

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155656	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/29/2016
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NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2827 NORTHGATE BLVD FORT WAYNE, IN 46835
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00197758.</p> <p>Survey dates: April 21, 22, 25, 26, 27, 28, and 29, 2016</p> <p>Facility number: 000275 Provider number: 155656 AIM number: 1002900930</p> <p>Census bed type: SNF/NF: 75 Total: 75</p> <p>Census payor type: Medicare: 5 Medicaid: 58 Other: 12 Total: 75</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed on May 4, 2016 by 17934.</p>	F 0000	<p>Canterbury Nursing and Rehabilitation Center respectfully requests a face to face IDR for deficiencies F-241, F-246, F-309, and F-465 as we do not agree with the scope and severity of these identified deficiencies. Canterbury Nursing and Rehabilitation Center submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. The POC is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiencies cited or any liability. This provider submits this POC with the intention that it is inadmissible by any third party in any third party in any civil or criminal action proceedings against the provider or its employees, agents, officers or directors. This provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedure should be considered to be subsequent remedial measures as the concept is employed in Rule 407 of the federal rules of evidence and</p>	

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 0241 SS=D Bldg. 00	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY 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, interview, and record review, the facility failed to provide skin care for 1 of 3 residents reviewed for skin care in a sample of 5. (Resident #P)</p> <p>Findings include:</p> <p>Resident #P's record was reviewed 4-27-2016 at 10:55 AM. Resident #P's diagnoses included, but were not limited to, psoriasis, diabetes, and multiple sclerosis.</p> <p>In an observation on 4-21-2016 at 11:08 AM, Resident #P was observed to have crusty skin on his face around his nose, cheeks, and mouth.</p> <p>In an observation on 4-22-2016 at 9:22</p>	F 0241	<p>should be inadmissible in any proceedings on that basis.</p> <p>F- 241: DIGNITY AND RESPECT OF INDIVIDUALITY. It is the policy of Canterbury to promote care for residents in a manner and environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. <u>Canterbury Nursing and Rehabilitation Center respectfully requests a face to face IDR for this deficiency (F-241) as we do not agree with the scope and severity of the identified deficiency. Resident P</u> has diagnoses but not limited to: Psoriasis, Diabetes and MS, Seborrheic Dermatitis. Resident received Miconazole Nitrate 2% cream to face BID, and Triamcinolone 0.25% cream BID to face. The Miconazole Nitrate 2% cream was discontinued on 5/13/16. NP to re-evaluated dermatitis to face and</p>	05/29/2016

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	<p>AM, Resident #P was observed to have crusty skin on his cheeks, and around his nose and mouth.</p> <p>In an interview on 4-22-2016 at 9:25 AM, Resident #P indicated he did not like to shave, but he would like to have his face washed daily.</p> <p>A review of Resident #P's Point of Care History indicated the following: for the date 4-21-2016, Resident #P's AM care had been completed at 1:42 PM, and for the date of 4-22-2016, Resident #P's AM care had been completed at 10:32 AM.</p> <p>In an interview on 4-27-2016 at 1:50 PM, CNA #5 indicated AM care was supposed to be completed by 10 AM, but sometimes, there was not enough help to accomplish this.</p> <p>3.1-3(v)(1)</p>		<p>tx due to skin sensitivity , chronic crusting andredness of face with current treatmentin place. No other residents wereaffected by, but all residents are at risk by deficient practice. Nurse managers audited each resident on theirassigned hall to ensure that no other residents were affected. All residents willreceive skin care/hygiene upon rising and after meals. Facial wipes will be provided in each diningroom for staff to give to residents and to assist residents that require helpwith washing face and hands after every meal. GEMBA/rounds are done every morning by IDT team as well as customer carerepresentatives and will watch for residents hygiene and address as needed. Director of Nursing andthe Director Nursing Consultant in-serviced the all direct care staff on 5/17/2016addressing skin care to all residents upon rising. Continuous QualityImprovement monitoring tool for dignity will be completed by DNS/Designee weekly x 4 weeks, if outcome is under allotted threshold then will reduceaudits to, monthly x 6 months and then to follow CQI preset schedule thereafter.If threshold of 95% is not achieved an action plan will be developed to ensurecompliance. If threshold of 95% is notachieved an action plan will be developed to ensure</p>		

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F 0246 SS=D Bldg. 00	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>Based on interview and record review, the facility failed to offer breakfast to 1 of 3 residents reviewed for meals in a sample of 5. (Resident #L)</p> <p>Findings include:</p> <p>Resident #L's record was reviewed 4-25-2016 at 10:19 AM. Resident #L's diagnoses included, but were not limited to, osteoarthritis and post knee replacement surgery.</p> <p>In an interview on 4-25-2016 at 1:55 PM, Resident #L indicated on 4-1-2016, she was not offered a breakfast and went without eating.</p> <p>A review of Resident #L's meal documentation dated 4-1-2016 did not indicate any meal was refused, consumed, or served.</p>	F 0246	<p>compliance. Date of Completion: 5/29/16</p> <p>F -246: REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES. It is the policy of Canterbury to ensure that resident's right to reside and receive services in our facility with reasonable accommodations of individual needs and preference, except when the health or safety of the individual or other residents would be endangered are met. <u>Canterbury Nursing and Rehabilitation Center respectfully requests a face to face IDR for this deficiency (F-246) as we do not agree with the scope and severity of the identified deficiency.</u> Resident #L: Resident decided to leave Canterbury AMA the morning of 4/1/16. Resident had left in the morning and did not receive breakfast meal. Resident #L no longer resides in the facility. No other residents were affected by this, but all residents are at risk by this deficient practice In-service on 5/17/16 for all nursing staff regarding documentation of</p>	05/29/2016

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F 0280 SS=D Bldg. 00	<p>In an interview on 4-25-2016 at 12:58 PM, CNA #5 indicated she could not recall serving Resident #L's breakfast. Further, CNA #5 indicated if a meal would have been refused or served, consumption would have been documented.</p> <p>3.1-3(v)(1)</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent</p>		<p>meals in the kiosk and on the mealtickets. After documentation of consumptions, all meal tickets are to go to the DNS.</p> <p>Plan of Care compliance reports will be ran daily by Medical Records and given to the Nurse Managers to auditing meal consumption.</p> <p>Missing consumptions will be entered into the kiosk from the meal tickets given to the DNS.</p> <p>Continuous Quality Improvement monitoring tool for Food and Fluid Documentation will be completed by DNS/Designee weekly x 4 weeks, if outcome is under allotted threshold then will reduce audits to, monthly x 6 months and then to follow CQI preset schedule thereafter. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>Date of Completion: 5/29/16</p>	

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	<p>practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to invite 3 residents to care plan meetings in a sample of 3 residents reviewed for participation in care planning (Resident # 22, Resident #98, and Resident #12).</p> <p>Findings include:</p> <p>1. Resident #22 was interviewed on 4/22/2016 at 8:55 A.M. During the interview, the resident indicated her sister used to attend her care plan meetings, but she did not recall being invited to her care plan meetings.</p> <p>A Minimum Data Set (MDS) assessment, dated 3/24/2016, indicated a Brief Interview for Mental Status (BIMS) conducted with Resident #22, indicated the resident had moderately impaired cognition.</p> <p>Social Service Director (SSD) #11 was interviewed on 4/26/2016 at 11:15 A.M. During the interview, SSD #11 indicated there was no documentation to indicate Resident #22 had been invited to attend care plan meetings. SS #11 indicated the</p>	F 0280	<p>F-Tag 280 Right to Participate Planning Care-ReviseCP: It is the policy of Canterbury Nursing and Rehabilitation Center, Fort Wayne to ensure that all residents have the right to participate in planning of care and treatment or changes in care and treatment.</p> <ul style="list-style-type: none"> ·Residents #12, #22, #98 – Resident's families were notified of their upcoming Care Plan meeting, and Residents #12, #22, and #98 were invited to attend. Social Service and Memory Care Facilitator were in-serviced by Social Service Consultant on 4/29/2016 on properly inviting residents and their families to all Care Plan meetings. - ·No other residents were affected, but all resident was at risk by deficient practice. Social Service, Memory Care Facilitator, and Social Service Consultant reviewed all current quarterly Care Plan reviews to ensure family and residents were invited to Care Plan meetings. ·Social Service and Memory Care Facilitator will audit the MDS calendar and Care Plan invite log to ensure 	05/29/2016

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	<p>resident's daughter had sometimes attended the care plan meetings in the past.</p> <p>2. On 4/21/16 at 3:40 P.M., an interview was conducted with Resident #98. The resident indicated she had not attended or had not been invited to any care plan meetings since admission.</p> <p>Review of Resident #98's clinical record indicated she was admitted to the facility on 10/26/15 and a Road to Recovery care plan meeting was held on 10/27/15.</p> <p>An interview with the Social Service Director #11 on 4/26/16 at 11:15 A.M., indicated Resident #98 had not attended any care plan meetings since her initial Road to Recovery care plan meeting in October 2015. The SSD indicated Resident #98 had not been invited to any further care plan meetings.</p> <p>3. Resident #12 was interviewed on 4/21/16 at 11:08 A.M. and indicated she had never been invited to care plan meetings.</p> <p>Resident #12 was admitted to the facility on 4/21/11.</p> <p>An interview with the RN Consultant on 4/26/16 at 10:48 A.M. indicated there</p>		<p>all applicable residents have been given a care plan invitation card and that copy of invite is on file in Social Service office.</p> <p>To ensure compliance Social Service/Memory Care Facilitator/Designee will Interview residents with QIS questionnaire monthly, to ensure residents confirm invitation to care plan meetings. Complete Care Plan Review Continuous Quality Improvement to ensure residents have been invited to care plan meetings. Implement a care plan invite binder where copies of the care plan invitation sent to resident and family/responsible party will be kept.</p> <p>To ensure compliance, Social Service/ Memory Care Facilitator/Designee are responsible for the completion of the CQI Care Plan Review Audit tool. 1x week 4 weeks, bi weekly 1x week 4 weeks, if outcome is under allotted threshold then will reduce audits to, monthly x 6 months and then to follow CQI preset schedule thereafter. The results of these</p>	

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F 0282 SS=D Bldg. 00	<p>was a Social Service Progress note from 2/1/16 which noted an invite for a Care Plan meeting on 2/26/16 was sent. The note did not indicate who the invite was sent to.</p> <p>An interview with Social Service Director #11 on 4/26/16 at 11:15 A.M. indicated Resident #12 had not been invited to her Care Plan meetings.</p> <p>Review of a policy provided by Social Service Coordinator #11 on 4/27/16 at 2:45 P.M., IDT Care Plan Review , original date 08/2008, most recently reviewed on 01/2016, indicated: "Resident, resident's families or others as designated by resident will be invited to care plan review.</p> <p>3.1-35(c)(2)(C)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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>A. Based on observation, record review</p>	F 0282	<p>audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>Date of Completion: 5/29/2016</p> <p>F- 282: SERVICES BY</p>	05/29/2016	

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	<p>and interview, the facility failed to provide dental services for 2 of 3 residents reviewed for oral health status (Resident #102 and Resident #98).</p> <p>B. Based on interview and record review, the facility failed to give medications according to physician's order for 1 of 3 residents reviewed for medication orders. (Resident #L).</p> <p>C. Based on interview and record review, the facility failed to follow care plan interventions for pain documentation for 1 of 3 residents reviewed for care plan intervention initiation in a sample of 5. (Resident #O)</p> <p>Findings include:</p> <p>A. 1. The record for Resident #102 was reviewed on 4/26/2016 at 10:00 A.M. Diagnoses included, but were not limited to, dementia.</p> <p>On 4/22/2016 at 11:36 A.M., Resident #102 was observed in his room sitting on his bed. Resident #102 was observed to be edentulous (no teeth) and was not wearing dentures.</p> <p>An admission Minimum Data Set Assessment (MDS) for Resident #102, dated 12/28/2015, indicated the resident</p>		<p>QUALIFIED PERSONS/PER CARE PLAN. It is the policy of Canterbury to arrange or provide services by qualified persons in accordance with each resident's written plan of care.</p> <p>Resident #L: Resident left AMA and no longer resides in the facility.</p> <p>Resident #O: Nurse managers audited all Mars/Tars assigned to their hall to ensure that no other residents were affected. Resident longer resides in the facility. Resident #98: Social Service will get consent for a dental consultation or declination signed by Resident #98. If consent is obtained, Social Service will have Dental Services consult with Resident #98. Resident #102: Social Service contacted resident #102's financial guardian and he agreed on ancillary services. Financial guardian to have Resident #102's son sign consent forms for Resident #102 to be treated by ancillary services. No other residents were affected by this, but all residents are at risk by the deficient practice. All residents were checked by Social Service/MemoryCare Facilitator/Social Service Consultant to follow up on dental needs. All residents' Mars/Tars were reviewed by nurse managers to ensure residents are receiving medications prescribed by the physician. All residents' care plans were reviewed by MDS Coordinator and MDS Assistant for pain to ensure all residents pain interventions are in place.</p>	

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	<p>was edentulous.</p> <p>A care plan, dated 4/27/2016, indicated "Resident has tooth fragments on his upper (sic) that have obvious caries (cavities). One approach listed on the care plan indicated "obtain dental consult PRN (as needed).</p> <p>Review of Resident #102's record did not indicate the resident had been seen by a dentist since admission to the facility.</p> <p>The facility Social Services consultant was interviewed on 4/27/2016 at 3:10 P.M. During the interview, the consultant indicated there was no documentation to indicate Resident #102 had been seen by a dentist since his admission to the facility. The consultant further indicated there was no documentation to indicate the resident's financial guardian had been offered a consent form during the resident's admission process to either consent to dental services or decline dental services. During the interview, the consultant indicated the facility had just contacted Resident #102's financial guardian and the guardian had indicated he felt Resident #102 should have ancillary services, including dental services, and he would contact the resident's family member to visit the facility to sign</p>		<p>Director of Nursing and Director of Nursing Consultant In-serviced on 5/17/16 for all nursing staff regarding obtaining clarification on orders from physician when residents are admitted from home, medications that are not sent from pharmacy, nursing to call back uppharmacy, and if unable to provide, DNS is to be notified, and Physician for alternative treatment that is obtainable.</p> <p>Daily audits will be conducted on all MAR's/TAR's to ensure medications that are circled have an explanation on the back. Refusals will be reported to the physician during the shift they refuse. Nursing will first obtain order from physician to obtain medication from Emergency Drug Kit. Place ancillary services consent form (Dental, Vision, Podiatry, and Audiology.) in the Canterbury Nursing and Rehabilitation Center new admission packet. Social Service and the Memory Care Facilitator will complete a wholehouse audit to determine which residents have an ancillary services consent form and which residents need services offered.</p> <p>Interdisciplinary Team will use Admission/Readmission tool the next business day to ensure all admissions are complete and accurate, lead by DNS/Designee Continuous Quality Improvement monitoring tool for</p>	

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	<p>consent forms.</p> <p>A. 2. On 4/21/16 at 3:42 P.M., an interview was conducted with Resident #98. The resident indicated she hadn't had teeth in a long time and didn't want dentures. An observation of Resident #98 indicated no visible teeth.</p> <p>Resident #98 was admitted to the facility on 10/26/15. The resident's initial Minimum Data Set (MDS) of 11/2/15 indicated "obvious or broken natural teeth."</p> <p>Review of Resident #98's care plans indicated a care plan was started on 11/5/15 for Dental Care, resident has obvious/likely broken teeth. One of the approaches indicated to obtain a dental consult as indicated.</p> <p>Review of Resident #98's record did not indicate a dental consult had taken place or consent or declination for dental services was signed.</p> <p>An interview with the Social Service Consultant on 4/27/16 at 1:51 P.M. indicated no information was available to indicate Resident #98 had consented or not consented to dental services.</p> <p>A policy for Dental Services, original</p>		<p>Admissions/Readmissions will be completed weekly x 4 weeks by DNS/Designee and if outcome is underallotted threshold then will reduce audits to monthly x 6 months and then to follow CQI preset schedule thereafter.</p> <p>Continuous Quality Improvement monitoring tool for</p> <p>Pain Management will be completed by DNS/Designee weekly x 4 weeks and if outcome is under allotted threshold then will reduce audits to monthly x 6 months and then to follow CQI preset schedule thereafter. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>To ensure compliance, Social Service/ Memory Care Facilitator/Designee are responsible for the completion of the CQI Dental Services Review Audit tool weekly x 4 weeks, if outcome is underallotted threshold then will reduce audits to, monthly x 6 months. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>Date of Completion: 5/29/16</p>	

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	<p>date 08/1998 and most recently revised on 01/2016, was provided by the Social Service Consultant on 4/27/16 at 2:45 P.M.. The policy indicated the facility will obtain contracted outside dental services to meet the routine and emergency dental needs of each resident. The policy also noted the facility will ask each resident upon admission if they would like to be seen by the dental services company servicing the facility.</p> <p>B. 1. Resident #L's record was reviewed 4-25-2016 at 10:19 AM. Resident #L's diagnoses included, but were not limited to, osteoarthritis and post knee replacement surgery.</p> <p>A review of Resident #L's progress notes dated 3-31-2016 indicated Resident #L had brought medication from home to the facility for administration.</p> <p>In an interview on 4-25-2016 at 2:48 PM, the Admissions Coordinator indicated when residents come in from home, the medications are ordered on a script like form for the facility to obtain and administer so the orders are clear. If the resident brings medications in from home, then a valid order from the physician must be obtained in order for the facility to administer the medications.</p>			

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	<p>In an interview 4-25-2015 at 1:39 PM, LPN#1 indicated when a resident was admitted from home with medications from home, the medications must always be clarified with the physician. Further, LPN #1 indicated Resident #L was admitted on her shift, but she could not remember why Resident #L's medications were not clarified with the physician on admission.</p> <p>Resident #L's Medication Administration Record dated 3-31-2016 indicated Oxycodone 20 mg, and Ambien 10 mg were given at 8 PM.</p> <p>A review of Resident #L's physicians orders did not indicated the physician had clarified or ordered medications on admission.</p> <p>A current policy dated 1-1-2013, titled Medication Brought to Facility by the Resident/ Family, provided by the RN Consultant on 4-26-2016 at 10:22 AM, indicated "1. Facility staff should not administer medications...brought to the facility by a resident.....without a physician's order."</p> <p>C. 1. Resident #O's record was reviewed 4-26-2016 at 11:02 AM. Resident #O's diagnoses included, but were not limited</p>			

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	<p>to high blood pressure,diabetes, and heart disease.</p> <p>A review of Resident #O's pain care plan indicated to administer medications as ordered.</p> <p>A physician's order dated 1-27-2016 indicated to give Resident #O Oxycontin (a narcotic) 20 mg Extended Release every 12 hours for surgical pain.</p> <p>A review of Resident #O's MAR (Medication Administration Record) dated 2-28, and 29- 2016 and 3-1-2016 was initialed and circled for the 8 AM and 8 PM doses. There was no indication on the back of the MAR as to why the doses were circled.</p> <p>A physician's progress note dated 3-1-2016 indicated Resident #O had seen the physician because he had not received his ordered pain medication "since Saturday".</p> <p>In an interview on 4-26-2016 at 3:24 PM, LPN #1 indicated sometimes medications are not always available, and when that happens, the physician is to be notified, so orders can be changed, or the pharmacy provided the documentation needed so the resident can receive medications as ordered.</p>				

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F 0309 SS=G Bldg. 00	<p>3.1-35(g)(2)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>A. Based on interview and record review, the facility failed to provide pain medication as ordered for 1 of 3 residents reviewed with pain in a sample of 5. (Resident #O)</p> <p>B. Based on interview and record review, the facility failed to assess the skin of a resident with increased risk factors for skin impairment and identify a right foot wound from 12/5/15 to 12/9/15 for 1 of 1 residents reviewed for non-pressure related skin conditions (resident #O). The resident developed a wound on the right foot and was hospitalized. The resident 's right leg was amputated while in the hospital.</p> <p>Findings include:</p>	F 0309	<p>F- 309: PROVIDE CARE/SERVICESFOR HIGHEST WELL BEING. It is the policy of Canterbury to provide residents with the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance the with the comprehensive assessment and plan of care.</p> <p><u>Canterbury Nursing and Rehabilitation Center respectfully requests a face to face IDR for deficiency (F-309) as we do not agree with the scope and severity of the deficiency.</u></p> <p>In service on 5/17/16 with all nursing staff: CNA's to sign a shower sheet on all residents even if they refuse and give to Nurse to sign. Nursing to document notification of residents' refusals for skin assessments, with notification to the physician and family if applicable. Resident</p>	05/29/2016

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	<p>A. Resident #O's record was reviewed 4-26-2016 at 11:02 AM. Resident #O's diagnoses included, but were not limited to high blood pressure, diabetes, and heart disease.</p> <p>A physician's order dated 1-27-2016 indicated to give Resident #O Oxycontin (a narcotic) 20 mg Extended Release every 12 hours for surgical pain.</p> <p>A review of Resident #O's Medication Administration Record dated 2-28, and 29- 2016 and 3-1-2016 was initialed and circled for the 8 AM and 8 PM doses. There was no indication on the back of the MAR as to why the doses were circled.</p> <p>A physician's progress note dated 3-1-2016 indicated Resident #O had seen the physician because he had not received his ordered pain medication "since Saturday".</p> <p>In an interview on 4-26-2016 at 3:24 PM, LPN #1 indicated sometimes medications are not always available, and when that happens, the physician is to be notified, so orders can be changed, or the pharmacy provided the documentation needed so the resident can receive medications as ordered.</p>		<p>nolonger resides in the facility. No other residents were affected by this, but all residents are at risk by the deficient practice. Nurse managers audited each resident on their assigned hall to ensure that no other residents were affected. DNS/ADNS will run Observation reports daily to ensure all residents have had a weekly summary completed by the nurse no less than every 7 days. The observation report is to ensure that the resident's skin is being assessed no less than every 7 days. Continuous Quality Improvement monitoring tool for Skin Management Program will be completed by DNS/Designee weekly x 4 weeks, and if outcome is under allotted threshold, will reduce audits to monthly x 3 months, and quarterly x 2, then will follow preset CQI schedule thereafter. Nursing will first obtain order from physician to obtain medication from Emergency DrugKit. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. Date of Completion: 5/29/16</p>	

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	<p>B. The record for Resident #O was initially reviewed on 4/21/2016.</p> <p>Diagnoses included but were not limited to above knee amputation of left leg due to diabetic ulcer, Diabetes, peripheral vascular disease and advanced distal symmetrical polyneuropathy (loss of sensation in limbs).</p> <p>An MDS (minimum data set assessment) dated 11/27/15 indicated the resident was alert and oriented and had no behavior issues. He required assistance with transfers, dressing and bathing.</p> <p>A nursing note, dated 11/20/15 at 3:15 P.M., indicated the resident had a surgical wound to the left leg stump, his right leg was warm, and there were no other skin issues.</p> <p>Additional nursing notes included but were not limited to the following:</p> <p>11/23/15 (no time) indicated the resident had right lower extremity swelling.</p> <p>11/23/15 (no time) a progress note by the nurse practitioner indicated that the resident ' s right lower extremity was swollen with taut skin.</p> <p>11/23/15 (no time) an interdisciplinary team wound sheet indicated the resident had diabetes and neuropathy and had a surgical incision on the left stump which would be monitored weekly.</p> <p>11/24/15 (no time) a physician ' s</p>			

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	<p>progress note indicated the resident had non-pitting edema/swelling in the right leg. A nurse ' s note indicated one dose of Lasix (water pill) was given at 2:00 P.M. for right leg edema/swelling.</p> <p>12/1/15 (no time) an orthopedic physician ' s progress note indicated the resident was seen for follow up of his left stump incision. There was no documentation about the right leg or foot.</p> <p>12/2/15 at 8:30 p.m. a nurse ' s note indicated the right leg remained swollen, no redness or warmth and a pedal (foot) pulse was present. The resident voiced concern about the swelling in the right leg and was instructed to elevate the leg when up in his wheelchair.</p> <p>12/3/15 (no time) a weekly summary form indicated right lower extremity edema in addition to surgical incision on left leg stump.</p> <p>12/4/15 at 3:20 a.m. a nurse ' s note indicated the right lower leg remained swollen and was elevated while lying in bed.</p> <p>12/4/15 (no time) a shower report signed by the nurse, indicated the resident ' s skin was okay.</p> <p>12/8/15 (no time) an orthopedic physician ' s progress note indicated the resident was seen for follow up of his left stump incision. There was no</p>			

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	<p>documentation about the right leg or foot.</p> <p>12/8/15 (no time) a shower report signed by the nurse, indicated the resident had " refused shower, too tired " . He would " change into clean clothes " .</p> <p>12/9/15 (no time) a shower report signed by the registered nurse indicated the resident refused his shower.</p> <p>12/9/15 at 7:00 P.M. a nurse note indicated that the resident had swelling/edema in the right lower leg and was voicing concerns about it. Nurse indicated she would place his concern on the books for the nurse practitioner to evaluate at her next visit to the facility.</p> <p>12/10/15 at 2:45 A.M. nurse ' s note indicated the resident ' s right lower extremity remained edematous/swollen.</p> <p>12/11/15 (no time) a progress note by the nurse practitioner indicated the following: " Resident was seen at the request of nursing staff for reports of right leg edema. Resident reports right lower extremity is more edematous than normal. Upon assessment of right lower extremity, shoe was removed and resident is noted to have a large wound to bottom of right foot. Resident reports cutting right foot in the shower ' about a week ago ' . He denies any pain and he was not aware that he had a large wound on the bottom of his foot " . " Skin:</p>			

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	<p>Ulcer to bottom of right foot, starts just below toes. Total wound diameter measures 10 cm. Brown eschar is 2 cm in diameter at center of ulcer, surrounded by maceration (7cm) and redness (10cm). Very foul odor noted to wound, no drainage at this time " . " Assessment: Ulcer of foot, right, with unspecified severity. Plan: Send to ER for right foot wound as resident cannot adequately be treated outpatient at this time " .</p> <p>12/11/15 at 7:00 P.M. a nurse ' s note indicated resident was told of order to go to the ER for treatment of right foot ulcer and he requested to wait until the next morning to go.</p> <p>12/12/15 12:00 P.M. a nurse ' s note indicated the resident was sent to the ER on this day and admitted to the hospital.</p> <p>12/23/15 at 12:00 P.M. a nurse ' s note indicated the resident was readmitted to the facility following amputation of his right leg due to a diabetic ulcer.</p> <p>The facility nurse consultant was interviewed on 4/27/16 at 1:20 P.M.</p> <p>During the interview, the nurse consultant indicated that the staff were not able to do anything with resident #O because of multiple refusals of care. He indicated that he was unable to find information from the medical records that would support this.</p>			

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	<p>On 4/28/16 3:00 P.M. the nurse from the orthopedic physician ' s office was interviewed and indicated the resident was seen on 12/1/15 and 12/8/15 for follow up of surgical incision to his left stump following amputation. She indicated there was no documentation that the resident ' s right leg had been assessed at either visit.</p> <p>4/29/16 at 10:30 A.M. the Director of Nursing Services provided a copy of the current policy and procedure titled " Skin Management Program " . This policy was dated 1/2016 and indicated: " It is the policy of [Name of Facility] to assess each resident to determine the risk of potential skin integrity impairment, upon admission ... (1)Alterations in skin integrity will be reported to the physician and family member ... Direct care givers will be notified of skin alterations and specific care needs. A plan of care will be initiated to include resident specific risk factors with appropriate interventions ... (3) ...skin alterations noted by direct care givers during daily care and/or shower days must be reported to the licensed nurse for further assessment(4) The licensed nurse is responsible for assessing any and all skin alterations as reported by the direct caregivers on the shift reported</p>				

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F 0411 SS=D Bldg. 00	<p>3.1-37(a)</p> <p>483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on record review and interview, the facility failed to obtain dental services for 1 of 1 private pay residents reviewed for dental services (Resident #102).</p> <p>Findings include:</p> <p>The record for Resident #102 was reviewed on 4/26/2016 at 10:00 A.M. Diagnoses included, but were not limited to, dementia. The record indicated the resident's funding source was private pay.</p> <p>On 4/22/2016 at 11:36 A.M., Resident #102 was observed in his room sitting on</p>	F 0411	<p>F-Tag411 Routine/EmergencyDental Services in SNFS: It is the policy of Canterbury Nursing and Rehabilitation Center, Fort Wayne to ensure that each resident receives adequate routine and emergencydental services.</p> <p>·Resident#102: Social Service contacted resident#102's financial guardian and he agreed on ancillary services. Financial guardian to have Resident #102'sson sign consent forms for Resident #102 to be treated by ancillary services.</p> <p>·Noother Medicare residents were affected, but all Medicare</p>	05/29/2016
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	<p>his bed. Resident #102 was observed to be edentulous (no teeth) and was not wearing dentures.</p> <p>An admission Minimum Data Set Assessment (MDS) for Resident #102, dated 12/28/2015, indicated the resident was edentulous.</p> <p>A care plan, dated 4/27/2016, indicated "Resident has tooth fragments on his upper (sic) that have obvious caries (cavities). One approach listed on the care plan indicated "obtain dental consult PRN (as needed).</p> <p>Review of Resident #102's record did not indicate the resident had been seen by a dentist since admission to the facility.</p> <p>The facility Social Services consultant was interviewed on 4/27/2016 at 3:10 P.M. During the interview, the consultant indicated there was no documentation to indicate Resident #102 had been seen by a dentist since his admission to the facility. The consultant further indicated there was no documentation to indicate the resident's financial guardian had been offered a consent form during the resident's admission process to either consent to dental services or decline dental services. During the interview, the consultant</p>		<p>residents were at risk by deficient practice. Social Service, Memory Care Facilitator, and Social Service Consultant reviewed all new admissions for ancillary service consents.</p> <ul style="list-style-type: none"> Place ancillary services consent form (Dental, Vision, Podiatry, and Audiology.) in the Canterbury Nursing and Rehabilitation Center new admission packet. Social Service and the Memory Care Facilitator will complete a whole house audit to determine which residents have an ancillary services consent form and which residents need services offered. Regional Nursing Consultant in-service direct care on provision of dental services available at the facility. Social Service/Memory Care Facilitator/Designee will complete the Dental Services Continuous Quality Improvement tool to ensure residents have been offered dental services. Social Service/Memory Care Facilitator will complete an ancillary service tracking log to determine which residents have consented or refused dental services. <p>To ensure compliance, Social Service/ Memory Care Facilitator/Designee are responsible for the completion of the CQI Dental Services Review Audit tool, 1x week 4 weeks, bi weekly 1x week 4 weeks, if outcome is under</p>				

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F 0412 SS=D Bldg. 00	<p>indicated the facility had just contacted Resident #102's financial guardian and the guardian had indicated he felt Resident #102 should have ancillary services, including dental services, and he would contact the resident's son to visit the facility to sign consent forms.</p> <p>3.1-24(a)(1)</p> <p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS</p> <p>The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on observation, record review and interview, the facility failed to provide dental services for 1 of 2 Medicaid residents Resident #98) reviewed for dental services.</p> <p>Findings include:</p>	F 0412	<p>allotted threshold then will reduce audits to, monthly x 6months and then to follow CQI preset schedule thereafter. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. Date of Completion: 5/29/2016</p> <p>F-Tag412 Routine/EmergencyDental Services in NFS: It is the policy of Canterbury Nursing and Rehabilitation Center, Fort Wayne to ensure that each resident receives adequate routine and emergency dental services.</p> <p>·Resident#98: Social Service</p>	05/29/2016

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	<p>On 4/21/16 at 3:42 P.M., an interview was conducted with Resident #98. The resident indicated she hadn't had teeth in a long time and didn't want dentures. Resident #98 showed had no visible teeth on observation.</p> <p>Resident #98 was admitted to the facility on 10/26/16. The resident's initial Minimum Data Set (MDS) of 11/2/15 indicated "obvious or broken natural teeth."</p> <p>Review of Resident #98's care plans indicated a care plan was started on 11/5/15 for Dental Care, resident has obvious/likely broken teeth. One of the approaches indicated to obtain a dental consult as indicated.</p> <p>Review of Resident #98's record did not indicate a dental consult had taken place or consent or declination for dental services was signed.</p> <p>An interview with the Social Service Consultant on 4/27/16 at 1:51 P.M. indicated no information was available to indicate Resident #98 had consented or not consented to dental services.</p> <p>A current policy for Dental Services, original date 08/1998 and most recently revised on 01/2016, was provided by the</p>		<p>will get consent for a dental consultation or declination signed by Resident #98. If consent is obtained, Social Service will have Dental Services consult with Resident #98.</p> <p>·No other Medicaid residents were affected, but all residents were at risk by deficient practice. Social Service and Memory Care Facilitator reviewed all residents for ancillary service consents.</p> <p>·Place ancillary services consent form (Dental, Vision, Podiatry, and Audiology.) in the Canterbury Nursing and Rehabilitation Center new admission packet. Social Service and the Memory Care Facilitator will complete a whole house audit to determine which residents have an ancillary services consent form and which residents need services offered.</p> <p>·Social Service/Memory Care Facilitator/Designee will complete the Dental Services Continuous Quality Improvement tool 1x week 4 weeks, bi weekly 1x week 4 weeks to ensure residents have been offered dental services. Social Service/Memory Care</p>	

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F 0465 SS=D Bldg. 00	<p>Social Service Consultant on 4/27/16 at 2:45 P.M.. The policy indicated the facility will obtain contracted outside dental services to meet the routine and emergency dental needs of each resident. The policy also noted the facility will ask each resident upon admission if they would like to be seen by the dental services company servicing the facility.</p> <p>3.1-24(a)(1)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview the facility failed to ensure proper functioning of windows in 1 of 5 rooms (room 511) observed for properly</p>	F 0465	<p>Facilitator will complete an ancillary service tracking log to determine which residents have consented or refused dental services.</p> <p>To ensure compliance, Social Service/ Memory Care Facilitator/Designee are responsible for the completion of the CQI Dental Services Review Audit tool 1x week 4 weeks, bi weekly 1x week 4 weeks, if outcome is under allotted threshold then will reduce audits to, monthly x 6 months and then to follow CQI preset schedule thereafter. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>Date of Completion: 5/29/2016</p> <p>F-Tag 465 Safe/Functional/Sanitary/Comfortable Environment: It is the policy of Canterbury Nursing and Rehabilitation Center, Fort Wayne</p>	05/29/2016

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	<p>functioning windows.</p> <p>Findings include:</p> <p>On 4/21/16, at 11:50 A.M., Resident # 44 indicated the crank on her window did not work and had been that way since February 2016 and she had reported the problem multiple times.</p> <p>An observation on 4/21/16 at 11:51 A.M. indicated the window in room 511 was open and the crank could not close the window.</p> <p>An interview with the Maintenance Director on 4/21/16 at 12:01 P.M. indicated the window crank problem had not been reported to him and indicated he would get it fixed right away. At 12:11 P.M., on 4/21/16, the Maintenance Director indicated the gearing on the window crank was stripped and he got the window closed and locked.</p> <p>An interview with LPN # 10 on 4/21/16 at 12:27 P.M., indicated she had put in at least 2 work orders for the window crank in room 511.</p> <p>An interview with the Maintenance Director on 4/27/16 at 3:10 P.M. indicated he did not believe there was a policy for how work orders get</p>		<p>to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and public.</p> <p>· Canterbury Nursing and Rehabilitation Center respectfully requests a face to face IDR for deficiency F-465.</p> <p>· Resident #44: Maintenance Director immediately attended to Resident #44's window. Maintenance Director will acquire quotes to repair or replace and broken or faulty windows on 500 Hall to ensure a safe, functional, sanitary, and comfortable living environment. An environmental walk through audit will be completed to address any other areas of concern and will be repaired or replaced by 5/29/2016.</p> <p>· Reviewing work orders, Grievances, and Customer Care Rounds, there was never a complaint or concern shown about Resident #44's window. After completing the environmental walk through checking windows, no other residents were affected, but all residents on 500 Hall were at risk by this deficient practice.</p> <p>· All staff will be educated and in-serviced on the importance of proper notification through maintenance work orders for faulty or damaged windows by 5/29/2016. Work orders are to be completed as soon as possible, but if faulty or damaged</p>	

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	<p>processed.</p> <p>An interview with the Executive Director on 4/27/16 at 3:59 P.M. indicated there was no policy for how work orders were processed. The Executive Director indicated Resident #44 had a customer care representative who indicated he spoke with the resident 1-2 times a day at a minimum. The customer care representative indicated the resident never mentioned any problems with her window to him and on 4/21/16 when he visited her the window was not open.</p> <p>An interview with Resident #44 indicated several times she opened the window between when the crank first stopped working in February 2016 and when the window was closed and locked by the Maintenance Director on 4/21/16. The resident indicated the window could be closed by someone going outside and pushing the window while someone inside was cranking it. Resident #44 indicated at one time the window was open for a month.</p> <p>3.1-19(f)</p>		<p>equipment can cause immediate harm, then staff will be instructed to immediately report to their supervisor. Maintenance Director/ED/ Designee will make rounds daily to ensure windows are in good repair.</p> <p>The Maintenance Director/Executive Director/Designee will be responsible to complete a CQI Environmental Audit Tool weekly x4 weeks, then monthly for six months to ensure ongoing compliance. Any identified issues will be immediately corrected and documented on facility CQI tracking log. CQI tracking logs are reviewed during the monthly facility Continuous Quality Improvement meeting to ensure ongoing compliance. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>Date of Completion: 5/29/2016</p>		

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F 0514 SS=D Bldg. 00	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review the facility failed to document the reason for medications not given for 3 of 4 residents reviewed for medication administration in a sample of 5. (Resident #L, Resident #M, and Resident #O)</p> <p>Findings include:</p> <p>1. Resident #L's record was reviewed 4-25-2016 at 10:19 AM. Resident #L's diagnoses included, but were not limited to, osteoarthritis and post knee replacement surgery.</p> <p>A review of Resident #L's Medication Administration Record (MAR) dated 4-1-2016 indicated the medications Patoprazole 40 mg, Xarelto 10 mg,</p>	F 0514	<p>F-514: RESIDENT RECORDSCOMPLETE/ACCURATE/AC CESSIBLE. It is the policy of Canterbury to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible, and systematically organized.</p> <p>In service on 5/17/16 with all nursing staff: Nurses to document on medications that are not given/circled with a reason. If reason is that medication is not in the facility, Nurses instructed to notify DNS will followup and give direction to Nurse immediately to give direction; to notify back up pharmacy. If back up pharmacy is unable to provide, Physician is to be notified for further instruction with documentation. Nursing will first obtain order from physician to</p>	05/29/2016

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	<p>Senokot 8.5 mg, Oxycodone 20 mg, and Aspirin 81 mg were initialed and circled. The back of the MAR did not indicate why the medications were circled.</p> <p>In an interview on 4-25-2016 at 3:12 PM, LPN #1 indicated Resident #L had refused medications on 4-1-2016, and it should have been documented as refused on the back of the MAR.</p> <p>2. Resident #M's record was reviewed 4-26-2016 at 2:59 PM. Resident #M's diagnoses included, but were not limited to, stroke, high blood pressure, and seizure disorder.</p> <p>A physician's order dated 4-12-2016 indicated to give Keppra (a medication for seizures) 500 mg twice daily to begin at 8 PM.</p> <p>A review of Resident #M's Medication Administration Record (MAR) dated 4-2016 indicated the 8 PM dose of Keppra had been initialed and circled. The back of the MAR did not indicate why the medications had been circled.</p> <p>3. Resident #O's record was reviewed 4-26-2016 at 11:02 AM. Resident #O's diagnoses included, but were not limited to high blood pressure, diabetes, and heart disease.</p>		<p>obtain medication from Emergency Drug Kit.</p> <p>No other residents were affected by this, but all residents are at risk for the deficient practice. All residents' MARs/TARs were reviewed by nurse managers to ensure residents are receiving medications prescribed by the physician.</p> <p>Daily audits will be done by Nurse Managers assigned to each hall and will consist of checking MAR's/TAR's to ensure Nurses are not circling medications without reason documented on back. Nurse Managers will ensure that all refusals have been reported to the physician and family if applicable of the refusal.</p> <p>Continuous Quality of Improvement monitoring tool for Refusal of Medications/Treatments will be completed by DNS/Designee weekly x 4 weeks, if outcome is under allotted threshold, and then will reduce audits to monthly x 6 months and then follow preset CQI schedule thereafter. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>Completion Date: 5/29/16</p>		

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	<p>A review of Resident #O's pain care plan indicated to administer medications as ordered.</p> <p>A physician's order dated 1-27-2016 indicated to give Resident #O Oxycontin (a narcotic) 20 mg Extended Release every 12 hours for surgical pain.</p> <p>A review of Resident #O's Medication Administration Record dated 2-28, and 29- 2016 and 3-1-2016 was initialed and circled for the 8 AM and 8 PM doses. There was no indication on the back of the MAR as to why the doses were circled.</p> <p>A physician's progress note dated 3-1-2016 indicated Resident #O had seen the physician because he had not received his ordered pain medication "since Saturday".</p> <p>A current policy dated 1-1-2013, titled General Dose Preparation and Medication Administration, provided by the RN Consultant on 4-26-2016 at 10:22 AM, indicated "6.1. Document necessary medication administration information... if medications are refused...on appropriate forms."</p> <p>3.1-50(a)(2)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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