

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155230	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/12/2016
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NAME OF PROVIDER OR SUPPLIER  ROSEBUD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 8, 9, 10, 11 and 12, 2016</p> <p>Facility number: 000135 Provider number: 155230 AIM number: 100266820</p> <p>Census bed type: SNF: 4 SNF/NF: 94 Total: 98</p> <p>Census payor type: Medicare: 14 Medicaid: 61 Other: 23 Total: 98</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on February 17, 2016</p>	F 0000	<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. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Included all auditing tools and policies used for in-servicing as attachments Placed deficiency coding on each attachment for reference</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 0157 SS=D Bldg. 00	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review the facility failed to notify the physician of a resident who had a significant weight loss</p>	F 0157	<b>F157 Notify of Changes</b> A facility must immediately inform the resident;consult with the residents physician when there is	03/13/2016

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	<p>of 8% in thirty days for 1 of 5 residents who met the criteria for nutrition of 3 residents reviewed for weight loss. (Resident # 132)</p> <p>Finding include:</p> <p>Review of the record of Resident #132 on 2/12/16 at 2:40 p.m., indicated the resident's diagnoses included, but were not limited to, femur neck fracture, dementia, altered mental status, hyperlipidemia, depression and diabetes mellitus.</p> <p>The Admission Minimum Data Set (MDS) assessment for Resident #132, dated 11/30/15, indicated he required extensive assistance of one person for eating</p> <p>The careplan for Resident #132, dated 12/19/15, indicated he had a significant weight loss of 8% in 30 days. The intervention included, but were not limited to, notify the physician of a significant weight loss.</p> <p>The weights for Resident #132 were as follows: 11/23/15- 174 pounds, 12/7/15-163 pounds, 12/17/15- 160 pounds and 1/13/16- 157 pounds. This indicated the resident had an 8% weight loss in 30 days.</p>		<p>a change in residentscondition. <b>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice.</b></p> <p>Physician was made aware of resident #132 triggeringfor weight loss. Resident was added to weekly weights and will be monitoredweekly by IDT in Nutritional at Risk meeting. <b>Howother residents having the potential to be affected by same deficient practicewill be identified and what corrective action will be taken.</b></p> <p>All residents have the potential to beaffected. Review of the facilityresident weight variance report completed, to identify residents triggering forsignificant weight loss, with Physician notification if indicated. IDT to be educated/in-serviced on Physiannotification of resident weight loss and documentation. <b>Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur.</b></p> <p>Interdisciplinary Team (IDT) to beeducated/in-serviced by DNS Specialist by 3/13/16 on Physician notificationrelated to resident weight management and documentation. Weight variance reportreviewed monthly per IDT and RD to identify residents that trigger for weightloss. IDT will document physiannotification in</p>	

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F 0174 SS=D Bldg. 00	<p>Interview with the Director Of Nursing (DON) on 2/12/16 at 3:43 p.m., indicated the facility did not notify the physician of Resident #132's significant weight loss of 8% in one month.</p> <p>The weight monitoring policy provided by the DON on 2/12/16 at 4:45 p.m., indicated a resident who experienced a weight loss of 5% in 30 days, 7.5% in 90 days or 10% in 180 days was an significant weight loss. The physician would be notified of unplanned significant weight loss.</p> <p>3.1-5(a)(2)</p> <p>483.10(k),(l) RIGHT TO TELEPHONE ACCESS WITH PRIVACY §483.10(k) Telephone The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.</p> <p>§483.10(l) Personal Property The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>Based on interview and record review, the facility failed to provide a resident with a private area to use the telephone</p>	F 0174	<p>weekly NAR meeting. <b>Howthe corrective action will be monitored to ensure the deficient practice willnot recur.</b> CQI tool for Resident Weights will be completed byDNS/Designee weekly x 4, monthly x 3, and quarterly thereafter until complianceis achieved. The results will be reviewed at monthly Continuous Quality ImprovementMeeting, which is overseen by ED. If a threshold of 100% is not achieved, anaction plan will be developed to ensure compliance. <b>Bywhat date the systemic changes will be completed.</b> Date of Completion 3/13/16.</p> <p><b>F174 Right to telephone access withprivacy</b> The resident has the right to have reasonable accessto the use of a</p>	03/13/2016			

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	<p>for 1 of 1 residents reviewed for privacy of 1 resident who met the criteria for privacy. (Resident #74) This had the potential to affect all resident who resided on the Memory Care Unit who would be able to converse on the telephone.</p> <p>Findings include:</p> <p>Resident #74's record was reviewed on 2/11/16 at 2:05 p.m. His diagnoses documented on his February 2016 physician's recapitulation orders included but were not limited to, chronic obstructive pulmonary disease, angina, coronary artery disease, hypertension, peripheral vascular disease, and osteoarthritis.</p> <p>Resident #74's quarterly Minimum Data Set (MDS) assessment dated 10/8/15, indicated it was very important for him to be able to use the telephone in private.</p> <p>During an interview with Resident #74's daughter on 2/9/16 at 1:30 p.m., she indicated Resident #74 was capable of conversing on the telephone. She indicated he could not converse on the telephone without being overheard. She indicated he used the telephone at the nurses station.</p>		<p>telephone where calls can be made without being overheard. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b> Resident #74 and resident's daughter informed of availability of portable telephone for residents privacy. <b>How other residents having the potential to be affected by same deficient practice will be identified and what corrective action will be taken.</b> All residents residing on the Cottage have the potential to be affected. A portable telephone will be available for residents use and staff will be in-serviced to provide upon residents request. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b> Residents have been provided with a portable telephone to enable residents to converse in a private area. Staff to be in-serviced by DNS/Designee by 3/13/16 on availability of portable telephone for residents use. <b>How the corrective action will be monitored to ensure the deficient practice will not recur.</b> CQI tool for Telephone access with privacy will be completed weekly x 4, monthly x 3, and then quarterly until</p>	

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	<p>During an interview with Activity Assistant #11 on 2/10/16 at 12:00 p.m., she indicated Resident #74 liked to speak with his daughter on the telephone. She indicated she would call Resident #74's daughter for him if he was acting out of sorts. She indicated the unit did not have a portable telephone and Resident #74 used the telephone at the nurses station. She indicated if a resident on the unit needed privacy to talk on the telephone they could use the Memory Care Facilitators (MCF) office. She indicated herself and the MCF had a key to the office.</p> <p>During an interview with RN #12 on 2/10/16 at 12:07 p.m., she indicated Resident #74 was capable of conversing on the telephone with his daughter. She indicated the unit did not have a portable telephone and he used the telephone at the nurses station. She indicated Resident #74's daughter called and spoke with him sometimes, and if he became agitated the staff would telephone his daughter and let him speak with her. She indicated Resident #74 could speak in private in the MCF's office. She indicated the MCF, Activity Staff, and Maintenance Staff had a key to the office. She indicated the MCF and Activity Staff worked 5 days a week during the day.</p>		<p>compliance is achieved. CQI tool will be reviewed in Continuous Quality Improvement Meeting monthly, which is overseen by ED. If a threshold of 100% is not achieved and action plan will be developed to ensure compliance.</p> <p><b>By what date the systemic changes will be completed.</b> Date of Completion 3/13/16.</p>	

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F 0221 SS=D Bldg. 00	<p>During a conversation with Resident #74 on 2/10/16 at 3:56 p.m., he indicated he spoke to his relatives on the telephone sometimes.</p> <p>During an interview with the MCF on 2/11/16 at 11:26 a.m., she indicated the unit did not have a portable telephone. She indicated if a resident wanted to use the telephone in private they were welcome to use the telephone in her office. She indicated she worked Monday through Friday and her Activity Assistant who worked weekends had a key to her office, but her office wouldn't be available in the evenings after supper.</p> <p>3.1-3(f)</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on interview and record review, the facility failed to ensure a dependent resident was free from having her arms physically restrained during care. This affected 1 of 1 residents who fit the criteria for restraint use. (Resident #12)</p>	F 0221	<p><b>F221 Right to be free from physical restraints</b> The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</b></p>	03/13/2016

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	<p>Findings include:</p> <p>Resident #12's record was reviewed on 2/10/16 at 3:39 p.m. Current physician's orders, dated 2/1/16 through 2/28/16, indicated diagnoses that included, but were not limited to, Alzheimer's dementia, high blood pressure, atrial fibrillation, weakness, lower right leg ulcer, depression, and progressive neurodegenerative disease. A history and physical from a local hospital, dated 1/7/16, indicated a diagnosis of chronic anemia.</p> <p>A significant change minimum data set (MDS) assessment, dated 1/15/16, indicated Resident #12 was severely impaired, never/rarely made decisions in cognitive skills for daily decision making, had no moods or behaviors, required extensive assist of 2 for bed mobility and transfers, was totally dependent of one of staff for walking and dressing, required assistance of one for eating, was totally dependant on 2 staff for bathing, used a wheelchair, and had no impairment in range of motion.</p> <p>In an interview on 2/10/2016 at 2:25 p.m., the Director of Nurses (DoN) indicated approximately 45 minutes ago, she went into Resident #12's room. Resident #12 was in bed and CNA #1</p>		<p><b>practice.</b></p> <p>Resident #12 was assessed with Physician and Familynotification, no injury noted, reportable completed and submitted to ISDH.Staff educated/in-serviced on 2/10/16 on Abuse Policy and Restraint Policy.</p> <p><b>Howother residents having the potential to be affected by same deficient practicewill be identified and what corrective action will be taken.</b></p> <p>All residents have the potential to be affected. Nursingstaff to be educated/in-serviced on Abuse and Restraint Policy.</p> <p><b>Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur.</b></p> <p>Nursing staff to educated/in-service on Abuse andRestraint Policy by 3/13/16 per DNS/Designee. Nurse Management team to completeunexpected observations of staff during resident care to assigned hall, toensure appropriateness.</p> <p><b>Howthe corrective action will be monitored to ensure the deficient practice willnot recur.</b></p> <p>CQI tool for resident care observations to becompleted 3 x weekly for 4 weeks, 3x month for 3 months, and quarterlythereafter. Results will be reviewed atContinuous Quality Improvement Meeting monthly,</p>		

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	<p>was trying to help CNA #3 change Resident #12 and provide incontinence care. The DoN indicated she knocked and opened the door. The resident had her arms crossed, a towel was wrapped around both forearms, holding her arms together, and the resident was pulling against the towel. CNA #1 had his hand on top of the towel to hold it in place. She said she asked "what are you guys doing?" CNA #1 said he was helping CNA #3 change Resident #12. The DoN said she asked another CNA to come into the resident's room and took CNA #1 into her office to ask him what was going on. She got a statement from him, gave him the facility's restraint policy and abuse policy, and suspended him. The DoN said in the meantime CNA #3 had left on an appointment and she would be speaking with her when she returns from the appointment today. She said an investigation has been started, CNA #1 has been suspended, and she will do a quick reminder inservice with everyone. CNA #1 told the DoN that Resident #12 bruises and tears easily and he felt it was important to get the bowel movement off of her. He said he used the towel to protect the resident's arms because she was swinging her arms and it would have bruised her. The DoN indicated she did some education with him before he left.</p>		<p>which is overseen by ED. If a threshold of 100% is not achieved anaction plan will be developed to ensure compliance. <b>Bywhat date the systemic changes will be completed.</b> Date of Completion 3/13/16.</p>		

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	<p>During an interview, on 2/12/16 at 11:49 a.m., the Director of Nursing (Don) indicated she was going in Resident #12's room to make sure the CNAs were laying her down. The DoN indicated Resident #12 was lying on her back in bed, a towel was wrapped around her two forearms, and CNA #1 had his hands on the towel. The towel was folded about six inches wide and wrapped around two and half times around Resident #12's arms. The DoN said she went over with CNA #1 what a better approach would have been; to let Resident #12 be, and reapproach or let someone else take over. She told him he took away her right to refuse, and asked him if another resident told him she didn't want to do something, what would he do and he said he would leave her and return later. CNA #3 was in the room with him and she was suspended also. The Don indicated the investigation is incomplete and they haven't decided the outcome.</p> <p>A Policy and Procedure for "Restrictive Devices", dated as revised on 2/2015, was provided by the DoN on 2/12/16 at 4:45 p.m. The policy included, but was not limited to, "It is the policy of [Name of Corporation] to prohibit the use of restrictive devices, including side rails, for the purpose of discipline or convenience. Restrictive device use will</p>			

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F 0225 SS=D Bldg. 00	<p>be considered only after less restrictive measures that have failed, and the interdisciplinary team determines that they are needed to treat resident (s) medical symptoms. Definition: A physical restraint is defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include but are limited to: Leg restraints, arm restraints, hand mitts...."</p> <p>3.1-3(w)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property</p>			

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	<p>are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to thoroughly investigate an allegation of a staff member being rough with a resident, for 1 of 5 resident investigations reviewed for abuse. (Resident #49 and CNA #15)</p> <p>Findings include:</p> <p>Resident #49's record was reviewed on 2/10/16 at 2:50 p.m. Her diagnoses documented on her February 2016 Physician's recapitulation orders included but were not limited to, anxiety, back pain, stroke, and paraplegia.</p> <p>Resident #49's significant change</p>	F 0225	<p><b>F 225 Investigate/Report Allegations/Individuals</b></p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further abuse while the investigation is in progress.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>Resident #49 was followed up with by Social Services and presents with no distress.</p> <p><b>How other residents having the potential to be affected by same deficient practice will be identified and what corrective action will be taken.</b></p> <p>All residents reporting an</p>	03/13/2016

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NAME OF PROVIDER OR SUPPLIER  ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
(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			
	<p>Minimum Data Set assessment dated 10/7/15, indicated she was understood and had the ability to understand others. She required extensive assistance of 2 persons for bed mobility, transfer, and toileting. She required extensive assistance of 1 person for dressing and personal hygiene. She had impairment of both her lower extremities and she did not walk.</p> <p>An Incident for Review provided by the Administrator on 2/10/16 at 1:30 p.m., indicated the following: "Incident Date: 1/17/16. Incident Time: 6:01 p.m... 1/21/16 - Description added - 1/21/16 Resident told nurse this morning (10:30 am) that the "CNA this weekend was rough with her."... Type of injury added - 1/21/16 None... Action taken added - 1/21/16 CNA suspended pending investigation. ED (Executive Director, DNS (Director of Nursing Services), Medical Director and family notified. Nurse did skin assessment on resident with no concerns. Investigation started... Type of preventative measures added - 1/21/16 Investigation started into allegation. CNA suspended pending investigation. Social Service to do interviews on that hallway regarding "rough treatment" or any abuse. Will follow up when investigation complete... Follow up added - 1/25/16 ED</p>		<p>allegation have the potential to be affected. ED and Nurse Management Team to be in-serviced by DNS Special on investigation process of abuse allegations.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b> ED and Nurse Management Team to be in-serviced by 3/13/16 by DNS Specialist on investigation process of abuse allegations, with review of abuse prohibition, reporting, and investigation policy. Allegations of abuse will be reviewed by Director of Operations.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur.</b> CQI tool for Abuse Prohibition and Investigation will be utilized to review all abuse allegations upon occurrence x 2 months and quarterly thereafter until compliance is achieved. Results will be reviewed at Continuous Quality Improvement Meeting monthly, which is overseen by ED. If threshold of 100% is not achieved an action plan will be developed to ensure compliance.</p> <p><b>By what date the systemic changes will be completed.</b> Date of Completion 3/13/16.</p>				

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	<p>interviewed CNA. CNA stated that resident seemed more upset than usual over the weekend. ED found that the resident had experienced a family disappointment prior to the weekend. Resident is care-planned for frequent complaints related to care. Social Service completed resident interviews on that hallway regarding the weekend shift with no negative findings. The allegation can not be substantiated."</p> <p>A statement documented from Resident #49 dated 1/21/16, indicated the following: "Last wknd (weekend) Sat (Saturday) or Sun (Sunday) (prob. (probably) Sun) CNA rude to me Told me "we aren't rude to you, please don't be rude to us." Admits she (Resident's name) made a demeaning/negative remark regarding CNA's. States CNA was "rough" when she changed me - had to push on me while rolling me over. Resident does state she does not think CNA was intentionally rough - "she's just short &amp; not nice."</p> <p>A statement from the accused CNA #15 dated 1/21/16, indicated the following: "I took care of (Residents name) on Sunday on C hall for a brief time. While caring for (Residents name) we pottied her with the stand up hoyer and did personal care. (Residents name) seemed to be upset</p>			

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	<p>with everything we did that day. We tried to meet her needs as best as possible. I can't think of anything specific that she could be upset about."</p> <p>The investigation of the Incident included 5 other resident interviews with no concerns voiced. The investigation of the Incident did not include any interviews from other staff who had worked that weekend with the CNA #15.</p> <p>An interview with the ED on 2/10/16 at 3:00 p.m., indicated no staff interviews were conducted regarding the Incident for Review except CNA #15 who had been accused of being rough with Resident #49.</p> <p>The Abuse, Prohibition, Reporting, And Investigation policy and procedure provided by the ED on 2/10/16 at 10:02 a.m., indicated the following: "Policy/Procedure: ...Resident Abuse - Staff member, volunteer, or visitor: Policy: It is the policy of American Senior Communities to assure appropriate interventions are in place and followed to assure safety of the resident(s) is maintained if abuse is identified or suspected. Procedure: If resident abuse is identified or suspected, the following guidelines will be followed: ...11. The investigation will</p>			
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F 0226 SS=D Bldg. 00	<p>include: Facts and observations by involved employees. Facts and observations by witnessing employees. Facts and observations by witnessing non-employees. Facts and observations from others who might have pertinent information. Facts and observations by the supervisor or individual whom the initial report was made...."</p> <p>3.1-28(d)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to implement their policy related to an allegation of a staff member being rough with a resident, for 1 of 5 resident investigations reviewed. (Resident #49)</p> <p>Findings include:</p> <p>Resident #49's record was reviewed on 2/10/16 at 2:50 p.m. Her diagnoses documented on her February 2016 Physician's recapitulation orders included but were not limited to, anxiety, back pain, stroke, and paraplegia.</p>	F 0226	<p><b>F226 Develop/Implement Abuse/Neglect, ETC Policies</b></p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>Resident #49 was followed up with by Social Services and presents with no distress.</p> <p><b>How other residents having the potential to be affected by same deficient practice will be</b></p>	03/13/2016

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	<p>Resident #49's significant change Minimum Data Set assessment dated 10/7/15, indicated she was understood and had the ability to understand others. She required extensive assistance of 2 persons for bed mobility, transfer, and toileting. She required extensive assistance of 1 person for dressing and personal hygiene. She had impairment of both her lower extremities and she did not walk.</p> <p>An Incident for Review provided by the Administrator on 2/10/16 at 1:30 p.m., indicated the following: "Incident Date: 1/17/16. Incident Time: 6:01 p.m... 1/21/16 - Description added - 1/21/16 Resident told nurse this morning (10:30 am) that the "CNA this weekend was rough with her."... Type of injury added - 1/21/16 None... Action taken added - 1/21/16 CNA suspended pending investigation. ED (Executive Director, DNS (Director of Nursing Services), Medical Director and family notified. Nurse did skin assessment on resident with no concerns. Investigation started... Type of preventative measures added - 1/21/16 Investigation started into allegation. CNA suspended pending investigation. Social Service to do interviews on that hallway regarding "rough treatment" or any abuse. Will</p>		<p><b>identified and what corrective action will be taken.</b> All residents reporting an allegation have the potential to be affected. ED and Nurse Management Team to be in-serviced by DNS Special on Abuse Policy and Procedures. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b> ED and Nurse Management Team to be in-serviced by 3/13/16 by DNS Specialist on Abuse Policy and Procedures and Incident Reporting Policy. Allegations of abuse will be reviewed by Director of Operations. <b>How the corrective action will be monitored to ensure the deficient practice will not recur.</b> CQI tool for Abuse Prohibition and Investigation will be utilized to review all abuse allegations upon occurrence x 2 months and quarterly thereafter until compliance is achieved. Results will be review at Continuous Quality Improvement Meeting monthly, overseen by ED. If threshold of 100% is not achieved an action plan will be developed to ensure compliance. <b>By what date the systemic changes will be completed.</b> Date of Completion 3/13/16.</p>	

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	<p>follow up when investigation complete... Follow up added - 1/25/16 ED interviewed CNA. CNA stated that resident seemed more upset than usual over the weekend. ED found that the resident had experienced a family disappointment prior to the weekend. Resident is care-planned for frequent complaints related to care. Social Service completed resident interviews on that hallway regarding the weekend shift with no negative findings. The allegation can not be substantiated."</p> <p>A statement documented from Resident #49 dated 1/21/16, indicated the following: "Last wknd (weekend) Sat (Saturday) or Sun (Sunday) (prob. (probably) Sun) CNA rude to me Told me "we aren't rude to you, please don't be rude to us." Admits she (Resident's name) made a demeaning/negative remark regarding CNA's. States CNA was "rough" when she changed me - had to push on me while rolling me over. Resident does state she does not think CNA was intentionally rough - "she's just short &amp; not nice."</p> <p>A statement from the accused CNA #15 dated 1/21/16, indicated the following: "I took care of (Residents name) on Sunday on C hall for a brief time. While caring for (Residents name) we pottied her with</p>			

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	<p>the stand up hoyer and did personal care. (Residents name) seemed to be upset with everything we did that day. We tried to meet her needs as best as possible. I can't think of anything specific that she could be upset about."</p> <p>The investigation of the Incident included 5 other resident interviews with no concerns voiced. The investigation of the Incident did not include any interviews from other staff who had worked that weekend with the CNA #15.</p> <p>An interview with the ED on 2/10/16 at 3:00 p.m., indicated no staff interviews were conducted regarding the Incident for Review except CNA #15 who had been accused of being rough with Resident #49.</p> <p>The Abuse, Prohibition, Reporting, And Investigation policy and procedure provided by the ED on 2/10/16 at 10:02 a.m., indicated the following: "Policy/Procedure: ...Resident Abuse - Staff member, volunteer, or visitor: Policy: It is the policy of American Senior Communities to assure appropriate interventions are in place and followed to assure safety of the resident(s) is maintained if abuse is identified or suspected. Procedure: If resident abuse is identified or suspected,</p>			

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F 0279 SS=D Bldg. 00	<p>the following guidelines will be followed: ...11. The investigation will include: Facts and observations by involved employees. Facts and observations by witnessing employees. Facts and observations by witnessing non-employees. Facts and observations from others who might have pertinent information. Facts and observations by the supervisor or individual whom the initial report was made...."</p> <p>3.1-28(a)</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 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>			

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	<p>Based on record review, observation, and interview, the facility failed to ensure 3 residents had a comprehensive care plan for non pressure ulcer related skin conditions. This affected 3 of 27 residents reviewed for comprehensive care plans. (Resident #12, Resident #67, and Resident #162)</p> <p>Findings include:</p> <p>1. During an observation, on 2/09/2016 at 9:29 a.m., Resident #12 was observed to have a skin tear on her left lower arm, near her wrist, with a raised dark blue area under it, the back of her right hand was bruised, and the resident didn't know what had happened.</p> <p>Resident #12's record was reviewed on 2/10/16 at 3:39 p.m. and indicated Resident #12 was admitted on 12/22/15. Current physician's orders, dated 2/1/16 through 2/28/16, indicated diagnoses that included, but were not limited to, Alzheimer's dementia, high blood pressure, atrial fibrillation, weakness, lower right leg ulcer, depression, and progressive neurodegenerative disease. A history and physical from a local hospital, dated 1/7/16, indicated a diagnosis of chronic anemia.</p>	F 0279	<p><b>F279 Develop Comprehensive Care Plans</b> A facility must use the results of the assessment to develop, review and revise the residents comprehensive plan of care. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b> Resident #67, #12, and #162 have a completed comprehensive care plan in place. <b>How other residents having the potential to be affected by same deficient practice will be identified and what corrective action will be taken.</b> All residents have the potential to be affected. All residents will have a skin assessment completed by ADNS on 2/29/16. All nursing staff to be in-serviced on new skin events, weekly skin assessments, and documentation. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b> All nursing staff educated/in-serviced by 3/13/16 per DNS/Designee on completing new skin events, weekly skin assessments, and shower documentation. Wound Nurse will evaluate all new skin events and complete a plan of care for identified skin conditions. Wound Nurse will maintain</p>	03/13/2016			

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	<p>A significant change minimum data set (MDS) assessment, dated 1/15/16, indicated Resident #12 was severely impaired, never/rarely made decisions in cognitive skills for daily decision making, had no moods or behaviors, required extensive assist of 2 for bed mobility and transfers, was totally dependent of one of staff for walking and dressing, required assistance of one for eating, was totally dependant on 2 staff for bathing, used a wheelchair, and had no impairment in range of motion.</p> <p>On 2/12/2016 at 11:34 a.m., the Director of Nurses (DoN) indicated there are three potential causes for Resident #12's bruising; she wanders through the building [in her wheelchair] and bumps into hand rails, she slings out during care, for example the CNA with the potential towel incident, and the bruise on her right hand they were able to attribute to a blood draw. She said the wound nurse has the measurements of all the bruises, that the blood draw on the right hand was the largest area, and none are finger shaped. She indicated they look at what could have caused the bruising.</p> <p>On 2/10/2016 at 12:39 p.m., Resident #12 was observed in the assist feed dining room. She had several bruises on her left arm, back of left hand, left wrist,</p>		<p>anup-to-date skin composite sheet. <b>Howthe corrective action will be monitored to ensure the deficient practice willnot recur.</b> CQI tool for Care Plan Updating will be completedweekly x 4, monthly x 63 and quarterly thereafter until compliance is achieved.Results will be reviewed at Continuous Quality Improvement Meeting monthly,which is overseen by ED. If threshold of 100% is not achieved an action planwill be developed to ensure compliance. <b>Bywhat date the systemic changes will be completed</b> Date of Completion 3/13/16.</p>				

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	<p>a skin tear on the lower left arm, on her right hand, and up her right forearm.</p> <p>On 2/12/2016 at 1:55 p.m., the DoN indicated there was no care plan in place prior to 2/9/16 for the potential for bruising.</p> <p>On 2/10/2016 at 2:18 p.m., RN #7 indicated Resident #12 bumps her hands and arms on the walls and rails when she is wheeling herself in the hall way in her wheelchair. RN #7 indicated she bruises easily because she is anemic.</p> <p>On 2/12/2016 at 2:45 p.m., with the DoN, Resident #12 was observed to have a skin tear on her lower left forearm with 3 steri strips, a skin tear on her upper left arm with steri strips, bruises on both middle fingers, and on the right wrist. The DoN indicated the bruise has moved downward into her middle fingers from the area on the back of her hand.</p> <p>Care plan with date of 2/10/16 indicated: "Problem: Resident at risk for bruising due to dx of anemia. Goal: Resident will have no adverse reactions due to dx of anemia. approach: Labs as ordered. medications as ordered. Observe resident while in wheelchair to prevent resident from bumping into objects causing bruising. Therapy screen. Weekly skin</p>			

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	<p>assessment and notify DR and wound nurse of any new skin events or bruising."</p> <p>Resident #12 had no care plan in place for actual bruising and interventions in place for the bruising.</p> <p>2. During an observation on 2/08/2016 at 3:30 p.m., Resident #67's right lower leg was covered with small open areas, one had bled onto the floor; the resident indicated she doesn't have a treatment for the areas.</p> <p>Resident #67's record was reviewed on 2/10/2016 at 10:33 a.m. Current physician's orders, dated 2/1/16 through 2/28/16, indicated diagnoses that included, but were not limited to, diabetes mellitus, high blood pressure, gastroesophageal reflux disorder, schizophrenia, osteoarthritis, hypothyroidism, anxiety, atypical psychosis, anemia, and chronic kidney disease stage 3.</p> <p>An annual minimum data set (MDS) assessment, dated 10/18/15, indicated Resident #67 was cognitively intact, required one person physical help in part of bathing, had no limitations in range of motion, and had no skin problems.</p>			

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	<p>Physician's telephone orders dated 2/9/16 indicated an order for bactroban ointment twice a day to the right leg for 2 weeks, and to trim her fingernails.</p> <p>A care plan, dated 2/10/16, indicated: "Problem: Resident has infection right lower extremity. Goal: Resident signs/symptoms of infection will resolve. Approach: Administer medications as ordered. Notify MD of worsening or no change in symptoms. Observe for increase or change in symptoms."</p> <p>This care plan, as written failed to address the root cause of the multiple scabbed areas on Resident #67's right lower leg, when they occurred, how they could be prevented from re-occurring, and the assessment of the areas that would have initiated a care plan.</p> <p>During an observation, on 2/12/2016 at 10:13 a.m., Resident #67's scattered scabbed areas on her right lower leg were visibly drier and smaller than when observed on 2/8/16.</p> <p>2/12/2016 at 10:39 a.m., Resident #67 indicated the areas on her right lower leg were not itching as badly as they had been, and they had gotten her a cream that the nurse put on her leg. She said the areas came up when she scratched her leg</p>			

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NAME OF PROVIDER OR SUPPLIER  ROSEBUD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374
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	<p>because her leg itched.</p> <p>On 2/12/2016 at 11:57 a.m., LPN #6 indicated she was unaware of the areas on the resident's lower leg.</p> <p>On 2/12/2016 at 11:58 a.m., the Director of Nurses (DoN) indicated she didn't have anything other information on Resident #67's areas on her lower legs.</p> <p>On 2/12/2016 at 12:16:20 p.m., LPN #6 indicated the resident's last skin sweep was done on 1/26/16; they do them monthly, and she had no skin problems at that time.</p> <p>3. Review of Resident #162's record on 2/11/16 at 10:30 a.m., indicated his diagnoses included, but were not limited to anxiety, stroke, cerebral vascular disease, dementia, cystitis, hypertension and encephalopathy.</p> <p>Review of Resident #162's Minimum Data Set for admission dated 2/5/16 indicated Brief Interview for Mental Status indicated he was moderately impaired.</p> <p>Observation report for admission dated 1/29/16 at 8:55 p.m., indicated skin conditions non-wound - none...</p>			

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	<p>Review of Shower Report dated 2/8/16 indicated Resident #162 received a shower and had "no new skin issues at this time..."</p> <p>2/11/16 at 11:40 a.m. interview with Resident #162 indicated he received the skin tear to the back of his left hand a few days ago, he was unsure of date. Resident #162 indicated he scrapped the back of his left hand on the dining room table. He indicated his hand was on the arm rest of his chair and when he scooted his chair up the back of his left hand scrapped under the table.</p> <p>2/11/16 at 11:55 a.m., Resident #162's Physician was on the unit and indicated he was not aware Resident had a skin tear to the back of his left hand. Physician spoke with Resident and assessed skin tear at this time.</p> <p>Interview with LPN #6 on 2/12/16 at 9:50 a.m., indicated she was not aware Resident #162 had a skin tear.</p> <p>Review of Event Report dated 2/12/16 at 10:06 a.m., indicated Description: skin tear to top of left hand. Event details-existing area, wound present on admission- no, date area originally noted 2/12/16, wound/skin condition type- skin tear, wound condition status- partial</p>			

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	<p>thickness wound, site- top of left hand, describe measurements- 0.3cm x 1.0cm, describe wound color- dark red scab...</p> <p>Progress note dated 2/12/16 at 10:17 a.m., indicated "wound nurse notified at this time time of skin tear to top of left hand. Area was assessed and appears to be "old". Area is in the healing process and is covered with a scab. Resident was asked how area happened and Resident replied "I scratched it on the table". Tables in dining room were assessed with no findings of sharp areas. Charge nurse notified of area and is alerting MD. Attempted to notify family and no answer or voicemail. Will continue to attempt to reach. Care plan in place and staff educated to assist Resident when sitting at table."</p> <p>Progress note dated 2/12/16 at 10:21 a.m., indicated "Resident has area on top of left hand almost healed. Denies any complaints of pain or distress. Wife and Physician notified. Will continue to observe."</p> <p>Care plan for Impaired skin integrity put in place on 2/12/16 for skin tear. Problem: Resident has impaired skin integrity: old skin tear to top of left hand. Goal: wound will heal without complications (target date 5/12/16)</p>			

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	<p>Approach start date 2/12/16: assess for pain, treat as ordered. Notify MD of unrelieved/worsening pain, assess Resident at meals/activities to move up to table, notify MD of worsening or change in wound or for signs of infection, observe for signs of infection, observe for signs of infection: redness, pain, drainage, malodorous drainage, fever, increase in size/depth of wound, treatment as ordered: awaiting any treatment orders at this time.</p> <p>A policy and procedure for " IDT Care Plan Review " , with a revision date of 4/2014, was provided by the Director of Nurses on 2/12/16 at 4:45 p.m. The policy included, but was not limited to, " Policy: It is the policy of this facility that each resident will have a comprehensive care plan developed based on comprehensive assessment. The care plan will include measurable goals and resident specific interventions based on resident needs and preferences to promote the residents highest level of functioning including medical, nursing, mental and psychosocial needs. Procedure: Care Plan review will be based on the MDS (Minimum Data Set) [assessment] schedules for those residents who have had an Admission, Annual, Significant Change or Quarterly MDS completed at a minimum of every</p>			

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F 0309 SS=D Bldg. 00	<p>90 days. Care plan review will be interdisciplinary and should include to the extent possible nursing, social services, activities, dietary, therapy, pharmacy and physician ...Care plan problems, goals and interventions will be updated based on changes in resident assessment/condition, resident preferences or family input .... "</p> <p>3.1-35(a) 3.1-35(b)(1) 3.1-35(b)(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>Based on observation, interview, and record review, the facility failed to assess and monitor multiple small scabbed areas on a resident's lower leg (Resident #67), failed to assess and monitor a skin tear (Resident #162) for 2 of 3 residents reviewed for non pressure related skin conditions.</p> <p>Findings include:</p>	F 0309	<p><b>F309 Provide Care/Service for Highest Well Being</b> 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><b>What corrective action(s) will be accomplished for those</b></p>	03/13/2016

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	<p>1. During an observation, on 2/08/2016 at 3:30 p.m., Resident #67's right lower leg had multiple, small, open areas, and one area had bled and dripped onto the floor. Resident #67 said she doesn't have a treatment for the areas and her leg itches.</p> <p>Resident #67's record was reviewed on 2/10/2016 at 10:33 a.m. Current physician's orders, dated 2/1/16 through 2/28/16, indicated diagnoses that included, but were not limited to, diabetes mellitus, high blood pressure, gastro esophageal reflux disorder, schizophrenia, osteoarthritis, hypothyroidism, anxiety, atypical psychosis, anemia, and chronic kidney disease stage 3.</p> <p>An admission MDS, dated 1/17/16, indicated Resident #67 was cognitively intact, required extensive assistance of one for bathing, personal hygiene and dressing, had no limitations in range of motion, and had no skin problems.</p> <p>Physician's telephone orders dated 2/9/16 indicated an order for bactroban ointment (antibiotic ointment) twice a day to the right leg for 2 weeks, and to trim her fingernails.</p>		<p><b>residents found to have been affected by the deficient practice.</b> Assessment, monitoring, and a plan of care completed for resident #67 and resident #162. <b>How other residents having the potential to be affected by same deficient practice will be identified and what corrective action will be taken.</b> All residents have the potential to be affected. Skin assessments completed on all residents on 2/29/16 per ADNS. All nursing staff to be educated/in-serviced per DNS/Designee by 3/13/16 on weekly skin assessments, skin events and documentation. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b> Skin assessments of all residents will be completed monthly per ADNS/Designee. Skin assessments will be completed weekly per Charge Nurse. ADNS will complete wound composite and skin events weekly. All nursing staff to be educated/in-serviced on skin event completion, weekly skin assessments, and documentation by 3/13/16 per DNS/Designee. Treatment orders will be reviewed 5 times a week in clinical meeting and IDT follow up as indicated if no skin event in place for treatments ordered. <b>How the corrective action will</b></p>				

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	<p>A care plan, dated 2/10/16, indicated: "Problem: Resident has infection right lower extremity. Goal: Resident signs/symptoms of infection will resolve. Approach: Administer medications as ordered. Notify MD of worsening or no change in symptoms. Observe for increase or change in symptoms."</p> <p>During an observation, on 2/12/2016 at 10:13 a.m., Resident #67 in bed, asleep, no odor in room, right leg was visible from position res was lying in, and the small, scattered scabbed areas on her leg were visibly drier and smaller than the observation on 2/8/16.</p> <p>2/12/2016 at 10:39 a.m., Resident #67 indicated the areas on her right lower leg were not itching as badly as they had been, and they had gotten her a cream that the nurse put on her leg. She said the areas came up when she scratched her leg because her leg itched.</p> <p>On 2/12/2016 at 11:57 a.m., LPN #6 indicated she was unaware of the areas on the resident's lower leg.</p> <p>On 2/12/2016 at 11:58 a.m., the Director of Nurses (DoN) indicated she didn't have anything other information on Resident #67's areas on her lower legs.</p>		<p><b>be monitored to ensure the deficient practice will not recur.</b> CQI tool for Change in Condition to be completed weekly x 4, monthly x 3, and quarterly thereafter until compliance is achieved. Results will be reviewed at Continuous Quality Improvement Meeting monthly, which is overseen by ED. If threshold of 100% is not achieved an action plan will be developed to ensure compliance. <b>By what date the systemic changes will be completed.</b> Date of Completion 3/13/16</p>				

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	<p>On 2/12/2016 at 12:16:20 p.m., LPN #6 indicated the resident's last skin sweep was done on 1/26/16; they do them monthly, and she had no skin problems at that time.</p> <p>There was no documentation of an assessment or monitoring for the multiple open areas on the resident's right lower leg.</p> <p>2. Review of Resident #162's record on 2/11/16 at 10:30 a.m., indicated his diagnoses included, but were not limited to anxiety, stroke, cerebral vascular disease, dementia, cystitis, hypertension and encephalopathy.</p> <p>Review of Resident #162's Minimum Data Set for admission dated 2/5/16 indicated Brief Interview for Mental Status indicated he was moderately impaired.</p> <p>Observation report for admission dated 1/29/16 at 8:55 p.m., indicated skin conditions non-wound - none...</p> <p>Review of Shower Report dated 2/8/16 indicated Resident #162 received a shower and had "no new skin issues at this time..."</p> <p>2/11/16 at 11:40 a.m. interview with</p>			

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	<p>Resident #162 indicated he received the skin tear to the back of his left hand a few days ago, he was unsure of date. Resident #162 indicated he scrapped the back of his left hand on the dining room table. He indicated his hand was on the arm rest of his chair and when he scooted his chair up the back of his left hand scrapped under the table.</p> <p>2/11/16 at 11:55 a.m., Resident #162's Physician was on the unit and indicated he was not aware Resident had a skin tear to the back of his left hand. Physician spoke with Resident and assessed skin tear at this time.</p> <p>Interview with LPN #6 on 2/12/16 at 9:50 a.m., indicated she was not aware Resident #162 had a skin tear.</p> <p>Review of Event Report dated 2/12/16 at 10:06 a.m., indicated Description: skin tear to top of left hand. Event details-existing area, wound present on admission- no, date area originally noted 2/12/16, wound/skin condition type- skin tear, wound condition status- partial thickness wound, site- top of left hand, describe measurements- 0.3cm x 1.0cm, describe wound color- dark red scab...</p> <p>Progress note dated 2/12/16 at 10:17 a.m., indicated "wound nurse notified at</p>			

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	<p>this time time of skin tear to top of left hand. Area was assessed and appears to be "old". Area is in the healing process and is covered with a scab. Resident was asked how area happened and Resident replied "I scratched it on the table". Tables in dining room were assessed with no findings of sharp areas. Charge nurse notified of area and is alerting MD. Attempted to notify family and no answer or voicemail. Will continue to attempt to reach. Care plan in place and staff educated to assist Resident when sitting at table."</p> <p>Progress note dated 2/12/16 at 10:21 a.m., indicated "Resident has area on top of left hand almost healed. Denies any complaints of pain or distress. Wife and Physician notified. Will continue to observe."</p> <p>Care plan for Impaired skin integrity put in place on 2/12/16 for skin tear. Problem: Resident has impaired skin integrity: old skin tear to top of left hand. Goal: wound will heal without complications (target date 5/12/16) Approach start date 2/12/16: assess for pain, treat as ordered. Notify MD of unrelieved/worsening pain, assess Resident at meals/activities to move up to table, notify MD of worsening or change in wound or for signs of infection,</p>			

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F 0311 SS=D Bldg. 00	<p>observe for signs of infection, observe for signs of infection: redness, pain, drainage, malodorous drainage, fever, increase in size/depth of wound, treatment as ordered: awaiting any treatment orders at this time.</p> <p>Review of a document titled Skin Management Program presented by the Director of Nursing on 2/12/16 (no time) indicated Policy: It is the policy of...to assess each resident to determine the risk of potential skin integrity impairment, upon admission, quarterly, annually, and with significant change. Residents will have a skin assessment completed no less than weekly by the licensed nurse in an effort to assess overall skin condition, skin integrity, and skin impairment.</p> <p>3.1-37(a)</p> <p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. Based on observation, interview and record review the facility failed to implement a restorative program for omni cycle and ambulation for 1 of 7</p>	F 0311	<b>F 311Treatment/Services to Improve/Maintain ADLS</b> Aresident is given the appropriate treatment and services to maintain or improvehis or her abilities specified	03/13/2016

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	<p>residents who met the criteria for Activities Of Daily Living (ADL) for 3 residents reviewed for ADL assistance (Resident #108).</p> <p>Finding include:</p> <p>Interview with Resident #108 on 2/8/16 at 2:25 p.m., indicated the facility staff were suppose to walk with him every day and he has not been assisted with walking for over two weeks. The resident indicated the restorative aide was pulled to the floor to work as a CNA and was not able to assist him with walking. The resident indicated it was important for him to walk as felt like if he didn't walk he would lose his ability to ambulate. The resident stated "it has really got to me I need to walk more".</p> <p>Interview with Restorative aide #1 on 2/9/16 at 3:53 p.m., indicated he was unable to provide the restorative nursing programs for the residents because he was pulled to the floor to work as an CNA.</p> <p>Review of the record of Resident #108 on 2/10/16 at 11:58 a.m., indicated the resident's diagnoses included, but were not limited to, hypertension, asthma, depression, diabetes mellitus, Cardiovascular Accident (CVA) (stroke),</p>		<p><b>What correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice.</b></p> <p>Resident #108 isreceiving restorative therapy including walking 6 times a week as orderedby physical therapist upon his recent discharge from therapy.</p> <p><b>How other residentshaving the potential to be affected by same deficient practice will beidentified and what corrective action will be taken.</b></p> <p>All residents who are onthe restorative program have the ability to be affected. Rehab Services Manager(RSM) and MDS Nurse have in-serviced nursing staff on the need to followrestorative programs set up by the therapy department.</p> <p><b>What measures will beput into place or what systemic changes will be made to ensure that thedeficient practice does not recur.</b></p> <p>Rehab Services Manager(RSM) and MDS Nurse have in-serviced nursing staff on the need to followrestorative programs set up by the therapy department. RSM, MDS, andED have evaluated all current restorative programs and implementedinterventions to ensure that all restorative recipients will receiveproper therapy provided as ordered. Facility will be providing severalexercise classes 6 times a week to ensure AROM for those on thatplan. Facility has implemented a "walk to dine"</p>				

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	<p>hemiplegia, hyperlipidemia and neuropathy.</p> <p>The Annual Minimum Data Set (MDS) assessment for Resident #108, dated 12/22/15, indicated the resident could make himself understood and had the ability to understand others, he was cognitively intact for skills for daily decision making, he required extensive assistance of two people for transfers, walk in room- activity did not occur, he required extensive assistance of one person to walk in the corridor and dressing, and extensive assistance of two people for toilet use.</p> <p>The Physical Therapy discharge summary for Resident #108, dated 10/21/15, indicated the resident was able to demonstrate 60% step thru gait training for 60 feet times 4 with left quad cane device, needed 50% verbal cues for proper assistive device use. The discharge plan and instructions were participate in restorative nursing program for gait and range of motion.</p> <p>The Careplan for Resident #108, dated 10/21/15, indicated the resident required a walking program. The goal was the resident would walk 200 feet 6-7 days a week with a large base quad cane with an left ankle and foot device. The</p>		<p>program toensure residents on restorative walking program (including #108) will receivewalking therapy. Bed Mobility and Grooming therapies will be completedduring day by CNA and Nursing staff. In addition, a restorative aide willbe scheduled specifically for the other required restorative therapies to becompleted 6 days a week. CNA's assigned to Restorative will not beutilized as floor staffing while providing restorative therapy.</p> <p><b>How the correctiveaction will be monitored to ensure the deficient practice will not recur.</b></p> <p>CQI tool for RestorativeNursing will be completed by MDS Nurse weekly x4 weeks, monthly x3, andquarterly thereafter until compliance is achieved. Results will be reviewed atContinuous Quality Improvement Meeting monthly, which is overseen by ED. Ifthreshold of 100% is not achieved an action plan will be developed to ensurecompliance.</p> <p><b>By what date thesystemic changes will be completed.</b></p> <p>Date of Completion3/13/16.</p>		

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	<p>interventions were walk 200 feet 6-7 days a week with a wheelchair following behind, Left ankle/foot orthosis (AFO), and large base quad cane.</p> <p>The restorative plan for Resident #108 indicated he would perform 15 minutes on an omnicycle 6-7 days a week, one time a day and would walk 200 feet 6-7 days a week with an large base quad cane once a day.</p> <p>The restorative flow sheet for Resident #108, dated for December 2015, indicated he was assisted with walking and used the omni cycle 8 times out of 31 days.</p> <p>The restorative flow sheet for Resident #108, dated January 2016, indicated the resident was assisted with walking and used the omni cycle 2 times out of 31 days.</p> <p>The restorative flow sheet for Resident #108, dated 2/1/16 to 2/9/16, indicated the resident was assisted with walking and used the omini cycle one time on 2/9/16.</p> <p>During observation on 2/10/16 at 12:17 p.m., Resident #108 was wheeling himself down the hallway in his wheelchair.</p>			

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	<p>Interview with Resident #108 on 2/11/16 at 1:11 p.m. indicated the staff walked with him the other day and it was great. The resident indicated it felt good to walk.</p> <p>During observation on 2/10/16 at 12:17 p.m., Resident #108 was wheeling himself down the hallway in his wheelchair.</p> <p>The "Restorative Nursing Program" provided by the Director Of Nursing (DON) on 2/11/16 at 10:40 a.m., indicated the purpose was to provide a nursing program for residents who no longer need skilled therapy, but still have functional goals to be met or maintained through practice and repetition. The resident can also be placed on the program to maintain the ability to function at his or her optimal level within the given environment. These programs facilitate the use of skills that are present but not utilized compensations or adaptations are provided and designed to foster maximum independence in functional activities. The restorative nursing programs included, but were not limited to, active and passive range of motion and walking.</p> <p>3.1-38(a)(2)(B)</p>			

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F 0312 SS=E Bldg. 00	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident, dependent on staff for all activities of daily living, and received no food or fluids by mouth, received frequent mouth care to prevent a dry mouth (Resident #79), and failed to assist 3 residents with showers. (Resident #56, Resident #67, and Resident #3)</p> <p>Findings include:</p> <p>1. On 2/09/2016, at 10:17 a.m., Resident #79 was observed to have a dry mouth with a tan coating of a substance that adhered to her lips with strings of the tan substance attached between the upper and lower lips in 3 areas. Resident #79 was observed with a feeding tube infusing and had no water pitcher in her room.</p> <p>On 2/10/2016, at 10:00 a.m., Resident #79 was observed in bed awake, her</p>	F 0312	<p><b>F312 ADL Care Provided for DependentResidents</b></p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>Resident #79, NPO with dry mouth, MD notified for medication evaluation related to dry mouth, and order to swab mouth every shift with biotene mouth rinse. Dental exam scheduled.</p> <p>Resident #56 was provided with personal care of shave and shower. Resident #3 was provided personal care of shower and nail care. Resident #67 was provided personal care of shower.</p> <p><b>How other residents having the potential to be affected by same deficient practice will be identified and what corrective action will be taken.</b></p> <p>All residents have the potential to</p>	03/13/2016	

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	<p>mouth was open, and her mouth was dry with a yellow stringy substance between her upper and lower lips.</p> <p>Resident #79's record was reviewed on 2/10/2016 at 10:10 a.m. Current physician's recapitulation orders, dated 2/1/16 through 2/29/16, indicated diagnosis that included, but were not limited to: congestive heart failure, severe high blood pressure, coronary artery disease, gastro esophageal reflux disease, dysphagia (difficulty swallowing), history of stroke with left sided weakness, peripheral artery disease, chronic kidney disease stage 4, and urinary incontinence. Physician's dietary orders, included, but were not limited to, NPO (receives nothing by mouth), Jevity 1.2 run at 55 cubic centimeters an hour continuously.</p> <p>A significant change minimum data set assessment, dated 12/21/15, indicated Resident #79 was moderately impaired in cognitive skills for daily decision making, required extensive assistance of one for eating and personal hygiene, was totally dependent on staff for bathing, and had impairment on one side for range of motion.</p> <p>During an observation, on 2/10/2016 at 2:24 p.m., Resident #79 was in bed, lying</p>		<p>be affected. Nursing staff educated/in-serviced on resident ADL care including, showers, nail care, shaving, and oral care for NPO residents per DNS/Designee.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b></p> <p>Nursing staff educated/in-serviced by 3/13/16 on resident ADL care including, showers, nail care, shaving, and oral care for NPO residents per DNS/Designee. Auditing tool for shower completion implemented and will be followed per ADNS/Unit Manager. If resident refuses care, CNA will notify charge nurse.</p> <p>Resident observations during daily GEMBA and Resident Care Rounds to note completion of daily grooming. All NPO residents profiles will include provide oral care every shift and as indicated.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur.</b></p> <p>CQI tool for ADLs will be completed weekly x 4, monthly x 3, and quarterly thereafter until compliance is achieved. Results to be reviewed in Continuous Quality Improvement Meeting monthly, which is overseen by ED.</p> <p>If a threshold of 100% is not achieved an action plan will be developed to ensure</p>	

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	<p>on her right side, her eyes were open, and both corners of her mouth had dried, thick yellow secretions.</p> <p>On 2/11/2016 at 1:15 p.m., Resident #79 was in bed on her right side watching TV, was non verbal and made eye contact. Her gastrostomy tube was infusing her feeding. The right corner of her mouth had a one and a half inch piece of tan, dried, crusty matter. LPN #15 came in and cleaned the dried secretions from resident's mouth.</p> <p>On 2/12/2016 at 11:07 a.m., Resident #79 was observed sitting in the lounge with the bird aviary, awake, and calling out. Her mouth was observed to have dried pieces of a tan colored substance.</p> <p>On 2/11/2016 at 3:37 p.m., Resident #79 was observed lying on her right side in bed and had tan colored film adhered to her inner left side of her lip, about 3/4 " long across her lip into the corner of her mouth. CNA #8 gave her mouth care and indicated she gets mouth care every two hours, and gets the the film quickly. CNA #8 used mouthwash on a foam toothette and then applied a moisturizer on her lips from a squeeze tube.</p> <p>Care plan dated 10/6/15 indicated: "Problem: Requires assistance and /or</p>		<p>compliance. <b>By what date the systemic changes will be completed.</b> Date of Completion 3/13/16.</p>		

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	<p>monitoring for ADL care...Goal: Resident will have ADL needs met...AM care including bathing, dressing, hair combing and oral care. Tasks: PM cares including bathing, dressing, hair combing and oral care. (evening shift)."</p> <p>A care plan dated 6/4/15, indicated: "Problem: Resident requires enteral nutrition due to inability to meet nutrient needs orally due to Dx oropharyngeal phase dysphagia (difficulty swallowing) caused by CVA (stroke). Resident will not experience unexplained significant weight changes. Approach: Resident is NPO...."</p> <p>Care plan dated 1/19/15 indicated: Problem: Resident has missing teeth, at risk for dental and /or oral problems. Goal: Resident will be free from mouth pain, red or bleeding gums or oral lesions. Approach: has own teeth, oral care once a shift and PRN. Assist res with oral care as needed...."</p> <p>Care plan: dated 1/19/15 "Resident is at risk for adverse side effects related to use of psychotropic medication - antidepressant. Goal: Will have no adverse side effects. Approach: Administer meds as ordered, observe for effectiveness. Approach: Document side effects as observed and notify</p>			

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	<p>MD...Observe for side effects: Non antipsychotic meds: dry mouth...."</p> <p>2. During an interview on 2/09/16 at 9:37 a.m., Resident #56 indicated he is supposed to get showers 2 times a week, but he doesn't because they don't have enough help and said he couldn't remember the last time he had a shower.</p> <p>Resident # 56's record was reviewed on 2/11/2016 at 1:49 p.m. Current physician's recapitulation orders, dated 2/1/16 through 2/29/16, indicated diagnoses that included, but were not limited to, atrial fibrillation, Parkinson's disease, high blood pressure, low blood pressure when standing, schizoaffective disorder, arthritis, anxiety, history of dementia, and difficulty swallowing.</p> <p>An annual minimum data set (MDS) assessment, dated 3/24/15, indicated Resident #56 was moderately impaired in cognitive skills for daily decision making, required extensive assist of two for bed mobility, extensive assist of one for transfers, limited assist of one for walking in room or corridor, extensive assist of one for dressing, extensive assist of one for toileting, personal hygiene and bathing, his balance was unsteady, he had no impairment in range of motion, and he used a walker and wheelchair.</p>			

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	<p>A care plan, dated 5/30/13, indicated Resident #56 had a problem of : "Resident requires assist with ADL (activities of daily living) function R/T (related to) dementia, Parkinson's, muscle weakness, arthritis, schizoaffective disorder, dysphagia (difficulty swallowing). Goal: Resident will participate in ADL care as able and experience no adverse effects related to self-care deficit. Approaches...Showers - Evenings - 2 times a week."</p> <p>During an observation, on 2/12/2016 at 10:17 a.m., Resident #56 was lying on his left side in bed, was unshaven, and indicated he had not had a bath or shower yet today, and said he didn't know when he last had a shower, but he hasn't had one this week.</p> <p>During an observation, on 2/12/16 at 4:28 p.m., Resident #56 was observed lying in his bed, and indicated he didn't get a bath today nor a shower yesterday. He said he had not been shaved and beard stubble was observed on his face.</p> <p>Review of shower sheets for January 2016 and February 2016 indicated Resident #56 had a complete bed bath and shave on 1/4/16, and a shower and shave on 2/1/16.</p>			

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	<p>3. During an interview, on 2/08/2016 at 3:19 p.m., Resident #67 indicated she has been getting a shower every two weeks, and would like a shower at least once a week, preferably twice a week. A urine odor was observed in her room.</p> <p>Resident #67's record was reviewed on 2/10/2016 at 10:33 a.m. Current physician's orders, dated 2/1/16 through 2/29/16, indicated diagnoses that included, but were not limited to, diabetes mellitus, high blood pressure, gastro esophageal reflux disorder, schizophrenia, osteoarthritis, hypothyroidism, anxiety, atypical psychosis, anemia, and chronic kidney disease stage 3.</p> <p>An annual minimum data set (MDS) assessment, dated 10/18/15, indicated Resident #67 was cognitively intact, required one person physical help in part of bathing, had no limitations in range of motion, and had no skin problems.</p> <p>Care plan with a start date of 10/6/15 indicated a problem for: Requires assistance and/or monitoring for ADL care, meal/fluid intakes and bowel elimination. Goal: Resident will have ADL needs met. Approach: 1/2 siderails x 2 for bed mobility...Tasks: AM cares</p>			

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	<p>including bathing, dressing, hair combing and oral care. PM cares including bathing, dressing, hair combing and oral care. (evening shift).</p> <p>During an interview, on 2/12/2016 at 10:31 a.m., Resident #67 was observed lying on her bed, awake, and indicated she got a shower yesterday or the day before, and on Monday afternoon (2/8/16), but hadn't had one before that for a long time.</p> <p>Review of shower sheets for January 2016 and February 2016 indicated Resident #67 had received a shower on 1/11/16, 1/20/16, 2/8/16, and 2/11/16.</p> <p>4.) During interview and observation with Resident #3 on 2/9/16 at 10:00 a.m., the resident's nails were long and dirty. The resident indicated she did not like to keep her nails that long and would like staff to trim, clean and paint them for her.</p> <p>During interview and observation with Resident #3 on 2/10/16 at 3:40 p.m., the resident's nails were long and dirty. The resident indicated she would like to know why she was not receiving showers. The resident indicated staff come in and wash under her arms and her bottom and that was it. The resident indicated she would like to have a shower. The resident indicated she was not receiving enough</p>			

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	<p>showers and she did not like it.</p> <p>Review of the record of Resident #3 on 2/11/16 at 10:20 a.m., indicated the resident's diagnoses included, but were not limited to, hemiplegia, anxiety, depression, pain, a fib, hyperlipidemia, osteoporosis, nonorganic psychosis, dementia with behaviors, muscle weakness, arthritis and hypertension.</p> <p>The Quarterly MDS assessment for Resident #3, dated 1/20/16, indicated the resident was able to make herself understood and had the ability to understand others, she requires extensive assistance of two people for bed mobility, transfers, personal and toilet use, she requires extensive assistance of one person for dressing and totally dependent of one person for bathing.</p> <p>The careplan for Resident #3, dated 10/6/16, indicated the resident required assistance with Activities of Daily Living (ADL's). The intervention included, but were not limited to, bathing.</p> <p>Review of the showers sheets for Resident #3 for January 2015 and February 2015 indicated the following: the resident received a bed bath on 1/13/16, a complete bed bath on 1/17/16, a shower on 1/20/16, a shower on</p>			

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F 0314 SS=D Bldg. 00	<p>1/27/16 and a shower on 1/30/16, this indicated the resident received a shower or complete bed bath 5 out of 31 days. The resident received a shower on 2/3/16, indicating the resident received 1 shower in 10 days in February 2015.</p> <p>Interview with the Unit Manager on 2/10/16 at 4:00 p.m., indicated the system for resident showers were the aide who provided the shower signs the shower sheet and then the nurse signs the shower sheet. The Unit Manager indicated there was no system in place that someone was responsible to review the shower sheets to ensure showers were being completed for residents.</p> <p>3.1-38(a)(2)(A) 3.1-38(b)(1) 3.1-38(b)(2)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent</p>				

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	<p>infection and prevent new sores from developing. Based on interview and record review the facility failed to do an assessment of a pressure ulcer for 7 days after the resident was admitted to the facility and failed to provide treatment and dressing changes to the pressure ulcer 13 times as ordered by the physician for 1 of 4 residents who met the criteria for pressure ulcer of 3 reviewed for pressure ulcers (Resident #131).</p> <p>Finding include:</p> <p>Review of the record of Resident #131 on 2/11/16 at 1:55 p.m., indicated the resident's diagnoses included, but were not limited to, acute respiratory failure, debility, anemia, hypertension, anxiety, depression, clostridium difficile (c-diff) and cellulitis.</p> <p>The Admission Minimum Data (MDS) assessment for Resident #131, dated 8/27/15, indicated extensive assistance of two people for bed mobility, transfers and toilet use. The resident was occasionally incontinent of urine and frequently incontinent of her bowels. The resident was at risk for pressure ulcers and had an unhealed stage two pressure ulcer.</p> <p>The progress note for Resident#131</p>	F 0314	<p><b>F314 Treatment/ SVCS to Prevent/Heal Pressure Sores</b> The facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having a pressure sore receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b> Resident #131 discharged from facility in September 2015 and no longer resides at facility. <b>How other residents having the potential to be affected by same deficient practice will be identified and what corrective action will be taken.</b> All residents with wounds have the potential to be affected. Skin assessments completed on all residents on 2/29/16 to ensure no residents had unknown pressure areas. No new pressure areas identified. Nursing staff to be educated/ in-serviced on completing resident assessment at the time of admission. <b>What measures will be put into place or what systemic</b></p>	03/13/2016			

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	<p>admitted on 8/20/16 , the progress note indicated "open area on coccyx" with treatment. No further assessment of the wound documented.</p> <p>The physician order for Resident #131, dated 8/20/15, indicated the resident was ordered santyl 250 grams apply ointment topically to the coccyx once daily with an island dressing.</p> <p>The Director Of Nursing (DON) provided a composite report for Resident #131 on 2/12/16 at 10:47 a.m. the facility used to track wounds. The report indicated on 8/27/16 Resident #131 wound on the coccyx stage two (partial thickness loss of skin layers), measuring 1.4 centimeter (cm) by 1.2 cm by &lt; 0.1 cm. No other description of the wound on the composite report.</p> <p>The physician order for Resident #131, dated 8/28/15, indicated cleanse ulcer to coccyx with wound wash and apply hydrocolloid dressing, change the dressing every 3 days and as needed.</p> <p>The event report for Resident #131 for the pressure ulcer assessment, dated 8/28/15, indicated the resident had a stage two pressure ulcer on the coccyx measured 1.4 cm by 1.2 cm by &lt;0.1 cm. The tissue with shiny granular</p>		<p><b>changes will be made to ensure that the deficient practice does not recur.</b></p> <p>Nursing staff to be in-serviced by 3/13/16 on completing admission assessment upon resident admission to facility. Any skin issues noted at the time of assessment will have MD and Family notification, skin events completed and treatment orders in place. Wound nurse will add to skin composite and initiate care plans.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur.</b></p> <p>CQI tool for Admission/Readmission Procedure to be completed weekly x 4, monthly x 2, and quarterly thereafter until compliance is achieved. Results of will be reviewed at Continuous Quality Improvement Meeting monthly, overseen by ED. If threshold of 100% is not achieved and action plan will be developed to ensure compliance.</p> <p><b>By what date the systemic changes will be completed.</b></p> <p>Date of Completion 3/13/16</p>				

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	<p>appearance and the area was pink/red The treatment was Hydrocolloid dressing change every three days.</p> <p>The physician order for Resident #131, dated 9/3/15, indicated apply santyl to coccyx cover with dry gauze and secure with an island dressing two times a day for 14 days.</p> <p>The event report for Resident #131 for the pressure ulcer assessment , dated 9/4/14, indicated the resident had an stage 2 on the coccyx measuring 1.4 cm by 1.2 by unstageable. The most severe tissue had slough (yellow or white tissue adhering to the ulcer bed) The treatment was cleanse with normal saline, apply santyl cover with dry gauze and secure with an island dressing two times a and and as needed for soilage</p> <p>The event report for Resident #131 for the pressure ulcer assessment, dated 9/9/15 indicated the wound on the coccyx was unstageable (necrotic tissue is present (eschar/black)-staging is not possible) measuring 2.0 cm by 1.0 cm by unstageable.</p> <p>The Treatment Administration Record (TAR), dated August 2015, for Resident #131 indicated the dressing change for the pressure ulcer on the coccyx with</p>			

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	<p>santyl daily was not completed on 8/20/15, 8/21/15, 8/26/15 and 8/27/15. The hydrocolloid dressing was not documented as completed on 8/31/15.</p> <p>The TAR, dated September 21015, for Resident #131 indicated the resident did not receive treatment of santyl two times a day to her pressure ulcer on her coccyx on 9/3/15, 9/4/15, 9/5/15, 9/6/15, 9/7/15, 9/8/15, 9/9/15 or 9/10/15.</p> <p>Interview with the Director Of Nursing (DON) on 2/12/16 at 10:47 a.m., indicated the first assessment she could find on Resident #131 wound was 8/27/15 . The DON indicated the admitting nurse did not do an assessment on the wound when the resident was admitted to the facility, the admitting nurse should have completed a new skin event assessment on the resident's pressure ulcer. The DON indicated she was unable to find documentation the resident's treatment and dressing change was completed for 8/20/15, 8/21/15, 8/26/15 or 8/27/15. The DON indicated the TAR for Sept 2015 for the resident's treatment and dressing change was missing. The DON indicated the facility could not provide documentation the resident's dressing was changed in September 2015 except a progress note, dated 9/4/15, that indicated "dressing</p>			

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F 0323 SS=D Bldg. 00	<p>changed coccyx".</p> <p>The progress note for Resident #131, dated 9/10/15, indicated the resident was discharged from the facility.</p> <p>The skin management program provided by the DON on 2/10/16 at 2:15 p.m., indicated the facility was to assess each resident to determine the risk of potential skin integrity impairment upon admission. "A head to toe assessment will be completed by a licensed nurse upon admission". All alterations in skin integrity will be documented in the medical record. The facility assigned wound nurse will complete further evaluation of wound identified and complete the appropriate skin evaluation event on the next business day.</p> <p>3.1-40(a)(2)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to follow</p>	F 0323	<b>F323 Free of Accident Hazards/Supervision/</b>	03/13/2016	

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	<p>a resident's plan of care to ensure a resident wore shoes to prevent falls, for 1 of 3 residents reviewed for accidents, of 6 who met the criteria for accidents. (Resident #142)</p> <p>Findings include:</p> <p>Resident #142's record was reviewed on 2/11/16 at 3:24 p.m. Her diagnoses documented on her February 2016 physician's recapitulation orders included but were not limited to, Alzheimer's disease, dementia, epilepsy, dyspnea, osteoarthritis, and ataxia.</p> <p>Resident #142's admission Minimum Data Set assessment dated 10/12/15, indicated she was understood and had the ability to understand others. She was severely impaired in her cognitive daily decision making skills. She required extensive assistance of 2 persons for bed mobility, transfers, toileting, and personal hygiene. She required extensive assistance of 1 person for dressing. She required supervision-oversight, encouragement or cueing to ambulate in her room or the corridor. She had no impairment in her range of motion. She had no falls since her admission.</p> <p>A Progress Note for Resident #142 dated 1/19/16 at 9:51 a.m., indicated the</p>		<p><b>Devices</b> The facility must ensure that the residentenvironment remains as free of accident hazards as is possible; and eachresident receives adequate supervision and assistance devices to preventaccidents. <b>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice.</b> Resident #142 prefers not to wear shoes. Podiatristto assess residents feet to rule out concerns. Shoes assessed for proper fit. If preference continues, adjustment to planof care to be completed due residents right to refuse shoes. <b>Howother residents having the potential to be affected by same deficient practicewill be identified and what corrective action will be taken.</b> All residents with shoes as fall intervention havethe potential to be affected. Review of residents profiles to identify residentsat risk. Complete resident preferencesand care plan according if indicated. Staffin-service per DNS/Designee on resident profiles/fall interventions. <b>Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur.</b> All nursing staff to</p>		

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	<p>following: "IDT (Interdisciplinary Team) reviewed un-witnessed fall occurring on 1/18/16 @ 10:23 a.m. Per staff interview, staff was completing rounds, when approached residents room &amp; noted resident on her knees in front of her bed. Charge nurse notified &amp; resident was assessed. Resident denied any c/o (complaint of) pain upon assessment. ROM (range of motion) without any difficulties or c/o from resident. V/S (vital signs) &amp; neuro's (neuro checks) obtained. No visible injuries were noted. Resident was dressed appropriately &amp; had non-skid socks in place. Floor was dry &amp; free of clutter with lighting adequate. Resident did state to nurse "I wanted to lie down, but don't know how I fell." Immediate intervention put in place was to ensure shoes are on when up. IDT feel root cause of fall could be contributed to resident attempting to get in bed &amp; misjudged the distance &amp; fell to her knees. IDT will implement an intervention of assessing resident for resting needs after meals &amp; assist resident into bed. Care plan &amp; profile revised. All parties notified. No n/o (new order) received...."</p> <p>A plan of care initiated for Resident #142 on 10/6/15, indicated she was at risk for falls due to her age of over 65, diagnoses of of leukemia, hypertension, coronary</p>		<p>educated/in-serviced onresident profiles and notification to charge nurse of resident refusals, resident preference and right to refuse to be completed on 3/13/16 perDNS/Designee. Review of resident profiles per IDT to identify shoes as fallintervention. Complete residentobservations during GEMBA to ensure shoes are in place per nursing staff/designee. <b>Howthe corrective action will be monitored to ensure the deficient practice willnot recur.</b> CQI tool for falls to be completed weekly x 4, monthly x 3, and quarterly thereafter until compliance is achieved. Results will be reviewed at Continuous Quality Improvement Meeting monthly, which isoverseen by ED. If threshold of 100% is not achieved an action plan will bedeveloped to ensure compliance. <b>Bywhat date the systemic changes will be completed.</b> Date of Completion 3/13/16.</p>		

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	<p>artery disease, dyspnea, ataxia, history of stroke, depression, dementia, epilepsy, and anti-depressant medications. Her long term goal to prevent falls indicated her fall risk factors would be reduced in an attempt to avoid significant fall related injuries. An approach added to the plan of care with a start date of 1/1916, indicated she would wear shoes when she was up.</p> <p>A Progress Note for Resident #142 dated 2/11/16 at 10:30 a.m., indicated the following: "IDT reviewed fall occurring on 2/10/16 @ 7:15 p.m. Residents roommate called for staff. Nurse entered residents room &amp; noted resident sitting on her buttocks in the doorway of her bathroom. Nurse assessed resident from head to toe with no visible injuries noted. ROM without any c/o or difficulty. V/S &amp; neuro's were obtained. Nurse asked resident how she fell &amp; resident replied "I stubbed my toe &amp; sat down." Resident was dressed with appropriate &amp; was wearing non skid socks. Immediate intervention placed was for resident to wear shoes while up. IDT reviewed environment with no findings. Floor was even with no problems noted. Resident was continent of both B&amp;B (bowel &amp; bladder) @ time of fall. Resident has had a medication change in the last 7 days of Seroquel 25 mg (milligram) po (by</p>			

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	<p>mouth) BID (twice a day). All parties notified. No n/o received. IDT feel root cause of her fall is contributed to no shoes were on &amp; resident stubbed her toe". Care plan &amp; profile revised...."</p> <p>On 2/10/16 at 12:23 p.m., Resident #142 was observed seated upright in a chair at a dining table with peers. She had non-skid socks on her feet.</p> <p>On 2/10/16 at 12:34 p.m., Resident #142 was observed ambulating the unit with Speech Therapist #16. Resident #142 had non-skid socks on her feet.</p> <p>On 2/11/16 at 10:06 a.m., Resident #142 was observed ambulating in her bedroom independently. She had non-skid socks on her feet.</p> <p>On 2/11/16 at 11:13 a.m., Resident #142 was observed seated upright in a chair at the dining table with staff. She had non-skid socks on her feet. Resident #142 got up from the dining table and began ambulating down the hallway with CNA #13.</p> <p>On 2/11/16 at 2:33 p.m., Resident #142 was observed ambulating the unit with the Memory Care Facilitator (MCF). The MCF indicated Resident #142 wore shoes sometimes and non-skid socks</p>			

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	<p>sometimes. The MCF indicated she was unsure if Resident #142 was supposed to have shoes on.</p> <p>On 2/11/16 at 2:37 p.m., LPN #14 indicated Resident #142 did not have shoes on and was supposed to when she was up.</p> <p>On 2/12/16 at 11:44 a.m., LPN #6 indicated when IDT reviews any Resident's fall, the IDT discussed the incident and then educated the staff on any new interventions. The new interventions were also documented in the resident's profile in a binder at each nurses station for communication to staff.</p> <p>The Fall Management Program provided by the Executive Director on 2/12/16 at 6:10 p.m., indicated the following: "Policy - It is the policy of American Senior Communities to ensure residents residing within the facility will maintain maximum physical functioning through the establishment of physical, environmental, and psychosocial guidelines to prevent injury related falls... Fall Risk - ...4. The residents specific care requirements will be communicated to the assigned caregiver utilizing resident profile or CNA assignment sheet...."</p>			

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F 0325 SS=D Bldg. 00	<p>3.1-45(a)(2)</p> <p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on interview and record review the facility failed to implement a nutritional supplement as recommended by the Registered Dietician (RD) and failed to notify the physician for weight loss intervention for a resident who experienced an 8% weight loss in 30 days for 1 of 5 residents who met the criteria for nutrition for 3 residents reviewed for weight loss (Resident # 132).</p> <p>Finding include:</p> <p>Review of the record of Resident #132 on 2/12/16 at 2:40 p.m., indicated the resident's diagnoses included, but were not limited to, femur neck fracture, dementia, altered mental status, hyperlipidemia, depression and diabetes mellitus.</p> <p>The lab for Resident #132, dated</p>	F 0325	<p><b>F325 Maintain Nutrition Status Unless Unavoidable</b> The facility must ensure that a resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the residents clinical condition demonstrates that this is not possible; and receives a therapeutic diet when there is a nutritional problem. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b> Physician notified of resident #132 with missed dietary recommendation and resident triggering for weight loss. Resident #132 weight is being monitored weekly with weights being reviewed weekly in Nutritional at Risk Meeting. <b>How other residents having the potential to be affected by same deficient practice will be</b></p>	03/13/2016	

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	<p>11/25/15, indicated the resident's albumin was 2.2 low (normal 3.5-5.5) and protein was 4.3 low (normal 6.0 -8.3), these low labs are indicators of malnutrition.</p> <p>The Admission Minimum Data Set (MDS) assessment for Resident #132, dated 11/30/15, indicated he required extensive assistance of one person for eating</p> <p>The careplan for Resident #132, dated 12/19/15, indicated he had a significant weight loss of 8% in 30 days. The interventions were honor food preferences, monitor food intake, monitor weight, notify the physician and family of significant weight change, offer a substitute if 50% or less of any meal is consumed, provide diet as ordered by the physician and review labs.</p> <p>The weights for Resident #132 were as follows: 11/23/15- 174 pounds, 12/7/15-163 pounds, 12/17/15- 160 pounds and 1/13/16- 157 pounds. This indicated the resident had an 8% weight loss in 30 days.</p> <p>The progress note for Resident #132, dated 12/19/16 at 11:46 a.m., indicated the resident had experienced an 8% weight loss in the past 30 days and will have the RD review the resident upon her</p>		<p><b>identified and what corrective action will be taken.</b> All residents have the potential to be affected. RD will review recommendations with Unit Manager/Designee prior to exit. Unit Manager will review recommendations with Medical Director and obtain and implement order and review with IDT at Nutritional at Risk Meeting weekly. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</b> Unit Manager/Designee and RD to be educated/in-serviced by 3/13/16 on procedure to review and implement dietary recommendation. RD will review recommendations with Unit Manager/Designee prior to exit. Unit Manager will review recommendations with Medical Director and obtain and implement order. Resident recommendations will be reviewed with IDT weekly at Nutritional at Risk Meeting.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur.</b> CQI tool for Resident Weights to be completed weekly x4, monthly x 3, and quarterly thereafter until compliance is achieved. Results to be reviewed at Continuous Quality Improvement Meeting monthly, which is overseen by</p>	

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	<p>next visit. The resident was on a regular diet. The note was electronically signed by the Dietary Manager (no longer employed at the facility).</p> <p>The progress note for Resident #132, dated 1/5/16, indicated the resident was reviewed for 8% weight decline since admission to the facility. The recommendation was to staff Two-Cal 60 milliliters four times a day to help prevent further weight loss. The progress note was electronically signed by the RD. Review of the Medication Administration Record (MAR) indicated the Two-Cal supplement was not administered to the resident.</p> <p>The record of Resident #132 indicated he was discharged to the hospital on 1/20/16. This indicated the resident missed 60 doses of the nutritional supplement Two- Cal.</p> <p>Interview with the Director Of Nursing (DON) on 2/12/16 at 3:43 p.m., indicated the facility did not notify the physician of Resident #132's significant weight loss of 8% in one month and the Two- Cal 60 milliliters 4 times a day was not given to the resident as recommended by the RD. The DON indicated the protocol when the RD made a recommendation she would email it to the DON and then she</p>		<p>ED. If a threshold on 100% is not achieved an action plan will be developed to ensure compliance. <b>By what date the systemic changes will be completed.</b> Date of Completion 3/13/16.</p>	

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F 0353 SS=E Bldg. 00	<p>or the Unit Manager would go over the recommendation with the physician.</p> <p>The weight monitoring policy provided by the DON on 2/12/16 at 4:45 p.m., indicated it was the policy of the facility to have resident weights reviewed routinely by the RD and the nursing department. The Interdisciplinary Team (IDT) would review any resident who has weight or nutritional concerns. The policy indicated a resident who experienced a weight loss of 5% in 30 days, 7.5% in 90 days or 10% in 180 days was an significant weight loss. The physician would be notified of unplanned significant weight loss.</p> <p>3,1-46(a)(1)</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of</p>			

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	<p>this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on observation, interview and record review the facility failed to provide sufficient amount of staff to provide timely care, answer call lights timely and assist with activities of daily living for 10 of 11 residents who met the criteria for sufficient nurse staffing (Resident #66, Resident #108, Resident #5, Resident #161, Resident #56, Resident #3, Resident #116, Resident #34, Resident #2 and Resident #67).</p> <p>Findings include:</p> <p>1.) Interview with Resident #66 on 2/8/16 at 11:38 a.m., indicated the facility did not have enough staff available to ensure care and assistance was provided without waiting a long time. Resident #66 indicated it took 30 minutes for the call light to be answered.</p> <p>Review of the record of Resident #66 on 2/11/16 at 11:58 a.m., indicated the resident's diagnoses included, but were not limited to, gout, chronic pain, insomnia, anemia, peripheral vascular disease, depression, anxiety, dementia,</p>	F 0353	<p><b>F 353 Sufficient 24-HR NursingStaff per Care Plans</b></p> <p>The facility must have sufficient nursingstaff to provide nursing and related services to attain or maintain the highestpracticable physical, mental, and psychosocial well being of each resident asdetermined by resident assessments and individual plans of care.</p> <p><b>Whatcorrective action(s) will be accomplished for those residents found to havebeen affected by the deficient practice.</b> Resident #67, #3, #2, #5, #108, #66, #116 were followedby Social Services/Memory Care Facilitator for any distress related to</p>	03/13/2016

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	<p>muscle weakness and hypertension.</p> <p>The Significant change Minimum Data Set (MDS) assessment for Resident #66, dated 12/28/16, indicated he had the ability to make himself understood and had the ability to understand others. The resident was independent for daily decision making, decisions consistent and reasonable. The resident requires extensive assistance of two people for bed mobility, transfers and toileting. The resident was totally dependent of one person for dressing and personal hygiene.</p> <p>2.) Interview with Resident #108 on 2/8/16 at 2:25 p.m., indicated the facility did not have enough staff available to ensure care and assistance was provided without waiting a long time. Resident #108 indicated it took 20 to 30 minutes for his call light to be answered. Observation at this time the resident had a clock with the correct time in his room. Resident #108 indicated the staff will come in and turn his call light off and tell him they will return and then never come back. Resident #108 indicated the facility staff were suppose to walk with him every day and he has not been assisted with walking for over two weeks. The resident indicated the restorative aide was pulled to the floor to work as a CNA and was not able to assist him with walking.</p>		<p>concernsof decreased staffing levels. Noconcerns of distress noted.</p> <p><b>Howtother residents having the potential to be affected by same deficient practicewill be identified and what corrective action will be taken.</b></p> <p>All residents have the potential to be affected.Staff educated/in-serviced on resident identified concerns with care, discussed timemanagement.</p> <p><b>Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur.</b></p> <p>Nursing staff educated/in-serviced on residentconcerns of showers, call light response, timely toileting, nail care, andwalking by 3/13/16 per DNS/Designee. JobFair completed at facility on 2/24/16 in an effort to obtain applicants foremployment. Shift differential wasincreased for both nurses and CNAs. Created position for weekend option CNAs and nurseswith notable increase in hourly rate was completed. CEC and DNS have visited local colleges in aneffort to recruit staff. Facility utilizes newspaper, facebook, and billboardslocally to advertise open positions. CNA classes recently initiated at facility level with next classscheduled for March 2016.</p> <p><b>Howthe corrective action will be monitored to ensure the</b></p>				

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	<p>The resident indicated it was important for him to walk as felt like if he didn't walk he would lose his ability to ambulate. The resident stated "it has really got to me I need to walk more".</p> <p>Review of the record of Resident #108 on 2/10/16 at 11:58 a.m., indicated the resident's diagnoses included, but were not limited to, hypertension, asthma, depression, diabetes mellitus, Cerebrovascular Accident (CVA) (stroke), hemiplegia, hyperlipidemia and neuropathy.</p> <p>The Annual MDS assessment, dated 12/22/15, for Resident #108 indicated the resident could make himself understood and had the ability to understand others, he was cognitively intact for skills of daily decision making, he required extensive assistance of two people for transfers, walk in room- activity did not occur, he required extensive assistance of one person to walk in the corridor and dressing, and extensive assistance of of two people for toilet use.</p> <p>The Careplan for Resident #108, dated 10/21/15, indicated the resident required a walking program. The goal was the resident would walk 200 feet 6-7 days a week with a large base quad cane with an left ankle and foot device. The</p>		<p><b>deficient practice will not recur.</b> CQI tool for Accommodation of Needs completed for 5 residents weekly x 4 weeks, 5 residents monthly x 3, and quarterly thereafter until compliance is achieved. Results to be reviewed at Continuous Quality Improvement Meeting monthly, which is overseen by ED. If threshold of 100% is not achieved an action plan will be developed to ensure compliance <b>By what date the systemic changes will be completed.</b> Date of Completion 3/13/16</p>		

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	<p>interventions were walk 200 feet 6-7 days a week with a wheelchair following behind, Left ankle/foot orthosis (AFO), and large base quad cane.</p> <p>The restorative plan for Resident #108 indicated he would perform 15 minutes on an omnicycle 6-7 days a week, one time a day and would walk 200 feet 6-7 days a week with an large base quad cane once a day.</p> <p>The restorative flow sheet for Resident #108, dated for December 2015, indicated he was assisted with walking and used the omni cycle 8 times out of 31 days.</p> <p>The restorative flow sheet for Resident #108, dated January 2016, indicated the resident was assisted with walking and used the omni cycle 2 times out of 31 days.</p> <p>The restorative flow sheet for Resident #108, dated 2/1/16 to 2/9/16, indicated the resident was assisted with walking and used the omini cycle one time on 2/9/16.</p> <p>During observation on 2/10/16 at 12:17 p.m., Resident #108 was wheeling himself down the hallway in his wheelchair.</p>			

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	<p>Interview with Resident #108 on 2/11/16 at 1:11 p.m. indicated the staff walked with me the other day and it was great. The resident indicated it felt good to walk.</p> <p>3.) Interview with Resident #5 on 2/8/16 at 2:29 p.m., indicated the facility did not have enough staff available to ensure care and assistance was provided without waiting a long time. Resident #5 indicated an example was there were not enough staff to serve in the dining room, when there was an emergency and when the facility admitted new residents.</p> <p>Review of the record of Resident #5 on 2/11/16 at 1:32 p.m., indicated the resident's diagnoses included, but were not limited to, muscle spasms, insomnia, diabetes mellitus, hypertension, shortness of breath, osteoarthritis, neuropathy, muscle weakness and bilateral knee replacement.</p> <p>The Quarterly MDS assessment for Resident #5, dated 1/27/16, indicated the resident had the ability to make herself understood and had the ability to understand others, she was independent with daily decision making and decisions were consistent and reasonable. The resident required extensive assistance of</p>			

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	<p>two people for bed mobility, transfers and toileting. The resident required extensive assistance of one person for bed mobility, walking in her room, dressing and personal hygiene.</p> <p>4.) Interview with Resident #161 on 2/9/16 at 9:24 a.m., indicated the facility did not have enough staff available to ensure care and assistance was provided without waiting a long time. The resident indicated it took 20-30 minutes to have her call light answered. Observation at this time the resident had a clock in her room with the correct time. The resident indicated she had become incontinent of her bowls and bladder 2-3 times because she had to wait for assistance. The resident indicated sometimes she would ask her roommate to put her call light on too, hoping it would make the staff come sooner if they both had their call lights on.</p> <p>Review of the record of Resident #161 on 2/10/16 at 1:25 p.m., indicated the resident's diagnoses included, but were not limited to , renal disease, dialysis, hypertension, COPD, reflux, diabetes mellitus, anxiety, gout, arthritis, Dementia with behaviors and depression.</p> <p>Admission MDS dated 1/26/16 indicated the resident understood others and makes</p>			

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	<p>self understood, she was independent for daily decision making, decisions consistent and reasonable, extensive assistance of two people for bed mobility, toileting, personal hygiene and transfers, requires extensive assistance of one person for dressing, she is frequently incontinent of her bowels and bladder.</p> <p>5.) Interview with Resident #56 on 2/9/16 at 9:46 a.m., indicated the facility did not have enough staff available to ensure care and assistance was provided without waiting a long time. The resident indicated he was suppose to receive showers two times a week, but he did not receive his showers because there was not enough staff. The resident indicated he could not remember the last time he received a shower. The resident indicated it takes up to 30 minutes for his call light to be answered.</p> <p>Review of the record of Resident #56 on 2/11/16 at 1:49 p.m., indicated the resident's diagnoses included, but were not limited to, atrial fibrillation, Parkinson disease, high blood pressure, schizoaffective disorder, arthritis and anxiety.</p> <p>The Quarterly MDS assessment for Resident #56, dated 12/24/15, indicated he had the ability to be understood and</p>			

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	<p>understood others. The resident required extensive assistance of one person for bed mobility, transfers, locomotion on and off the unit, dressing, toilet use and personal hygiene including shaving. The resident was totally dependent of one person for bathing.</p> <p>Review of Resident #56's shower sheets indicated he had one complete bed bath on 1/4/16, indicating in January 2016 he received 1 complete bed bath in 31 days. The resident received a shower on 2/1/16, indicating he had 1 shower in 9 days.</p> <p>During observation on 2/12/16 at 10:17 a.m., Resident #56 was laying in his bed, the resident was unshaven and had beard stubble on his face. The resident indicated he did not know when the last time he had a shower, but he had not had one this week.</p> <p>6.) During interview and observation with Resident #3 on 2/9/16 at 10:00 a.m., the resident's nails were long and dirty. The resident indicated she did not like to keep her nails that long and would staff to trim, clean and paint them for her.</p> <p>During interview and observation with Resident #3 on 2/10/16 at 3:40 p.m., the resident's nails were long and dirty. The resident indicated she would like to know</p>			

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	<p>why she was not receiving showers. The resident indicated staff come in and wash under her arms and her bottom and that was it. The resident indicated she would like to have a shower. The resident indicated she was not receiving enough showers and she did not like it.</p> <p>Review of the record of Resident #3 on 2/11/16 at 10:20 a.m., indicated the resident's diagnoses included, but were not limited to, hemiplegia, anxiety, depression, pain, a fib, hyperlipidemia, osteoporosis, nonorganic psychosis, dementia with behaviors, muscle weakness, arthritis and hypertension.</p> <p>The Quarterly MDS assessment for Resident #3, dated 1/20/16, indicated the resident was able to make herself understood and had the ability to understand others, she requires extensive assistance of two people for bed mobility, transfers, personal and toilet use, she requires extensive assistance of one person for dressing and totally dependent of one person for bathing.</p> <p>The careplan for Resident #3, dated 10/6/16, indicated the resident required assistance with Activities of Daily Living (ADL's). The intervention included, but were not limited to, bathing.</p>			

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	<p>Review of the showers sheets for Resident #3 for January 2015 and February 2015 indicated the following: the resident received a bed bath on 1/13/16, a complete bed bath on 1/17/16, a shower on 1/20/16, a shower on 1/27/16 and a shower on 1/30/16, this indicated the resident received a shower or complete bed bath 5 out of 31 days. The resident received a shower on 2/3/16, indicating the resident received 1 shower in 10 days in February 2015.</p> <p>7.) Interview with Resident #116 on 2/9/16 at 10:06 a.m., indicated the facility did not have enough staff available to ensure care and assistance was provided without waiting a long time. The resident indicated it took a long time for staff to answer her call light for assistance.</p> <p>Review of the record of Resident #116 on 2/11/2016 at 10:10 a.m., indicated the resident's diagnoses included, but were not limited to, hyperlipidemia, mild mental retardation, chronic obstructive pulmonary disease, high blood pressure, type 2 diabetes mellitus, anxiety, arthritis, and psychosis.</p> <p>The Quarterly MDS for Resident #116, dated 11/6/16, indicated she had the ability to make herself understood and usually understood others. She required</p>			

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	<p>extensive assistance of two staff for bed mobility and toileting.</p> <p>8.) Interview with Resident #34 on 2/10/16 at 10:22 a.m., indicated the facility did not have enough staff available to ensure care and assistance was provided without waiting a long time. The resident indicated she had to wait a long time for her call light to be answered. The resident indicated staff would tell her they would come back and sometimes they do not come back at all. She indicated she will then put her call light back on and the staff would tell her they were busy. The resident indicated she felt like the staff lied to her because they would say they would be back and then not come. She indicated one time she waited 1 hour and 35 minutes for assistance. The resident indicated she could not walk or stand and had become incontinent of her bowels and bladder waiting on staff to assist her to the bathroom. The resident indicated sometimes staff tell her she has to use the bathroom in her brief because they are too busy to help her to the bathroom.</p> <p>Review of the record of Resident #34 on 2/11/16 at 11:43 a.m., indicated the resident's diagnoses included, but were not limited to, anemia, osteoporosis, depression, psychotic disorder, chronic</p>			

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	<p>pain, hypertension, anxiety and panic disorder.</p> <p>The Quarterly Minimum Data (MDS) assessment for Resident #34, dated 12/13/15, indicated she was able to make herself understood and had the ability to understand others and she was independent/consistent/reasonable with daily decision making. The resident required extensive assistance of two people for bed mobility, transfers and toileting. The resident required extensive assistance of one person for personal hygiene and dressing.</p> <p>9.) Interview with Resident #2 on 2/10/16 at 2:21 p.m., indicated her bed had not been made. The resident indicated staff tell they will be back and then never return. The resident indicated they took her bed linen off around 8:30 a.m. The resident's bed was observed unmade.</p> <p>Interview with Resident #2 on 2/12/16 at 10:40 a.m., indicated the facility did not have enough staff to assist her with her needs. The resident indicated the staff tell her to use her call light for assistance, so today she pushed her call light to go to the bathroom and looked at the clock, she indicated no staff came so she took herself to the bathroom. The resident indicated it was 30 minutes before staff</p>			

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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
	<p>did come to her room to answer the call light and she had already taken herself to the bathroom.</p> <p>Review of the record of Resident #2 on 2/12/16 at 12:53 p.m., indicated the resident's diagnoses included, but were not limited to, hypertension, diabetes mellitus, dislocated shoulder and neuropathy.</p> <p>The Admission MDS assessment for Resident #2, dated 12/9/15, indicated the resident was able to make herself understood and had the ability to understand others. The resident independent with daily decision making, decisions consistent and reasonable. She required extensive assistance of two people for bed mobility, transfers, walking in her room and toileting. The resident required extensive assistance of one person for dressing and personal hygiene. The resident was frequently incontinent of her bowels and bladder.</p> <p>10.) Interview with Resident #67 on 2/12/16 at 10:31 a.m., indicated she had received a shower a few days ago, but it had been a long time since she had shower before that.</p> <p>Review of the record of Resident #67 on 2/10/16 at 10:33 a.m., indicated the</p>			

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	<p>resident's diagnoses included, but were not limited to, diabetes mellitus, high blood pressure, schizophrenia, osteoarthritis, anxiety, atypical psychosis and chronic kidney disease.</p> <p>An Annual MDS assessment for Resident #67, dated 10/18/15, indicated Resident #67 was cognitively intact, required one person physical help in part of bathing.</p> <p>Review of Resident #67's shower sheets for January 2016 and February 2016, indicated the resident received a shower on 1/11/16, 1/20/16, 2/8/16, and 2/11/16.</p> <p>11.) Interview with Restorative aide #1 on 2/9/16 at 3:53 p.m., indicated he was unable to provide the restorative nursing programs for the residents because he was pulled to the floor to work as an CNA.</p> <p>Interview with the Unit Manager on 2/10/16 at 4:00 p.m., indicated the system for resident showers were the aide who provided the shower signs the shower sheet and then the nurse signs the shower sheet. The Unit Manager indicated there was no system in place that someone was responsible to review the shower sheets to ensure showers were being completed for residents.</p>			

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	<p>Interview with the Director Of Nursing (DON) on 2/11/16 at 10:30 a.m., indicated the facility had been pulling the restorative aide to work the floor as a CNA. The DON indicated the facility was aware there was a problem with staffing and they had started a CNA class, advertised for staff and offered referral bonuses. The DON indicated some staff was working 12 hours.</p> <p>Interview with Employee #1 indicated there were not enough staff to provide care and assistance to residents timely. The Employee indicated call lights could not be answered timely and showers do not get completed for residents.</p> <p>Interview with Employee #2 indicated the facility did not have enough staff to provide care timely. The Employee indicated call lights are not answered timely, showers were not provided, bed do not get made and trash does not get taken out of the residents bedrooms.</p> <p>Interview with Employee #3 indicated the facility did not have enough staff to give timely care or answer call lights timely. The Employee indicated showers were not provided and incontinence care was provided timely.</p> <p>Interview with Employee #4 indicated the</p>			

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	<p>facility did not have enough staff to provide care timely. The Employee indicated showers were not completed and incontinence care does not get done timely.</p> <p>Interview with Employee #5 indicated the facility did not have enough staff to give timely care. The Employee indicated the care needs of the residents were "very high" on the D hall and there needed to be 3 aides. The Employee indicated at times there were only 3 aides for C and D hallway.</p> <p>The "Resident Census and condition of residents" provided by the Director Of Nursing (DON) on 2/9/16 at 10:30 a.m., indicated the resident had 98 residents residing at the facility. There were 83 residents who were occasionally or frequently incontinent of their bladder, there were 65 residents occasionally or frequently incontinent of their bowel, 82 residents in a chair all or most of the time, 49 residents required assistance with ambulation or utilized an assistive device for ambulation, there were 6 residents with pressure ulcers (excluding stage one). There were 41 residents who required one or two staff for assistance with bathing, 90 residents who required 1-2 staff assistance with dressing, 92 residents who required 1-2 staff for</p>			

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	transferring, 94 residents who required 1-2 staff assistance with toilet use and 94 residents who required 1-2 staff assistance with eating.  3.1-17(a)				