requested when the resident was dry that she put on a poly mem dressing to the resident's right hip. QMA #1 indicated the facility does not allow QMAs to do treatments on pressure ulcers. QMA #1 indicated she did not know the</p>				

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	<p>area was a stage two or three pressure ulcer therefore she put the poly mem dressing on the resident. QMA #1 indicated the area was found before breakfast on 10-22-13 when the resident received his shower.</p> <p>Interview with the Administrator and DON on 10-28-13 at 11:50 a.m. indicated the facility was doing an investigation on the incident with Resident #40 related to the pressure ulcers. The Administrator indicated it was not the facility policy for QMAs to do treatments on pressure ulcers. The Administrator indicated on 10-22-13 the shower aide found the area on the resident and reported it to QMA #1. The Administrator indicated the shower aide and the QMA decided they should report the area to the Wound Nurse. The Administrator indicated she did not know if the Wound Nurse did an assessment on the resident's areas. The Administrator indicated the Wound Nurse took poly mem to the shower and the resident was too wet to put the dressing on so the Wound Nurse gave it to QMA #1 to put it on the resident when he was dry.</p> <p>The Indiana Administrative Code indicated the scope of practice for QMAs included, but was not limited</p>				

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	<p>to, apply topical medication to minor skin conditions such a stage one decubitus ulcer.</p> <p>The facility job description for a QMA provided by the DON on 10-28-13 at 10:25 a.m. indicated the essential duties and responsibilities included, but were not limited to, complies with all federal, state, local and facility regulations and procedures.</p> <p>3.1-35(g)(2)</p>				

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F000314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview and record review, the facility failed to do weekly skin assessments and provide treatment to a pressure ulcer by a qualified person for a resident with a history of pressure ulcers for 1 of 2 residents reviewed for pressure ulcers of 2 who met the criteria for pressure ulcers (Resident #40).</p> <p>Findings include:</p> <p>1.) The record of Resident #40 was reviewed on 10-23-13 at 12:51 p.m. A "skin problem" note dated 9-18-13 at 9:47 a.m. indicated the resident's pressure area to the right hip remains healed for the last four weeks. Nurses will continue to assess the resident's skin during weekly skin assessments. The wound nurse no longer would follow unless a new skin area arises. The documentation indicated no skin</p>	F000314	The facility does ensure that a resident who enters the facility without pressure sores does not develop pressure ores unless the individual's clinical condition demonstrates that they were unavoidable and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. Facility does follow facility skin Care Management policy and provides treatment to a pressure ulcer by a qualified person. On 10-23-13, resident #40 was reassessed. The careplan was updated to reflect all current skin conditions. On 10-24-13 skin assessments were conducted on all residents to assure skin integrity and current treatments. On 10-24 all licensed nurses were inserviced on Facility Skin Care management policy. All CNA's and nursing staff will be retrained to	11/30/2013			

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	<p>assessments since 9-18-13.</p> <p>Interview with the Director Of Nursing (DON) on 10-23-13 at 1:15 p.m. indicated Resident #40 had a pressure ulcer on his right hip area that healed on 8-29-13. The DON indicated the floor nurses were responsible to do the weekly skin assessments. The DON indicated the nurses were aware of which residents they were responsible to do by a paper kept on a clip board at the nursing station with what shift is responsible for which room and what day the skin assessment is due. The DON indicated there was no documented skin assessments on Resident #40 since 9-18-13.</p> <p>During observation on 10-23-13 at 1:25 p.m. with the DON and the Wound Nurse, Resident #40 had a dressing on his right hip dated 10-22-13, with Qualified Medication Assistant (QMA) #1's name on the dressing. The DON removed the dressing and there was pink drainage on it. The DON indicated the dressing appeared to be a polymem (wound dressing treatment). The resident had a pink area on his right hip with two pink open areas in the middle. The DON indicated she was not aware of the resident's pressure ulcer on his</p>		<p>identify,report,document and assess newly identified skin conditions per policy. The DON shall conduct weekly skin rounds for eight weeks to ensure all areas have documented assessments in place.Any negative findings will be reported to QAPI Comittee.Compleitin by 11-30-13</p>		

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	<p>right hip. The resident had a small pink, yellow and brown scabbed area on his left hip. Interview with the Wound Nurse at this time indicated QMA #1 had reported the areas on the resident's right hip to her on 10-22-13, but the area on his left hip was a new area. The Wound Nurse indicated she had QMA #1 put polymem dressing on the right hip, because it was the treatment used for this resident in the past and it worked well to heal his last pressure ulcer. The Wound Nurse indicated she had not notified the physician of the pressure ulcer on the right hip, had not assessed the areas on the right hip and did not document the pressure ulcers on the right hip.</p> <p>The skin problem note for Resident #40, dated 10-23-13 at 2:42 p.m., indicated the resident had a pressure ulcer to the right hip, upper, full thickness stage III measuring 0.5 centimeters (cm) by 0.5 cm by 0.4 cm by &lt; 0.1 cm. The areas had no undermining or tunneling. The area had scant amount of serous drainage. The wound bed had 100% loosely adherent slough tissue present. The resident states the area was tender. The resident had a pressure ulcer to the right hip, lower, full thickness stage III measuring 0.3 cm by 0.5 cm</p>			

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	<p>by &lt; 0.1 cm. The area had 100% loosely adherent slough tissue present. The resident had a pressure ulcer to the left hip full thickness stage III measuring 0.4 cm by 0.3 cm by &lt; 0.1 cm. The area had a scant amount of serous drainage. The wound bed had 50% loose yellow tissue and 50% eschar tissue. The current treatment to all the areas was poly mem.</p> <p>Review of the record of Resident #40 on 10-25-13 at 10:10 a.m. indicated the resident's diagnoses included, but were not limited to, diabetes, respiratory failure, dementia with delusions and behavioral disturbance, congestive heart failure, depression and coronary artery disease.</p> <p>The quarterly Minimum Data Set (MDS) assessment for Resident #40 dated 10-10-13 indicated the resident was at risk of developing a pressure ulcer.</p> <p>The weekly skin assessment assignment sheet indicated Resident #40 was supposed to have weekly skin assessments done on Mondays by the evening shift nurse.</p> <p>The physician order for Resident #40 dated 10-23-13 indicated the resident</p>				

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	<p>was ordered poly mem dressing to the open areas on left and right hip and change every three days.</p> <p>The Braden scale for predicting pressure sore risk for Resident #40 dated 10-29-13 indicated the resident's score was 16. A score of 16 or less indicated the resident was at risk of developing a pressure ulcer.</p> <p>Interview with QMA #1 on 10-28-13 at 11:00 a.m. indicated on 10-22-13 during Resident #40's shower a CNA found the area on the resident's right hip and reported it to her. QMA #1 indicated she reported the area to the Wound Nurse. QMA #1 was unable to describe what the area on the resident's right hip looked like. QMA #1 indicated Resident #40 was still wet from his shower and the Wound Nurse requested when the resident was dry that she put on a poly mem dressing to the resident's right hip. QMA #1 indicated the facility does not allow QMAs to do treatments on pressure ulcers. QMA #1 indicated she did not know the area was a stage two or three pressure ulcer therefore she put the poly mem dressing on the resident. QMA #1 indicated the area was found before breakfast on 10-22-13 when the resident received his shower.</p>						

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	<p>The skin management policy provided by the Administrator on 10-25-13 at 11:25 a.m. indicated the policy was to provide skin care to residents that included assessment, prevention of skin breakdown and management of pressure ulcers and other skin integrity.</p> <p>3.1-40(a)(2)</p>			

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F000323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to follow the manufacturer's guidelines to prevent accidents and transfer a resident safely using an electric lift, for 1 of 6 transfer observations. (Resident #6)</p> <p>Findings include:</p> <p>On 10/25/13 at 1:12 P.M., CNA/QMA #2 and CNA #3 were observed transferring Resident #6 with the use of a Electric Invacare Lift. CNA/QMA #2 locked the rear wheel castors on the Invacare Lift before lifting him out of his wheelchair. After he was lifted, she unlocked the rear wheel castors and maneuvered the Invacare Lift legs under his bed. She locked the rear wheel castors on the Invacare Lift before lowering him onto his bed. CNA/QMA #2 indicated she had locked the rear wheel castors on Invacare Lift before lifting him out of his wheelchair and before lowering him onto his bed.</p>	F000323	The facility does ensure that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. The nursing staff involved in the transfer of resident #6 was immediately re educated on the operating instructions for transferring residents with the Invacare lift. All nursing staff will be inserviced on the operating instruction for transferring residents with the lift. The DON will monitor CNA compliance for transferring residents with the lift. This will be done weekly for eight weeks, then monthly for four months. Any negative findings will be reported to QAPI Comittee Completion by 11-30-13	11/30/2013

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	<p>Resident #6's record was reviewed on 10/28/13 at 10:07 A.M. Diagnoses included but were not limited to, dementia and spinal stenosis.</p> <p>Resident #6's quarterly Minimum Data Set (MDS) assessment dated 7/24/13, indicated the following: Resident # 6 was understood and had the ability to understand others. He scored 5 on his Brief Interview for Mental Status (BIMS) exam, indicating he was severely impaired for daily decision making. He required extensive assistance of 2 for bed mobility. He required total assistance of 2 for transfers. He did not walk.</p> <p>A Care Plan for Resident #6 indicated the following: Problem-Resident #6 was at risk for falls and was unable to transfer himself. Goal-He would have his needs met daily by staff. Interventions included but were not limited to-the nurses would reassure him staff would assist him with all his needs. The nurse aides would transfer him with the use of a hoyer lift.</p> <p>The Electric Invacare Lift owner's installation and operating instructions were provided by the Director of Nursing (DoN) on 10/31/13 at 12:03</p>				

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	<p>P.M. Page 9 of the Invacare manual stated the following: "WARNING-Invacare does not recommend locking of the rear casters of the patient lift when lifting an individual. Doing so could cause the lift to tip and endanger the patient and assistants. Invacare DOES recommend that the rear casters be left UNLOCKED during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair or bed or any stationary object." Page 12 of the Invacare manual stated the following: "NOTE: DO NOT engage the rear locking casters when patient is in the lift."  3.1-45(a)(2)</p>				

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F000356 SS=C	<p><b>483.30(e) POSTED NURSE STAFFING INFORMATION</b></p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview, and record review, the facility failed to post nurse staffing information accessible to the public for 1 of 7 survey days, with the potential to affect all residents and their visitors.</p>	F000356	The facility does post the Nursing Staffing information on a daily basis. Facility will post the nurse staffing data on a daily basis at the beginning of each shift. Administrator or designee shall monitor for compliance by	11/30/2013

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	<p>Findings include:</p> <p>On 10/23/13 at 9:38 A.M., the nurse staffing information was observed hanging on the wall close to the facility entrance. The last nurse staffing information was dated 10/21/13. The Administrator indicated the Director of Nursing (DoN) usually took care of the nurse staffing information. The Administrator indicated the DoN was not in the facility at that time.</p> <p>On 10/23/13 at 9:48 A.M., the wound nurse indicated the (DoN) took care of the daily nurse staffing information. When the DoN was not present it would be the covering nurses's responsibility.</p> <p>On 10/23/13 at 10:01 A.M., the Administrator indicated RN#4 was currently filling out the nurse staffing information for that day. She indicated the last nurse staffing information posted on the wall and accessible to the public was dated 10/21/13.</p> <p>On 10/23/13 at 10:15 A.M., the DoN provided the nurse staffing information for that day. She indicated the nurse staffing</p>		<p>conducting audits daily for 3 weeks the weekly for 3 months to ensure continued compliance. Negative findings will be reported to the QAPI committee completion by 11-30-13</p>		

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	<p>information for 10/22/13, and 10/23/13, was at the nurses station. She indicated the nurses filled out the nurse staffing information. She indicated sometimes the nurses placed it on the wall accessible to the public and sometimes they didn't. She indicated when she came in she would place it on the wall accessible to the public.</p> <p>3.1-13(a)</p>				