

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/31/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 LANCER ST PORTAGE, IN 46368
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F000000	<p>This visit was for the Investigation of Complaint IN00159649.</p> <p>Complaint IN00159649- Substantiated. Federal/State deficiencies related to the allegations are cited at F-166 and F-309.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: December 30 & 31, 2014</p> <p>Facility number: 000098 Provider number: 155187 AIM number: 100290980</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: SNF/NF: 154 Total: 154</p> <p>Census payor type: Medicare: 24 Medicaid: 116 Other: 14 Total: 154</p> <p>Sample: 11</p> <p>These deficiencies reflect State findings</p>	F000000	<p>This Plan of Correction constitutes the facility's written allegation of compliance for the deficit sited. However, submission of this Plan of Correction is not an admission that the deficiency exists or that one was sited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law. The facility, Golden Living Center-Fountainview Place, respectfully requests consideration of this Plan of Correction to be granted paper compliance.</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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F000166 SS=D	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 7, 2015, by Janelyn Kulik, RN.</p> <p>483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. Based on record review and interview, the facility failed to thoroughly investigate grievances related to medications for 1 of 5 grievances related to medications reviewed. (Resident #G)</p> <p>Findings include:</p> <p>A Grievances Form completed on 8/22/14 for Resident #G was reviewed. The grievance was voiced by Resident #G. The concern on the form indicated the resident reported she had not received her blood pressure pill until 4:30 p.m. and was supposed to receive one in the morning, at noon, and at night. The concern also indicated the Nurse had told the resident and her daughter she (the resident) was losing her memory. The concern form also noted another Nurse then told the resident's daughter that she hadn't received the medication.</p>	F000166	<p>F 166 Resolve Grievances The corrective action(s) that were accomplished for the resident found to have been affected by the deficient practice: Resident G discharged home on 8-30-14. Unable to correct the alleged deficient practice. How other Residents having the potential to be affected by the same alleged deficient practice were identified and corrective action was taken: Any resident that has filed a grievance related to medications have the potential to be affected by the alleged deficient practice. Grievances related to medications and supportive documentation follow through were audited on 1-13-15. Measures that were put in place or what systemic change to ensure that the deficient practice does not recur: Nurses in-service scheduled January 21 and 22, 2015 on</p>	01/23/2015

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	<p>There was a section on the form titled "Nature of resolution." This section indicated the facility spoke with the resident's daughter and the Nurse on 8/25/14. The daughter indicated her Mother was not absent minded and the Nurse indicated the medications were given as ordered. The form indicated the "Date of resolution" was 8/25/14. The Grievance Form was signed by the Administrator on 9/15/14.</p> <p>There was no documentation on the Grievance Form related to staff reviewing the resident's Medication Administration Record to verify if the resident had been receiving her noon blood pressure medications. The Grievance Form indicated the "Nature of resolution" section noted the facility spoke with the Nurse involved and the Nurse stated she had given the resident her medications as ordered. There was no documentation in the grievance related to the statement the resident voiced in the grievance that a Nurse told the resident she was losing her memory or the statement that another Nurse told the resident's daughter that the resident had not received her blood pressure medication that day.</p> <p>The 2014 Medication Administration Record was reviewed. There was a</p>		<p>Grievance Guidelines (exhibit B) with a focus on investigating and supportive documentation for Grievances. How the corrective action will be monitored to ensure the deficient practice does not recur: Audit created (Exhibit # A): Audit to be completed by IDT team in daily start up meeting weekly x 8 weeks, twice a month x 2 months, monthly x 2 months.</p> <p>Compliance to be monitored by QAPI committee through our Quality Assurance program. Will track and trend and develop action plans accordingly. Date the systemic changes will be completed: January 23, 2014</p>				

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	<p>Physician's order for the resident to receive Hydralazine 100 milligrams three times a day for hypertension (high blood pressure). The Hydralazine was scheduled to be given at 8:00 a.m., 12:00 p.m., and 4:00 p.m. daily. The 12:00 p.m. doses of the medication were not signed out as given on 8/14/14, 8/19/14, and 8/25/14.</p> <p>When interviewed on 12/31/14 at 10:20 a.m., the Director of Nursing indicated the previous Unit Manger for the unit the resident resided on completed the investigation of the above grievance. The Director of Nursing indicated the grievance did not show the Medication Records had been reviewed to address the dates the noon doses of the blood pressure medication had not been signed out as given. The Director of Nursing indicated there was no documentation in the Nursing Notes related to the above doses of the blood pressure medication not being given.</p> <p>The facility policy titled "Grievance Process" was reviewed on 12/31/14 at 8:20 a.m. The policy was received from the Director of Nursing and was identified as current. The policy had a revised date of October 2009.</p> <p>The policy indicated investigation and</p>						

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F000225 SS=D	<p>resolution of grievances were to be completed in a timely manner. The investigation was to include evaluating all aspects of the situation including interviewing the resident and/or individual completing the form.</p> <p>This Federal tag relates to Complaint IN00159649.</p> <p>3.1-7(b)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>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 are reported immediately to the administrator of the facility and to other officials in accordance with State law</p>			

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	<p>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 record review and interview, the facility failed to ensure an allegation made by a female resident of a male resident touching her leg was thoroughly investigated for 1 of 3 potential allegations of abuse reviewed. (Resident #K)</p> <p>Findings include:</p> <p>A Incident Report Form initiated on 12/19/14 was reviewed. The form indicated Resident #K reported that a "man rubbed her leg and she didn't want him to." The form also indicated no injuries were noted and the resident was in no distress.</p> <p>The facility documents included in the</p>	F000225	<p>F 225 Investigate/Report Allegations/Individuals The corrective action(s) that were accomplished for the resident found to have been affected by the deficient practice: Unable to correct the past alleged deficient practice. On 12-31-14 Staff throughout the facility were interviewed regarding resident K's allegation. How other Residents having the potential to be affected by the same alleged deficient practice were identified and corrective action was taken: "Reportable Occurrences" investigations were audited on 1-2-15 for investigation supportive documentation. Measures that were put in place or what systemic change to ensure that the deficient practice does not</p>	01/23/2015

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	<p>investigation indicated, OT, Staff #1 reported to the ACU (Alzheimer Care Unit) Director that Resident #K had reported a man rubbed her leg and it was a "colored man." The ACU Director interviewed Resident #K. The ACU Director had the only black male resident on the unit was sitting next to her while she was interviewing Resident #K. At this time Resident #K stated she had not seen the resident who rubbed her leg since the incident occurred. The IDT (Inter-Disciplinary Team) met and the resident was put on 15 minute checks. A written statement made by OT (Occupational Therapy) Staff #1 was reviewed. The statement indicated Resident #K reported that a man rubbed her leg and she didn't want him to. The statement also indicated the resident reported it was "the colored man" and that when she reported it to staff, they laughed, and the resident also stated she was uncomfortable and expressed worry about this re-occurring. No other written interview or statements from any other staff members were provided.</p> <p>The record for Resident #K was reviewed on 12/31/14 at 9:25 a.m. The resident's diagnoses included, but were not limited to, dementia, muscle weakness, and cardiac pacemaker. The resident was initially admitted to a non secured unit</p>		<p>recur: When a "Reportable Occurrence" (exhibit C) is reported to ISDH, the Interdisciplinary Team will review the reportable occurrence and the investigation supportive documentation during daily Start-Up meeting . How the corrective action will be monitored to ensure the deficient practice does not recur: Audit created (Exhibit # A): Audit to be completed by IDT in daily start up meeting weekly x 8 weeks, twice a month x 2 months, monthly x 2 months. Compliance to be monitored by QAPI committee through our Quality Assurance program. Date the systemic changes will be completed January 23, 2015</p>				

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	<p>and was transferred to the Alzheimer's Care secured unit on 12/18/14 at 3:10 p.m.</p> <p>A Clinical Health Status assessment was completed on 12/16/14 at 4:00 p.m. The assessment indicated the resident was admitted to the hospital and was alert. The resident's long term memory was OK and she had short term memory problems. The resident's hearing was adequate and she had no behavioral symptoms.</p> <p>The 12/2014 Progress Notes were reviewed. An entry made by the Alzheimer Care Director on 12/17/14 at 2:14 p.m. indicated the staff met with resident and determined the resident was appropriate for the Alzheimer Care Unit and would be transferred on 12/18/14.</p> <p>An entry made by Nursing on 12/17/14 at 2:16 p.m. indicated the resident was admitted on 12/16/14 and had a diagnosis of dementia. The entry also indicated the resident was alert to name, confused to place and time, and was noted to wander. An entry made on 12/18/14 3:10 p.m. indicated the resident was transferred at this time.</p> <p>An entry was made by the Alzheimer Care Director on 12/19/14 at 1:39 p.m.</p>			

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	<p>This entry indicated the Director was informed by Therapy the resident made a statement that a man rubbed her leg and she did not want him to. The entry indicated the resident stated "it was the colored man." The Director spoke to the resident and the resident verbalized the same and stated she had not seen him since. The entry also indicated the only African American male on the unit was seated next to the Director and the resident displayed no signs of fear when speaking with her. The IDT (Inter-Disciplinary Team) met and the resident was placed on 15 minute checks.</p> <p>When interviewed on 12/31/14 at 12:36 p.m., the Alzheimer Care Director indicated therapy staff reported the statement to her on the day it occurred. The Therapy staff member came into her office and informed her Resident #K said a black man put his hand on her upper thigh. The Director indicated after she was informed by the Therapy staff member she herself went and sat by Resident #K and asked her if something had happened and the resident said a black man came up to her and touched her and the resident demonstrated where by touching her upper thigh area. The Director indicated she herself asked the resident if she knew who the man was or if she had seen him since and the resident</p>				

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	<p>said she hadn't.</p> <p>Continuation of the interview on 12/31/14 at 12:36 p.m., the Director of Nursing indicated when she was informed of the incident she thought the incident of the touching had occurred on the ACU (Alzheimer's Care Unit) and they did not interview any staff from the medical wing the resident had been transferred from the day before the statement was made to the Therapy staff member. The Director of Nursing indicated on 12/19/14 there had been no male staff members assigned as working on the ACU. The Director of Nursing indicated the staff on the medical unit the resident was transferred from were not interviewed or reviewed.</p> <p>When interviewed on 12/31/14 at 12:45 p.m., OT #1 indicated she was working with Resident #K in the ACU dining room on the day the resident made the statement. The OT staff indicated herself and a PT aide were in the room with the resident. The resident stated a man had put his hand on her leg and it was a colored man. The resident also said she had reported it to staff and staff laughed at her. The OT staff also indicated the day after this she recalls the resident seemed fearful of any man that moved around her as she would stop and look up</p>			

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F000226 SS=D	<p>to see what they were doing and then after that day no other such concerns were observed.</p> <p>When interviewed on 12/31/14 at 1:30 p.m., the facility Administrator indicated he recalled an incident with Resident #K about a male rubbing her leg. The Administrator stated he was not aware of all the investigation consisted of. The Administrator indicated he believed the resident could not remember the incident.</p> <p>3.1-28(c)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to follow the Abuse Protocol policy related to not completing a thorough investigation of a female resident's allegation of being touched by a male resident for 1 of 3 allegations of potential abuse reviewed. (Resident #K)</p>	F000226	<p>F 226 Develop/Implement - Abuse/Neglect, etc Policies The corrective action(s) that were accomplished for the resident found to have been affected by the deficient practice: Unable to correct the alleged past deficient practice. On 12-31-14 Staff throughout the facility were interviewed regarding</p>	01/23/2015

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	<p>was uncomfortable and expressed worry about this re-occurring. No other written interview or statements from any other staff members were provided.</p> <p>The record for Resident #K was reviewed on 12/31/14 at 9:25 a.m. The resident's diagnoses included, but were not limited to, dementia, muscle weakness, and cardiac pacemaker. The resident was initially admitted to a non secured unit and was transferred to the Alzheimer's secured unit on 12/18/14 at 3:10 p.m.</p> <p>The 12/2014 Progress Notes were reviewed. An entry made by Nursing on 12/17/14 at 2:16 p.m. indicated the resident was admitted on 12/16/14 and had a diagnosis of dementia. The entry also indicated the resident was alert to name, confused to place and time, and was noted to wander. An entry made on 12/18/14 3:10 p.m. indicated the resident was transferred at this time.</p> <p>An entry was made by the Alzheimer Care Director on 12/19/14 at 1:39 p.m. This entry indicated the Director was informed by Therapy the resident made a statement that a man rubbed her leg and she did not want him to. The entry indicated the resident stated "it was the colored man." The Director spoke to the resident and the resident verbalized the</p>		<p>completed by IDT dialy at start up meeting weekly x 8 weeks, twice a month x 2 months, monthly x 2 months. Compliance to be monitored by QAPI committee through our Quality Assurance program. Date the systemic changes will be completed: January 23, 2015</p>				

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	<p>same and stated she had not seen him since. The entry also indicated the only African American male on the unit was seated next to the Director and the resident displayed no signs of fear when speaking with her. The IDT (Inter-Disciplinary Team) met and the resident was placed on 15 minute checks.</p> <p>When interviewed on 12/31/14 at 12:36 p.m., the Alzheimer Care Director indicated therapy staff reported the statement to her on the day it occurred. The Therapy staff member came into her office and informed her Resident #K said a black man put his hand on her upper thigh. The Director indicated after she was informed by the Therapy staff member she herself went and sat by Resident #K and asked her if something had happened and the resident said a black man came up to her and touched her and the resident demonstrated where by touching her upper thigh area. The Director indicated she herself asked the resident if she knew who the man was or if she had seen him since and the resident said she hadn't.</p> <p>Continuation of the interview on 12/31/14 at 12:36 p.m., the Director of Nursing indicated when she was informed of the incident she thought the incident of the touching had occurred on</p>			

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	<p>the ACU (Alzheimer's Care Unit) and they did not interview any staff from the medical wing the resident had been transferred from the day before the statement was made to the Therapy staff member. The Director of Nursing indicated on 12/19/14 there had been no male staff members assigned as working on the ACU. The Director of Nursing indicated the staff on the medical unit the resident was transferred from was not interviewed or reviewed.</p> <p>When interviewed on 12/31/14 at 12:45 p.m., OT #1 indicated she was working with Resident #K in the ACU dining room on the day the resident made the statement. The OT staff indicated herself and a PT aide were in the room with the resident. The resident stated a man had out his hand on her leg and it was a colored man. The resident also said she had reported it to staff and staff laughed at her. The OT staff also indicated the day after this she recalls the resident seemed fearful of any man that moved around her as she would stop and look up to see what they were doing and then after that day no other such concerns were observed.</p> <p>When interviewed on 12/31/14 at 1:30 p.m., the facility Administrator indicated he recalled an incident with Resident #K</p>			
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	<p>about a male rubbing her leg. The Administrator stated he was not aware of all the investigation consisted of. The Administrator indicated he believed the resident could not remember the incident.</p> <p>The facility policy titled "Reporting and Investigation of Alleged Violations of Federal and State Laws Involving Mistreatment, Neglect, Abuse, Injuries of Unknown Source and Misappropriation of Resident's Property" was reviewed on 12/31/14 at 2:05 p.m. The Director of Nursing Provided the policy and indicated the policy was current. The policy indicated all alleged violation were to be reported to the Administrator immediately and a thorough investigation was to be completed. The policy also indicated investigation shall include interview of employees, visitors, residents, volunteers who may have knowledge of the alleged incident. The policy also indicated the facility was to make reasonable efforts to determine the cause of the alleged violation.</p> <p>3.1-28(c)</p>			

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F000309 SS=D	<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 record review and interview, the facility failed to provide the necessary treatment and services to attain the resident's highest practicable physical well-being related to failing to follow the facility protocol for ongoing assessments after staple removal and the administration of antibiotics for wounds for 1 of 3 residents reviewed with surgical wounds in the sample of 11. (Resident #G)</p> <p>Findings include:</p> <p>The closed record for Resident #G was reviewed on 12/30/14 at 9:20 a.m. The resident's diagnoses included, but were not limited to, generalized pain, high blood pressure, and osteoporosis.</p> <p>Review of the 8/15/14 Minimum Data Set quarterly assessment indicated the resident's BIMS (Brief Interview for Mental Status) score was (15). A score of (15) indicated the resident's cognitive patterns were intact. The assessment also</p>	F000309	<p>F 309 Provide Care/Services for Highest Well Being The corrective action(s) that were accomplished for the resident found to have been affected by the deficient practice: Resident G discharged home on 8-30-14. Unable to correct the alleged deficient practice. How other Residents having the potential to be affected by the same alleged deficient practice were identified and corrective action was taken: Residents admitted with surgical wounds were audited 1-2-15 for documentation/assessments each shift. Measures that were put in place or what systemic change to ensure that the deficient practice does not recur: Nurses to be in-serviced on comprehensive assessments and the "Comprehensive Assessment Tracking Form" (exhibit E) on January 21 and 22, 2015. How the corrective action will be monitored to ensure the deficient practice does not recur: Audit created (Exhibit # A): Audit to be</p>	01/23/2015			

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	<p>indicated the resident had a surgical wound.</p> <p>The 8/2014 Physician orders were reviewed. An order was written on an order form by the Neurosurgeon on 8/19/14. The order indicated the resident had a small opening on the low back and Bactrim DS (an antibiotic) was ordered. The order was transcribed electronically for resident to receive Bactrim DS 800-160 milligrams two times a day for wound healing. Another order was written to clean the lower back area with normal saline, pat dry, and to apply Bactorban Ointment (an antibiotic ointment), and cover with a dressing daily.</p> <p>Review of the 8/2014 Medication Administration Record indicated the initial dose of Bactrim DS was administered on 8/20/14 at 8:00 p.m. The Medication Administration Record also indicated the ordered treatment to apply Bactroban ointment to the lower back and cover with a dressing was first initiated on 8/20/14 at 7:00 a.m.</p> <p>The resident's Care Plans were reviewed. There was a Care Plan noting the resident had altered skin integrity related to surgical wounds on her lower spine and left lower abdomen area. The Care Plan</p>		<p>completed by Assistant Director of Nursing Services or designee weekly x 8 weeks, twice a month x 2 months, monthly x 2 months.</p> <p>Compliance to be monitored by QAPI committee through our Quality Assurance program. Will track and trend and develop action plans accordingly. Date the systemic changes will be completed: January 23, 2015</p>	

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	<p>had a Target Goal date of 8/26/14. Care plan interventions included to monitor for any signs and symptoms of infections such as swelling, redness, warmth, discharge, or odor.</p> <p>The 8/2014 Nursing Progress Notes were reviewed. An entry made on 8/14/14 at 9:37 p.m. indicated staples were removed from the resident's back and abdomen as ordered by the Physician. There was no assessment of the appearance of the two areas where the staples had been removed. The next entries were made on 8/15/14 at 12:27 p.m. and 5:42 p.m. There were no assessments of the abdominal or back sites where the staples had been removed in either of these entries. No further entries were made on 8/15/14.</p> <p>The first entry on 8/16/14 was made at 7:04 a.m. There was no assessment of the surgical sites to the abdomen or the back in this entry.</p> <p>The next entry was made on 8/16/14 at 9:26 a.m. This entry indicated the resident called the Nurse to request an assessment of her back where staples had recently been removed. The area was red and a staple was noted to the left of the lumbar spine under the skin. The Physician was called and new orders</p>			

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	<p>were received. The staple was removed and steri strips were applied to the area of poor approximation (closing) on the spine.</p> <p>The next entries were made on 8/16/14 at 4:18 p.m., 8/17/14 at 3:17 p.m., and 8/18/14 at 6:29 p.m. There was no assessment of the abdominal area. There was no assessment of the spine surgical site where the staple had been removed.</p> <p>The next entry was made on 8/19/14 at 7:28 p.m. This entry indicated the resident had an Physician appointment and new orders were received. No assessments of the back or abdominal areas were noted in this entry. An entry made on 8/19/14 at 8:00 p.m. indicated the first dose of an antibiotic had been given.</p> <p>Further entries made from 8/19/14 through 8/27/14 were reviewed. An entry made on 8/22/14 at 11:21 p.m. indicated the resident continued to receive an antibiotic related to the staple removal. There was no assessment of the back staple removal site from 8/20/14 thru 8/26/14 while the resident was receiving antibiotics. An entry made on 8/27/14 at 4:25 p.m. indicated the resident needed the dressing to her back changed at 2:30 p.m. due to soiling. The entry also</p>			

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	<p>indicated the resident was "noted to have suture intact with sl (slight) redness and some sloughing to very small area..."</p> <p>Further entries made from 8/27/14 through 8/28/14 indicated there were no further assessments of the back incision or of the redness and sloughing to the area noted on 8/27/14 at 4:25 p.m. No further assessments of the incision were noted 8/27/14 thru 8/28/14. An entry made on 8/29/14 at 5:41 p.m. indicated the resident continued on antibiotics for the wound to her back with some drainage noted to the site.</p> <p>When interviewed on 12/31/14 at 9:25 a.m., the Director of Nursing indicated Nursing staff should have completed an assessment of the back incision when the staples were removed. The Director of Nursing also indicated Nursing staff should have completed an assessment of the back wound every shift while the resident was receiving antibiotics. The Director of Nursing provided a "Comprehensive Assessment Tracking Form" which should have been completed while the resident was receiving the antibiotics. The Director of Nursing indicated there were no forms in the resident's closed record.</p> <p>This Federal tag relates to Complaint</p>			

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

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