

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155120	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/25/2016
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BRANDYWINE	STREET ADDRESS, CITY, STATE, ZIP CODE 745 N SWOPE ST GREENFIELD, IN 46140
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00200645.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey and Investigation of Complaint IN00197809.</p> <p>Complaint IN00200645-Substantiated. Federal/State deficiencies related to the allegations are cited at F244, F246, F279, and F315.</p> <p>Survey dates: May 17, 18, 19, 20, 23, 24, and 25, 2016</p> <p>Facility number: 000050 Provider number: 155120 AIM number: 100266170</p> <p>Census bed type: SNF/NF: 109 Total: 109</p> <p>Census payor type: Medicare: 4 Medicaid: 78 Other: 27 Total: 109</p> <p>These deficiencies reflect State findings</p>	F 0000		

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 0244 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on June 7, 2016</p> <p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. Based on interview and record review the facility failed to act upon and resolve resident council concerns of call lights not being answered timely for 3 of 12 months of resident council meetings reviewed. Findings include: Review of the resident council minutes on 5/24/16 at 9:30 a.m., indicated the following: The resident council minutes, dated 3/10/16 at 2:30 p.m., "new business" "were call lights not being</p>	F 0244	<p>Res</p> <p>Act upon and resolve a resident council concern of call lights not being answered timely for 3 of 12 months of resident council meetings reviewed</p> <p>Res Identified</p> <p>Unable to correct</p> <p>Others</p>	06/24/2016	

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	<p>answered for an extended period of time." There were 6 of 12 residents who shared this concern. There was no department response completed for this concern. The documentation for this area was blank.</p> <p>The resident council minutes, dated 4/25/16 at 2:30 p.m., indicated the "old business" of "call lights not being answered for an extended period of time" The documentation indicated the issue was not resolved to the resident council's satisfaction. There were 10 of 16 residents attending the resident council meeting that shared this concern. The documentation for "department response" was blank.</p> <p>The resident council minutes, dated 5/19/16 at 2:30 p.m., indicated the "old business" of "call lights not being answered for an extended period of time" was not resolved to the resident council's satisfaction. There were 10 of 10 residents attending the resident council meeting shared this concern. The documentation for "department response" was blank.</p> <p>An Interview with the Activity Director #5 on 5/24/16 at 10:13 a.m., indicated she gave the concern from Resident Council to the Director Of Nursing</p>		<p>All residents have the potential to be affected by this deficiency.</p> <p>Education</p> <p>Department heads in-serviced on process for responding to concerns voiced in resident council. Activity Director heads the resident council and fills out the initial response form for any grievances voiced during meeting. Activity Director to bring response forms to morning meeting following resident council and hand out and discuss concerns from resident council meeting. Appropriate Department heads to respond to concerns and turn in their corrective actions taken.</p> <p>Call light audits conducted and on-going.</p> <p>Monitor</p> <p>ED/designee to monitor that response forms are completed with corrective action and turned back in to Activity Director. These audits to be completed monthly after resident council meeting has taken place.</p> <p>The facility will monitor call light</p>	

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F 0246 SS=E Bldg. 00	<p>(DON) related to call lights not being answered. Activity Director #5 indicated she had not received a response back related to this issue and was still unresolved. Activity Director #5 indicated she had given the DON the March 2016, April 2016 and May 2016 the call light concerns.</p> <p>In an interview with the DON on 5/24/16 at 10:21 a.m., indicated the facility had verbally went around and talked to the aides and the nurses and reminded them they need to answer call lights. The DON indicated she was aware the call light issue had not been resolved.</p> <p>This Federal tag relates to Complaint IN00200645.</p> <p>3.1-3(I)</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on observation, interview and</p>	F 0246	<p>timeliness through guardian angel rounds, family/resident grievance process, and call light audits. Random call light audits to be conducted by department head 5 times weekly x 90 days then 3 times weekly times 90 days.</p> <p>QAPI</p> <p>Results of these audits will be taken to QAPI x 6 months to track for any trends. If any trends are identified the audits will be completed based on QAPI recommendations. If no trends identified then will review on PRN basis.</p>	06/24/2016	

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	<p>record review, the facility failed to have adequate nursing staff to assist residents to the restroom, provide incontinence care timely, answer call lights timely and assist residents with eating for 8 of 12 residents reviewed for staffing (Resident #L, Resident #M, Resident #G, Resident #I, Resident #D, Resident #H, Resident #B and Resident #J)</p> <p>Findings include:</p> <p>1.) Interview with Resident #L on 05/18/2016 at 10:30 a.m., indicated she did not feel there was enough staff available to give her the care and assistance she needed. The resident indicated she had become incontinent due to waiting for assistance to the bathroom. The resident indicated it took 30 minutes or longer to have her call light answered.</p> <p>Review of the record Resident #L on 5/23/16 at 1:36 p.m., indicated the resident's diagnoses included, but were not limited to, Parkinson, depression, urgency of urination, osteoarthritis, overactive bladder, dementia, anxiety and hypertension.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #L, dated 4/27/16, indicated the resident had the ability to understand others and was able</p>		<p>Res B, D, G, H, I, J, L, M</p> <p>Facility failed to ensure to have adequate nursing staff to assist residents to the restroom, provide incontinence care timely, answer call lights timely and assist residents with eating for 8 of 12 residents reviewed for staffing</p> <p>Res Identified</p> <p>Unable to correct for identified residents.</p> <p>Others</p> <p>All residents have the potential to be affected. Resident interviews conducted and grievances reviewed. Last three months of resident council minutes reviewed with any issues addressed as needed.</p> <p>Education</p> <p>Nursing staff in-serviced that all units need to have adequate staff available on each unit to assist residents with care. Nursing staff to notify ED/DNS/designee when there is not adequate staffing available for</p>	

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	<p>to be understood. The resident required extensive assistance of two people to transfer and for toilet use.</p> <p>2.) Interview with Resident #M on 05/18/2016 at 11:36 a.m., indicated he did not feel there was enough staff available to give the care and assistance he needed. The resident indicated he understood staff were busy and was taking care of other residents. Resident #M stated "why should I have to wait a half an hour to get help".</p> <p>Review of the record of Resident #M on 5/23/16 at 2:25 p.m., indicated the resident's diagnoses included, but were not limited to, hemiplegia, Parkinson disease, depression, weakness, chronic kidney disease, anxiety, insomnia, type two diabetes and tremors.</p> <p>The Quarterly MDS assessment for Resident #M, dated 3/9/16, indicated the resident had the ability to understand others and was able to be understood. The resident was cognitively intact, decisions were reasonable. The resident required extensive assistance with transfers and extensive assistance of one person to use the restroom.</p> <p>3.) Interview with Resident #G on 05/18/2016 at 11:13 a.m., indicated she</p>		<p>each unit.</p> <p>Monitor</p> <p>ED/DNS/Designee will meet 5 times weekly and review daily staffing schedules to ensure adequate staffing is available on each unit.</p> <p>ED/designee to interview three residents/families per week x6 months to monitor for the deficient practice. Any concerns voiced will be addressed through the family/resident grievance process.</p> <p>QAPI</p> <p>Results of these audits will be taken to QAPI x 6 months to track for any trends. If any trends are identified the audits will be completed based on QAPI recommendations. If no trends identified then will review on PRN basis.</p>	

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	<p>did not feel there was enough staff available to give her the care and assistance she needed. The resident indicated she had to wait an hour and 15 minutes to get her call light to be answered for assistance to the bathroom. The resident indicated when she was admitted to the facility she wore her own underwear, but she would have to change her clothes from becoming incontinent so often she decided to start wearing briefs so her clothes would not get ruined. The resident indicated she knew when she needed to go to the bathroom, but could not hold it that long. The resident indicated when she does go to the bathroom she would have to wait on the toilet for a long time for staff to come back and assist her up. The resident indicated it was uncomfortable to sit on the toilet for a long time because she had arthritis.</p> <p>Interview with Resident #G on 5/19/16 at 1:15 p.m., indicated she had been timing how long it took for her call light to be answered by the clock in her room. The resident indicated the other day it took and hour for the call light answered. The resident indicated staff told her it took that long because they were in shift change. The resident indicated waiting so long had caused her to start being incontinent of her bowels and her</p>			

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	<p>bladder. The resident indicated it took one aide to help her to the bathroom because she was weak.</p> <p>Review of Resident #G's record on 5/19/16 at 3:26 p.m., indicated the resident's diagnoses included, but were not limited to, insomnia, history of urinary tract infection, osteoarthritis, fatigue, hypertension, anemia, spinal stenosis and heart failure.</p> <p>The Admission MDS assessment for Resident #G, dated 3/18/16, indicated she had the ability to understand others and make herself understood. The resident was reasonable and consistent with decisions of daily decision making. The required limited assistance of one person to use the bathroom. The resident was occasionally incontinent of her bladder and bowels.</p> <p>4.) Interview with Resident #I on 05/18/2016 10:55 a.m., indicated she did not feel there was enough staff available to give her the care and assistance she needed.</p> <p>The resident indicated she had waited for an hour laying in bed wet from urine. The resident indicated it was "horrible waiting for someone to help you get cleaned up".</p> <p>Review of the record of Resident #I on</p>						

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	<p>5/23/16 at 11:10 a.m., indicated the resident's diagnoses included, but were not limited to, Parkinson, depression, anxiety, pain, insomnia, dementia, hypertension and osteoarthritis.</p> <p>The Annual MDS assessment for Resident #I, dated 4/20/16, indicated the resident had the ability to understand others and was able to make herself understood. The resident was totally dependent for bathing. She was frequently incontinent of her bladder and occasionally incontinent of her bowels. The resident required extensive assistance of one person to transfer, ambulate and use the bathroom.</p> <p>5.) Interview with Resident #D on 5/19/16 at 1:31 p.m., indicated the time it takes for her call light to be answered varied. The resident indicated at noon it was almost impossible to get help from staff. The resident indicated it took too long for her call light to be to answered and sometimes she would yell out "help" . The resident indicated she had become incontinent of her urine because she had to wait for assistance.</p> <p>Review of the record of Resident #D on 5/19/16 at 2:32 p.m., indicated the resident's diagnoses included, but were not limited to, cerebral ischemia, UTI</p>			

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	<p>(5/14/16), constipation, overactive bladder, dementia without behavioral disturbance, osteoarthritis, and hypertension.</p> <p>The Annual MDS assessment for Resident #D, dated 3/22/16, indicated she had the ability to understand others and make herself understood and was cognitively intake for daily decision making. She required extensive assistance of one person to use the restroom. The resident was frequently incontinent of her bowels and bladder.</p> <p>Interview with Resident #D's Family member on 5/20/16 at 10:00 a.m., indicated there were clearly not enough staff at the facility. The Family member indicated she visited her family member every day. The Family member indicated the resident was unable to go to the restroom by herself and she "constantly" came in and found the resident sitting wet with urine. The Family member indicated when the resident turns on her call light no one comes, so the Family member had to walk down the hallways looking for staff and often is not able to find any staff.</p> <p>Interview with Confidential staff #1, indicated the facility did not have enough staff to assist residents to the bathroom.</p>			

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	<p>Confidential staff #1 indicated staff were not able to assist "residents to the bathroom this results in falls, residents trying to take themselves".</p> <p>Interview with Confidential staff #2, indicated there was not enough staff to assist residents with incontinence care and the residents set for long periods of time wet. Confidential staff #2 indicated it took between 30-45 minutes to answer call lights. Confidential staff #2 indicated there was not enough staff to assist residents with eating and the residents food would sit for 30-45 minutes before staff were able to feed them. Confidential staff #2 indicated there was not enough staff to assist residents to the restroom, change bed linens and assist residents to lay down. Confidential staff #2 indicated residents were left sitting up for long periods of time.</p> <p>Review of the resident council minutes on 5/24/16 at 9:30 a.m., indicated the following: The resident council minutes, dated 3/10/16 at 2:30 p.m., indicated "new business" were "call lights not being answered for an extended period of time". There were 6 of 12 residents who shared this concern. There was no department response completed for this concern. The documentation for this area was blank.</p>			

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	<p>The resident council minutes, dated 4/25/16 at 2:30 p.m., indicated the "old business" of "call lights not being answered for an extended period of time" The documentation indicated the issue was not resolved to the resident council's satisfaction. There were 10 of 16 residents attending the resident council meeting that shared this concern. The documentation for "department response" was blank.</p> <p>The resident council minutes, dated 5/19/16 at 2:30 p.m., indicated the "old business" of "call lights not being answered for an extended period of time" was not resolved to the resident council's satisfaction. There were 10 of 10 residents attending the resident council meeting shared this concern. The documentation for "department response" was blank.</p> <p>6. During an interview, on 5/18/16 at 3:11 p.m., Resident #H indicated there is not enough staff and said if he turns the call light on during the day it's ok, but at night it can take two to three hours for the call light to be answered. He said yesterday evening his roommate got back to his room, after supper, at 7:20 p.m. and it was two hours before staff came in to answer his call light.</p>			

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	<p>Resident #H's record was reviewed on 5/20/2016 at 11:14 a.m. The May, 2016 physician's recapitulation orders indicated Resident #H had diagnoses that included, but were not limited to, alcohol dependence with alcohol-induced persisting dementia, depression, angina pectoris, peripheral vascular disease, protein-calorie malnutrition, anemia, chronic pain, nutritional deficiency, high blood pressure, insomnia, and osteoporosis.</p> <p>An Annual Minimum Data Set assessment (MDS), dated 5/4/16, indicated resident #H was cognitively intact.</p> <p>7. An interview with Resident #B's son on 5/20/16 at 10:16 a.m., indicated "the only problem is they don't have enough aides to help out. The ones that are here are overworked." He indicated he visit his mother every other day. He indicated it looked like the staff were in a hurry and didn't clean up like they should and his mothers bed wasn't made half the time.</p> <p>An interview with Resident #B's daughter on 5/23/16 at 10:00 a.m., indicated when she came to visit her mother was usually left sitting in the dining room or in the hallway. "They are just overworked and</p>			

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	<p>under staffed."</p> <p>On 5/23/16 at 11:33 a.m., Resident #B was observed being assisted into bed for incontinence care by CNA #16 and LPN #13 with the use of a Marissa Lift. Resident #B's brief was wet with urine. CNA #16 indicated Resident #B's brief had last been changed when she showered her at 7:30 a.m., that morning.</p> <p>An interview with CNA #16 on 5/23/16 at 11:49 a.m., indicated a resident who was incontinent should be changed approximately every 2 hours. She indicated she believed there were not enough staff to care for the residents timely and properly, "because you rush, rush, rush." She indicated she did not have enough time to change all her incontinence residents every 2 hours.</p> <p>Resident #B's record was reviewed on 5/24/16 at 12:18 p.m. Her diagnoses documented on her May 2016 physician's recapitulation orders included but were not limited to, dementia without behavioral disturbances, anxiety disorder, depressive episodes, nutritional deficiencies, muscle weakness, athrosclerosis, osteoarthritis, respiratory disorder, pain, disorder of the kidney and ureter, and disorder of the skin and subcutaneous tissue.</p>			

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	<p>Resident #B's significant change MDS assessment dated 4/15/16, indicated she sometimes was understood and she sometimes understood others. She was severely impaired in her cognitive daily decision making skills She required extensive assistance of 1 person for bed mobility, dressing, eating, and personal hygiene. She required extensive assistance of 2 persons for transfer and toileting. She did not walk. She was always incontinent. She was a Hospice resident.</p> <p>8. An interview with Resident #J's spouse on 5/17/16 at 2:41 p.m., indicated his wife had a UTI. He indicated his wife usually had her brief changed daily around 9:00 a.m., and then again around 2:00 p.m., to 2:30 p.m. He indicated he was at the facility daily from 10:00 a.m., until 3:00 p.m.</p> <p>An interview with Resident #J's spouse on 5/17/16, at 2:58 p.m., indicated he did not feel there were enough staff to assist the resident without them having to wait a long time. "During lunch, most generally. Today was an exception because you are here. There is generally 4 residents who need fed in dining room where my wife eats." He indicated he fed his wife and she ate in the middle dining</p>			

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	<p>room (dining room #2) on the AACU unit. He indicated he generally took care of a resident who sat on his right. He generally cut up her food because she ate with her hands. If the facility served her something she couldn't eat with her hands he fed the food to her. "I assist her because no staff come in and assist her. Today 1 staff was assisting the resident to eat, I had never seen her feed the residents before in that middle dining room." He indicated staff would place his wife's roommates (Resident #B) food on the table and let it sit for at least 30 minutes before anyone attempted to feed her. There was generally only 1 staff assisting in dining room #2 and were busy assisting other residents. "There was staff doing things today I have never seen them do before. There was staff working in the dining room that I had never seen before, and they didn't know what to do with the residents."</p> <p>On 5/20/16 at 2:01 p.m., Resident #J was observed being toileted. Resident #J's slacks were wet front and back. CNA #15 and Resident #J's spouse assisted Resident #J to ambulate to the toilet. Her soiled brief was removed by CNA #15 and was soaked with urine. Resident #J urinated in the toilet. CNA #15 indicated she had not changed Resident #J's brief since she arrived at work around 10:35</p>			

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	<p>a.m. Resident #J's spouse indicated he arrived at the facility at 10:00 a.m., and his wife's brief had not been changed since he had been there.</p> <p>On 5/20/16 at 2:26 p.m., Resident #J's spouse indicated he did not feel there were enough staff to care for the residents. He was unsure if his wife was on any type of toileting program but he would like her to be toileted every 2 hours. He believed his wife not being toileted often enough contributed to her UTI's. His wife has had several UTI's since she had lived at the facility.</p> <p>Resident #J's record was reviewed on 5/24/16 at 11:08 a.m. Her diagnoses documented on her May 2016 physician's recapitulation orders included but were not limited to, Alzheimer's disease, dementia with behavioral disturbances, protein-calorie malnutrition, nutritional deficiency, osteoporosis, and osteoarthritis.</p> <p>Resident #J's significant change MDS assessment dated 2/17/16, indicated she rarely/never understood others. She was severely impaired in cognitive daily decision making skills. She required extensive assistance of 1 person for bed mobility, dressing, personal hygiene, and eating. She required extensive assistance</p>			

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	<p>of 2 persons for transfer and toileting. She required limited assistance of 2 persons for ambulation in her room. She was frequently incontinent and was not on a toileting program.</p> <p>A physician's order for Resident #J dated 5/13/16 at 6:03 p.m., indicated she would receive Rocephin 1 gram intramuscularly 1 time a day for 5 days for a UTI.</p> <p>9. An observation of resident dining was conducted on 5/20/16 at 1:01 p.m., in dining room #3 on the AACU unit. CNA #15 was observed assisting 4 residents seated at one table with their meals. She was walking around the table picking up the residents utensils and giving them a bite of their food and encouraging them to eat. She was touching the residents backs and wheelchairs as she made her way around the table. She picked up one of the resident's sandwich and gave her a bite. She walked over to another table encouraged them to eat and drink.</p> <p>An interview with Unit Coordinator #6 on 5/20/16 at 1:30 p.m., indicated the facility did not have enough staff to feed the residents timely because there were a lot of residents who needed assistance. There were 32 residents on the AACU unit and 13 of those residents required being fed and 6 residents required</p>			

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	<p>prompts and cues. She typically had 1 CNA in dining room #1, a nurse in dining room #2, and a CNA in dining room #3. She indicated 1 or 2 members of management assisted in dining room #1, and the ACD Director assisted in dining room #1 and then in dining room #3. She herself assisted in dining room #2 and ended up assisting in dining room #3.</p> <p>An interview with the ACD Director on 5/20/16 at 2:49 p.m., indicated she felt like there were enough staff to feed the residents timely. "We certainly could use more, so the staff who is feeding 3 resident at a time could focus on 2 residents. All we can do is pitch in and help each other. We go from table to table to make sure the residents are not neglected and there is no oversight."</p> <p>This federal tag relates to Complaint IN00200645.</p> <p>3.1-3(v)(1)</p>			

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F 0279 SS=D Bldg. 00	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>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> <p>Based on observation, interview and record review, the facility failed to develop a plan of care and implement interventions for non-pressure related skin injuries for a resident with an injury to her forehead and right hand (Resident #B) and Urinary Tract Infections (UTI's) for a resident with chronic UTI's (Resident #D) for 2 of 23 residents reviewed for care plans.</p> <p>Findings include:</p> <p>1. Resident #B's record was reviewed on 5/24/16 at 12:18 p.m. Her diagnoses</p>	F 0279	<p>Res B, D</p> <p>FFT-develop a plan of care and implement interventions for non-pressure related skin injuries for a resident with an injury to her forehead and right hand and UTI's for a resident with chronic UTI's for 2/23 residents reviewed for care plans</p> <p>Res Identified</p> <p>Care plans for Res B and Res D reviewed and updated</p>	06/24/2016

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	<p>documented on her May 2016 physician's recapitulation orders included but were not limited to, dementia without behavioral disturbances, anxiety, disorder of the skin and subcutaneous tissue, nutritional deficiencies, and muscle weakness.</p> <p>A "Progress Note" for Resident #B dated 3/14/16 at 3:57 p.m., indicated she had sutures intact to the center of her forehead. She had bruising over the top of her right hand and into her fingers from a previous fall.</p> <p>A "Weekly Skin Review" for Resident #B dated 3/28/16 at 4:40 p.m., indicated a scabbed area remained to her forehead from a previous fall.</p> <p>Resident #B's significant change Minimum Data Set (MDS) assessment dated 4/15/16, indicated she sometimes was understood and she sometimes understood others. She was severely impaired in her cognitive daily decision making skills She required extensive assistance of 1 person for bed mobility, dressing, eating, and personal hygiene. She required extensive assistance of 2 persons for transfer and toileting. She did not walk. She had no impairment in her range of motion. She had no skin tears or other wounds except pressure</p>		<p>Others</p> <p>Residents identified with chronic UTI's and who have non-pressure related skin injuries reviewed and updated as needed.</p> <p>Education</p> <p>DORA in-serviced on ensuring careplans are updated per RAI process and as needed with any change in status.</p> <p>Monitor</p> <p>IDT to review care plans with every MDS assessment and ensure careplan has been developed as appropriate. These audits to be conducted based on MDS schedule.</p> <p>QAPI</p> <p>Results of these audits will be taken to QAPI x 6 months to track for any trends. If any trends are identified the audits will be completed based on QAPI recommendations. If no trends identified then will review on PRN basis.</p>	

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	<p>ulcers. She was a Hospice resident.</p> <p>A "Progress Note" for Resident #B dated 5/23/16 at 3:15 p.m., indicated she had a skin tear to the top of her right hand. She had poor safety awareness and thin fragile skin. The skin tear measured 1.0 centimeter (cm) by 1.0 cm with no active bleeding. The skin tear was cleansed with wound cleanser, steri-stips were applied, bacitracin ointment was applied, and the wound was covered with a dressing.</p> <p>No plan of care was available in Resident #B's record for non-pressure related injuries.</p> <p>On 5/18/16 at 12:52 p.m., Resident #B was observed seated in a geriatric chair in her bedroom. She had a dark scabbed area approximately the size of a nickel in the center of her forehead near her hairline. She was covered with a lap blanket. She was non-verbal to conversation.</p> <p>On 5/20/16 at 10:16 a.m., Resident #B was observed seated in a geriatric chair in her bedroom. She was wearing a long sleeve blouse and slacks. The top of both hands were light purplish in color. She had a dark scabbed area approximately the size of a nickel in the center of her</p>			

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	<p>forehead near her hairline. Her son was in her room visiting. Her son believed the purplish discolorations were natural in color for his mother. He indicated his mother got bruises periodically on the top of her hands and arms but he hadn't noticed any lately. He indicated the scab on her forehead was from where she had fallen out of standard wheelchair approximately 2 months prior.</p> <p>On 5/23/16 at 10:00 a.m., Resident #B was observed seated in a geriatric chair in her bedroom. She had bilateral arm tremors. She was dressed in a short sleeve blouse and slacks and covered with a lap blanket. She had scattered areas of discolorations on top of both hands and arms. She had a skin tear approximately an inch long on the top of her right hand with a red wound bed and purplish discoloration surrounding the skin tear. Resident #B's daughter and son were in her room visiting. Resident #B's daughter indicated her mother took an aspirin daily and periodically had areas of discoloration on her arms and hands.</p> <p>On 5/23/16 at 10:32 a.m., LPN #13 measured Resident #B's skin tear on top of her right hand. She cleansed the wound with wound cleanser, applied 2 steri-strips, applied bacitracin, and applied a dressing.</p>			

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	<p>On 5/25/16 at 10:54 a.m., MDS Coordinator #4 indicated Resident #B did not have a non-pressure injury plan of care. She indicated if a resident received a skin tear or had a rash or anything else that a resident had a treatment for then she would initiate a plan of care. She indicated she did not initiate a non-pressure plan of care unless a resident had a treatment.</p> <p>2.) Review of the record of Resident #D on 5/19/16 at 2:32 p.m., indicated the resident's diagnoses included, but were not limited to, cerebral ischemia, UTI (5/14/16), constipation, overactive bladder, dementia without behavioral disturbance, osteoarthritis, and hypertension.</p> <p>The Annual MDS assessment for Resident #D, dated 3/22/16, indicated she had the ability to understand others and make herself understood and was cognitively intake for daily decision making. She required extensive assistance of one person to use the restroom. The resident was frequently incontinent of her bowels and bladder.</p> <p>Resident #D was ordered Ceftin 500 milligrams (mg) on 5/14/16 at 6:02 p.m., for a Urinary Tract Infection (UTI) for 7 days and Florestor 250 mg for 14 days.</p>			

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	<p>Resident #D was ordered doxycycline 100 mg two times a day for 10 days for a UTI on 2/3/16.</p> <p>Resident #D was ordered augmentin 875-125 two times a day for a UTI on 12/20/15.</p> <p>Resident #D was ordered cipro 250 mg three times a day for 10 days for a UTI on 12/2/15.</p> <p>The Careplan for Resident #D, dated of 12/15/14, indicated alteration in elimination of bowel and bladder functional incontinence and constipation. The interventions were bowel medication as ordered,observe use and effectiveness, call bell within reach and reminders to use as needed, labs as ordered, observe bowel status frequency, observe for and report signs and symptoms of UTI changes in color odor, or consistency of urine, dysuria, frequency, fever, pain, provide easy access to clothing, provide toileting assistance, thorough incontinence care, use of briefs/pads for incontinence protection and to maintain dignity as requested.</p> <p>Interview with Resident #D's Family member on 5/20/16 at 10:00 a.m., indicated the resident had UTI's all the</p>			

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F 0315 SS=D Bldg. 00	<p>time.</p> <p>Interview with the Director Of Nursing (DON) on 5/24/16 at 10:15 a.m., indicated there was not a plan of care with interventions being proactive in preventing Resident #D's chronic UTI's. The DON indicated it would be the responsibility of the Registered Dietician (RD) or the MDS coordinator to implement the interventions during the routine careplan reviews.</p> <p>This Federal tag relates to Complaint IN00200645.</p> <p>3.1-31(a)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview and record review, the facility failed to</p>	F 0315	Res D, J, B FFT-implement a toileting program for a resident to	06/24/2016	

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	<p>implement a toileting program for a resident to improve and maintain her bladder function, failed to provide incontinent care to prevent Urinary Tract Infections (UTI) for a resident with a history of UTI's and failed to provide timely incontinent care for 3 of 3 residents who met the criteria for urinary incontinence of 3 residents reviewed (Resident #D, Resident #J and Resident #B).</p> <p>Findings include:</p> <p>1.) Interview with Resident #D on 5/19/16 at 1:31 p.m., indicated she did know when she needed to use the restroom. The resident indicated staff did not have her on a scheduled toileting program.</p> <p>Review of the record of Resident #D on 5/19/16 at 2:32 p.m., indicated the resident's diagnoses included, but were not limited to, cerebral ischemia, UTI (5/14/16), constipation, overactive bladder, dementia without behavioral disturbance, osteoarthritis, and hypertension.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #D, dated 9/24/15, indicated she had the ability to understand others and make herself</p>		<p>improve and maintain their bladder function, failed to provide incontinent care to prevent Urinary Tract Infections for a resident with a history of UTI's and failed to provide timely incontinent care for 3 of 3 resident reviewed</p> <p>Res Identified Res D reviewed for toileting program and program implemented at this time</p> <p>Others All residents have the potential to be affected. Reviewed all residents with a diagnosis of UTI and who utilizes a catheter, if appropriate a toileting plan will be implemented. All other residents to be reviewed with MDS schedule and toileting programs to be implemented based on review.</p> <p>Education Nursing staff in-serviced on bowel and bladder tracking tool. Director of Resident Assessment (DORA)/designee to put out tracking tools based on resident's MDS schedule. Tracking tools to be kept in resident's rooms and completed by nursing staff. Once tool completed DORA to pick up tool and review and implement toileting program if warranted based on tracking tool. Nursing staff also in-serviced on providing prompt peri care after incontinent episodes.</p> <p>Monitor Random audits to be completed by DORA/designee on 5 residents/week x 30 days, 3 residents/week x 30 days, 2 residents/week x 30 days, then 1</p>	

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	<p>understood, she was cognitively intact for daily decision making. she required extensive assistance of one person to use the restroom and was frequently incontinent of her bowels and bladder. The resident was not on a toileting program.</p> <p>The Annual MDS assessment for Resident #D, dated 3/22/16, indicated she had the ability to understand others and make herself understood and was cognitively intake for daily decision making. She required extensive assistance of one person to use the restroom. The resident was frequently incontinent of her bowels and bladder and was not on a toileting program.</p> <p>The bladder evaluation for Resident #D, dated 5/18/16, indicated the resident was a potential candidate for nursing, restorative/rehabilitation, or bladder training program.</p> <p>The bladder assessment form for Resident #D, dated 12/22/15, indicated the resident's treatment program should be a scheduled toileting/habit training.</p> <p>The bladder evaluation for Resident #D, 12/22/15, indicated the resident was a potential candidate for nursing, restorative/rehabilitation, or bladder</p>		<p>resident/week x 90 days to audit for completion of tool and implementation of toileting program. DCE/designee to randomly check CNAs performing incontinent care to ensure being provided timely. These audits to be conducted 5 times weekly x 30 days, 3 times weekly x 30 days, 2 times weekly x 30 days then weekly x 90 days.</p> <p>QAPI Results of these audits will be taken to QAPI x 6 months to track for any trends. If any trends are identified the audits will be completed based on QAPI recommendations. If no trends identified then will review on PRN basis.</p>	

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	<p>training program.</p> <p>Interview with Resident #D's Family member on 5/20/16 at 10:00 a.m., indicated the resident was not on a toileting program and she was suppose to be.</p> <p>Interview with QMA #3 on 5/23/16 at 10:53 a.m., indicated she did not know which residents were on toileting programs. QMA #3 indicated she was caring for Resident #D and showed me Resident #D's profile. The profile only had an area for incontinent or continent.</p> <p>Interview with MDS coordinator #4 on 5/23/16 at 11:38 a.m., indicated she was over the restorative programs. MDS coordinator #4 indicated the facility did not currently have any residents on toileting programs. MDS coordinator #4 indicated the reason she did not have residents on toileting programs was because she had not received three day voiding patterns from the nurses. MDS coordinator #4 indicated all restorative programs were put on the residents profile in the care tracker.</p> <p>Interview with Director Of Nursing (DON) on 5/23/16 at 3:00 p.m., indicated the MDS coordinator should have followed up with the bowel and bladder</p>			

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	<p>assessments and initiated a toileting program for residents from those assessments.</p> <p>2. Resident #J's record was reviewed on 5/24/16 at 11:08 a.m. Her diagnoses documented on her May 2016 physician's recapitulation orders included but were not limited to, Alzheimer's disease, dementia with behavioral disturbances, protein-calorie malnutrition, nutritional deficiency, osteoporosis, and osteoarthritis.</p> <p>Resident #J's significant change MDS assessment dated 2/17/16, indicated she rarely/never understood others. She was severely impaired in cognitive daily decision making skills. She required extensive assistance of 1 person for bed mobility, dressing, personal hygiene, and eating. She required extensive assistance of 2 persons for transfer and toileting. She required limited assistance of 2 persons for ambulation in her room. She had no limitations in her range of motion. She was frequently incontinent and was not on a toileting program.</p> <p>An order for Resident #J documented on her May 2016 physician's recapitulation orders initiated 2/25/15, indicated she received 2 cranberry tablets of 250 milligrams each at bedtime related to UTI's.</p>			

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	<p>A physician's order for Resident #J dated 5/13/16 at 6:03 p.m., indicated she would receive Rocephin 1 gram intramuscularly 1 time a day for 5 days for a UTI.</p> <p>A plan of care for Resident #J initiated 5/17/16, indicated her focus was "Urinary Tract Infection, potential or actual due to: Urinary Incontinence." Her goal was her UTI would resolve without any complications. Her interventions indicated she would receive medication as ordered. She would be assisted with toileting or incontinence care as needed. She would be encouraged fluids unless contraindicated.</p> <p>An interview with Resident #J's spouse on 5/17/16 at 2:41 p.m., indicated his wife had a UTI. He indicated his wife usually had her brief changed daily around 9:00 a.m., and then again around 2:00 p.m., to 2:30 p.m. He indicated he was at the facility daily from 10:00 a.m., until 3:00 p.m.</p> <p>On 5/20/16 at 2:01 p.m., Resident #J was observed being toileted. Resident #J's slacks were wet front and back. CNA #15 and Resident #J's spouse assisted Resident #J to ambulate to the toilet. Her soiled brief was removed by CNA #15 and was soaked with urine. Resident #J</p>			

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	<p>urinated in the toilet. CNA #15 indicated she had not changed Resident #J's brief since she arrived at work around 10:35 a.m. Resident #J's spouse indicated he arrived at the facility at 10:00 a.m., and his wife's brief had not been changed since he had been there.</p> <p>On 5/20/16 at 2:26 p.m., Resident #J's spouse indicated he did not feel there were enough staff to care for the residents. He was unsure if his wife was on any type of toileting program but he would like her to be toileted every 2 hours. He believed his wife not being toileted often enough contributed to her UTI's. His wife has had several UTI's since she had lived at the facility.</p> <p>An interview with the Director of Nursing on 5/25/16 at 3:06 p.m., indicated Resident #J was not on a toileting program and believed Resident #J's dementia was to far progressed to participate in a toileting program. Resident #J was toileted after meals per her husbands request.</p> <p>3. Resident #B's record was reviewed on 5/24/16 at 12:18 p.m. Her diagnoses documented on her May 2016 physician's recapitulation orders included but were not limited to, dementia without behavioral disturbances, anxiety,</p>			

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	<p>nutritional deficiencies, muscle weakness, peripheral vascular disease, disorder of the skin and subcutaneous tissue, and disorder of the kidney and ureter.</p> <p>Resident #B's significant change Minimum Data Set (MDS) assessment dated 4/15/16, indicated she sometimes was understood and she sometimes understood others. She was severely impaired in her cognitive daily decision making skills She required extensive assistance of 1 person for bed mobility, dressing, eating, and personal hygiene. She required extensive assistance of 2 persons for transfer and toileting. She did not walk. She was always incontinent of urine and was not on a toileting program. She was a Hospice resident.</p> <p>A plan of care for Resident #B initiated 4/2/13, indicated her focus was "Alteration in elimination of bowel and bladder R/T (related to): DX (Diagnoses) of Generalized Constipation; Diverticulitis of Colon; Functional Incontinence; Diuretic Use: HX (History) of UTI's." One of her goals would be to remain free of a UTI. Her interventions included but were not limited to, her being observed for signs of symptoms of a UTI. She would be provided assistance</p>			

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	<p>to toilet. Briefs/pads would be used for incontinence protection and to maintain her dignity per Resident #J's request.</p> <p>On 5/23/16 at 11:33 a.m., Resident #B was observed being assisted into bed for incontinence care by CNA #16 and LPN #13 with the use of a Marissa Lift. Resident #B's brief was wet with urine. CNA #16 indicated Resident #B's brief had last been changed when she showered her at 7:30 a.m., that morning.</p> <p>An interview with CNA #16 on 5/23/16 at 11:49 a.m., indicated a resident who was incontinent should be changed approximately every 2 hours. She indicated she believed there were not enough staff to care for the residents timely and properly, "because you rush, rush, rush." She indicated she did not have enough time to change all her incontinence residents every 2 hours.</p> <p>The "Incontinence Management/Bladder Function Guideline" provided by the Administrator on 5/25/16 at 11:33 a.m., indicated the following: "Purpose: The purpose of a bladder management program is to: Enable the resident to control urination without a catheter whenever possible. Avoid possibility of urinary infection. Prevent skin problems such as pressure areas and excoriation.</p>			

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	<p>Improve the morale of the resident. Restore the resident's dignity. Manage urinary incontinence, restore or maintain as much normal bladder function as possible. Procedure: Evaluation 1. Upon admission (if the resident has a history of incontinence) complete a Bowel and Bladder Tracking Tool. Completed to identify any trends or patterns that the resident may have in relation to incontinence. 3 Full days completed (the days do not have to be consecutive). 2. Complete the Bladder Evaluation Form and the Bowel Evaluation Form. Obtaining admission information regarding urinary continence status. Identifying the signs and symptoms of urinary and bowl incontinence. Identification of potentially reversible (transient) causes of urinary incontinence. This includes conditions, environmental factors and hydration status. Identification of a contributing diagnosis/medical condition. Identification of medications that may be contributing to bladder dysfunction. Continuing evaluation that includes past medical history/lab results, etc. Depiction of the incontinence symptoms that the resident is presenting with: stress, urge, mixed, overflow and functional. Upon completion of this evaluation as well as the Tracking Tool, the toileting/bladder program can be</p>			
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	<p>determined. A note to summarize the findings is documented.</p> <p>...Monitoring/Compliance: The following elements are in place for the center to demonstrate satisfactory compliance with the guide: Incontinent residents are assessed per guideline. Evaluation of casual factors determines program initiated. Care plan reflects individualized program. Observation of care provided matches the plan of care."</p> <p>This federal tag relates to Complaint IN00200645.</p> <p>3.1-41(a)(2)</p>			