

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/21/2013
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NAME OF PROVIDER OR SUPPLIER  ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052
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F000000	<p>This visit was for a Recertification and State Licensure Survey and the Investigation of Complaint IN00129537.</p> <p>Complaint IN00129537 - Unsubstantiated due to lack of evidence.</p> <p>Survey Dates: June 17, 19, 20, and 21, 2013.</p> <p>Facility Number: 000291 Provider Number: 155404 AIM Number: 100286710</p> <p>Survey Team: Heather Lay, RN - TC Lori Brettnacher, RN Jeanna King, RN [June 19, 20, and 21]</p> <p>Census Bed Type: SNF/NF: 30 Total: 30</p> <p>Census Payor Type: Medicare: 3 Medicaid: 27 Total: 30</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>	F000000	<p>July 8, 2013</p> <p>Dear Ms. Rhoades,</p> <p>Please see attached Plan of Correction for Essex Nursing and Rehabilitation Annual Survey of 6/21/2013. We are requesting paper/desk review compliance for this Plan of Correction. Thank you for your consideration in this matter.</p> <p>Sincerely,</p> <p>James Thomas HFA</p> <p>Essex Nursing and Rehabilitation</p>	
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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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	IAC 16.2.  Quality review completed on 06/25/2013 by Brenda Nunan, RN.				

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F000223 SS=A	<p>483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on interview and record review, the facility failed to ensure a resident was free from abuse. This deficient practice affected 1 of 1 resident reviewed for abuse [Resident #22].</p> <p>Findings include:</p> <p>On 6/17/13 at 10:59 A.M., in an interview, Resident #22 indicated a staff member [unable to identify] had yelled and been rude to her in the past. At that time, Resident #22 denied fearing for her or other resident's safety.</p> <p>On 6/20/13 at 1:55 P.M., Resident #22's record was reviewed. Diagnoses included, but were not limited to, obesity, depression, and multiple sclerosis.</p> <p>An "Activities of Daily Living [ADL], Care Plan," indicated, "...Resident had ADL Self Care Deficit... Needs</p>	F000223	<p>F223 A-483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION I. SSD has met with resident #22/family, SSD apologized for the incident with CNA #2, and inquired as to whether resident feels safe, free from abuse/neglect or has any concerns with any of the other staff at this time. Resident #22 stated she has no concerns, is happy with her care, and is not fearful at facility. II. All residents at the facility have the potential to be affected. SSD/designee interviewed all cognitively intact residents(contacted POAs of non cognitively intact residents) to inquire as to whether they feel safe at facility, or if they have ever experienced or witnessed any mistreatment of any kind at facility. None were found. III. Abuse/neglect policy was reviewed and found to be sufficient. Staff were re-educated on Abuse/Neglect Policy and reporting requirements. IV. In addition, SSD/designee will interview</p>	07/20/2013	

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	<p>assistance with bed mobility: Extensive [assist]: transfer, dressing, toilet use, personal hygiene, and bathing...."</p> <p>On 6/21/13 at 9:00 A.M., Licensed Practical Nurse [LPN] #1 provided a facility abuse investigation, dated 9/20/12. The abuse investigation indicated, "...Brief Description of Incident: On 9/20/13, Certified Nursing Assistant [CNA] #2 became frustrated and threw up her hands and stated loudly I'm done, I'm not doing no more [overheard by CNA #3]... Resident [#22] was tearful... Immediate Action Taken: [CNA #2] sent home and the Administrator was called... Investigation was started... After interviewing [Resident #22] and [CNA #3], it was determined that CNA #2 was rude and failed to provide the resident with the care that was required... [CNA #2's] employment with the facility will be terminated... A verbal statement [written by the Administrator] from CNA #2 indicated, "...[Resident #22] wanted to go to bed and she [Resident #22] thinks she is the only person in the world... She [CNA #2] put [Resident #22] in bed and had to go take care of other residents... [CNA #3] finished getting her down... A written statement from CNA #3 indicated, "... [CNA #2] got</p>		Residents using the Resident Interview Observation Form (CMS-20050) section G no less than quarterly during the assessment reference period according to the RAI schedule until 100% compliance is met for a full quarter. SSD/MDS will continue to monitor monthly thereafter and report any non-compliance or concerns to Administrator and QA committee.		

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	<p>mad at [Resident #22], rolled her over very roughly and then threw her hands in the air and yelled, I'm done, I'm not doing no more.... [CNA #2] stormed out of the room and left [Resident #22] laying there... [Resident #22] was fully clothed, her catheter [urinary catheter] bag was full and she was very upset... [Resident #22] had tears in her eyes.... A "Social Progress Notes," dated, 9/21/12 at 11:10 A.M., indicated, "...[Resident #22] said [CNA #2] treated her like a piece of [expletive] and she literally was in [expletive] because she had gone to the bathroom and needed changed... [Resident #22] said she thinks she was taking too long and [CNA #2] got mad... Social Service Director told [Resident #22] that [CNA #2] no longer works here and [Resident #22] said good, no one should be treated or feel the way I felt last night...."</p> <p>On 6/21/13 at 1:00 P.M., the Administrator provided the facility's abuse polices and procedures, dated 9/2011. The polices and procedures indicated, "...Abuse is defined as willful infliction of injury; unreasonable confinement; intimidation; punishment with resulting physical harm, pain or mental anguish; or deprivation by an individual, including a caretaker, of</p>				

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	<p>goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being...."</p> <p>3.1-27(b)</p>			

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F000248 SS=E	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to provide individualized activities to residents. This deficient practice affected 3 of 9 residents reviewed for activities [Residents #31, #8, and #9]. Findings include:</p> <p>1. On 6/19/13 at 1:38 P.M., in an interview, Resident #31's daughter indicated she wanted her mother [Resident #31] to attend more activities out of her room. At that time, she indicated the facility staff were aware of her concerns; however, staff did not respond to her request.</p> <p>On 6/21/13 at 10:30 A.M., Resident #31 was observed in bed, with eyes closed.</p> <p>On 6/21/13 at 10:30 A.M., "Pastor Matt (name of the activity)" was observed in the main dining room playing religious music for residents.</p>	F000248	F248 E-483.15(f)(1)ACTIVITIES MEET INTERESTS/NEEDS OF EACH RESIDENT I. Residents #31, #8, and #9 were re-assessed for activities interests, preferences and abilities via "Initial Activity Evaluation" form (Briggs FGS-933). In addition, their POAs were contacted to clarify if any additional needs are identified. Activities Care Plans were then reviewed and amended to reflect these individual resident needs and Activity Goals for each of these residents was adjusted. In addition, specific interventions including notification of residents of preferred activities, plans for transporting residents if needed, and any other functional assistance they may require to achieve these goals. II. All residents at the facility have the potential to be affected. A complete facility audit/review of current resident Activity preferences was completed on each resident (with POA input if needed). Activities Care Plans were then reviewed and amended to reflect individual resident needs. Specific goals and	07/20/2013	

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	<p>On 6/21/13 at 12:00 P.M., Resident #31 was observed out of her room in the main dining for lunch and was returned to her room after the meal.</p> <p>On 6/21/13 at 12:34 P.M., Resident #31's record was reviewed. Diagnoses included, but were not limited to, dementia, Parkinson's disease, insomnia, cardiomegaly, hiatal hernia, and dementia with agitation.</p> <p>An "Activities Care Plan," dated 7/19/11, indicated, "...Following preferences: Listening to music, Do things with groups of people, Go outside... Goal: Will attend group activity of interests at least once weekly... Interventions: Offer variety of activity type and location...."</p> <p>A "Social Service Progress Notes," dated 3/6/13, indicated, "...Social functioning: Passive participation in some groups such as Pastor Matt, Small groups...."</p> <p>A quarterly Minimum Data Set screening, dated 3/6/13, indicated Resident #31 was totally dependent on one staff person for locomotion off unit [activities, meals, etc].</p> <p>On 6/21/13 at 1:15 P.M., Social</p>		<p>interventions were identified, including notification of residents preferred activities plans for transporting residents if needed, and any other functional assistance they may require to achieve these goals. III. RDCO provided re-education of facility leadership team pursuant to correct implementation of CMS guideline 483.15 Activities (Administrator, DON, SSD, Activities Assistant, and MDS Coordinator). IV. SSD/Activities/designee created a "master list" of all resident preferences, and will audit/monitor all activities and participation of residents, and whether they have been offered the activity of their preference each time activity takes place. Audit/monitoring will occur daily x 2 weeks, then weekly x 6 weeks, then monthly x 4 additional months or until 100% compliance is met. This will be monitored by Administrator monthly thereafter and reviewed for compliance in monthly QA committee meetings.</p>				

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	<p>Service #4, provided Resident #31's "Independent Activity Tracking Logs," dated May and June, 2013. The activity logs indicated Resident #31 did not attend any of the "Pastor Matt" group activities.</p> <p>On 6/21/13 at 1:30 P.M., in an interview, Licensed Practical Nurse [LPN] #1 indicated "Pastor Matt" was at the facility every Friday and nursing staff should assist residents to the activity. At that time, she was unaware why Resident #31 was not assisted to the activity.</p> <p>2. Resident #8's record was reviewed on 6/19/2013 at 9:46 A.M. Resident #8 had diagnoses which included, but were not limited to, expressive aphasia, muscular wasting and disuse atrophy, and bipolar disorder.</p> <p>Resident #8's current activity order, as indicated on the June 2013 physician's orders recapitulation record, indicated she may participate in activities per her plan of care as tolerated.</p> <p>A significant change Minimum Data Assessment Tool (MDS), dated 9/25/2012, indicated Resident #8 informed the facility it was very</p>			

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	<p>important to her to do things with groups of people, do her favorite activities, go outside to get fresh air in good weather, and be around pets. She informed them it was somewhat important to her to keep up with the news and participate in religious services or practices.</p> <p>A quarterly MDS dated April 23, 2013, indicated Resident #8 usually understood verbal content, was usually able to express her ideas and wants, had short term and long term memory problems, had moderately impaired ability to make decisions regarding tasks of daily living, and felt down and depressed nearly every day. The MDS further indicated Resident #8 was totally dependant on staff for transfers and locomotion in the facility.</p> <p>An activity assessment note dated 4/23/2013, indicated, "...Resident ambulates per w/c [wheel chair] with assist from staff, required reminder cues for invite to activities of choice... Prefers to attend Pastor Matt (name of activity) and attends church with her daughter at times... Enjoys some social (activities) such as birthday party and ice cream social... Usually responds when spoken to but response can be delayed or jumbled</p>				

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	<p>at times, cognitive status fluctuated as well... She will also participate in small groups (crafts or sensory stim [stimulation]) at times too... Resident enjoys listening to music and being read to (readers digest) as well...."</p> <p>An activity care plan dated 2/30/13, indicated Resident #8 enjoyed books, newspapers, and magazines. She enjoyed music, participating in groups, being around animals, keeping up on the news, outings with staff and her daughter, spiritual events, and going outside for fresh air when the weather was nice. Goals for Resident #8 included she would participate in self-directed activities of her choice daily, she would attend an activity of interest at least once a week, and would express satisfaction with the type and current level of activities attendance. Approaches to meet these goals included inviting her to scheduled activities of her choice, offer a variety of activity types and locations, provide participation assistance/encouragement as needed, and offer to assist and escort her to activity functions.</p> <p>The following observations were made of Resident #8 during scheduled activities at the facility:</p>			

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	<p>Thursday, June 19, 2013</p> <p>9:30 A.M. Walking/Wheeling- Resident #8 was observed in bed with her eyes closed. No television or music was on in her room.</p> <p>10:00 A.M.- Coffee Time Resident #8 was observed in bed with her eyes open. No television or music was on in her room.</p> <p>10:15 A.M.- Current Events Resident #8 was observed in bed with her eyes closed. No television or music was on in her room.</p> <p>10:30 A.M.- Word Fun Resident #8 was observed in bed with her eyes closed. No television or music was on in her room.</p> <p>2:30 P.M.- 1:1's and TV Resident #8 was observed in her room in bed with her eyes closed. No television or music was on in her room. Staff were not observed in her room providing 1:1 activities.</p> <p>Friday, June 21, 2013</p> <p>10:00 A.M.- Coffee Time Resident #8 was observed in her bed with her eyes closed. No music or television was on in her room.</p> <p>10:30 A.M. - Pastor Matt Resident #8 was observed in her bed facing the wall. No music or television was on in her room.</p>				

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	<p>During an interview on 6/21/2013 at 10:08 A.M., LPN #22 indicated it was everyone's responsibility to ensure residents were invited to activities.</p> <p>During an interview on 6/21/2013 at 11:00 P.M., the Director of Nursing (DON) was asked to provide documentation of Resident #8's activity attendance records including 1:1 activities and if any, documentation of her refusing activities.</p> <p>During an interview on 6/21/2013 at 1:22 P.M., LPN #22 indicated documentation of Resident #8's activity attendance or refusal to attend activities could not be found.</p> <p>3. Resident #9's record was reviewed on 6/19/2013 at 9:00 A.M. Resident #9 had diagnoses which included, but were not limited to, hearing loss, depression, and insomnia.</p> <p>Resident #9's current activity order, as indicated on the June 2013 physician's orders recapitulation record, indicated he may participate in activities per plan of care.</p> <p>A significant change Minimum Data Assessment Tool (MDS) dated</p>				

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	<p>5/9/13, indicated Resident #9 was usually understood, usually able to express his ideas and wants, had highly impaired hearing, and felt down or depressed some of the time. This MDS indicated Resident #9 informed the facility it was very important to him to be around animals, keep up with the news, do things with groups of people, do his favorite activities, go outside to get fresh air when the weather was good, and participate in religious services or practices. Resident #9 indicated it was somewhat important to have books, newspapers, and magazines to read. The MDS further indicated he required supervision of staff for transfers and locomotion in the facility.</p> <p>A care plan, dated 5/30/13, indicated Resident #9 enjoyed books, newspapers, magazines, being around animals, keeping up with the news, doing things with groups of people, going outside to get fresh air when the weather was good, and participating in religious/spiritual services or practices. Goals included he would participate in self-directed activities of his choice daily and would express satisfaction with the type of activities and the level of his activity involvement. Approaches to meet</p>				

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	<p>these goals included staff were to invite him to scheduled activities, offer to assist/escort him to activity functions as needed, provide participation assistance/encouragement as needed (cues, physical assistance, redirection) due to his deafness, and provide pet visits per his interest and ability to receive room visits.</p> <p>The following observations were made of Resident #9 during scheduled activities at the facility:</p> <p>Thursday, June 19, 2013</p> <p>9:30 A.M. Walking/Wheeling- Resident #9 was observed in bed with his eyes closed.</p> <p>10:00 A.M.- Coffee Time Resident #9 was observed in bed with his eyes open.</p> <p>10:15 A.M.- Current Events Resident #9 was observed in bed with his eyes closed.</p> <p>10:30 A.M.- Word Fun Resident #9 was observed sitting in his wheel chair in the door way of his room..</p> <p>2:30 P.M.- 1:1's and TV Resident #9 was observed in his room in bed with his eyes opened.</p> <p>Friday, June 21, 2013</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  06/21/2013
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	<p>10:00 A.M.- Coffee Time Resident #9 was observed in bed with his eyes closed. on in her room.</p> <p>10:30 A.M.- Pastor Matt Resident #9 was observed in bed with his eyes open.</p> <p>During an interview on 6/21/2013 at 10:08 A.M., LPN #22 indicated it was everyone's responsibility to ensure residents were invited to activities.</p> <p>During an interview on 6/21/2013 at 11:00 P.M., the Director of Nursing (DON) was asked to provide documentation of Resident #9's activity attendance records including 1:1 activities and if any, documentation of him refusing activities.</p> <p>During an interview on 6/21/2013 at 1:22 P.M., LPN #22 indicated documentation of Resident #9's activity attendance or refusal to attend activities could not be found.</p> <p>3.1-33(a)</p>				

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F000279 SS=D	<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> <p>Based on record review and interview, the facility failed to develop a coordinated hospice care plan for 1 of 1 resident reviewed for hospice services [Resident #16].</p> <p>Findings include:</p> <p>1. On 6/20/13 at 2:09 P.M., Resident #16's record was reviewed. Diagnoses included, but were not limited to, anxiety, depression, macular degeneration, dementia illness with associated behavioral symptoms, and adult failure to thrive.</p>	F000279	F279D- 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS Essex Nursing and Rehabilitation utilizes the results of resident assessment to develop, review and revise the resident's comprehensive plan of care, including those residents receiving Hospice Services. I. Resident #16 had complete assessment, MDS was reviewed for accuracy. DON and MDS Coordinator met with Hospice services and reviewed/developed comprehensive Plan of Care for resident #16. II. All residents have the potential to be affected.	07/20/2013			

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	<p>A "Hospice Care Plan," dated 1/8/13, indicated, "...Resident [#16] has a terminal prognosis related to adult failure to thrive... Goals: Will be free of depression and anxiety... Interventions: Assess resident coping strategies and respect resident wishes..., Consult with physician..., Observe resident closely for signs of pain...."</p> <p>A "[Hospice Agency] Care Plan," dated 1/9/13, indicated, "...Plan of Care: Discussed and coordinated with facility nurse... Visit frequencies will be skilled nursing 2 times per week...."</p> <p>There was no documentation in Resident #16's clinical record of a coordinated hospice care plan.</p> <p>On 6/21/13 at 2:00 P.M., the Director of Nursing indicated the facility did not have a coordinated hospice care plan for Resident #16.</p> <p>3.1-35(a)</p>		<p>100% facility review of current Residents was completed, including those residents receiving Hospice Services; no further incorrect/incomplete Resident MDS/diagnoses/Absence of Care Plans identified. III. RDCO provided re-education of clinical leadership team to adhere to facility standards in assessment of residents, including those receiving Hospice Services, to meet their medical, nursing, mental and psychological needs and plan services to attain/maintain resident's highest practicable physical, mental and psychosocial wellbeing. IV. MDS coordinator/designee will monitor weekly via the Medicare Meeting all new Residents, and all current residents, including those receiving Hospice Services to ensure proper assessments and Plans of Care are developed/implemented until 100% compliance is met for one full quarter. Hospice Services will be invited to resident Care Plan meetings, and/or Director of Nursing/designee will meet with Hospice Services to coordinate comprehensive resident Care Plans on all residents receiving Hospice Services. Administrator/designee will continue to monitor monthly thereafter and report any non-compliance to QA committee and RDCO.</p>		

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F000282 SS=E	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to follow the individualized activity care plan for 3 of 9 reviewed for activities [Resident #31, #8, and #9].</p> <p>Findings include:</p> <p>1. On 6/19/13 at 1:38 P.M., in an interview, Resident #31's daughter indicated she wanted her mother [Resident #31] to attend more activities out of her room. At that time, she indicated the facility staff were aware of her concerns; however, staff did not respond to her request.</p> <p>On 6/21/13 at 10:30 A.M., Resident #31 was observed in bed, with eyes closed.</p> <p>On 6/21/13 at 10:30 A.M., "Pastor Matt" (name of activity) was observed in the main dining room playing religious music for residents.</p> <p>On 6/21/13 at 12:00 P.M., Resident #31 was observed out of her room in</p>	F000282	<p>F282E- 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN Essex Nursing and Rehabilitation does ensure that the resident services provided or arranged by the facility by qualified persons in accordance with each resident's written plan of care. I. Residents #31, #8, and #9 had new "Initial Activity Evaluation"(Briggs form F6S-933). II. 100% review of residents regarding "Activities Evaluation" indicates that three residents could have been affected. The three affected residents' care plans were reviewed, individualized and are current in regards to Activities. III. DON, MDS Coordinator, SSD and Activities Assistant were re-educated regarding CMS 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN. 100% of residents' Activities Care Plans were reviewed after "Initial Activity Evaluation" completed. All residents will be further reviewed per their MDS schedule and Activities Care Plans will be reviewed/ revised at those reviews. IV. MDS and SSD/Activities will audit all</p>	07/20/2013
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	<p>the main dining room for lunch.</p> <p>On 6/21/13 at 12:34 P.M., Resident #31's record was reviewed. Diagnoses included, but were not limited to, dementia, Parkinson's disease, insomnia, cardiomegaly, hiatal hernia, and dementia with agitation.</p> <p>An "Activities Care Plan," dated 7/19/11, indicated, "...Following preferences: Listening to music, Do things with groups of people, Go outside... Goal: Will attend group activity of interests at least once weekly... Interventions: Offer variety of activity type and location...."</p> <p>A "Social Service Progress Notes," dated 3/6/13, indicated, "...Social functioning: Passive participation in some groups such as Pastor Matt, Small groups...."</p> <p>A quarterly Minimum Data Set screening, dated 3/6/13, indicated Resident #31 was totally dependent on one staff person for locomotion off unit [activities, meals, etc].</p> <p>On 6/21/13 at 1:15 P.M., Social Service #4, provided Resident #31's "Independent Activity Tracking Logs," dated May and June, 2013. The</p>		<p>resident activities daily x 2 weeks, weekly x 6 weeks, then monthly for 4 months to ensure that all residents are offered and accommodated/assisted to participate in activities of their choice according to their Activities Care Plans to ensure 100% compliance and reviewed by facility QA committee monthly.</p>				

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	<p>activity logs indicated Resident #31 did not attend any of the "Pastor Matt" group activities and only attended 1 group activity [Movie in the dining room] on 6/15/13.</p> <p>On 6/21/13 at 1:30 P.M., in an interview, Licensed Practical Nurse [LPN] #1 indicated "Pastor Matt" was at the facility every Friday and nursing staff should assist residents to the activity. At that time, she was unaware why Resident #31 was not assisted to the activity.</p> <p>2. Resident #8's record was reviewed on 6/19/2013 at 9:46 A.M. Resident #8 had diagnoses which included, but were not limited to, expressive aphasia, muscular wasting and disuse atrophy, and bipolar disorder.</p> <p>Resident #8's current activity order as indicated on the June 2013 physician's orders recapitulation record, indicated she may participate in activities per her plan of care as tolerated.</p> <p>A significant change Minimum Data Assessment Tool (MDS), dated 9/25/2012, indicated Resident #8</p>			

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	<p>informed the facility it was very important to her to do things with groups of people, do her favorite activities, go outside to get fresh air in good weather, and be around pets. She informed them it was somewhat important to her to keep up with the news and participate in religious services or practices.</p> <p>An activity care plan, dated 2/30/13, indicated Resident #8 enjoyed books, newspapers, and magazines. Resident #8 enjoyed music, participating in groups, being around animals, keeping up on the news, outings with staff and her daughter, spiritual events, and going outside for fresh air when the weather was nice. Goals for Resident #8, included she would participate in self-directed activities of her choice daily, she would attend an activity of interest at least once a week, and would express satisfaction with her current level of activity involvement. Approaches to meet these goals included inviting her to scheduled activities of her choice, offer variety of activity types and locations, provide participation assistance/encouragement as needed, and offer to assist and escort her to activity functions.</p> <p>The following observations were</p>			

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	<p>made of Resident #8 during scheduled activities at the facility:</p> <p>Thursday, June 19, 2013</p> <p>9:30 A.M. Walking/Wheeling- Resident #8 was observed in bed with her eyes closed. No television or music was on in her room.</p> <p>10:00 A.M.- Coffee Time Resident #8 was observed in bed with her eyes open. No television or music was on in her room.</p> <p>10:15 A.M.- Current Events Resident #8 was observed in bed with her eyes closed. No television or music was on in her room.</p> <p>10:30 A.M.- Word Fun Resident #8 was observed in bed with her eyes closed. No television or music was on in her room.</p> <p>2:30 P.M.- 1:1's and TV Resident #8 was observed in her room in bed with her eyes closed. No television or music was on in her room. Staff were not observed in her room providing 1:1 activities.</p> <p>Friday, June 21, 2013</p> <p>10:00 A.M.- Coffee Time Resident #8 was observed in her bed with her eyes closed. No music or television was on in her room.</p> <p>10:30 A.M. - Pastor Matt (name of</p>			

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	<p>activity) Resident #8 was observed in her bed facing the wall. No music or television was on in her room.</p> <p>During an interview on 6/21/2013 at 10:08 A.M., LPN #22 indicated it was everyone's responsibility to ensure residents were invited to activities.</p> <p>During an interview on 6/21/2013 at 11:00 P.M., the Director of Nursing (DON) was asked to provide documentation of Resident #8's activity attendance records including 1:1 activities and if any, documentation of her refusing activities.</p> <p>During an interview on 6/21/2013 at 1:22 P.M., LPN #22 indicated documentation of Resident #8's activity attendance or refusal to attend activities could not be found.</p> <p>3. Resident #9's record was reviewed on 6/19/2013 at 9:00 A.M. Resident #9 had diagnoses which included, but were not limited to, hearing loss, depression, and insomnia.</p> <p>Resident #9's current activity order, as indicated on the June 2013 physician's orders recapitulation record, indicated he may participate</p>				

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	<p>in activities per plan of care.</p> <p>A care plan, dated 5/30/13, indicated Resident #9 enjoyed books, newspapers, magazines, being around animals, keeping up with the news, doing things with groups of people, going outside to get fresh air when the weather was good, and participating in religious/spiritual services or practices. Goals included he would participate in self-directed activities of his choice daily and would express satisfaction with the type of activities and the level of his activity involvement. Approaches to meet these goals included staff were to invite him to scheduled activities, offer to assist/escort him to activity functions as needed, provide participation assistance/encouragement as needed (cues, physical assistance, redirection) due to his deafness, and provide pet visits per his interest and ability to receive room visits.</p> <p>The following observations were made of Resident #9 during scheduled activities at the facility:</p> <p>Thursday, June 19, 2013</p> <p>9:30 A.M. Walking/Wheeling- Resident #9 was observed in bed with</p>			
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	<p>his eyes closed. 10:00 A.M.- Coffee Time Resident #9 was observed in bed with his eyes open. 10:15 A.M.- Current Events Resident #9 was observed in bed with his eyes closed. 10:30 A.M.- Word Fun Resident #9 was observed sitting in his wheel chair in the door way of his room.. 2:30 P.M.- 1:1's and TV Resident #9 was observed in his room in bed with his eyes opened.</p> <p>Friday, June 21, 2013</p> <p>10:00 A.M.- Coffee Time Resident #9 was observed in bed with his eyes closed. on in her room. 10:30 A.M. - Pastor Matt Resident #9 was observed in bed with his eyes open.</p> <p>During an interview on 6/21/2013 at 10:08 A.M., LPN #22 indicated it was everyone's responsibility to ensure residents were invited to activities.</p> <p>During an interview on 6/21/2013 at 11:00 P.M., the Director of Nursing (DON) was asked to provide documentation of Resident #9's activity attendance records including 1:1 activities and if any,</p>			

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	<p>documentation of him refusing activities.</p> <p>During an interview on 6/21/2013 at 1:22 P.M., LPN #22 indicated documentation of Resident #9's activity attendance or refusal to attend activities could not be found.</p> <p>3.1-35(g)(2)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on interview and record review, the facility failed to ensure residents were free of unnecessary drug use by failing to attempt gradual dose reductions, failing to attempt behavioral interventions prior to administering a PRN (as needed) anti-anxiety medication, and/or failing to provide adequate monitoring of medication for 1 of 10 residents reviewed for unnecessary medications (Resident #2).</p>	F000329	<p>F 329D-483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS I. Resident #2's medications were assessed and reviewed, PRN anxiety medication was discontinued for that resident. Care plans were updated to reflect that change. II. All residents at the facility have the potential to be affected. A complete facility audit/review of current resident medications was conducted by DON and pharmacy consultant and no other areas of non-compliance were found. III.</p>	07/20/2013	

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	<p>Findings include:</p> <p>Resident #2's record was reviewed on 6/20/2013 at 1:56 P.M. Resident #2 had diagnoses which included, but were not limited to, anxiety, depression, and mild mental retardation.</p> <p>The June 2013 recapitulation of physician's orders, indicated Resident #2 had an order, dated 6/21/2010, for Lorazepam (anti-anxiety) 0.5 Milligrams (MG) to be given every eight hours PRN (as needed) for anxiety.</p> <p>Resident #2 had a care plan, last updated 3/30/2013, which indicated she had an alteration in mood state exhibiting sad, apathetic, and anxious behavior. A goal for Resident #2 included she would demonstrate an improved mood. Interventions to meet this goal included, "...Monitor effectiveness/side effects of medications as ordered... encourage frequent contact with family and friends... promote homelike environment...when she feels increased anxiety, it is helpful for staff to stay with her and talk in a soothing tone. Also help her pursed lip breathing and to slow her breathing down...."</p>		<p>Company policy entitled "Unnecessary Drugs" was reviewed and found to be appropriate. RDCO re-educated facility clinical leadership on this policy on 7-3-13. IV. DON will review policy entitled "Unnecessary Drugs" with Pharmacy Consultant. The Director of Nursing will audit monthly Pharmacy consultant reports and compare to resident roster from same date to ensure that all regimens are reviewed and current. Director of Nursing will audit this process monthly for 6 months , then quarterly thereafter. Findings will be reported at Risk Management/QA meetings monthly per facility policy.</p>				

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	<p>The June 2013 MAR (Medication Administration Record), indicated Resident #2 was administered the PRN Ativan on June 6, 2013, June 7, 2013, twice on June 13, 2013, and June 21, 2013.</p> <p>During an interview on 6/21/2013 at 9:41 A.M., Licensed Practical Nurse (LPN) #20 indicated documentation of why a PRN medication was given, what non-pharmacological interventions were attempted prior to giving the medication, and the effectiveness of the medication should have been documented on the back of the MAR.</p> <p>Resident #2's record, including the June 2013 MAR lacked documentation of why PRN Ativan was administered on June 7, 13, and 21, 2013. Her record, including the June 2013 MAR, lacked documentation of non-pharmacological interventions attempted prior to administering the PRN Ativan on June 6, 7, 13, and 21, 2013. The record, including the June 2013 MAR, lacked documentation of the effectiveness of the PRN Ativan on June 7, 13, and 21, 2013.</p> <p>During an interview on 6/21/2013 at</p>				

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	<p>10:08 A.M., the Director of Nursing (DON) was requested to provide documentation of any gradual dose reduction attempts for the PRN Ativan, documentation staff attempted non-pharmacological interventions prior to administering the PRN Ativan on June 6, 7, 13, 21, 2013, and documentation of the effectiveness of the medication for those dates.</p> <p>During an interview on 6/21/2013 at 12:38 P.M., the DON indicated there was not documentation of non-pharmacological interventions attempted prior to the PRN Ativan being administered to Resident #2 on June 6, 7, 13, or 21, 2013. Nor was there documentation of the effectiveness of the medication when it was administered on June 7, 13, and 21, 2013. She further indicated a gradual dose reduction had not been attempted.</p> <p>3.1-48(a)(4) 3.1-48(b)(2)</p>				

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F000428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on interview and record review, the facility failed to inform the physician of the pharmacist's recommendations regarding medications for 1 of 10 residents reviewed for unnecessary medications (Resident #2).</p> <p>Findings include:</p> <p>Resident #2's record was reviewed on 6/20/2013 at 1:56 P.M. Resident #2 had diagnoses which included, but were not limited to, anxiety, depression, and mild mental retardation.</p> <p>Resident #2 had a physician's order, dated 6/21/2010, for Lorazepam (anti-anxiety) 0.5 Milligrams (MG) to be given every eight hours PRN (as needed) for anxiety.</p> <p>Resident #2 had a care plan, last updated 3/30/2013, which indicated she was at risk for drug related issues</p>	F000428	<p>F428 D- 483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON I. Residents #2 was assessed and no negative outcomes were present. DON contacted MD regarding previous pharmacy recommendation. Lorazepam was discontinued at that time. Resident #2's Plan of care was updated to reflect the discontinued medication. II. All residents at the facility have the potential to be affected. A complete facility audit/review of resident pharmacy recommendations was compared to physician orders to ensure that no other residents had been affected, none were found. III. RDCO provided re-education to facility Clinical Leadership (DON,MDS coordinator) regarding correct implementation of policy "Unnecessary Medications-Monitoring" and reviewed Pharmacy Consultant Monthly Report with team. IV. The Director of Nursing will audit/monitor monthly Pharmacy consultant reports to ensure that</p>	07/20/2013	

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	<p>due to the use of anti-anxiety medications. A goal for her included she would receive the least dosage of the prescribed medication to ensure maximum functional ability both mentally and physically. Approaches to meet this goal included monitor for the effectiveness of psychotropic drugs, review for changes at the psychotropic committee meetings, and communicate the psychotropic committee's recommendations to the resident's physicians.</p> <p>During an interview on 6/21/2013 at 10:08 A.M., the Director of Nursing (DON) was requested to provide documentation of gradual dose reduction attempts for the PRN Ativan.</p> <p>During an interview on 6/21/2013 at 12:38 P.M., the DON provided a document titled "Consultant Pharmacist's Medication Regimen Review" dated 6/11/2013. This document indicated the Pharmacist had reviewed resident #2's medications and recommended the physician consider decreasing the Lorazepam (Ativan) used twice a day for anxiety. The DON indicated the recommendation was not given to the physician due to a miscommunication with the pharmacist and the proper</p>		<p>all regimens are reviewed and implement via MD orders. Director of Nursing will audit this process monthly for 6 months , then quarterly thereafter. Findings will be reported at QA meetings monthly per facility policy.</p>		

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	forms not being filled out.  3.1-25(i)				

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F000520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Based on observation, interview, and record review, the facility failed to identify staff non-compliance related to failure of staff to implement a resident's individual activity preferences through the quality assurance protocol. This deficient practice affected 3 of 9 residents reviewed for activities [Residents #31, #8, and #9].</p> <p>Findings include:</p>	F000520	F520 D-483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS I. Residents #31, #8, and #9 were re-assessed for activities interests, preferences and abilities via "Initial Activity Evaluation" form (Briggs FGS-933). Residents #31,#8 and #9 Initial Activity Evaluation forms and updated Activities Care Plans were promptly reviewed by facility QA committee. Updated "Master List" of all residents, their preferred activities and	07/20/2013	

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	<p>1. On 6/21/13 at 1:32 P.M., in an interview, the Administrator indicated the Quality Assessment and Assurance committee met monthly to discuss issues that triggered in the facility. He indicated activity attendance was not discussed during the quality assurance meetings.</p> <p>Furthermore, the Administrator indicated the Social Service Director or staff should have documented why residents were not attending their individually care planned activities.</p> <p>In addition, the Administrator indicated the facility was unable to provide appropriate documentation as to why the residents were not taken or did not attend their care planned activities.</p> <p>2. On 6/19/13 at 1:38 P.M., in an interview, Resident #31's daughter indicated she wanted her mother [Resident #31] to attend more activities out of her room. At that time, she indicated the facility staff were aware of her concerns; however, staff did not respond to her request.</p> <p>On 6/21/13 at 10:30 A.M., Resident #31 was observed in bed, with eyes</p>		<p>preferences was reviewed and found to be appropriate. II. All residents at the facility have the potential to be affected. A complete facility audit/review of current resident Activity preferences was completed on each resident (with POA input if needed). Activities Care Plans were then reviewed and amended to reflect individual resident needs. Specific goals and interventions were identified, including notification of residents preferred activities plans for transporting residents if needed, and any other functional assistance they may require to achieve these goals. These residents were added to the facility "master list" of resident activities preferences and needs and reviewed by facility QA Committee and found to be appropriate. III. RDCO provided facility leadership re-education regarding QA Committee monitoring practices. IV. Administrator /QA committee will meet monthly to review all audits of Activities and resident attendance and accomodations/ documentation to identify any staff/facility non-compliance.</p>		

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	<p>closed.</p> <p>On 6/21/13 at 10:30 A.M., "Pastor Matt" (name of activity) was observed in the main dining room playing religious music for residents. Resident #31 was observed in her room with eyes closed.</p> <p>On 6/21/13 at 12:34 P.M., Resident #31's record was reviewed. Diagnoses included, but were not limited to, dementia, Parkinson's disease, insomnia, cardiomegaly, hiatal hernia, and dementia with agitation.</p> <p>An "Activities Care Plan," dated 7/19/11, indicated, "...Following preferences: Listening to music, Do things with groups of people, Go outside... Goal: Will attend group activity of interests at least once weekly... Interventions: Offer variety of activity type and location...."</p> <p>A "Social Service Progress Notes," dated 3/6/13, indicated, "...Social functioning: Passive participation in some groups such as Pastor Matt, Small groups...."</p> <p>A quarterly Minimum Data Set screening, dated 3/6/13, indicated Resident #31 was totally dependent</p>				

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	<p>on one staff person for locomotion off unit [activities, meals, etc].</p> <p>On 6/21/13 at 1:15 P.M., Social Service [SS] #4, provided Resident #31's "Independent Activity Tracking Logs," dated May and June, 2013. The activity logs indicated Resident #31 did not attend any of the "Pastor Matt" group activities.</p> <p>On 6/21/13 at 1:30 P.M., in an interview, Licensed Practical Nurse [LPN] #1 indicated "Pastor Matt" was at the facility every Friday and nursing staff should assist residents to the activity. At that time, she was unaware why Resident #31 was not assisted to the activity.</p> <p>2. Resident #8's record was reviewed on 6/19/2013 at 9:46 A.M. Resident #8 had diagnoses which included, but were not limited to, expressive aphasia, muscular wasting and disuse atrophy, and bipolar disorder.</p> <p>Resident #8's current activity order as indicated on the June 2013, physician's orders recapitulation record, indicated she may participate in activities per her plan of care as tolerated.</p> <p>A significant change Minimum Data</p>			

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	<p>Assessment Tool (MDS) dated 9/25/2012, indicated Resident #8 informed the facility it was very important to her to do things with groups of people, do her favorite activities, go outside to get fresh air in good weather, and be around pets. She informed them it was somewhat important to her to keep up with the news and participate in religious services or practices.</p> <p>A quarterly MDS dated April 23, 2013, indicated Resident #8 usually understood verbal content, was usually able to express her ideas and wants, had short term and long term memory problems, had moderately impaired ability to make decisions regarding tasks of daily living, and felt down and depressed nearly every day. The MDS further indicated Resident #8 was totally dependant on staff for transfers and locomotion in the facility.</p> <p>An activity assessment note dated 4/23/2013, indicated, "...Resident ambulates per w/c [wheel chair] with assist from staff, required reminder cues for invite to activities of choice... Prefers to attend Pastor Matt and attends church with her daughter at times... Enjoys some social such as birthday party and ice cream social...</p>			

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	<p>Usually responds when spoken to but response can be delayed or jumbled at times, cognitive status fluctuated as well... She will also participate in small groups (crafts or sensory stim [stimulation]) at times too... Resident enjoys listening to music and being read to (readers digest) as well...."</p> <p>An activity care plan dated 2/30/13, indicated Resident #8 enjoyed books, newspapers, and magazines. She enjoyed music, participating in groups, being around animals, keeping up on the news, outings with staff and her daughter, spiritual events, and going outside for fresh air when the weather was nice. Goals for Resident #8 included she would participate in self-directed activities of her choice daily, she would attend an activity of interest at least once a week, and would express satisfaction with the type and current level of activities attendance. Approaches to meet these goals included inviting her to scheduled activities of her choice, offer variety of activity types and locations, provide participation assistance/encouragement as needed, offer to assist and escort her to activity functions.</p> <p>The following observations were made of Resident #8 during</p>						

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	<p>scheduled activities at the facility:</p> <p>Thursday, June 19, 2013</p> <p>9:30 A.M. Walking/Wheeling- Resident #8 was observed in bed with her eyes closed. No television or music was on in her room.</p> <p>10:00 A.M.- Coffee Time Resident #8 was observed in bed with her eyes open. No television or music was on in her room.</p> <p>10:15 A.M.- Current Events Resident #8 was observed in bed with her eyes closed. No television or music was on in her room.</p> <p>10:30 A.M.- Word Fun Resident #8 was observed in bed with her eyes closed. No television or music was on in her room.</p> <p>2:30 P.M.- 1:1's and TV Resident #8 was observed in her room in bed with her eyes closed. No television or music was on in her room. Staff were not observed in her room providing 1:1 activities.</p> <p>Friday, June 21, 2013</p> <p>10:00 A.M.- Coffee Time Resident #8 was observed in her bed with her eyes closed. No music or television was on in her room.</p> <p>10:30 A.M. - Pastor Matt Resident #8 was observed in her bed</p>						

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	<p>facing the wall. No music or television was on in her room.</p> <p>During an interview on 6/21/2013 at 10:08 A.M., LPN #22 indicated it was everyone's responsibility to ensure residents were invited to activities.</p> <p>During an interview on 6/21/2013 at 11:00 P.M., the Director of Nursing (DON) was asked to provide documentation of Resident #8's activity attendance records including 1:1 activities and if any, documentation of her refusing activities.</p> <p>During an interview on 6/21/2013 at 1:22 P.M., LPN #22 indicated documentation of Resident #8's activity attendance or refusal to attend activities could not be found.</p> <p>3. Resident #9's record was reviewed on 6/19/2013 at 9:00 A.M. Resident #9 had diagnoses which included, but were not limited to, hearing loss, depression, and insomnia.</p> <p>Resident #9's current activity order, as indicated on the June 2013 physician's orders recapitulation record, indicated he may participate in activities per plan of care.</p>				

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NAME OF PROVIDER OR SUPPLIER  ESSEX NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052			
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	<p>A significant change Minimum Data Assessment Tool (MDS) dated 5/9/13, indicated Resident #9 was usually understood, was usually able to express his ideas and wants, had highly impaired hearing, and felt down or depressed some of the time. This MDS indicated Resident #9 informed the facility it was very important to him to be around animals, keep up with the news, do things with groups of people, do his favorite activities, go outside to get fresh air when the weather was good, and participate in religious services or practices. Resident #9 indicated it was somewhat important to have books, newspapers, and magazines to read. The MDS further indicated he required supervision of staff for transfers and locomotion in the facility.</p> <p>A care plan, dated 5/30/13, indicated Resident #9 enjoyed books, newspapers, magazines, being around animals, keeping up with the news, doing things with groups of people, going outside to get fresh air when the weather was good, and participating in religious/spiritual services or practices. Goals included he would participate in self-directed activities of his choice daily and would express satisfaction with the type of</p>						

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	<p>activities and the level of his activity involvement. Approaches to meet these goals included staff were to invite him to scheduled activities, offer to assist/escort him to activity functions as needed, provide participation assistance/encouragement as needed (cues, physical assistance, redirection) due to his deafness, and provide pet visits per his interest and ability to receive room visits.</p> <p>The following observations were made of Resident #9 during scheduled activities at the facility:</p> <p>Thursday, June 19, 2013</p> <p>9:30 A.M. Walking/Wheeling- Resident #9 was observed in bed with his eyes closed.</p> <p>10:00 A.M.- Coffee Time Resident #9 was observed in bed with his eyes open.</p> <p>10:15 A.M.- Current Events Resident #9 was observed in bed with his eyes closed.</p> <p>10:30 A.M.- Word Fun Resident #9 was observed sitting in his wheel chair in the door way of his room..</p> <p>2:30 P.M.- 1:1's and TV Resident #9 was observed in his room in bed with his eyes opened.</p>				

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	<p>Friday, June 21, 2013</p> <p>10:00 A.M.- Coffee Time Resident #9 was observed in bed with his eyes closed. on in her room.</p> <p>10:30 A.M.- Pastor Matt Resident #9 was observed in bed with his eyes open.</p> <p>During an interview on 6/21/2013 at 10:08 A.M., LPN #22 indicated it was everyone's responsibility to ensure residents were invited to activities.</p> <p>During an interview on 6/21/2013 at 11:00 P.M., the Director of Nursing (DON) was asked to provide documentation of Resident #9's activity attendance records including 1:1 activities and if any, documentation of him refusing activities.</p> <p>During an interview on 6/21/2013 at 1:22 P.M., LPN #22 indicated documentation of Resident #9's activity attendance or refusal to attend activities could not be found.</p> <p>3.1-52(b)(2)</p>				

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

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FORM APPROVED

OMB NO. 0938-0391

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