

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155535	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/11/2013
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NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CENTRAL AVE COLUMBUS, IN 47203
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F0000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey dates: January 7, 8, 9, 10, and 11, 2013</p> <p>Facility number: 000572 Provider number: 155535 AIM number: 100267710</p> <p>Survey team: Jill Ross, RN, TC Diana Sidell, RN Gloria Reisert, MSW</p> <p>Census bed type: SNF: 12 SNF/NF: 55 Total: 67</p> <p>Census payor type: Medicare: 12 Medicaid: 49 Other: 6 Total: 67</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on January 16, 2013 by Cheryl Fielden RN</p>	F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of require net under state and federal law. Please accept this plan of correction as our credible allegation of compliance due to the low scope and severity of the survey findings, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</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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F0154 SS=D	<p>483.10(b)(3), 483.10(d)(2) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS</p> <p>The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.</p> <p>Based on record review and interview, the facility failed to ensure the resident's responsible party was fully informed of the results of a CT scan [an enhanced form of X-ray] in a language she could understand. This deficient practice affected 1 of 1 resident reviewed for diagnostic testing. (Resident #54)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #54 on 1/10/13 at 1:00 p.m., indicated the resident was initially admitted to the facility on 1/20/09 and was subsequently re-admitted from the hospital on 5/22/12 with diagnoses which included, but were not limited to: hypertension, increased heart rate, dementia, congestive heart failure, atrial fibrillation, congestive</p>	F0154	F0154 Requires the facility to ensure the resident's responsible party is fully informed of the results of a CT scan in a language he/she understands.1. Resident 54 responsible party had a meeting with the physician and the results of the CT scan were reviewed on 1/9/13. Responsible party voiced understanding to the CT result.2. All residents have the potential to be affected, thus, the following corrective actions were taken.3a. All nurses were educated on the physician and family notification policy. If test result are obtained and the nurse is unclear of the results, the nurse should notify the physician and receive clarification to the results prior to informing the responsible party or resident. If the responsible party or resident needs further explanation of the results, the nurse is to try to receive further information from the physician or set up a meeting with the	01/18/2013			

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	<p>heart disease and gastroesophageal reflux disease.</p> <p>During an interview with the responsible party for Resident #54 on 1/7/13 at 4:27 p.m., she indicated "staff will not explain the results of the CT scan dated 12/21/12 to me as they are afraid they will tell me something is wrong."</p> <p>During an interview with the responsible party on 1/9/13 at 2:50 p.m., She indicated "Am supposed to talk to the NP [nurse practitioner] today or tomorrow when she comes in about the CT. I asked therapy last week and LPN #4 yesterday about the results of the the CT - neither one could explain the results to me as they said they didn't know what the results meant - said it made no sense to them either and again told me I had to talk to the NP or MD [physician]."</p> <p>Review of the 1/9/13 Physician Progress note indicated the resident's family member was unrealistic about the resident's status and had been spoken to several times by staff, MD and NP about her status. Documentation was lacking in the nursing notes between 9/5/12 and 1/10/13 as well as in the physician progress notes between 5/29/12 and</p>		<p>physician, responsible party and/or resident. If a meeting is desired, the meeting should occur as quickly as possible.3b. The policy on physician and family notification was reviewed with no changes indicated at this time. (See attachment A)4. The DON or her designee will review all nurse's notes and lab/test results to ensure that responsible party/resident was notified and understands all results. The audits will be completed daily times four weeks, weekly times four weeks, every two weeks times two months, then quarterly times two quarters to ensure continued compliance. (See attachmentB) The findings of these audits will be reviewed during the facility's quarterly Quality Assurance and Assessment meetings and the plan of action adjusted accordingly, if warranted.</p>				

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	<p>1/9/13 of the staff and Physician having spoke to the family before 1/9/13.</p> <p>During an interview with LPN #3 on 1/11/13 at 10:36 a.m., she indicated she had called the resident's family member to let her know a copy of the CT results were waiting for her and did read the results to her but indicated that she had told the family member she could not explain what the results meant. She indicated the responsible party would have to wait and contact the physician if she needed to know what the impressions/results meant.</p> <p>On 1/7/13 at 10:06 a.m., the Administrator presented a copy of the Residents Rights. Review of these Rights, included but were not limited to: "...Basic rights:...Relatives or a legal representatives may act on a resident's behalf to exercise these rights when a resident is unable to do themselves. Admission Rights: The facility must inform a resident of all resident's rights, in a language or manner that a resident understands, through written and oral information available to residents and sponsors..."</p> <p>3.1-4(c)</p>			

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F0155 SS=D	<p>483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>Based on record review and interview, the facility failed to ensure a resident had the right to refuse a shower. This deficient practice affected 1 of 5 residents reviewed for Resident Rights. (Resident #54)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #54 on 1/10/13 at 1:00 p.m., indicated the resident was initially admitted to the facility on 1/20/09 and was subsequently re-admitted from the hospital on 5/22/12 with diagnoses which included, but were not limited to: hypertension, increased heart rate, dementia, congestive heart failure, atrial fibrillation, congestive heart disease and gastroesophageal reflux disease.</p> <p>During an interview with the responsible party on 1/7/13 at 4:00 p.m., she indicated the resident was not bathed according her past preferences. She indicated the</p>	F0155	F0155 Requires the facility to ensure a resident has the right to refuse a shower.1. The facility met with resident's responsible party and discussed with her the resident's behaviors during showers. At this time, it was determined that the resident would not receive showers and that bed baths were preferred. It was also care planned at this time.2. All residents have the potential to be affected, thus, the following corrective actions were taken. 3a. All staff was educated on resident rights. The staff was also educated on looking for non-verbal signs of refusal of care including yelling or striking out and response should such non-verbal signs be exhibited. The facility conducts interview of resident preferences upon admission (including mode of bathing). The facility will review the preferences of all residents to ensure that said preferences are being honored via plan of care. 3b. The resident rights were reviewed and no changes were made at this time. (See attachment C)4. The DON or her designee will observe five observations of care to ensure	01/18/2013			

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	<p>resident never took showers at home as she hates them and preferred a bath. A bed bath was preferred overall out of all of them but was not sure the resident would get as clean with just a bed bath.</p> <p>During an interview with CNA #2 on 1/10/13 at 1:25 p.m., she indicated the second shift were the ones who gave the resident her shower. She did indicate that the resident does not like her face washed even with a warm wash cloth.</p> <p>During an interview with CNA #1 on 1/10/13 at 2:50 p.m., she indicated that the resident would frequently tell them she did not want a shower and was resistive during the shower. The CNA indicated the daughter finally decided to change it to only one time a week. When queried if the resident's behavior improved, the CNA indicated the resident still verbalized she did not want a shower and would still resist and yell, but not as much. She also indicated the daughter recently changed the resident over to a bedbath as she was too weak to get up for a shower.</p> <p>At 3:20 p.m. on 1/11/13, CNA #1 also indicated they were not aware the resident did not like showers, but did</p>		<p>that resident preferences are being honored, all non- verbal acts of refusal as well as verbal refusals are being addressed by the staff appropriately and the resident's rights are being met daily times four weeks, weekly times four weeks, every two weeks times two months, then quarterly times two quarters to ensure continued compliance. (See attachment B) The findings of these audits will be reviewed during the facility's quarterly Quality Assurance and Assessment meetings and the plan of action adjusted accordingly, if warranted.</p>		

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	<p>say the resident would scream during the shower. The CNA said that when her daughter had heard the resident screaming while in the shower, she had questioned why the resident was screaming. She then spoke with the resident and told her that she would only get a shower one time a week since it upset her so much.</p> <p>Review of the 10/22/12 Significant Change MDS [Minimum Data Set] Assessment indicated the resident felt that it was very important to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>On 1/7/13 at 10:06 a.m., the Administrator presented a copy of the Resident Rights. Review of these Rights included, but were not limited to:...Basic Rights: A resident has the right to be treated with respect and dignity in recognition of his/her individuality and preferences...Medical Care and Treatment:...Refuse any plan of care, treatment, or procedure..."</p> <p>3.1-4(d)</p>				

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F0241 SS=D	<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 and interview, the facility failed to maintain and enhance resident's dignity in that 1 resident had jagged, soiled fingernails (Resident #2), staff walked in 1 resident's room without knocking or as they knocked (Resident #1), and 1 resident felt humiliated when she had to be naked to take a shower (Resident #54). This affected 3 of 40 residents reviewed for dignity.</p> <p>Findings include:</p> <p>1. Resident #2's record was reviewed on 1/10/13 at 1:50 p.m. The record indicated Resident #2 was admitted with diagnoses that included, but were not limited to, chronic diastolic heart failure, diabetes mellitus type 2, chest pain, anemia, high blood pressure, depression, stroke, and neuropathy.</p> <p>A quarterly Minimum Data Set Assessment, dated 11/27/12, indicated Resident #2 was</p>	F0241	<p>F0241 Requires the facility to maintain and enhance resident's dignity.1. Resident 2 had her fingernails trimmed to her liking. Resident 1 was ensured that staff would be educated to wait until the resident invites them into the room before entering after knocking. The facility met with resident 54's responsible party and it was decided that the resident would receive bed baths instead of showers to help maintain her dignity.2. All residents have the potential to be affected, thus, the following corrective actions were taken. Fingernails of all residents were assessed and care was provided to all residents, as indicated. Residents were also interviewed to ensure their dignity was being maintained during care (e.g., staff knocking on doors). Any concerns were noted with action initiated. Resident preference interviews were reviewed to ensure that known preferences regarding care (e.g., bath vs. shower, etc.) are honored in the resident's plan of care. 3a. All staff was educated on resident rights focusing on the resident's right to dignity. (See</p>	01/18/2013			

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	<p>independent in cognitive skills for daily decision making, had minimum difficulty with hearing, made self understood and understands others, and had no behaviors.</p> <p>On 1/8/13, at 9:47 a.m., Resident #2 was observed to have long fingernails with a brown substance underneath the nails.</p> <p>On 1/11/12 at 11:30 a.m., Resident #2 was observed to have uneven nails, some long and jagged, and some had a yellowish brown substance under the nails.</p> <p>During an interview on 1/11/13 at 4:43 p.m., RN #1 indicated "not really, just sometimes" when queried if Resident #2 resisted having her nails trimmed.</p> <p>2. Resident #1's record was reviewed on 1/10/13 at 10:17 a.m. The record indicated Resident #1 was admitted with diagnoses that included, but was not limited to, muscular dystrophy, pain, congestive heart failure, high blood pressure, and quadriplegic.</p> <p>A quarterly Minimum Data Set Assessment, dated 10/17/12 indicated Resident #1 was independent in cognitive skills for</p>		<p>attachment C). The nursing staff was educated that fingernail care is to be provided at least two times a week. The staff was educated that prior to entering a room after knocking that they need to wait until the resident invites them to enter. The nursing staff was also informed that resident 54 was to be given a bed bath to help maintain her dignity. Staff was encouraged to keep all residents covered during care as much as possible to maintain their dignity, and the preferences of all residents in regard to care must be honored during daily caregiving.3b. The policy on resident rights was reviewed with no changes made at this time.4. The DON or her designee will monitor five observations of fingernail care, will observe five episodes of the staff knocking on doors and waiting for the resident to give permission for them to enter the room, and observe five episodes of care to ensure staff is maintaining the resident's dignity and honoring preferences daily times four weeks, weekly times four weeks, every two weeks times two months then quarterly times two quarters to ensure continued compliance. (See attachment B) The findings of these audits will be reviewed during the facility's quarterly Quality Assurance and Assessment meetings and the plan of action adjusted</p>		

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	<p>daily decision making, had no behaviors, made self understood and understands others, hearing and vision was adequate, was totally dependant on staff for bed mobility, dressing, eating, bathing, and toileting, and did not walk.</p> <p>During an interview on 1/11/13 at 10:54 a.m., Resident #1 indicated that staff usually walk in without knocking and sometimes knock while walking in his room. During this interview, two unidentified staff were observed as they knocked and opened the door without waiting for the resident to answer.</p> <p>3. Review of the clinical record for Resident #54 on 1/10/13 at 1:00 p.m., indicated the resident was initially admitted to the facility on 1/20/09 and was subsequently re-admitted from the hospital on 5/22/12 with diagnoses which included, but were not limited to: hypertension, increased heart rate, dementia, congestive heart failure, atrial fibrillation, congestive heart disease and gastroesophageal reflux disease.</p> <p>During an interview with the responsible party on 1/7/13 at 4:00 p.m., she indicated the resident was not bathed according her past</p>		accordingly, if warranted.				

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	<p>preferences. She indicated the resident never took showers at home as she hates them and preferred a bath. The responsible party indicated that because the resident raised such a ruckus by screaming during the shower that she agreed to only one a week as she would get cold in the shower room, and that it humiliated her and hated to remove all her clothes and have 2-3 staff give her a shower. A bed bath was preferred overall out of all of them but was not sure the resident would get as clean with just a bed bath.</p> <p>During an interview with CNA #2 on 1/10/13 at 1:25 p.m., she indicated the second shift were the ones who gave the resident her shower. She did indicate that the resident does not like her face washed even with a warm wash cloth.</p> <p>During an interview with CNA #1 on 1/10/13 at 2:50 p.m., she indicated that the resident would frequently tell them she did not want a shower and was resistive during the shower. The CNA indicated the daughter finally decided to change it to only one time a week. When queried if the resident's behavior improved, the CNA indicated the resident still verbalized she did not want a shower</p>			

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	<p>and would still resist and yell, but was not as much. She also indicated the daughter recently changed the resident over to a bedbath as she was too weak to get up for a shower.</p> <p>At 3:20 p.m. on 1/11/13, CNA #1 also indicated they were not aware the resident did not like showers, but did say the resident would scream during the shower. The CNA said that when her daughter had heard the resident screaming while in the shower, she had questioned why the resident was screaming. She then spoke with the resident and told her that she would only get a shower one time a week since it upset her so much.</p> <p>3.1-3(t)</p>			

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NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CENTRAL AVE COLUMBUS, IN 47203			
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F0242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interview and record review, the facility failed to ensure 1 resident had a choice of when to arise each day (Resident #2), and 1 resident had the choice to choose between a bath or a shower (Resident #54). This affected 2 residents interviewed who met the criteria for choices.</p> <p>Findings include:</p> <p>1. Resident #2's record was reviewed on 1/10/13 at 1:50 p.m. The record indicated Resident #2 was admitted with diagnoses that included, but were not limited to, chronic diastolic heart failure, diabetes mellitus type 2, chest pain, anemia, high blood pressure, depression, stroke, and neuropathy.</p> <p>A quarterly Minimum Data Set Assessment, dated 11/27/12, indicated Resident #2 was</p>	F0242	<p>F0242. Requires the facility to ensure that the residents have a choice regarding their activities of daily living. 1. The Social Service Director met with resident 2 regarding her preference when to arise each day. A time was determined per the resident and the same communicated to caregivers per plan of care. The facility met with resident 54's responsible party and decided that the resident would receive bed baths instead of showers and the same was communicated to caregivers per plan of care.2. All residents have the potential to be affected, thus, the following corrective actions were taken. Residents or responsible parties were interviewed regarding the resident's preferences to ensure their choices in care are being met. Those preferences were incorporated into respective plans of care to ensure resident choice regarding activities of daily living are honored.3a. The Social Service Director was educated on the resident interview policy. The Social Service Director will notify</p>	01/18/2013			

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	<p>independent in cognitive skills for daily decision making, had minimum difficulty with hearing, made self understood and understands others, and had no behaviors.</p> <p>A care plan worksheet for daily preferences, with dates of 11/28/12 and 12/12/12, indicated "Problem: During 'Preferences for Customary Routine Interview', resident responded that the indicated daily preferences are: very important, choosing between a shower, having snacks between meals, especially snacks in room - spouse provided, and choosing own bedtime - when I get tired." The space for "Prefers to awaken at --" was not selected nor filled in with a time.</p> <p>During an interview on 1/8/13 at 9:47 a.m., Resident #2 indicated staff wake her up early; 4:00 a.m. this morning to do a skin check. The other mornings they wake her before she is ready and she wants to sleep until she wakes. Resident #2 indicated she "got up early all her life to get her son off to school and work, and wants to sleep a little later now."</p> <p>During an interview on 1/11/13 at 11:30 a.m., Resident #2 indicated they get her up before she is ready,</p>		<p>staff if a residents's preference changes so their plan of care can be adjusted accordingly. (See attachment D)3b. The policy on resident interviews/preferences was reviewed and no changes were made at this time.4. The Social Service Director will conduct resident/responsible party interviews upon admission in an effort to incorporate preferences into daily care. Additionally, four resident or family interviews regarding facility compliance with resident preferences of care shall be conducted four times weekly times four weeks, every two weeks times two months, then quarterly times two quarters to ensure continued compliance with adherence to known preferences. (See attachment E) The findings of these audits will be reviewed during the facility's quarterly Quality Assurance and Assessment meetings and plan of action adjusted accordingly, if warranted.</p>		

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	<p>that they don't respect the older people and do what they want.</p> <p>During an interview on 1/11/13 at 4:43 p.m., RN #1 indicated resident's skin assessments are done on third shift "Because resident's are in bed, when they did them on days, residents were up."</p> <p>2. Review of the clinical record for Resident #54 on 1/10/13 at 1:00 p.m., indicated the resident was initially admitted to the facility on 1/20/09 and was subsequently re-admitted from the hospital on 5/22/12 with diagnoses which included, but were not limited to: hypertension, increased heart rate, dementia, congestive heart failure, atrial fibrillation, congestive heart disease and gastroesophageal reflux disease.</p> <p>During an interview with the MDS coordinator on 1/11/13 at 5:15 p.m., she indicated that at the last review in October 2012, the resident had indicated she preferred a shower.</p> <p>During an interview with the family on 1/7/13 at 4:00 p.m., she indicated the resident was not bathed according her past preferences. She indicated the resident never took showers at home as she hated them and</p>						

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	<p>preferred a bath as she gets cold in shower room, and it humiliated her to remove all her clothes and have 2-3 staff give her a shower - she hated it.</p> <p>During an interview with CNA #2 on 1/10/13 at 1:25 p.m., she indicated the second shift were the ones who gave the resident her shower. She did indicate that the resident does not like her face washed even with a warm wash cloth.</p> <p>During an interview with CNA #1 on 1/10/13 at 2:50 p.m., she indicated that the resident would frequently tell them she did not want a shower and was resistive during the shower.</p> <p>At 3:20 p.m., CNA #1 also indicated they were not aware the resident did not like showers, but did say the resident would scream during the shower.</p> <p>Review of the 10/22/12 Significant Change MDS [Minimum Data Set] Assessment indicated the resident felt that it was very important to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>Review of the 10/18/12 Care Plan on "ADL [Activities of Daily Living] Assist Required" with an review date of</p>			

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	<p>12/20/12, included, but was not limited to the following intervention: "Offer bathing choices; Monitor for changes in ADL participation and notify charge nurse of any changes for further evaluation and possible MD and responsible party notification..."</p> <p>3.1-3(u)(1) 3.1-3(u)(3)</p>			

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F0280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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 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 record review and interview, the facility failed to allow the resident to participate in planning the time of his therapy sessions. This deficient practice affected 1 of 1 resident reviewed for care and treatment planning. (Resident #3)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #3 on 1/11/13 at 10:15 a.m., indicated the resident was admitted to the facility on 10/9/12 and had diagnoses which included, but were not limited to: diabetes mellitus type</p>	F0280	F0280 Requires the facility to allow the resident to participate in planning the time of his/ her therapy sessions.1. Resident 1 had a care plan meeting on 1/9/13 and discussed wanting to have his therapy after breakfast. At this time, the resident's plan of care was updated to include having therapy after breakfast.2. All residents have the potential to be affected, thus, the following corrective actions were taken. The Social Service Director completed resident interviews to ensure that the residents' preferences are addressed per their plan of care.3a. The Social Service Director was educated on the resident interview policy.	01/18/2013	

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	<p>2, deep vein thrombosis, dementia, depression, hypertension and hypercholesterolemia.</p> <p>During an interview with Resident #3 on 1/8/12 at 10:59 a.m., he indicated he did not like doing therapy before breakfast and that although he told them he did not want to, he was told that this was his time and he had to go. The resident indicated he did not mind doing the exercises but just did not want to do them before breakfast.</p> <p>During an interview with the Physical Therapy Assistant #1 on 1/11/13 at 9:15 a.m., she indicated that if the resident was up, shaved, dressed and ready to go, then she would take him to do therapy before breakfast. If not, then she wouldn't. She also indicated that if the resident said no, then of course she would not take him either.</p> <p>During an interview with CNA # 3 on 1/1/13 at 9:40 a.m., she indicated that restorative nursing only recently picked the resident up and that they saw him after breakfast to do exercises with him and walked him in the afternoon.</p> <p>Review of the 10/19/12 Admission Minimum Data Set [MDS] indicated that although the resident scored an 5</p>		(See attachment D) All findings of the interviews, including preferences regarding care, will be addressed with the staff and the resident's plan of care adjusted accordingly.3b. The policy on resident interviews was reviewed with no changes made at this time.4. The Social Service Director will conduct resident or responsible party interviews to ensure resident preferences of care are being honored according to plan of care weekly times four week, every two weeks times two months, then quarterly times two quarters to ensure continued compliance. (See attachment E) The findings of these audits will be reviewed during the facility's quarterly Quality Assurance and Assessment meetings and the plan of action adjusted accordingly, if warranted.				

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	<p>on the Brief Interview for Mental Status in which the resident had difficulty with cognition - he was able to indicate that it was very important for him to make decisions regarding his care and lifestyle in the nursing home.</p> <p>Review of the 60 day Assessment dated 12/4/12 indicated the resident's cognitive status had improved to a 9 with increased ability to answer questions correctly with some cueing.</p> <p>Review of the 10/17/12 "Daily Preferences" care plan indicated: "During 'Preferences for Customary Routine Interview'. resident responded that the indicated daily preferences are very important - prefers to awaken at close to breakfast time".</p> <p>3.1-35(d)(2)(B)</p>				