

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155053	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/01/2014
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NAME OF PROVIDER OR SUPPLIER MILLERS MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 612 E 11TH ST RUSHVILLE, IN 46173
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F000000	<p>This visit was for the Investigation of Complaints IN00147874 and IN00148237.</p> <p>Complaints IN00147874 and IN00148237 substantiated. Federal and state deficiencies related to the allegations are cited at F157, F279, and F309.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: April 28, 29, 30, & May 1, 2014</p> <p>Facility number: 000018 Provider number: 155053 AIM number: 100273930</p> <p>Survey team: Charles Stevenson, RN</p> <p>Census bed type: SNF: 7 SNF/NF: 50 Residential: 21 Total: 78</p> <p>Census payor type: Medicare: 7 Medicaid: 51</p>	F000000		

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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F000157 SS=D	<p>Other: 20 Total: 78</p> <p>Sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 8, 2014 by Cheryl Fielden RN.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal</p>						

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	<p>representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure resident's physicians were notified when residents repeatedly refused physician ordered treatments which had the potential to negatively impact the resident's health and potential for recovery. 3 residents of 5 reviewed for physician notification in a sample of 8. (Residents C, H, and J.)</p> <p>Findings include:</p> <p>1. The record of Resident #C was reviewed on 4/28/14 at 1:00 p.m. Diagnoses included, but were not limited to, morbid obesity, obstructive sleep apnea, hypertension, acute on chronic kidney disease, gout, and chronic obstructive pulmonary disease.</p> <p>A quarterly Minimum Data Set (M.D.S.) assessment dated 3/12/14 indicated Resident C had no cognitive impairment, ambulated with a walker, and was</p>	F000157	<p>1.The physician(s) for Resident C,H, and J were notified of the refusals of treatments and devices. Care plans reviewed and updated. 2.This deficient practice has the potential to affect all residents in the building who refuse treatments and ordered devices. All residents were audited who have ordered treatments and devices in place. Physicians/families updated on noted refusals. Care plans reviewed and updated.</p> <p>3.In-service on 5/22/14. This included education on the P/P for refusals. 4.To ensure this deficient practice does not recur the facility will utilize the QA tool "Daily MAR/TAR QA Tool" (Attachment A). This tool will be completed by the DON/designee on a daily basis x4 weeks, then 2xweekly x4 weeks and then weekly thereafter. Any identified issues will be addressed immediately. Concerns/Issues will be logged on the "QA Summary Problem Log" (Attachment B) and reviewed/ revised monthly in the facility QA Meeting. 5.</p>	05/22/2014			

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	<p>independent in activities of daily living.</p> <p>A physician's order dated 2/27/14 indicated "Trach [tracheostomy] care every shift-make sure the flange is being cleaned."</p> <p>A physician's order dated 4/01/14 indicated "Wrap bilateral lower legs [symbol for "with"] ace wrap daily for edema." This order was note to be changed on 4/26/14.</p> <p>A physician's order dated 4/26/14 indicated "Bio Compression pump [pneumatic pressure stockings used to treat edema] 1 a.m. [symbol for "and"] 1 p.m. followed by compression hose."</p> <p>Resident #C's progress notes indicated:</p> <p>4/15/14 11:37 p.m. "Resident refused trach care x [times] 3 attempts..."</p> <p>4/23/14 12:25 a.m. "Resident refused trach care..."</p> <p>4/24/14 6:00 a.m. "Res [resident] did not allow this nurse to complete trach care as ordered..."</p> <p>4/26/14 8:17 p.m. "Resident refused to wear compression hose for 1 hr [hour] this evening..."</p>		Systematic changes will be completed: May 22, 2014	

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	<p>4/28/14 3:30 p.m. "...res will at times not allow staff to complete trach care..."</p> <p>4/28/14 10:00 p.m. "Resident refused to wear compression pump this evening after 3 attempts..."</p> <p>4/29/14 9:55 p.m. "When doing resident's Bio-compression tx [treatment] this nurse noticed that residents [sic] lower legs are very swollen. Resident stated he did not do his tx last evening or this a.m..."</p> <p>4/30/14 8:45 a.m. "...Resident was offered his bio compression pump, pt. (patient) refused..."</p> <p>4/30/14 12:36 p.m. "Resident wore compression pump in the am but refused to wear compression hose afterwards..."</p> <p>4/29/14 7:49 a.m. "[name of treating physician] in facility-updated on residents (sic) refusal of trach care. MD stated to continue to encourage res to allow trach care to be completed..." Resident #C's progress notes did not document any other physician notification of resident refusal of ordered treatments.</p> <p>Resident #C's treatment documentation sheet indicated:</p>			

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	<p>4/16/14 noc (nights) "Ref [refused] trach care..."</p> <p>4/22/14 noc "Ref trach care..."</p> <p>4/23/14 noc "Ref trach care..."</p> <p>4/25/14 noc "Ref trach care..."</p> <p>4/26/14 noc "Ref compression pump hose..."</p> <p>4/27/14 noc "Ref trach care..."</p> <p>4/28/14 HS (bed time) "Ref compression pump..."</p> <p>The treatment documentation sheet contained no documentation of physician notification of refusal of treatments.</p> <p>2. The record of Resident #H was reviewed on 4/29/14 at 9:30 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, chronic kidney disease, hypoxemia, dementia, diabetes mellitus, and peripheral vascular disease.</p> <p>A quarterly Minimum Data Set (M.D.S.) assessment dated 3/26/14 indicated Resident #H was not cognitively impaired, required staff assistance for</p>			

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	<p>activities of daily living, used a wheelchair for transportation, and was chronically short of breath.</p> <p>A physician's order dated 12/29/13 indicated "May use Bi-Pap machine [a breathing support system commonly used to treat sleep apnea] settings 12/5 use with O2 [oxygen] [symbol for "at"] 2 LPM [liters per minute] via N/C [nasal cannula] continuously."</p> <p>A treatment documentation sheet indicated Resident #H refused to utilize the Bi-Pap treatment on 4/02/14, 4/04/14, 4/09/14, 4/13/14, 4/14/14, 4/16/14, 4/17/14, 4/21/14, 4/27/14, 4/28/14, and 4/29/14.</p> <p>Resident #H's treatment administration record for April 2014 indicated he refused use of the Bi-Pap treatment on 4/03/14, 4/05/14, 4/11/14, 4/15/14, and 4/18/14 through 4/30/14, inclusive.</p> <p>Resident #H's record contained no documentation of physician notification of his refusal to utilize the Bi-Pap treatment during April 2014.</p> <p>3. The record of Resident #J was reviewed on 4/29/14 at 11:00 a.m. Diagnoses included, but were not limited to, dementia with delusional features,</p>						

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	<p>diabetes mellitus, osteoarthritis, history of pathological fracture of vertebrae, depression, and anxiety.</p> <p>A physician's order for Resident #J dated 7/16/13 indicated "Foot/Ankle boot to [R][right] foot at night while in bed."</p> <p>A treatment documentation sheet Indicated:</p> <p>4/10/14 "Ref boot..."</p> <p>4/11/14 "Ref to put on boot..."</p> <p>4/14/14 "Ref boot x several attempts..."</p> <p>4/18/14 "Ref boot x 3 attempts..."</p> <p>4/24/14 "Ref x several attempts..."</p> <p>4/30/14 Res ref boot..."</p> <p>Resident #J's record contained no documentation of physician notification of refusals to wear the boot as ordered during April 2014.</p> <p>During an interview on 5/01/14 at 11:50 a.m., the Director of Nursing indicated facility policy was to notify the physician when residents refused medications for 3 consecutive days.</p>			

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F000241 SS=D	<p>4. A facility policy dated 3/01/03 received from the Director of Nursing on 5/01/14 at 9:00 a.m., titled "Physician and Family Notification of Condition Changes" indicated:</p> <p>"Purpose: To keep the physician, resident and family apprised of all condition changes. Procedure: Notify the physician of any change in condition that may or may not warrant a change in the treatment plan."</p> <p>This Federal tag relates to Complaints IN00147874 and IN00148237.</p> <p>3.1-5(a)(1)</p> <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</p>			

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	<p>or her individuality.</p> <p>Based on observation, record review and interview, the facility failed to ensure resident's privacy was protected by allowing signs with resident care information to be posted in resident rooms where they were openly visible. 3 residents of 3 reviewed for privacy (Residents D, E, and F) in a sample of 8.</p> <p>Findings include:</p> <p>1. The record of Resident #D was reviewed on 5/01/14 at 9:00 a.m. Diagnoses included, but were not limited to, diabetes mellitus, depression, chronic obstructive pulmonary disease, and end stage renal disease.</p> <p>During an observation on 4/30/14 at 9:30 a.m., a sign posted in Resident #D's room was noted to indicate "[Name of Resident D] cannot have showers. Please wash her up daily." The resident's room door was open, and the sign was visible from the door.</p> <p>2. The record of Resident #E was reviewed on 5/01/14 at 9:30 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, congestive heart failure, hypertension, and chronic pulmonary</p>	F000241	<p>1.Signs removed from residents D, E and F rooms and cna assignment sheets updated to reflect information, or signs left in resident room per resident and/or family preference. If signs remain in room, residents and/or families educated on our requirement to operate with dignity and privacy. The resident's care plan updated to reflect resident and/or family preference.</p> <p>2.All residents with signs in room have the potential to be affected by this deficient practice. Audit completed and signs removed from resident rooms and cna assignment sheets updated to reflect information. When residents and/or families insist signs be posted in openly visible areas , residents and/or families will be educated on our requirement to operate with dignity and privacy. The resident's care plan will be updated to reflect resident and/or family preference.</p> <p>3.In-serivce on 5/22/14 regarding resident dignity and privacy.</p> <p>4.ADM or designee will utilize the audit tool titled "Resident Privacy and Dignity" (Attachment C) for a minimum of 10 rooms. This will be utilized daily x4 weeks, then 2x weekly x 4 weeks, and then weekly thereafter. Any identified issues will be addressed immediately.</p>	05/22/2014			

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	<p>embolism.</p> <p>During an observation on 4/30/14 at 9:45 a.m., a sign posted in Resident #E's room was noted to indicate "Per resident and family request do not get resident out of bed until 7:15-7:30." The door to the resident's room was open and the sign was visible from the door.</p> <p>3. The record of Resident #F was reviewed on 5/01/14 at 10:00 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, vascular dementia, cerebrovascular disease, renal failure, and atrial fibrillation.</p> <p>During an observation on 4/30/14 at 9:55 a.m., a sign posted in Resident #F's room was noted to indicate "All staff transfer instructions: 1. Use gait belt. 2. Never lift under right arm. 3. Transfer towards left side whenever possible. This means put the wheelchair on the right side of the recliner. He should be able to take a step with his left foot to help you! 4. If you have any questions or do not know how to do this properly please ask a therapist to show you. 5. It takes 2 people to transfer 2 people for toileting." The door to the room was open and the sign was visible from the door.</p>		<p>Concerns/Issues will be logged on the "QA Summary Problem Log" (Attachment B) and reviewed/revised monthly in the facility QA Meeting.</p> <p>5. Systematic changes will be completed by: May 22, 2014</p>				

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F000279 SS=D	<p>During an interview on 4/30/14 at 3:30 p.m., the Administrator indicated there was no documentation from Residents #D, #E, or #F, or their families, of permission to display resident care information in a public manner.</p> <p>4. A "Resident Rights Handbook" dated 12/2011 received from the Director of Nursing on 5/01/14 at 9:00 a.m., indicated "Privacy and Confidentiality: The resident has a right to personal privacy and confidentiality...Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care..."</p> <p>3.1-3(p)(1)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services</p>			

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	<p>that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure residents who repeatedly refused physician ordered treatments which had the potential to negatively impact the resident's health and potential for recovery had care plans which addressed the issue of treatment refusal. 3 residents of 5 reviewed for care plans in a sample of 8. (Residents C, H, and J.)</p> <p>Findings include:</p> <p>1. The record of Resident #C was reviewed on 4/28/14 at 1:00 p.m. Diagnoses included, but were not limited to, morbid obesity, obstructive sleep apnea, hypertension, acute on chronic kidney disease, gout, and chronic obstructive pulmonary disease.</p> <p>A quarterly Minimum Data Set (M.D.S.) assessment dated 3/12/14 indicated Resident #C had no cognitive impairment, ambulated with a walker, and was independent in activities of daily</p>	F000279	<p>The physician(s) for Resident C,H, and J were notified of the refusals of treatments and devices. Care plans reviewed and updated. This deficient practice has the potential to affect all residents in the building who refuse treatments and ordered devices. All residents were audited who have ordered treatments and devices in place. Physicians/families updated on noted refusals. Care plans reviewed and updated. In-service completed 5/22/14. This included education on the P/P for refusals. To ensure this deficient practice does not recur the facility will utilize the QA tool "Daily MAR/TAR QA Tool" (Attachment A). This tool will be completed by the DON/designee on a daily basis x4 weeks, then 2xweekly x4 weeks and then weekly thereafter. Any identified issues will be addressed immediately. Concerns/Issues will be logged on the "QA Summary Problem Log" (Attachment B) and reviewed/ revised monthly in the facility QA Meeting. Systematic changes will be completed: May</p>	05/22/2014	

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	<p>living.</p> <p>A physician's order dated 2/27/14 indicated "Trach [tracheostomy] care every shift-make sure the flange is being cleaned."</p> <p>A physician's order dated 4/01/14 indicated "Wrap bilateral lower legs [symbol for "with"] ace wrap daily for edema." This order was noted to be changed on 4/26/14.</p> <p>A physician's order dated 4/26/14 indicated "Bio Compression pump [pneumatic pressure stockings used to treat edema] 1 a.m. [symbol for "and"] 1 p.m. followed by compression hose."</p> <p>Resident #C had a health care plan dated 4/01/14 which indicated "Focus: Edema: to lower extremities. Multiple chronic cardiovascular disease...Interventions:...Bio-compression pumps and compression stockings as ordered. Initiated 4/26/14."</p> <p>Resident #C had a health care plan dated 9/18/13 which indicated "Focus: Trach. Interventions...Provide trach care as ordered..."</p> <p>Resident #C's progress notes indicated:</p>		22, 2014	

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NAME OF PROVIDER OR SUPPLIER MILLERS MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 612 E 11TH ST RUSHVILLE, IN 46173
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	4/15/14 11:37 p.m. "Resident refused trach care x [times] 3 attempts..."			
	4/23/14 12:25 a.m. "Resident refused trach care..."			
	4/24/14 6:00 a.m. "Res [resident] did not allow this nurse to complete trach care as ordered..."			
	4/26/14 8:17 p.m. "Resident refused to wear compression hose for 1 hr [hour] this evening..."			
	4/28/14 3:30 p.m. "...res will at times not allow staff to complete trach care..."			
	4/28/14 10:00 p.m. "Resident refused to wear compression pump this evening after 3 attempts..."			
	4/29/14 9:55 p.m. "When doing resident's Bio-compression tx [treatment] this nurse noticed that residents [sic] lower legs are very swollen. Resident stated he did not do his tx last evening or this a.m..."			
	4/30/14 8:45 a.m. "...Resident was offered his bio compression pump, pt. [patient] refused..."			
	4/30/14 12:36 p.m. "Resident wore compression pump in the am but refused			

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	<p>to wear compression hose afterwards..."</p> <p>4/29/14 7:49 a.m. "[name of treating physician] in facility-updated on residents (sic) refusal of trach care. MD stated to continue to encourage res to allow trach care to be completed..." Resident #C's progress notes did not document any other physician notification of resident refusal of ordered treatments.</p> <p>Resident #C's treatment documentation sheet indicated:</p> <p>4/16/14 noc (nights) "Ref [refused] trach care..."</p> <p>4/22/14 noc "Ref trach care..."</p> <p>4/23/14 noc "Ref trach care..."</p> <p>4/25/14 noc "Ref trach care..."</p> <p>4/26/14 noc "Ref compression pump hose..."</p> <p>4/27/14 noc "Ref trach care..."</p> <p>4/28/14 HS (bed time) "Ref compression pump..."</p> <p>Resident #C's record contained no documentation of a care plan addressing</p>			

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	<p>refusal of treatments and interventions.</p> <p>2. The record of Resident #H was reviewed on 4/29/14 at 9:30 a.m. Diagnoses included, but were not limited to, chronic obstructive pulmonary disease, chronic kidney disease, hypoxemia, dementia, diabetes mellitus, and peripheral vascular disease.</p> <p>A quarterly Minimum Data Set (M.D.S.) assessment dated 3/26/14 indicated Resident #H was not cognitively impaired, required staff assistance for activities of daily living, used a wheelchair for transportation, and was chronically short of breath.</p> <p>A physician's order dated 12/29/13 indicated "May use Bi-Pap machine [a breathing support system commonly used to treat sleep apnea] settings 12/5 use with O2 [oxygen] [symbol for "at"] 2 LPM [liters per minute] via N/C [nasal cannula] continuously."</p> <p>A health care plan for Resident #H dated 12/20/13 and revised on 1/15/14 indicated "Focus: Chronic respiratory disease. Interventions: Administer O2 as ordered."</p> <p>A treatment documentation sheet indicated Resident #H refused to utilize</p>			

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	<p>the Bi-Pap treatment on 4/02/14, 4/04/14, 4/09/14, 4/13/14, 4/14/14, 4/16/14, 4/17/14, 4/21/14, 4/27/14, 4/28/14, and 4/29/14.</p> <p>Resident H's Treatment Administration Record for April 2014 indicated he refused use of the Bi-Pap treatment on 4/03/14, 4/05/14, 4/11/14, 4/15/14, and 4/18/14 through 4/30/14, inclusive.</p> <p>Resident #H's record contained no documentation of a care plan addressing refusal of treatments and interventions.</p> <p>3. The record of Resident #J was reviewed on 4/29/14 at 11:00 a.m. Diagnoses included, but were not limited to, dementia with delusional features, diabetes mellitus, osteoarthritis, history of pathological fracture of vertebrae, depression, and anxiety.</p> <p>A Quarterly Minimum Data Set (M.D.S.) assessment dated 2/06/14 indicated Resident #J was cognitively impaired, required staff assistance for all activities of daily living, ambulated with a walker, and was incontinent of bowel and bladder.</p> <p>A physician's order for Resident #J dated 7/16/13 indicated "Foot/Ankle boot to [R][right] foot at night while in bed."</p>			

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	<p>A treatment documentation sheet Indicated:</p> <p>4/10/14 "Ref boot..."</p> <p>4/11/14 "Ref to put on boot..."</p> <p>4/14/14 "Ref boot x several attempts..."</p> <p>4/18/14 "Ref boot x 3 attempts..."</p> <p>4/24/14 "Ref x several attempts..."</p> <p>4/30/14 Res ref boot..."</p> <p>Resident #J's record contained no documentation of a care plan addressing refusal of treatments and interventions.</p> <p>During an interview on 5/01/14 at 11:50 a.m. the Director of Nursing indicated facility policy was to notify the physician when residents refused medications for 3 consecutive days.</p> <p>4. A facility policy dated 11/02/10 titled Care Plan Development and Review received from the Director of Nursing on 5/01/14 at 9:00 a.m. indicated:</p> <p>"Purpose: To assure that a comprehensive care plan for each resident includes measurable objectives and timetables to</p>						

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F000309 SS=D	<p>meet the resident's medical, nursing, mental and psychosocial needs...</p> <p>Care Plan Development:..The comprehensive care plan is designed to:</p> <p>VII: Show evidence of efforts to find alternative means to address problems when resident is refusing treatment..."</p> <p>This Federal tag relates to Complaints IN00147874 and IN00148237.</p> <p>3.1-5(a)(1)</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>	F000309	1.Resident B's splint applied	05/22/2014	

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	<p>Based on observation, record review, and interview, the facility failed to ensure a resident received necessary care and services to reach and maintain highest practicable level of functioning by not ensuring a hand and wrist splint was employed as ordered by the physician. 1 resident of 3 reviewed for assistive devices in a sample of 8. (Resident B).</p> <p>Findings include:</p> <p>The record of Resident #B was reviewed on 4/28/14 at 2:00 p.m. Diagnoses included, but were not limited to, anoxic brain damage, quadriplegia, dislocation of the first cervical vertebrae, congenital anomaly of the spine, and convulsions.</p> <p>An annual Minimum Data Set (M.D.S.) assessment dated 2/12/14 indicated Resident #B was not able to speak but was generally able to make herself understood, was able to understand others, was mildly cognitively impaired, did not ambulate, was totally dependent on staff for transfers, required extensive assistance for all activities of daily living, and was incontinent of bowel and bladder.</p> <p>A physician's order dated 4/21/14 indicated "Resident to wear [symbol for "left"] hand/wrist splint as tolerated to</p>		<p>per order.</p> <p>2.All resident's have the potential to be affected by the deficient practice. Audit completed to identify residents with assistive devices to ensure device applied per physician order.</p> <p>3.Staff in-service on 5/22/14 on applying assistive devices per physician orders.</p> <p>4.DON or designee will utilize the audit tool titled, "Resident Assistive devices" (Attachment D) for a minimum of 10 residents. This will be utilized daily x4 weeks, then 2x weekly x 4 weeks and then weekly thereafter. Any identified issues will be addressed immediately. Concerns/Issues will be logged on the "QA Summary Problem Log" (Attachment B) and reviewed/revised monthly in the facility QA Meeting.</p> <p>5.Systematic changes will be completed by: May 22, 2014</p>				

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	<p>prevent contractures."</p> <p>During an observation on 4/28/14 at 2:45 p.m., Resident #B was noted to not have the hand and wrist splint on her left hand. She was in her recliner, dressed for the day, and awake and responsive. She indicated by shaking her head "no" and mouthing the word "no" that staff had not applied the hand splint that day.</p> <p>During an observation on 4/29/14 at 1:30 p.m., Resident #B was noted to not have the hand and wrist splint on her left hand. She was in her recliner, dressed for the day, and awake and responsive. She indicated by shaking her head "no" and mouthing the word "no" that staff had not applied the hand splint that day.</p> <p>During an interview with Resident #B's spouse on 4/29/14 at 1:45 p.m., he indicated that facility staff "often" did not put Resident #B's hand splint on, and that it had not been put on on 4/28/14 and 4/29/14.</p> <p>During an interview with the Administrator on 5/01/14 at 11:45 p.m., she indicated it was the facility's expectation that all orders for treatments and assistive devices would be followed as ordered.</p>			

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	<p>This Federal tag relates to Complaints IN00147874 and IN00148237.</p> <p>3.1-37(a)</p>			