

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155222	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/31/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-KOKOMO	STREET ADDRESS, CITY, STATE, ZIP CODE 429 W LINCOLN RD KOKOMO, IN 46902
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F0000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey dates: October 23, 24, 25, 26, 29, 30 and 31, 2012</p> <p>Facility number: 000127 Provider number: 155222 AIM number: 100291430</p> <p>Survey team: Tammy Alley, RN-TC Toni Maley, BSW</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 14 Medicaid: 56 Other: 10 Total: 80</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 7, 2012 by Bev Faulkner, RN</p>	F0000	<p>Kindred Transitional Care and Rehabilitation-Kokomo respectfully request paper compliance and desk review for this plan of correction..This Plan of Correction is the centers allegation of compliance.Preparation and/or excution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or excuted soley because it is required by the provisions of federal and state law.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 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 interview and record review, the facility failed to ensure residents who had physician's orders and care plans to record and total daily urinary out put in relation to catheter placement had outputs totaled daily for 3 of 3 residents who met the criteria for indwelling Foley catheters. (Residents #35, 26, 52)</p> <p>Findings Include:</p> <p>1.) Resident #35's record was reviewed on 10/31/12 at 10:00 a.m.</p> <p>Resident #35's current diagnoses included, but were not limited to, vulva cancer, morbid obesity history of acute renal failure resolved and insomnia.</p> <p>Resident #35 had current physician's orders for:</p> <p>a.) Foley catheter #16 (size) b.) Foley catheter care each shift c.) Record Foley catheter output each shift and total every 24 hours.</p>	F0282	<p>A. Residents #26, #35 and #52 were assessed; orders reviewed, and care plans updated.No negative outcome was incurred as a result of lack of 24 hour totals being documentedB. Facility audit was conducted on current active residents with indwelling urinary catheters. Those residents were assessed, orders reviewed and revised and careplans updated, identified concerns were addressed at the tiem of discovery.C. Licensed nursing staff were educated on follwing physician orders. Education was provided to licensed staff on the care of indwelling catheters and subsequent documentation requirements including following physician orders. Residents identified to have indwelling catheters will have documentation reviewed during scheduled clinical meetings held Monday thru Friday by the DNS and Unit Managers. Any identified areas will be immediately corrected.D. The DNS/designee will perform the following audits:Review of 5 residents' records weekly that have catheters to determine accurate documentation has been completed and physician</p>	11/30/2012			

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	<p>Review of Resident #35's medication and treatment records for September and October 2012 (1-29) indicated urinary output was not totaled for 59 of 59 days reviewed. The form for recording output had multiple small squares less than 1/4 by 1/4 in size. When recorded the numbers were outside of the square and overlapping each other making it difficult or impossible to read the form.</p> <p>2.) Resident #26's record was reviewed on 10/30/12, 2:15 p.m.</p> <p>Resident #26's current diagnoses included, but were not limited to, bacterium, morbid obesity, lymphedema and cellulitis of leg.</p> <p>Resident #26 had current physician's orders for:</p> <p>a.) Foley catheter #18 (size) b.) Foley catheter care each shift c.) Record Foley catheter output each shift and total every 24 hours.</p> <p>Review of Resident #26's medication and treatment records for August, September and October (1-29) 2012 indicated urinary output was not totaled for 90 of 90 days reviewed. The form for recording output had multiple small squares less than 1/4</p>		<p>orders have been followed. Audits will continue for 6 months then decrease to random reviews weekly for 6 months to total 12 months of auditing. The DNS/designee will immediately notify the Executive director of a non-compliance issue. Additional education will be provided with any identified issues. Results of findings will be reviewed at the next monthly Performance Improvement meeting and will continue until substantial compliance has been met and the committee recommends discontinuation of monitoring.</p>	

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	<p>inch by 1/4 inch size. When recorded the numbers where outside of the square and overlapping each other making it difficult or impossible to read the form.</p> <p>3.) Resident #52's record was reviewed on 10/30/12, 9:15 a.m.</p> <p>Resident #52's current diagnoses included, but were not limited to, diabetes mellitus, hypertension and urinary retention.</p> <p>Resident #52 had current physician's orders for:</p> <p>a.) Foley catheter #16 (size) b.) Foley catheter care each shift c.) Record Foley catheter output each shift and total every 24 hours.</p> <p>Review of Resident #52's medication and treatment records for August, September and October (1-29) 2012 indicated urinary output was not totaled for 90 of 90 days reviewed. The form for recording output had multiple small squares less than 1/4 by 1/4 in size. When recorded the numbers where outside of the square and overlapping each other making it difficult or impossible to read the form.</p> <p>During a 10/30/12, 10:00 a.m.,</p>				

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	<p>interview the North and Central Unit Supervisor, who was the Unit Manager for Residents #52, #35 and #26 indicated urinary output for residents with catheters is totaled daily as part of the assessment process to ensure proper urinary function and adequate urinary output. She indicated she could not find daily totals for Resident #52, #35, #26 during the last 90 days. She additionally indicated the forms were not user friendly and may what contributed to the output not being totaled.</p> <p>3.1-35(g)(2)</p>			

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F0312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on record review, observation and interview, the facility failed to ensure oral care was provided to prevent dry cracked lips for 1 of 3 residents observed for oral care. (Resident # 48)</p> <p>Findings include:</p> <p>On the dates and times listed the following was observed:</p> <p>On 10/23/2012 at 11:39 a.m., Resident # 48 was in her bed. Her lips were dry and cracked with a build up of dry skin. She had a difficult time opening her mouth to speak because her lips were so dry.</p> <p>On 10/24/12 at 10:45 a.m., she was up in her wheelchair in the television lounge on south hall. Her lips were dry and cracked and coated with a crusty film.</p> <p>On 10/25/12 at 9 a.m., she was in bed and her lips were dry and coated with a crusty film.</p>	F0312	<p>A. Resident #48 was assessed and provided oral hygiene. Orders recieved on 10-29-2012 for Carmex every shift and as needed for dry lips. Oral care is provided in the A.M. and P.M. Education was provided to nursing staff on the provision of care and services needed for those individuals unable to complete their own ADL care independently. B. Dependent residents (ADL score of 13 or above) were identified and plans of care reviewed to determine that ADL interventions are appropriate and in place. C. Nursing staff were in-serviced on the intent of regulation F312 on the provision of ADL's including oral care practices. C.N.A assignment sheets were update to include A.M. and P.M. oral care for those residents that were identified to be dependent. Care plans were reviewed and updated as appropriate. D. Random audits (to include all shifts) per the DNS/designee on the provision of ADL's will be completed 3 times weekly for 6 months; then decrease to 1 times weekly for 6 months to total 12 months of auditing. A facility focus will be</p>	11/30/2012			

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	<p>On 10/25/12 at 3:51 p.m., she was in wheelchair in the television lounge and her lips were clean and free of coating.</p> <p>On 10/29/12 at 10:49 a.m., her lips were dry and coated with a crusty film and her lips were sticking together when she attempted to talk.</p> <p>On 10/29/12 at 10:53 a.m., during an observation with the South Unit Manager, she indicated the resident's lips needed care.</p> <p>The record for Resident # 48 was reviewed on 10/26/12 at 10:07 a.m.</p> <p>Physician orders for 8/29/12 indicated to discontinue the Biotene mouth spay 4 times daily and as needed due to the resident refused.</p> <p>A CNA assignment sheet provided by the South Unit Manager on 10/29/12 at 1 p.m., indicated the resident was dependent assist of 1 for activities of daily living (ADL's) and had dentures.</p> <p>A 8/2012 plan of care indicated the resident was dependent for (ADL's) and was to have oral care twice daily.</p> <p>3.1-38(a)(3)(C)</p>		made on the observation of providing oral care according to the resident's care plan. The DNS/designee will report any non-compliance issues at the next monthly Performance Improvement meeting and monthly thereafter or until the committee recommends discontinuation of monitoring due to ongoing substantial compliance				

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F0325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on record review and interview, the facility failed to ensure a dietary recommendation was acted upon in a timely manner for 1 of 4 resident reviewed for nutrition. (Resident #97)</p> <p>Findings include:</p> <p>During an interview with Resident # 97 on 10/23/2012 at 3:18 p.m., he indicated he had a sore mouth and was being treated for a mouth infection.</p> <p>The record for Resident # 97 was reviewed on 10/29/12 at 1:35 p.m.</p> <p>The progress notes indicated:</p> <p>On 10/20/12 at 8 p.m., the resident complained of lip and inside of mouth discomfort, and stated it hurt to eat. Oral care was given.</p>	F0325	<p>A. Resident #97 was re-assessed and G-tubefeeding orders were clarified.B A facility wide audit was conducted on active residents that had recieved dietary recommendations over the last 30 days to ensure appropriate, timely follow up had occurred. Any identified concern was immediately corrected.C. Unit managers were educated relative to maintenance of nutritional status, including but not limited to timely follow up of dietary recommendations. Nutritional recommendations will be reviewed and addressed in a timely manner going forward. Any deviation from this practice will be brought to the DNS attention for direct review with attending physician.DNS will sign off on all completed recommendations.D. Dietary recommendations will be audited weekly during scheduled Skin and Nutrition at Risk meeting per the DNSUnit managers and Registered Dietician to ensure</p>	11/30/2012			

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	<p>On 10/21/12 at 7 p.m., his lips remained dry and cracked with a small amount of blood noted. He ate poor again due to sore mouth. The physician was notified of his oral condition and his poor oral intake. Oral care was given.</p> <p>On 10/22/12, the Nurse Practitioner saw the resident and gave new orders for Mary's Magic Mouth Wash, 4 times daily for 10 days. Oral care was given and several sores were observed on his gums. The note indicated "...He ate poor this morning..."</p> <p>On 10/22/12 at 8 p.m., he continued to eat poor due to mouth pain.</p> <p>On 10/23/12 at 6 a.m., the sores remain on his mouth and gums.</p> <p>On 10/24/12 at 8 p.m., his lips and mouth have improved.</p> <p>On 10/25/12 at 7 p.m., his lips and mouth continue to improve.</p> <p>On 10/27/12 at 10 a.m., the sores in his mouth continue.</p> <p>On 10/28/12 at 9:15 a.m., the sores in his mouth continue</p>		<p>timely follow up. These audits will continue for 12 months. Reports of auditing will be presented to the next Performance Improvement committee meeting and continue monthly thereafter to determine continued substantial compliance and or recommends discontinuation of the monitoring.</p>				

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	<p>A physician communication form "SBAR," dated 10/21/12 at 1 p.m., indicated the physician office was notified of the resident's mouth soreness, decreased appetite. The form indicated the physician would see the resident tomorrow.</p> <p>A Dietary progress note for 10/22/12 indicated to start the resident on the nutrition at risk program due to poor oral intake due to mouth sores and at risk for weight loss. The note indicated he had lost 13.5 pounds in 2 weeks from 214.5 on 10/3/12 to 201 on 10/22/12. The note recommended to increase his Glucerna (8 ounces) to 6 times daily until his oral intake improves. Current order for Glucerna was 8 ounces twice daily.</p> <p>On 10/22/12, the Nurse Practitioner saw the resident and gave new orders for Mary's Magic Mouth Wash, 4 times daily for 10 days.</p> <p>The October 2012 oral intake record indicated the following meal intakes: (alternates were offered and declined) 10/18/12 breakfast 75%, lunch 75%, and dinner 35% 10/19/12 breakfast refused, lunch 80%, and dinner refused 10/20/12 breakfast 75%, lunch 50%,</p>			

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	<p>dinner 50% 10/21/12 breakfast 20%, lunch bites, dinner bites 10/22/12 breakfast refused, lunch refused, dinner refused, refused alternates 10/23/12 breakfast 40%, lunch 50%, dinner 75% 10/24/12 breakfast refused, lunch 40%, dinner 100% 10/25/12 breakfast bites, lunch 100%, dinner 95% 10/26/12 breakfast 25%, lunch 60%, dinner 85% 10/27/12 breakfast refused, lunch 70%, dinner 50% 10/28/12 breakfast refused, lunch 10%, dinner 50% 10/29/12 breakfast 20%, lunch 60%, dinner 60%</p> <p>During interview on 10/29/12 at 3:10 p.m., the South Unit Manager indicated that on 10/22/12 the Nurse Practitioner was given the dietary recommendations to increase the Glucerna due to wt loss. She indicated she realized this a.m., the Nurse Practitioner had not acted upon the recommendations so the physician was called this a.m. and new orders were received to increase the Glucerna to 4 times daily.</p> <p>During interview on 10/30/12 at 10:30</p>			

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	<p>a.m., the South Unit Manager indicated the resident was reweighed today and his weight was 214 and this was not a weight loss. She indicated the resident had not been reweighed at the time of the prior documented weight loss.</p> <p>A policy titled "Nutritional Risk...." was provided by the Director of Nursing Services on 10/31/12 at 2:20 p.m., and deemed as current. The policy indicated: "Rationale A patient who demonstrates a risk for decline in nutritional status and /or is identified as having a nutritional problem will have appropriate interventions established and implemented to improve or maintain nutritional status...7. Notify and consult with physician regarding patients's current nutritional status or significant change in nutritional status...."</p> <p>3.1-46(a)(1)</p>				

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F0465 SS=C	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based observation and interview, the facility failed to ensure floors where clean and tile was in good repair, faucets and fixture were clean and free from lime build up and walls were in good repair for 4 of 4 units (North [100], South [400], West [300] and Central [200]). This deficient practice had the potential to impact 80 of 80 residents.</p> <p>Findings include:</p> <p>1.) During a 10/31/12, 9:15 a.m. to 10:00 a.m. environmental tour accompanied by the Maintenance and Housekeeping Supervisors, the following concerns were noted:</p> <p>a.) 400/South hall- Both shower rooms had a dark gray/brown dusty, sticky residue on the floor around the base boards and in the corners.</p> <p>b.) The floor tile in the hall by the 400 nursing station close to Room 423 was dented resulting in cracked floor tile in 4 areas each approximately 6</p>	F0465	<p>A. At the time of ISDH survey Houskeeping Director immediately complete an audit of the facility shower rooms and each resident room for identification of soiled flooring, especially corners and cove bases, and rusty thresholds in doorways. Additionally, the Houskeeping Director inspected resident bathrooms for hard water stains and spotting of countertops. Maintenance director immediately completed an audit of the facility resident rooms to identify missing cove bases, marred walls, exposed dry wall and metal framing, hard water stains on faucets, cracked tiles and stained grout and caulking. Facility Shower rooms were deep cleaned 11-8-2012B. Any active resident had the potential to be affected; therefore, this plan of correction applies to all residents currently residing in the center. C. Houskeeping Director and Maintenance Director have received education relative to safe/functional/comfortable environment. Deep cleaning of resident rooms will occur at 4 scheduled rooms per day, Monday through Friday. Facility Shower rooms will be deep</p>	11/30/2012			

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	<p>inches by 6 inches in size.</p> <p>c.) The Activity Room had dark brown/gray dusty, sticky residue on the floor at both entry thresholds.</p> <p>d.) The West [300] hall emergency exit had a dark rust brown residue at the threshold.</p> <p>e.) The West [300] shower room had a musty odor. The floor around the baseboard and in the corners had a gray/brown dusty sticky residue.</p> <p>f.) The Central [200] shower floor had a dark brown/gray residue around the baseboard and in the corners.</p> <p>g.) The North [100] hallway had dark residue around the baseboard, at exit doors and the resident room thresholds throughout the entire hall.</p> <p>During an 10/31/12, 10:02 interview, the Maintenance Supervisor indicated the facility had identified the walls in the Central 200 hall were in need of renovation and repair and had a plan to correct the problem. He indicated the rooms were scheduled to be renovated one by one as they had just completed in the 300 hall.</p>		<p>cleaned Monday, Wednesday and Friday of each week and as needed. Maintenance will complete scheduled room renovations and repairs at 2-4 rooms per week which includes painting. Executive Director, Maintenance Director and Houskeeping Director will conduct daily, on scheduled days of work, walking rounds to identify any areas of concern that may need additional attention. D. Walking rounds per the Executive Director/Houskeeping Supervisor and Maintenance Director will be conducted daily on scheduled days of work for 6 months, then decrease to random weekly rounds for 6 months to total 12 months of auditing. Systems related to this plan of correction will be reviewed at the next monthly Performance Improvement meeting to establish when substantial compliance has been achieved and monitoring may be discontinued.</p>		

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	<p>2.) During 10/23/12 and 10/24/12 Stage 1 resident rooms observation, the following environmental concerns were noted:</p> <p>Room 108, 10/24/12, 12:18 p.m. The cove board by the bathroom was missing. The wall by the bathroom and behind the bedside table was scarred and marred exposing the drywall.</p> <p>Room 207, 10/23/12, 11:16 a.m. The wall by the sink was chipped, scratched and marred, with exposed dry wall.</p> <p>Room 211, 10/24/12, 2:18 p.m. The wall by the bathroom was chipped and marred with exposed dry wall and metal framing.</p> <p>Room 212 , 10/24/12, 8:56 The wall by sink was chipped and marred exposing dry wall and metal frame. The wall by door scarred exposing dry wall.</p> <p>Room 261, 10/24/12, 2:35 p.m. The wall by the sink and bathroom was scarred and marred exposing dry wall and metal framing exposed</p> <p>Room 403 The sink had a build up of hard water</p>			
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	<p>stain and blueing around the faucet. The floor under the sink had debris and a build up of dirt around the cove board.</p> <p>Room 404 There was a build up of debris and dirt around the trim on the tile floor in the bathroom. There was an approximate 6 inch area of scuffing on the wall across from the toilet.</p> <p>Room 405 There was a 3-4 foot area of scuffing and marring on the wall behind the resident's bed and a build up of dirt around the cove board by the closet and entry way door.</p> <p>Room 406 There was a build up of hard water stains on the faucet.</p> <p>Room 407 One small piece of tile was cracked at the entry way door.</p> <p>Room 408 The caulking around the sink in the bathroom was cracked and the grout of the tile floor was dirty and stained. There was a crack and small missing piece of tile at the entry way door.</p> <p>Room 411</p>						

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	<p>The bathroom sink caulking was cracked around the top of the sink. The bathroom tile floor's grout was dark and there was a build up of debris and dirt around the trim on the floor.</p> <p>Room 417 There was a small piece of tile missing at the entry way door and hard water stains on the faucet in the room.</p> <p>Room 418 There was brown staining on the floor around the toilet, debris and build up of dirt around the trim on the bathroom floor, and an 18-24 inch area of scuffing and marring on the wall across from the toilet.</p> <p>Room 306 The bathroom floor tile and tile trim was stained and the grout soiled.</p> <p>3.1-19(f)</p>				

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F0502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure a routine lab was obtained as ordered by the physician for 1 of 10 residents reviewed for lab results in a sample of 10. (Resident # 64)</p> <p>Findings include:</p> <p>The record for Resident # 64 was reviewed on 10/30/12 at 9:43 a.m.</p> <p>Current diagnoses included, but were not limited to Diabetes Mellitus and hypertension.</p> <p>Current physician orders for October 2012 indicated an order for a microalbumin level to be completed every 3 months. Original date of the order was 2008.</p> <p>The record indicated the microalbumin level was completed on March and June of 2012. There was no September 2012 result in the record.</p> <p>The microalbumin level for September 2012 was requested from</p>	F0502	<p>A. Resident # 64 was assessed, physician notified, and lab obtained. There were no negative outcomes incurred as a result of the missed lab.B. Facility wide lab audit was conducted to identify any other resident that may have been affected. Any identified areas of concern were immediately addressed.C.Licensed nursing staff were educated on the intent of regulation of F502 to assure that labortory services are accurate and completed and results are provided to the physician within timeframes normal for appropriate interventions.Labs will be reviewed Monday through Friday during scheduled clinical meetings with the DNS and Unit Managers. Any identified discrepancies will be immediately corrected.Monthly review of lab orders will additionally occur during physician order(re-write)change over.D. Director of Nursing/designee will conducted daily audits,Monday through Friday on 5 residents lab orders to determine completion and timely notification. These audits will continue for 6 months then decrease to random weekly</p>	11/30/2012	

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	<p>the South Unit Manager on 10/30/12 at 11:20 a.m.</p> <p>During an interview on 10/30/12 at 2:02 p.m., the South Unit Manager indicated she was unable to locate the microalbumin that was due in September 2012. She indicated she had called the physician and he said to complete the lab now.</p> <p>During an interview on 10/31/12 at 9:05 a.m., the South Unit Manager indicated the microalbumin was being completed to monitor the resident's diabetes and hypertension. She indicated the physician had conveyed this information to her on 10/30/12, when she spoke to him.</p> <p>3.1-49(a)</p>		<p>audits for 6 months to total 12 months of auditing. Reporting of audit results will be presented to the next monthly Performance Improvement committee and continue monthly thereafter and/or until the committee recommends discontinuation of monitoring.</p>		