

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155474	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/19/2013
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NAME OF PROVIDER OR SUPPLIER  KINDRED NURSING AND REHABILITATION-BREMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 316 WOODIES LN BREMEN, IN 46506
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 14, 15, 16, 17, 18 and 19, 2013</p> <p>Facility number: 000506 Provider number: 155474 AIM number: 100266530</p> <p>Survey team: Lora Swanson, RN-TC Julie Wagoner, RN Tim Long, RN (7/17, 7/18, 2013) Shauna Carlson, RN (7/17, 7/18, 7/19, 2013) Deb Kammeyer, RN (7/14, 7/15, 7/16, 7/17, 7/18, 2013)</p> <p>Census bed type: SNF/NF: 94 Total: 94</p> <p>Census payor type: Medicare: 7 Medicaid: 59 Other: 28 Total: 94</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000	Please accept this Plan of Correction as the Credible Allegation for survey conducted 7/19/13. Submission of this plan of correction is not an admission by Kindred Nursing and Rehabilitation - Bremen that the deficiencies alleged in the survey are accurate or depict the quality of nursing care and services provided the residents of this health care facility. This plan of correction is submitted timely in accordance with State and Federal Regulatory Guidelines.	

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 July 26, 2013, by Brenda Meredith, R.N.				

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F000241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, record review and interviews, the facility to ensure 2 residents dignity was maintained during dining. (Residents # 44 and 36) In addition, the facility failed to ensure 2 additional residents dignity was maintained during personal care. (Residents #66 and #58)</p> <p>Findings include:</p> <p>1. On 07/14/13 at 4:36 PM, the bed belonging to Resident #66 was observed to have a wet, yellow spot on the sheet. Resident #66 was observed being assisted from the bathroom with CNA #14. The back of Resident #66's black pants were noted to be wet. The CNA had a clear plastic trash bag in her hands. She instructed the resident to get back into her bed, and covered the resident up with a quilted bedspread. CNA #14 was then noted to leave the room, throw trash from the bathroom away and go to take her supper break. Prior to instructing Resident #66 to get back into her bed, CNA</p>	F000241	<p>It is the practice of this facility to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This facility respectfully requests a desk review for paper compliance for this citation. CORRECTIVE ACTIONS: 1. C.N.A #14 educated related to proper procedure for providing care to a resident following an incontinenet episode including changing all soiled clothing and linens. 2. C.N.A Assignment sheets were updated for Residents #36 &amp; 44 to ensure proper instruction of staff related to feeding assistance required to include proper positioning of residents during meals. 3. Staff involved in this incident (RA #7 &amp; RA #8) received individualized education related to proper draping of residents while being transferred to shower area. 4. Residents #36, 44, 58, &amp; 66 have received social service follow-up to ensure psychosocial well-being related to dignity breaches. HOW OTHERS IDENTIFIED: All residents who require assistance</p>	08/18/2013			

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	<p><b>#14 did not change the wet sheets.</b></p> <p>At 6:40 P.M., Resident #66 was observed in the South Dining room eating her evening meal. She was noted to be wearing the same black pants. Resident #66's bed was noted, and a clean draw sheet had been placed on top of the resident's fitted sheet. However, once the draw sheet was lifted, the underneath fitted sheet was still noted to be wet with a large yellow stain.</p> <p>The clinical record for Resident #66 was reviewed on 07/18/13 at 10:00 A.M. Resident #66 was admitted to the facility, on 01/20/12, with diagnosis, including but not limited to, depressive episode, suicidal ideation, dementia, diabetes, constipation and hyperlipidemia.</p> <p>Interview with Resident #66 on 07/18/13 at 1:30 P.M. indicated she did not recall any issues with a lack of care or staff not changing her bed linens. She indicated she did not recall Sunday evening (07/15/13) at all or who had taken care of her.</p> <p>2. During observation of the evening meal, on 07/14/13 at 6:00 P.M., in the Main Dining room, Resident #44's reclining geri chair was noted to not fit</p>		<p>with incontinence care, feeding assistance, showering, and positioning for meals have the potential to be affected. DNS and/or designee will conduct an audit of care plans to ensure that C.N.A. assignment sheets contain the appropriate care information for the above areas related to resident dignity.</p> <p>PREVENTATIVE MEASURES:</p> <p>1. Nurse staff educated on providing proper assistance to residents per their C.N.A. assignment sheets to ensure resident dignity. 2. ED/designee will conduct main dining room monitoring to ensure that residents are receiving the required assistance with feeding needs. Monitoring will occur 3 times weekly for 30 days; then weekly for 4 weeks; then monitoring of meals will be done randomly on a monthly basis for 4 months. 3. DNS and/or designee will monitor resident care through random checks of 10 residents to ensure dignity is being provided in the areas of incontinence care, feeding assistance, showering, provision of proper positioning during meals. Monitoring will occur weekly for 4 weeks; then every 2 weeks for 4 weeks; then monitoring will be done randomly on a monthly basis for 4 months.</p> <p>MONITORING: All findings from the monitoring will be submitted to the PI committee for review and recommendations monthly</p>		

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	<p>underneath the dining table. The resident was seated in front of the table and was noted to be struggling to reach her food to feed herself.</p> <p>On 07/17/13, during observation of the noon meal, Resident #44 was served her meal tray, which was uncovered and set up for her at 11:50 A.M. The resident was noted to have her head down and her eyes closed from 11:50 A.M. - 12:00 P.M. At 12:00 P.M., a nursing staff member verbally cued the resident to wake up and eat. At 12:03 P.M., when Resident #44 still was noted to be sleeping, a nursing staff member sat and started to feed Resident #44.</p> <p>The clinical record for Resident #44 was reviewed on 07/17/13 at 2:20 P.M. Resident #44 was admitted to the facility on 08/01/08, with diagnosis, including but not limited to, diabetes, colitis, depression, hypertension, bipolar disorder, history of cerebral vascular accident, glaucoma, anemia and osteoarthritis.</p> <p>The most recent MDS (Minimum Data Set) assessment, completed for an annual review on 05/30/13, indicated Resident #44 required staff assistance to eat, and was totally dependent on staff for wheelchair</p>		for 6 months. Any deficient practice will be addressed through staff education, in-servicing, and/or counseling.				

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	<p>mobility.</p> <p>The current care plans for Nutrition at risk, updated on 05/21/13, included interventions to provide feeding/dining assistance as needed, and to allow sufficient time to eat. The care plan related to Cognitive loss included interventions to provide cues, prompting, demonstration if resident is unable to complete a task independently. The care plan related to the resident's risk for weight loss, updated 07/05/12, included interventions to set up meal tray, prepare food for resident i.e. cut meat, butter bread, remove wrappers. The care plan related to Activities of Daily living, updated on 05/16/13, indicated the resident required extensive assist and total dependence. The care plan related to dehydration, updated 05/16/13, included interventions to provide feeding/dining assistance.</p> <p>3. During the observation of the evening meal, conducted on 07/14/13 between 6:00 P.M. - 6:40 P.M., Resident #36 was observed feeding herself. There were no staff sitting at the table to assist her or to cue her. Resident #36 was observed to put her garlic bread in her coffee, then she was noted to eat some of her</p>				

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	<p>paper napkin. She was also noted to eat her beef macaroni casserole with her fingers with no staff interventions. She was then noted to lick her fingers repeatedly and exclaim "oh ---!." No staff were noted to respond to her eating issues or her verbalizations. At 6:26 P.M., Resident #36 was again noted to be licking her wet paper napkin and eating food off of the table and her plate with her fingers. She then picked up a small bowl of mixed vegetables and spilt the juice from the vegetables into her lap.</p> <p>The clinical record for Resident #36 was reviewed on 07/18/13 at 10:30 A.M. Resident #36 had diagnosis, including but not limited to, dementia, anxiety, depression and hypertension. The most recent MDS assessment, completed on 04/17/13, indicated the resident was severely cognitively impaired, and required extensive staff assistance for eating needs.</p> <p>The current health care plan for Resident #36, regarding nutritional needs, updated on 07/12/13, indicated the resident had experience a decrease in self feeding skills and was to be provided feeding/dining assistance as needed. A plan related to Activities of daily living, updated on 05/16/13, indicated the resident</p>				

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	<p>required extensive assistance to total dependence for those activities which included eating.</p> <p>4. During an observation on 7-15-13 at 2:50 P.M. Resident #58 was observed going down the hallway in a shower chair assisted by Resident Assistant (RA) #7 and RA#8. The resident was not fully covered by the bath blanket,, and his left side was exposed. Three residents were sitting in the hallway and able to visualize the resident.</p> <p>During an interview on 7-17-13 at 10:20 A.M., the DON (Director of Nursing)indicated the resident assistants are to provide for privacy while transferring a resident from their room to the shower room.</p> <p>On 7-17-13 at 10:25 A.M., a review of a policy titled "Shower", dated 8-31-13, indicated to place resident in shower chair and drape with bath blanket "...provide privacy...."</p> <p>3.1-3(t)</p>			

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F000248 SS=E	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, record review and interviews, the facility failed to ensure scheduled activities for the North and South unit occurred and/or were supervised and facilitated by staff. In addition, the facility failed to ensure there were consistent activities provided for 15 of 15 residents on the secured dementia unit. Finally, the facility failed to implement individualized activities for 1 of 1 residents in a sample of 40 reviewed who had severe cognitive and mobility issues. (Resident #27)</p> <p>Findings include:</p> <p>1. Upon entrance to the facility, on Sunday, 07/14/13, at 3:00 P.M., several residents were noted to be in an activity in the main dining room. The residents were noted to be singing religious songs. The activity ended shortly after 3:00 P.M. and residents were noted to be assisted from the dining room to the nursing units. At 4:00 P.M., Wii games was</p>	F000248	<p>It is the practice of this facility to provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interstes and the physical, mental, and psychosocial well-being of each resident. This facility respectfully requests a desk review for paper compliance for this citation. CORRECTIVE ACTION: Resident #27's televisiton has been relocated to accomodate her deficits per her care plan. HOW OTHERS IDENTIFIED: All residents who participate in activity programming on the north unit, the south unit, and the dementai unit have the potential to be affected. 1. Activity programs have been audited and updated to ensure attendance reflects interest of residents. 2. Weekend activity programming has been audited and updated to include programming that is appropriate for alert and oriented as well as cognitively impaired residents. PREVENTATIVE MEASURES: 1. Activity Calendar has been updated to designate which department is responsible for</p>	08/18/2013	

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	<p>scheduled, however, observation of both dining rooms, and the North and South resident lounge indicated there was no activity noted to have occurred.</p> <p>Interview with alert and oriented Resident #59, on 07/16/13 at 9:40 A.M., indicated there were not many activities occurring on the weekends.</p> <p>Review of the activity calendar for the most recent Saturday and Sunday, July 13 and 14, 2013 indicated there were 3 activities scheduled for Saturday and 5 activities scheduled for Sunday, July 15. One of the Sunday activities, scheduled for 8:30 A.M., would have occurred during the breakfast meal for those residents who ate in the South Dining room.</p> <p>Review of the activity schedule for 07/15/13, indicated the following activities were on the calendar: "8 - 9:30 A.M. - T.V./Aviary N/S (north and south resident lounges), 9:45 A.M. - 11:45 A.M. - Mod squad, 10:15 A.M. - table games, 12:00 P.M. - Who am I in SD (south dining room), 1:30 P.M. - bird bathe, 1:45 P.M. - card club SD, 2:00 P.M. - sensory group North lounge, 2:30 P.M. - coffee/news, 3:30 P.M., - harp with Anna Main dining room, and 4:30 P.M - Comedy hour in</p>		<p>performing specific activities. 2. Nursing and activity staff have been educated on activity attendance for residents per individualized Care Plans, activity programming for the Reflections Unit, and proper documentation of attendance for activity programming. 3. Activity staff have been educated on following the activity calendar per scheduled times and locations. 4. Activity Director and/or designee will audit 5 activity programs to ensure occurrence per calendar. Monitoring will occur weekly for 4 weeks; then every 2 weeks for 4 weeks; then monitoring of meals will be done randomly on a monthly basis for 4 months. MONITORING: All findings from the monitoring will be submitted to the PI committee for review and recommendations monthly for 6 months. Any deficient practice will be addressed through staff education, in-servicing, and/or counseling.</p>		

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	<p>north and south resident lounge."</p> <p>There was no specific activity noted in the north or south lounge from 8:30 - 9:30 A.M. The television was turned on but there was no specific programming noted to have occurred. The Aviary was located near the front door and there was no special activity noted to have facilitated for any staff around the aviary. On the dry erase board denoting activities at 1:30 P.M. was "Bird Bath." However, on 07/15/13 at 1:30 P.M., there were no residents and staff noted to be gathered for any activities. At 1:40 P.M., the aviary was noted and there were no residents, equipment, or any evidence of a "Bird Bathe" activity. At 1:50 P.M. on 07/15/13, there was no card club or sensory group noted to have occurred in any dining, activity, or resident lounge. At 07/15/13 from 2:00 P.M. - 2:20 P.M., residents were noted to have gathered in the south dining room to play cards. There was still no sensory stimulation group noted to have occurred in any other dining room, activity room, or resident lounge. At 2:50 P.M., there were 10 residents in the activity room gathered for coffee and news.</p> <p>The activity calendar for 07/16/13 was as follows: "8 - 9:30 A.M. - TV/Aviary</p>			

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	<p>N/S (north and south resident lounge), Mod squad 9:45 A.M. - 11:45 A.M., Fitness group South dining room 10:45 A.M., Price is Right N/S 11:00 A.M., Wii have fun 11:15 A.M., Trivia South dining room 12:00 P.M., Bingo Main dining room 2:00 P.M., Room cart 2:15 P.M., and Traveling treats 6:30 P.M."</p> <p>On 07/16/13, from 9:00 A.M. - 9:30 A.M, 11 residents were noted to be crowded in the south day room,. The television was on, but 1/2 of the residents were asleep There was no facilitated activity or activity staff in the room. The Price is Right activity was not observed to have occurred, but the television was noted to be on in both the north and south unit. The Wii have fun activity at 11:15 A.M. was not noted to have occurred.</p> <p>The Activity schedule for 07/17/13 was as follows: "TV/Aviary 8 - 9:30 A.M. N/S, We love Lucy at 9:15 A.M., Mod Squad 9:45 A.M. - 11:45 A.M., Reminisce at 10:15 A.M., A to Z South dining room, Armchair travel South lounge 1:30 P.M., card club South dining room 1:45 P.M., Sensory group North lounge 2:00 P.M., Baking with Viola activity room 2:00 P.M., and Coffee/news activity room 3:30 P.M."</p>						

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	<p>On 07/17/13 10:00 A.M., 6 residents were noted in the main dining room at "mod squad" doing various sensory stimulation activities - magazines, clothes pins, music playing, ball toss, and plastic block type items . There were also 6 residents in the activity room sitting around table getting ready for "Reminisce" activity. At 07/17/13 at 10:56 A.M., there were 7 residents in the activity room playing a "More or Less" game with an activity staff member.</p> <p>On 07/17/13 at 12:00 P.M., there was no activity noted to have occurred in the activity room, or either dining room. The Main dining room was in the middle of lunch service.</p> <p>At 1:50 P.M., the activity director put on "The Little Rascals" movie in the South lounge. Two residents in the South lounge to watch the movie.</p> <p>07/17/13 1:40 P.M, there was no activity observed in the North or South lounge, in the activity room, or in main or south dining room. Three residents were in the north lounge and the television was on, one resident was in the south lounge and the television was on. At 1:30 P.M. 'Armchair travel" was scheduled,</p>			

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	<p>however, this activity did not occur.</p> <p>On 07/17/13 At 1:50 P.M., , an activity staff member put on "The Little Rascals" movie in the South lounge and then left the room.</p> <p>On 07/17/13 at 2:15 P.M., there were 4 residents and 4 guests playing Euchre in the South Dining room. Viola, a volunteer, was noted in the activity room with one resident getting ready to bake cookies. An activity assistant indicated the baking was not supposed to start until 2:30 P.M. however, on both activity calends and south events dry erase board, the cooking was scheduled for 2:00 P.M. Also the sensory group scheduled for 2:00 P.M. was not observed to have occurred. On 07/17/13 at 2:35 P.M., there were 9 residents in the activity room for baking with Viola, 4 residents playing cards, and no sensory group.</p> <p>On 07/18/13 at 8:50 A.M., there were 4 residents lined up outside of the South Resident Lounge. On the dry erase activity board on the South unit "8 - 9:30 A.M. was TV/Aviary North and South resident lounge, 9:45 A.M. - 11:45 A.M. - Mod Squad, 10:15 A.M. classics corner, 10:30 A.M. Corner South dining room, 12:00 P.M. It's</p>			
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	<p>amazing in South Dining room. At 9:50 A.M., several residents were observed in the Main dining room for Mod squad.</p> <p>On 10:00 A.M., CNA #13 indicated "Classics Corner" was putting a Lucille Ball movie in the television on the South Lounge. She indicated she had just put one on for the residents. However, at 10:07 A.M. an activity staff member entered the South resident lounge, a put an Andy Griffith television show on the television for a male resident. There were 4 residents in the South lounge facing the television. Two of the 4 were asleep. There were also 2 residents playing a dice game and a family member visiting with another resident in the South lounge. The television's volume could not be heard easily over the noise in the rest of the lounge. The activity staff member left the room after putting the show of the television.</p> <p>On 07/18/13 at 10:30 A.M, there were 7 residents and an activity staff noted in the South dining room for exercise class.</p> <p>On 07/19/13 at 9:45 A.M, there were 7 residents observed in the South lounge, the television was on,</p>						

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	<p>however, the volume was not real loud. There were 3 residents in the hall across from south nurses station, seated along the wall, and 5 residents in the north lounge. There were 3 more residents in the hall across from nurses station on north unit.</p> <p>07/19/13 10:45 A.M, there were 9 residents noted in the MDR in Mod squad, 7 residents were in a tea time activity in the activity room, 4 residents were in the North lounge, the television was playing a Matlock tv show, 2 residents were in the South lounge, and the television also was playing a Matlock TV show.</p> <p>On 07/19/13 12:20 P.M., the South dining room was observed. There were no activity staff in the room, however 5 residents had a worksheet and pencil for a word scramble puzzle. Interviews with residents in the South dining room indicated an activity staff member had handed out puzzle sheets and left.</p> <p>2. On 7-15-13 at 8:30 A.M., Resident #27 was observed in her bed with the television (TV) on. The TV was to the resident's right side in the middle of the room. The radio/tape player was located on bedside table to the left of</p>				

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	<p>the resident. The residents eyes were open and looking toward the ceiling.</p> <p>On 7-16-13 at 10:30 A.M., the resident was observed in bed with the TV on and a game show program was playing. The resident's eyes were open but she was not watching the TV.</p> <p>On 7-16-13 at 2:15 P.M. the resident was observed in her bed with her eyes closed.</p> <p>On 7-17-13 at 10:50 A.M., staff member #9 went into the room and said hello to the resident. The resident was in bed with the TV on.</p> <p>The clinical record of Resident # 27 was reviewed on 7-17-13 at 10:58 A.M. The resident's diagnoses included, but were not limited to: hemorrhagic cerebral vascular accident (CVA), hemiplegia, aphasia, seizure disorder and constipation.</p> <p>A review of a form titled "Recreation/Leisure Patterns Summary," dated 6-9-11, indicated the resident's preferred activity pattern was watching others rather than actively participating in activity. Preferences included books on tape, TV, music programs, aromatherapy,</p>						

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	<p>scripture, devotions, and hymns. The form indicated her Level of participation was observation, but she was aware of stimuli around her.</p> <p>Review of a form titled "Care Plan Conference Summary," dated 3-19-13, indicated the resident activities were: Sensory Group 2-3 times a week, 1 on 1 visits, books on tape, and travel rides (DVD) in room.</p> <p>On 7-17-13 at 11:20 A.M. a review of the activities careplan, dated 4-3-13 revised 6-14-13, indicated, the resident had weekly contact with close relatives, and was involved in group activities such as: Sensory Group and music programs. The Approaches/interventions included but were not limited to: provide 1:1 visits twice a week, provide travel/nature DVD's in room, books on tape and music at bedside, offer a variety of activity types and locations, approach left side for resident's visual range, and offer to assist resident to activity functions. Another careplan, untitled, dated 3-11-13 and revised 6-14-13, indicated resident was primarily in her bed, was gotten up several times a week but only for 1-2 hours. The goal: was for the resident to receive social interaction, sensory stimulation daily when in bed or when</p>			

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	<p>up. The approach included but were not limited to: resident will be gotten up as scheduled during the week for activity-sensory tactile group, and resident had a TV, and radio present in room.</p> <p>On 7-1-7-13 at 11:30 A.M. the medication administration record (MAR) was reviewed and indicated the resident was to be placed in her chair MWF (Monday, Wednesday, and Friday) during 7-3 shift for a minimum of 2 hours.</p> <p>On 7-17-13 at noon the resident was observed in Broda Chair in the TV lounge area. The TV was on and the resident's eyes were open, however they were not looking up at the TV.</p> <p>On 7-17-13 at 2:00 P.M. the information board (dry ease board) indicated at 2:00 P.M. an activity call "Sensory Group" was to be conducted in the TV lounge area. An observation of the activity room, TV lounge areas and dining areas indicated Sensory Group Activity did not occur. The resident remained in the TV lounge area.</p> <p>On 7-17-13 at 2:40 P.M., the resident was observed in a Broda Chair in the TV lounge area. She was not</p>			

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	<p>watching TV but was looking towards the hallway.</p> <p>ON 7-17-13 at 2:45 P.M. a physician's order, dated 6-18-2007, indicated the resident was to be up in Broda chair related to poor trunk control due to CVA. A nursing measure indicated the days the resident would be up in the Broda chair would correspond with the days the resident was to have her Sensory Group activity.</p> <p>During an interview on 7-18-13 at 1:35 P.M. the Activity Director indicated a resident's attendance to activities was recorded on an activity sheet that staff highlight when the resident had attended an activity. The form for Resident #27 was observed with the Activity Director and indicated the resident had attended Sensory Group at 2:00 PM on 7-17-13 but had not attended on 7-15-13. The Activity Director was informed that the activity had not taken place. She had no explanation as to why the activity had not occurred on the 17th. The Activity Director further indicated the resident watched travel DVD's in her room but had no explanation as to why the TV was located on the resident's right side of the room, when her careplan indicated her visual range was on the</p>						

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	<p>left. The Activity Director indicated the resident did not attend Sensory Group if she was not feeling well.</p> <p>During an interview on 7-18-13 at 2:30 P.M., LPN #3 confirmed the resident was not up in the Broda chair on Monday during her day shift. She had no explanation as to why the resident was not up in her chair that day but indicated it was not because the resident was ill that day.</p> <p>3. On 7/17/13 at 1:30 P.M., record review indicated Resident #82's diagnosis included but were not limited to "...vascular dementia with behavior, expressive language disorder, cerebral vascular accident, and squamous cell skin cancer.</p> <p>Review of the Recreation/Leisure Patterns Summary, dated 4/12/13, indicated individual would like reminders to cue her to events of interest as listed: reminisce, singing, dancing to music, exercise, floor games, outdoor walks, baking, sitting outdoors and Sunday services. Resident will need assisted to preferred interests daily due to confused/forgetful.</p>			

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	<p>Review of care plan, dated 5/3/13, indicated resident has previous recreational interests/patterns: Daily contact with close friends and/or relatives. Involved in group activities such as music and food. Goal: Resident will attend group activity of interests 2-3 times daily through next review on 8/3/13. Approach: Invite to scheduled activities, offer a variety of activity types and locations, offer assist/escort resident to activity functions.</p> <p>Review of Reflections Unit participation record, dated 7/15 and 7/17/13, indicated no check marks in the boxes for the range of motion, music, snack or movie activities for Resident #82.</p> <p>On 7/16/13 at 9:00 A.M., an observation of the activity board in the Reflections unit indicated the following activities: 7/16/13 devotions, coffee club, past life roles, parachute, baking and range of motion (R.O.M.). 7/17/13 chores, R.O.M., daily bread, music, exercise and reminisce. 7/18/13 baking, devotions, coffee club, past life roles, table games and crafts.</p> <p>On 7/16/13 at 10:00 A.M., during the</p>				

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	<p>morning tour of the Reflections unit Resident #82 was observed sleeping on the couch in the lounge. The television was on. Five other resident's were observed sleeping in their wheelchairs in the lounge.</p> <p>On 7/17/13 at 11:00 A.M., Resident #82 was observed pacing back and forth from her room to the lounge area in the Reflections unit. The television was on in the lounge. One resident was observed sleeping in his wheelchair. Three other resident's were asleep on the couch.</p> <p>On 7/17/13 at 3:00 P.M., The television was on in the lounge. Resident #82 was observed sleeping in a chair, and 3 other resident's were asleep on the couch.</p> <p>On 7/17/13 at 3:15 P.M., an interview with LPN #6 indicated the Reflections unit had their own Activity Director about a year ago. She did a wonderful job engaging the residents in activities, since she has been gone it has become the responsibility of the nursing staff to do the activities. LPN #6 further indicated the nurses do not have time to do activities with all of the responsibilities we have. We do not keep an activity attendance record for the resident's that I know</p>			

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	<p>of. We don't even have a book that gives us guidance on what to do for activities, that would be helpful. LPN #6 indicated the activity board lists the activities for the entire building, our resident's do not attend those activities. LPN #6 further indicated she was told once putting a movie in to watch was considered an activity.</p> <p>On 7/19/13 at 9:00 A.M., record review of the current policy titled "Reflection Communities Resident Care" received from the Administrator indicated "...Patients with a cognitive impairment are provided a secure protected environment with specialized programming through the Reflections Community...Emphasis is placed upon creating a home environment that encourages patients to engage in activities that maintain individual preferences and customary routines...Consistent, meaningful and pleasant activities are provided 7 days per week including regularly scheduled evening activities...."</p> <p>3.1-33(a)</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, record review and interview the facility failed to follow physician's orders for 2 of 10 residents (#44, #64) reviewed for physician orders.</p> <p>Findings include:</p> <p>1. Resident #44's clinical record was reviewed on 7/17/13 at 9:30 A.M. The record indicated the resident had a physician's order dated 9/29/12 for "air boots at all times, check every shift".</p> <p>Observations on 7/17/13 at 9:35 A.M., 10:40 A.M., and 1:35 P.M., and 7/18/13 at 8:45 A.M. and 9:40 A.M. were made, and indicated resident without air boots on. The observations of resident on 7/17/13 at 9:35 A.M. and on 7/18/13 at 8:45 A.M. were made while the resident was in her wheelchair and the observations on 7/17/13 at 1:35 P.M. and 7/18/13 at 9:40 A.M. the resident was in bed.</p> <p>An interview with CNA #10 on 7/18/13</p>	F000282	<p>It is the practice of this facility that services are provided by qualified persons in accordance with each resident's written care plan. This facility respectfully requests a desk review for paper compliance for this citation. CORRECTIVE ACTIONS: For Resident #44, the physician was made aware that the order for air boots was not performed as ordered and the physician's order was clarified as to the times the air boots should be worn. For Resident #66, the physician was made aware that the order for labs was not obtained as ordered and the physician's order was clarified as to the next time the labs should be drawn. HOW OTHERS IDENTIFIED: Residents with physician's orders for air boots and labs have the potential to be affected. All residents' physician orders for air boots and labs will be reviewed to ensure the orders are being followed as written. Corrections will be made as needed for compliance. PREVENTATIVE MEASURES: Nursing staff will be educated on following physician's orders for air boots. Licensed nurses will be educated on following physician's orders for labs. DNS and/or</p>	08/18/2013	

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	<p>at 9:39 A.M., indicated resident does not wear air boots any more since the resident has an air bed she doesn't need air boots. CNA #10 stated she had not seen resident wearing air boots since she returned to work in March of 2013.</p> <p>An interview with with LPN #11 on 7/18/13 at 10:50 A.M. indicated she knew she had seen resident with air boots on. LPN #11 indicated she had not seen a discontinue order for the air boots. LPN #11 indicated the resident does not need to wear air boots while in bed but should wear them while in her wheelchair. LPN #11 indicated she did not know why resident had not been wearing her air boots.</p> <p>2. Resident #64's clinical record was reviewed on 7/18/13 at 11:00 A.M. The record indicated the resident was admitted to the facility on 9/23/10.</p> <p>Review of Resident #64's physician's orders, last renewed on 7/10/13, indicated routine laboratory orders for: basic metabolic profile (BMP) every 4 months; comprehensive metabolic profile (CMP) every 4 months; Glycohemoglobin (HGBA1C) every 4 months; micro creatinine/albumin every year.</p>		<p>designee will perform lab auditing through daily clinical review to ensure labs are being drawn per physician's order. Angels to monitor that air boots are being applied per physician's order. Monitoring will occur weekly x 4 weeks, then every 2 weeks for 4 weeks, then monthly for 4 months. MONITORING: All findings from the monitoring will be submitted to the PI committee for review and recommendations monthly for 6 months. Any deficient practice will be addressed through staff education, in-servicing, and/or counseling.</p>		

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	<p>Review of Resident #64's laboratory results indicated the BMP and HGBA1C were last completed 2/19/13. No results were located for the CMP or the micro creatinine/albumin.</p> <p>An interview with employee #12, medical records, on 7/18/13 at 11:15 A.M. indicated no more recent laboratory results were in resident's medical records. Employee #12 indicated the laboratory did not have any more recent laboratory results.</p> <p>3.1-35(g)(2)</p>			

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F009999 SS=D	<p>3.1-13 ADMINISTRATION AND MANAGEMENT</p> <p>1. (w) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to:</p> <p>(1) meet the needs or preferences, or both, of cognitively impaired</p>	F009999	<p>It is the practice of this facility to employ a qualified director for the Alzheimer's and dementia special care unit. This facility respectfully requests a desk review for paper compliance for this citation. CORRECTIVE ACTION: Recruitment of a qualified director is ongoing. Staff identified during survey have received dementia training. All staff have received dementia training. HOW OTHERS IDENTIFIED: Hiring a director will address all residents residing on this unit. Education of staff will address all residents residing in facility. PREVENTATIVE MEASURES: 1. A director will be placed in this role moving forward. Until an appropriate candidate is hired the facility will assign a Department Manager to oversee the unit. 2. ED and/or designee will make rounds weekly on the unit to ensure oversight until such time as a director can be hired and oriented. 3. ED and/or designee will audit all new hires files to ensure proper dementia training is complete prior to assignment to care for residents. All new hire files will be reviewed for dementia training on an ongoing basis. MONITORING: All findings from the monitoring will be submitted to the PI committee for review and recommendations monthly for 6 months. Any deficient</p>	08/18/2013			

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	<p>residents; and (2) gain understanding of the current standards of care for residents with dementia.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to employ a qualified director for the Alzheimer's and dementia special care unit. This deficiency has the potential to affect 15 of 15 residents who reside on the Alzheimer's and dementia unit.</p> <p>Findings include:</p> <p>On 7/17/13 at 1:30 PM, review of the current "Employee Records" list provided by the facility, indicated there was no Unit Director designated for the Alzheimer's and dementia unit.</p> <p>On 7/18/13 at 2:00 PM, interview with the ED (Executive Director) indicated there was no Unit Director over the Alzheimer's and dementia unit. The ED further indicated there was one "...during the State Survey last year..." but she got let go and the company never replaced her.</p> <p>On 7/19/13 at 9:38 AM, review of the current Alzheimer's and dementia unit</p>		<p>practice will be addressed through staff education, in-servicing, and/or counseling.</p>		

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	<p>policy titled "Reflection Communities" received from the ED, indicated "...7. Program Coordinator is designated in a Reflections unit whose responsibility is to coordinate the specialized programming for the patients and provide community outreach...."</p> <p>3.1-13(w)</p> <p>3.1-14 PERSONNEL</p> <p>2. (u) In addition to the required inservice hours in subsection (l), staff who have regular contact with residents shall have a minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within thirty (30) days for personnel assigned to the Alzheimer's and dementia special care unit, and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired residents and to gain understanding of the current standards of care for residents with dementia.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the required dementia inservicing</p>				

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	<p>were completed for 2 employees in a sample of 10. (LPN #3 and Dietary Aide #4)</p> <p>Findings include:</p> <p>On 7/17/13 at 1:30 PM, review of the 10 employee files sampled indicated there was no evidence of any dementia training completed. Interview at this time with the SDC (Staff Development Coordinator - Employee #2) indicated all the inservicing was done on the computer and all the records were kept there.</p> <p>On 7/18/13 at 2:45 PM, interview with the SDC indicated that LPN #3 and Dietary Aide #4 did not have a record of any dementia inservicing in the last year in the computer.</p> <p>On 7/18/13 at 2:50 PM, record review of the "Individual Learning History" for LPN #3 and Dietary Aide #4, received from the SDC at this time, indicated there was no record of dementia inservicing in the last year for these 2 employees.</p> <p>On 7/18/13 at 3:10 PM, record review of the "Inservice Education/Training" policy received from the ED indicated "...Inservice education maintains the continuing competence of the</p>			

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	<p>employee in their job performance...Regularly scheduled inservices to maintain State's requirements for additional hours and/or specific education content,...meet the State/Federal mandatory 12-Hour continuing education requirements including providing annual training on dementia care...."</p> <p>3.1-14(u)</p>				