

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155265	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/21/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-WEDGEWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 101 POTTERS LN CLARKSVILLE, IN 47129
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F0000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: November 13, 14, 15, 16, 19, 20, 21, 2012</p> <p>Facility number: 000166 Provider number: 155265 AIM number: 100267080</p> <p>Survey team: Gloria J. Reisert, MSW/TC Jill Ross RN (11/15, 16, 19, 20, 21/12) Diana Sidell RN (11/13, 14, 15, 16/12)</p> <p>Census bed type: SNF: 9 SNF/NF: 97 Total: 106</p> <p>Census payor type: Medicare: 18 Medicaid: 64 Other: 24 Total: 106</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 11/27/12 Cathy Emswiller RN</p>	F0000	<p>This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution 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 executed solely because it is required by the provisions of federal and state law. Please note this facility respectfully requests a paper compliance review for this survey. Sincerely, Tina Martin Executive Director</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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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was immediately notified when a resident's anti-anxiety medication was not available for administration. This deficient practice</p>	F0157	Resident # 157 had no adverse side effects from missing Klonopin medication. No corrective action needed.100 % audit was completed on 11/27/12 to ensure no other residents had	12/07/2012

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	<p>affected 1 of 10 residents reviewed for unnecessary medications.(Resident #57)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #57 on 11/19/12 at 10:00 a.m. indicated the resident was re-admitted on 4/23/12 from the hospital and had diagnoses which included, but were not limited to: senile dementia, anxiety disorder, and depressive disorder.</p> <p>Review of the Nursing notes and the November Medication Administration Record [MAR] between 11/1 and 11/19/2012, indicated notes were made on the 10th and 11th regarding the resident's 10 pm and 6 am doses of Klonopin [an anti-anxiety medication] not being available.</p> <p>During an interview on 11/20/12 at 9:40 a.m., RN #1 indicated " the usual practice is that when we are a couple days from being out of a medication, we peel off the sticker and send to pharmacy for refill. With the Klonopin, it turns out we needed a script to try to get the med refilled. The nurse did send the sticker to the pharmacy and they were supposed to send it to the MD in order to fill the med and it never got sent back in time. The nurse called</p>		<p>been without medication. No additional residents was found to be without medication. In-service education will be provided to all licensed staff on pharmacy procedures and physician notification. Medication re-order stickers will be pulled daily and faxed to pharmacy. Re-ordered medication will be logged and checked daily to ensure all meds ordered are delivered. DNS will check daily and communicate with RPH and/or physician should medication not be delivered. The results of the new practice will be discussed in the facility Performance Improvement meeting monthly for 6 months to ensure 100% compliance is maintained.</p>				

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	<p>pharmacy on the 10th when the dose was due and that's when we found out the script was needed. Usually the pharmacy already takes care of the script as we have not had a problem with getting her Klonopin in the past. It was also a weekend when the script was needed, so yes she did miss 2 doses of her Klonopin but I evaluated her on the 12th and she did not seem to have any side effects from missing the 2 doses. Family was notified and understanding of the missing doses and the MD was also notified on the 12th. The nurses should have notified the MD when the first dose was missing on the 10th. It was an omission I know. There is no protocol written that says the nurse should have notified pharmacy when only a pill or two were left to see if the med was on the next run but it probably would be good practice. We do not keep the faxes where we had notified the pharmacy with the pull/re-order tab once the medication has arrived from the pharmacy - they are shredded."</p> <p>3.1-5(a)(3)</p>				

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F0250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>A. Based on record review and interview the facility failed to provide proper discharge planning for a resident who was in this facility while awaiting a bed in another facility. (Resident #151) This affected 1 of 3 residents reviewed for community discharge.</p> <p>B. Based on record review and interview, the facility failed to provide medically related social services when a resident was having an increase in depression (Resident #3) and address a resident's continuing behavior issues when the behavior plan was not effective (Resident #155). This deficient practice affected 2 of 2 residents reviewed for mood and behavior.</p> <p>Findings include:</p> <p>A.1. During record review for Resident #151 on 11/20/12 at 3:30 p.m., the resident was admitted on 6/9/12 for therapy after a hip replacement. The care plan dated 6/15/12 indicated the discharge plan was for the resident to go home. The admission minimum data set assessment</p>	F0250	<p>Resident #151 was discharged and transferred to facility of choice when bed was available on 6/22/12. No negative effect or delay in transfer procedure occurred. Resident #3 was seen by psychiatrist on 9/27/12. Careplan has been updated to include mood. Resident #155 has had behavior plan updated with new interventions. Residents with requests to transfer to another facility or experience a change in mood/behaviors have the potential to be affected. Discharge plans for short term residents have been reviewed for appropriate destinations. Mood and behavior careplans will be reviewed by the Interdisciplinary Team to ensure appropriate interventions in place. Admission Director will notify Social Services via "admission notification form" as well as discussion in IDT daily meeting if patient/resident only here until able to transfer to facility of choice has availability. Behavior flow sheets will be reviewed daily Monday through Friday in IDT meeting and plans will be updated as indicated for 30 days, then weekly in Behavior Management Meeting, as an ongoing practice. ED/DNS</p>	12/14/2012	

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	<p>(MDS) dated 6/16/12 had nothing marked in the discharge status. A note dated 6/8/12 from the hospital prior to the resident coming to this facility indicated, "Can accept pt (patient) @ (at) Kindred facility [name of other facility] pending bed availability upon d/c (discharge)."</p> <p>An Initial Psychosocial Profile dated 6/14/12 and signed by the Social Worker indicated discharge plans were unsure.</p> <p>A progress note from Social Services dated 6/15/12 at 9:30 a.m., indicated resident was admitted to the facility for therapy and "she plans on returning home" with same support as before admission.</p> <p>A progress note from Social Services dated 6/22/12 at 2:00 p.m., stated, "Res (resident) admitted 6/9/12 from [name of hospital] R/T (due to) (R) (right) hip fx (fracture). Received OT (occupational therapy), PT (physical therapy) and speech. Request transfer to [name of facility]. Report given to nurse. All belongings accounted for. Dgt (daughter) signed inventory sheet. Transported via [name of company]."</p> <p>Nurses note dated 6/22/12 stated, "Reported daughter is transferring res (resident) to [name of new facility] today"</p>		responsible for daily monitoring of new practice during IDT meeting. Results of daily and weekly monitoring will be reported to facility Performance Improvement Committee monthly for six months to ensure 100% compliance is maintained.				

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	<p>as this was 1st choice for SNF and bed is available. D/C (discharge) orders obtained."</p> <p>On 6/22/12 there is an order to transfer resident [name of other facility] when desires.</p> <p>Interview with the Director of Nursing on 11/21/12 at 12:35 p.m., she indicated after finding a note from the hospital that they were aware when the resident came to the facility that she was only here until a bed was available at the other facility.</p> <p>A copy of the Social Services job description was received on 11/21/12 at 5:25 p.m. This job description states, "Works with the resident, family/significant others and other team members to outline goals of stay at admission, the plan to meet those goals and discharge as appropriate."</p> <p>B. 1. Review of clinical record for Resident #3 on 11/19/12 at 11:30 a.m., indicated the resident was re-admitted from the hospital on 12/27/11 and had diagnoses which included, but were not limited to: generalized anxiety and depressive disorder.</p> <p>Review of the 8/22/2012 Quarterly Minimum Data Set Assessment indicated</p>				

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	<p>the resident had long and short term memory intact, no behavior issues, and had occasional feelings of being tired with little energy.</p> <p>A Nursing Note dated 9/14/2012 indicated the following: "2 pm - Spoke with pt who is visibly upset 'I am just on the edge.' Feels r/t psych meds changes. Verbalizes depression. SS notified. Allowed to vent. Request NP to eval med regime. Acknowledges needs to keep meds at minimum r/t [related to] falls risk." Documentation was lacking of Social Service having addressed the resident's mood issue.</p> <p>A 9/17/12 Social Service note addressed the resident's potential room change only.</p> <p>On 9/27/2012 during the Psychiatrist's visit, the following was documented: "Pt states was feeling depressed but after medication changed states she feels much better. Per chart review/staff report: patient reports increased depression, feelings of being better off dead."</p> <p>Review of Social Services notes between 8/25/12 and 9/29/2012 failed to indicate the resident was experiencing saddened mood.</p> <p>Documentation noted the resident was on</p>						

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	<p>a monthly behavior monitoring flowsheet for "Verbal Aggression" and "Resists Care", but documentation was lacking of a behavior plan which addressed mood.</p> <p>During an interview with Social Worker #1 on 11/19/12 at 2:00 p.m., she indicated the resident was care planned for her mood and didn't remember if she was told about the resident's 9/14/12 increased depression episode.</p> <p>An 11/9/12 Care Plan indicated: "SNF placement, depression, anxiety, periods of agitation with psychotic d/o, negative personality traits, critical of most people/events; Feeling down, can be verbally aggressive and resists care at times, Makes rude comments/name calling to roommate and staff". Goal - "Resident will not harm self or others". Approaches: "Administer meds as ordered - monitor for side effects. Listen to and validate feelings, notify MD/SS of decline in mood; comprehensive assessment to determine underlying causes."</p> <p>B.2. Review of the clinical record for Resident #155 on 11/16/2012 at 2:30 p.m. indicated the resident was admitted from the hospital on 7/6/12 and had diagnoses which included, but was not limited to:</p>			

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	<p>dementia.</p> <p>Review of the 7/18/2012 Admission Minimum Data Set [MDS] Assessment indicated the resident had:</p> <ul style="list-style-type: none"> - poor short/long term memory impairment BIMS =3 - 2-6 days a week feeling tired with little energy - no behavior issues - required extensive assist of two for toilet use - was total dependence of 2 for mobility/transfers <p>Review of the 10/1/12 Quarterly MDS indicated the resident:</p> <ul style="list-style-type: none"> - was able to make self understood and usually understands others - has episodes of continual inattention and disorganized thinking - daily trouble concentrating on things - daily being short-tempered and easily annoyed. - unable to complete cognitive BIMS score even with son asking the questions - had daily physical behavioral symptoms directed towards others <p>Review of the 8/6/12 Behavior Assessment indicated the resident had a history of aggression at home; most behavior occurred in room/shower room - had a moderate level of physical</p>						

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	<p>aggression and resists/refusal of care - duration of behavior varies. - currently had a UTI and high Ammonia level.</p> <p>On 8/12/12 and 8/15/12, the resident had frequent behaviors of physical aggression and resistance of care. - 1:1 and explanation of procedures were effective.</p> <p>Review of the September 2012 Monthly Behavior Monitoring Flowsheet indicated the resident had exhibited frequent episodes of physical aggression beginning 9/12 through 9/30 and on 10/3 and frequent episodes of resisting/refusing care beginning 9/8 through 9/30.</p> <p>Documentation was lacking in the Social Services' notes of having addressed the frequent episodes of behaviors until 10/2 when a reference was made to the behavior flowsheet and that a behavior plan was in effect.</p> <p>Review of the 10/5/2012 care plan: Problem: "Behavior/Mood patterns physical aggression, refuses and resists care". Goal: "will not harm self or others thru next review" and "behaviors will be easily altered". Approaches: "...Follow standard guidelines for caring of residents with challenging behaviors; follow individualized interventions to calm resident, such as reminiscing about</p>			

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	<p>Sunday school or the army, always explain procedures prior to rendering care and approach calmly..."</p> <p>Review of the September 2012 Monthly Behavior Monitoring Flowsheet indicated these approaches - Follow standard guidelines for caring of residents with challenging behaviors; follow individualized interventions to calm resident, such as reminiscing about Sunday school or the army, always explain procedures prior to rendering care and approach calmly - were not effective in deterring the resident's physical aggression or resistance of care. Documentation was also lacking of the Behavior Monitoring Flowsheet interventions being updated with new interventions to address the behaviors.</p> <p>During an interview with Social Worker #1 on 11/19/12 at 10:15 a.m., she indicated "that because this is not a new behavior - resisting of care, there is no need to check the resistance of care on the MDS as it had already been addressed with family and we were care planning it. I don't remember if anyone came to me back in September to tell me the resident was acting out every day. This is why we have behavior tracking sheets that address the problems and the approaches to use. Would not need to have addressed the</p>						

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	<p>daily resistance as the behavior plan is in place already:"</p> <p>On 11/19/2012 at 3:55 p.m., the Staff Development Coordinator presented a copy of the signed Job Description for Social Worker #1 dated 4/27/09. Review of this policy at this time included, but was not limited to: "Summary:... Works cooperatively as part of the management team to develop resident-centered approaches to all center quality of care and quality of life activities. Resident advocacy responsibilities as needed to achieve or maintain a dignified existence for all residents...Clinical Functions: Provides direct psychosocial intervention to residents and residents' families/significant others. Assists resident's families/significant others in coping with skilled nursing placement, physical illness and disabilities of the resident, and the grieving process...Creates integrated, person-centered care plan based on strengths and preferences of the resident. Periodically evaluates the care plan for effectiveness of interventions, updates care plan as needed. Documents observations and events in the resident's medical record as needed; assesses and documents psychosocial impact of life events, health concerns and condition changes..."</p>			

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	3.1-34(a)			

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F0279 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>A. Based on record review and interview the facility failed to accurately do care planning for a resident admitted for short term while awaiting a bed at another facility. This affected 1 of 3 residents (Resident #151) reviewed for accurate community discharge.</p> <p>B. Based on record review and interview, the facility failed to develop a care plan which addressed the care of the shunt site for a resident who was receiving hemodialysis. This deficient practice affected 1 of 1 dialysis resident reviewed for shunt care. (Resident #77)</p>	F0279	<p>Resident #151 is now discharged. No corrective action needed. Resident #77 had care plan revised to specify shunt care. All residents who are being discharged and who receive hemodialysis have the potential to be affected. All care plans will be reviewed and revised as needed of patients with hemodialysis and on planned discharges. Inservice will be provided to all licensed staff and social services on discharge planning and care of patient on hemodialysis. The DNS will monitor care plans on all patients with hemodialysis to ensure shunt care identified. Case</p>	12/07/2012	

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	<p>Findings include:</p> <p>A.1. During record review for Resident #151 on 11/20/12 at 3:30 p.m., it was noted that the resident was admitted on 6/9/12 for therapy after a hip replacement. The care plan dated 6/15/12 indicated the discharge plan was for the resident to go home. The admission Medical Data System (MDS) dated 6/16/12 had nothing marked in the discharge status. A note dated 6/8/12 from the hospital prior to the resident coming to this facility stated, "Can accept pt (patient) @ (at) Kindred facility [name of other facility] pending bed availability upon d/c (discharge)."</p> <p>An Initial Psychosocial Profile dated 6/14/12 and signed by the Social Worker indicated discharge plans were unsure.</p> <p>A progress note from Social Services dated 6/15/12 at 9:30 a.m., indicated resident was admitted to the facility for therapy and "she plans on returning home" with same support as before admission.</p> <p>A progress note from Social Services dated 6/22/12 at 2:00 p.m., stated, "Res (resident) admitted 6/9/12 from [name of hospital] R/T (due to) (R) (right) hip fx (fracture). Received OT (occupational</p>		<p>Manager/Social Service Director will monitor care plans on all short-term residents with planned discharges to ensure appropriate discharge plans/destinations are addressed on care plan. This will be an ongoing practice, results of monitoring will be reported to the facility Performance Improvement Committee monthly for 6 months to ensure 100% compliance is maintained.</p>		

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	<p>therapy), PT (physical therapy) and speech. Request transfer to [name of facility]. Report given to nurse. All belongings accounted for. Dgt (daughter) signed inventory sheet. Transported via [name of company].</p> <p>Nurses note dated 6/22/12 stated, "Reported daughter is transferring res (resident) to [name of new facility] today as this was 1st choice for SNF and bed is available. D/C (discharge) orders obtained."</p> <p>On 6/22/12 there is an order to transfer resident [name of other facility] when desires.</p> <p>Interview with the Director of Nursing on 11/21/12 at 12:35 p.m., she indicated after finding a note from the hospital that they were aware when the resident came to the facility that she was only here until a bed was available at the other facility.</p> <p>A policy titled, "Care Plans" was received from the Administrator on 11/21/12 at 5:25 p.m. The policy states, "A comprehensive care plan is developed consistent with the patients' specific conditions, risks, needs, behaviors, preferences and with standards of practice including measurable objectives, interventions/services, and timetables to</p>			

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	<p>meet the patient's needs as identified in the patient's assessment or as identified in relation to the patient's response to the interventions or changes in the patient's condition.</p> <p>Rationale:...The care plan includes a treatment plan, patient's preferences, patient goals that are measurable..."</p> <p>B.1. Review of the clinical record for Resident #77 on 11/20/12 at 9:00 a.m. indicated the resident was re-admitted to the facility on 9/27/12 and had diagnoses which included, but was not limited to: end stage renal disease, and adjustment disorder with anxiety/depression.</p> <p>A 10/18/2012 Care Plan indicated: "skin/tissue integrity impaired: Potential r/t decreased mobility, DX DM, ESRD, Dry Skin, Hx Athlete's foot" Goal:" Resident will be free from skin Breakdown" Approaches: turn & reposition q 2 hrs and PRN, keep heels off bed Report any red or open areas skin checks weekly per facility policy pressure reducing mattress to bed Monitor skin during baths/care."</p> <p>Documentation was lacking of a care plan which addressed the resident's shunt site and care of the shunt site and resident upon return from dialysis.</p>			

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	<p>During an interview with RN #1 on 11/20/12 at 1:30 p.m., she indicated there should be a care plan which addressed care of a dialysis patient including the shunt site.</p> <p>On 11/20/12 at 1:00 p.m., the Medical Records Manager presented a copy of the Facility's current policy on "Residents Receiving Dialysis". Review of this policy at this time included, but was not limited to: "...Compliance Guidelines:...11. Plan of care included directives for managing the resident's needed end-stage renal disease."</p> <p>3.1-35(a)</p>			

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F0280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review and interview, the facility failed to update a resident's Social Services' care plan with new interventions when current interventions were not effective. This deficient practice affected 1 of 2 residents reviewed for behavior issues. (Resident #155)</p> <p>Findings includes:</p> <p>Review of the clinical record for Resident #155 on 11/16/2012 at 2:30 p.m. indicated the resident was admitted from the hospital on 7/6/12 and had diagnoses which included, but was not limited to: dementia.</p>	F0280	Resident #155 behavior care plan interventions have been reviewed and updated.All residents with behavior plan interventions have the potential to be affected.Residents with behavior care plans will have interventions reviewed and updated by the Interdisciplinary Team.Behavior flow sheets will be reviewed daily in IDT meeting with interventions updated as indicated for 30 days, then weekly in Behavior Management Meeting as a ongoing practice. Results of daily/weekly monitoring will be reviewed monthly during facility Performance Improvement for a period of 6 months to ensure 100% compliance is maintained.	12/12/2012			

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	<p>Review of the 8/6/12 Behavior Assessment indicated the resident had a history of aggression at home; most behavior occurred in room/shower room - had a moderate level of physical aggression and resists/refusal of care - duration of behavior varies. - currently had a UTI and high Ammonia level.</p> <p>Review of the September 2012 Monthly Behavior Monitoring Flowsheet indicated the resident had exhibited frequent episodes of physical aggression beginning 9/12 through 9/30 and on 10/3 and frequent episodes of resisting/refusing care beginning 9/8 through 9/30.</p> <p>Review of the 10/5/2012 care plan: Problem: "Behavior/Mood patterns physical aggression, refuses and resists care". Goal: "will not harm self or others thru next review" and "behaviors will be easily altered". Approaches: "...Follow standard guidelines for caring of residents with challenging behaviors; follow individualized interventions to calm resident, such as reminiscing about Sunday school or the army, always explain procedures prior to rendering care and approach calmly..."</p> <p>Review of the September 2012 Monthly Behavior Monitoring Flowsheet indicated</p>			

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	<p>these approaches were not effective in deterring the resident" physical aggression or resistance of care.</p> <p>During an interview with Social Worker #1 on 11/19/12 at 10:15 a.m., she indicated "that because this is not a new behavior - we were already care planning it. I don't remember if anyone came to me back in September to tell me the resident was acting out every day. This is why we have behavior tracking sheets that address the problems and the approaches to use. Would not need to have addressed the daily resistance as the behavior plan is in place already:"</p> <p>On 11/19/2012 at 11:45 a.m., Social Worker #1 presented a copy of the facility's current policy on "Resident Exhibiting Challenging Behaviors". Review of this policy at this time included,but was not limited to: "Rationale: A resident exhibiting behavior symptom is intervened with measures that reduce and/or eliminates behavior episodes while protecting the resident and/or others from harm...Procedure:...10. Update the resident's care plan, as needed..."</p> <p>On 11/19/2012 at 3:55 p.m., the Staff Development Coordinator presented a copy of the signed Job Description for</p>						

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	<p>Social Worker #1 dated 4/27/09. Review of this policy at this time included, but was not limited to: "Summary:...Clinical Functions: Provides direct psychosocial intervention to residents and residents' families/significant others. Creates integrated, person-centered care plan based on strengths and preferences of the resident. Periodically evaluates the care plan for effectiveness of interventions, updates care plan as needed...."</p> <p>3.1-35(d)(2)(B)</p>			

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F0282 SS=D	<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 record review and interview, the facility failed to follow the physician's order for administration of an anti-anxiety medication for 1 of 10 residents reviewed for unnecessary medications in that the resident missed 2 doses due to the medication not being ordered/received in a timely manner. (Resident #57)</p> <p>Findings includes:</p> <p>Review of the clinical record for Resident #57 on 11/19/12 at 10:00 a.m. indicated the resident was re-admitted on 4/23/12 from the hospital and had diagnoses which included, but were not limited to: senile dementia, anxiety disorder, and depressive disorder.</p> <p>Review of the Nursing notes and the November Medication Administration Record [MAR] between 11/1 and 11/19/2012, indicated notes were made on the 10th and 11th regarding the resident's 10 pm and 6 am doses of Klonopin [an anti-anxiety medication] not being available.</p>	F0282	Resident # 157 had no adverse side effects from missing Klonopin medication. No corrective action needed. 100 % audit was completed on 11/27/12 to ensure no other residents had been without medication. No additional residents was found to be without medication. In-service education will be provided to all licensed staff on pharmacy procedures and physician notification. Medication re-order stickers will be pulled daily and faxed to pharmacy. Re-ordered medication will be logged and checked daily to ensure all meds ordered are delivered. DNS will check daily and communicate with RPH and/or physician should medication not be delivered. the results of the new practice will be discussed in facility Performance Improvement Committee meeting monthly for 6 months to ensure 100% compliance is maintained.	12/07/2012			

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	<p>During an interview on 11/20/12 at 9:40 a.m., RN #1 indicated "With the Klonopin, it turns out we needed a script to try to get the med refilled. The nurse did send the sticker to the pharmacy and they were supposed to send it to the MD in order to fill the med and it never got sent back in time. The nurse called pharmacy on the 10th when the dose was due and that's when we found out the script was needed. Usually the pharmacy already takes care of the script as we have not had a problem with getting her Klonopin in the past. It was also a weekend when the script was needed, so yes she did miss 2 doses of her Klonopin. The nurses should have notified the MD when the first dose was missing on the 10th. It was an omission I know."</p> <p>3.1-35(g)(1)</p>			

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F0315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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 record review and interview the facility failed to follow their toileting program in that Resident #108 did not get toileted as scheduled. This affected 1 of 3 residents reviewed for incontinence.</p> <p>Findings include:</p> <p>Record review for Resident #108 was done on 11/20/12 at 2:30 p.m. The record indicated she was admitted on 3/2/12 with diagnoses which included but were not limited to: diabetes, acute renal failure, high blood pressure, stroke, history of bladder cancer and dementia. She was on a toileting program.</p> <p>A care plan for incontinence dated 9/20/12 indicated a goal of: resident will have increased continence during waking hours. Approaches were: Resident to wear briefs, monitor skin for signs/symptoms of breakdown, provide</p>	F0315	<p>Resident #108 was physically unable to participate in retraining or scheduled toileting program related to recent illness. Incontinence care was provided per protocol. No corrective action needed. Re-evaluation shall be done for resident's ability to participate in retraining program. All residents who require toileting have the potential to be affected. Audit of all care plans on residents who require scheduled toileting will be done. Inservice will be conducted with all nursing staff on proper completion of the bladder voiding record. DNS will monitor voiding records daily until 30 days of compliance is met. Once compliance is met review will be conducted weekly as an ongoing practice. Results of monitoring will be reported to facility Performance Improvement Committee monthly for 6 months to ensure 100% compliance is maintained.</p>	12/07/2012			

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	<p>incontinence care as needed after incontinent episodes, scheduled toileting - upon arising, before/after meals and at bedtime. Offer toilet/bedpan nightly with bed check.</p> <p>The bladder voiding pattern record indicated resident was checked every 2 - 3 hours but not necessarily toileted. On 11/11/12 the resident was not toileted all night according to the record. This resident was wet on 11/11/11 at 12 a.m., 3 a.m., and 6 a.m. She was only toileted at 8:00 a.m. and 12:00 p.m. during the day. On 11/12/12 she was wet at 2 a.m., 8 a.m., 1 p.m., and 7 p.m. She was only toileted 4 times during this 12 hours. On 11/13/12 she was wet at 6 a.m., 9 a.m., 12 noon, and 10 p.m. Resident was dry at p.m., 4 p.m., 6 p.m., 8 p.m., but shows she was not toileted and did not void. She was then wet at 10 p.m. This resident requires assistance of 2 people for transferring to the bathroom.</p> <p>A policy titled, "Routine Toileting" was received from the Administrator on 11/21/12 at 5:25 p.m. This policy stated,"Rationale: Schedule toileting that is designed to toilet an incontinent resident when a voiding pattern cannot be established or for a resident who is unable to communicate the need to</p>			

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	<p>void. Procedure: 1. Review voiding program. 2. Offer the bedpan or urinal or to take the resident to the bathroom on a routine basis. This may be: a. According to resident need. b. Before and after meals c. at bedtime, and d. once during the night..."</p> <p>An interview with the Assistant Director of Nursing on 11/21/12 at 2:15 p.m., indicated the residents are toileted every two hours.</p> <p>3.1-41(a)(2)</p>						

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F0372 SS=F	<p>483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly.</p> <p>Based on observation and interview, the facility failed to ensure garbage was disposed of properly in that large items sat near a dumpster and garbage was scattered in the vicinity of the dumpster. This had the potential to affect 106 residents currently residing in the facility.</p> <p>Findings include:</p> <p>On 11/16/12 at 1:31 p.m., the dumpster area was observed with the Dietary Manager. A small, folded cardboard box was observed half under the second of two dumpsters. The Dietary Manager indicated the second dumpster was just for boxes. A dozen used rubber gloves were observed scattered in the grass on the right and behind the dumpsters. Also observed scattered in the grass beside the dumpsters were multiple straws, a soda bottle, plastic spoons, bottle caps, plastic bags, and a white dietary hair covering.</p> <p>A brown wooden dining chair, a broken shower chair, a flat bed dolly with a rusted handle, and a green garden hose were observed setting in the grass on the left side of the dumpsters.</p>	F0372	<p>No specific resident identified. The dumpster area was immediately cleaned up by maintenance director on 11/16/12. The wooden chair, shower chair and dolly have been discarded on 11/16/12. All residents residing in facility have the potential to be affected. Instruction has been provided to maintenance director regarding daily expectations during grounds checks. Maintenance director has been instructed not to place items behind the garage that need to be discarded; to discard all items immediately. Maintenance director/designee to conduct daily checks of dumpster area Monday through Friday, and clean up as needed. Executive Director will complete weekly checks of area. This will be an ongoing practice. Results of daily checks will be reported to facility Performance Improvement Committee monthly for a period of 6 months to ensure 100% compliance is maintained.</p>	12/07/2012	

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	<p>On 11/16/12 at 2:24 p.m., the Executive director indicated they use the dolly to take out old furniture.</p> <p>A policy and procedure for "Non-hazardous Waste Disposal" was provided by the Executive Director on 11/16/12 at 2:38 p.m. The policy indicated, but was not limited to: "Non-hazardous waste is collected and discarded by housekeeping on a routine schedule and by all other personnel as needed (i.e. kitchen staff). Definition. Non-hazardous Waste: Items that are to be disposed of, that are not considered at (sic) hazardous waste or regulated waste...Procedure: Trash Receptacles...3. Place the sealed trash bag in the trash cart, dirty utility trash receptacle or directly into the dumpster...6. Break down cardboard boxes, and lay flat for disposal...10. Place the trash into the dumpster, and close it. (Place in the dumpster provided for cardboard, if available.)...."</p> <p>3.1-21(i)(5)</p>						

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F0425 SS=E	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>A. Based on record review and interview, the facility failed to ensure residents medications were ordered in a timely manner to ensure medications were available for administration for 2 of 2 residents reviewed for unnecessary medications. (Residents #57 and 111)</p> <p>B. Based on record review, interview and observation the facility failed to monitor the medication cards received matched the doctor's order in that Resident #33, Resident #98 and Resident #136 had cards of medications that did not match the doctor's orders. This affected 3 of 15</p>	F0425	Resident #33, #98, and #136 had correction made to the medication card at the time of discovery. Medication dosage was correct and did not cause error. Therefore no corrective action needed. All residents have the potential to be affected. Audits will be done of all med carts. Inservice shall be done to all licensed staff on pharmacy/facility procedures in regards to labeling and order changes. DNS or designee will monitor all order changes daily until 30 days of compliance is achieved, will then conduct weekly for 30 days. As an ongoing practice facility will complete this review quarterly	12/07/2012			

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	<p>residents reviewed during 3 of 8 medication passes.</p> <p>Findings include:</p> <p>A.1. Review of the clinical record for Resident #57 on 11/19/12 at 10:00 a.m. indicated the resident was re-admitted on 4/23/12 from the hospital and had diagnoses which included, but were not limited to: senile dementia, anxiety disorder, and depressive disorder.</p> <p>Review of the Nursing notes and the November Medication Administration Record [MAR] between 11/1 and 11/19/2012, indicated notes were made on the 10th and 11th regarding the resident's 10 pm and 6 am doses of Klonopin [an anti-anxiety medication] not being available.</p> <p>During an interview on 11/20/12 at 9:40 a.m., RN #1 indicated " the usual practice is that when we are a couple days from being out of a medication, we peel off the sticker and send to pharmacy for refill. With the Klonopin, it turns out we needed a script to try to get the med refilled. The nurse did send the sticker to the pharmacy and they were supposed to send it to the MD in order to fill the med and it never got sent back in time. The nurse called</p>		<p>as a part of performance improvement. Results of monitoring will be reported to facility performance improvement committee monthly for 6 months to ensure 100% compliance is maintained.</p>		

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	<p>pharmacy on the 10th when the dose was due and that's when we found out the script was needed. Usually the pharmacy already takes care of the script as we have not had a problem with getting her Klonopin in the past. It was also a weekend when the script was needed, so yes she did miss 2 doses of her Klonopin. It was an omission I know. There is no protocol written that says the nurse should have notified pharmacy when only a pill or two were left to see if the med was on the next run but it probably would be good practice. We do not keep the faxes where we had notified the pharmacy with the pull/re-order tab once the medication has arrived from the pharmacy - they are shredded."</p> <p>A. 2. During medication pass on 11/19/12 at 4:30 p.m., with LPN #3, Resident #111 had an order for Coumadin 4.5 mg PO QD. When he went to prepare the medication there was only 4 mg tablets. He had to go to the EDK (emergency drug kit) to pull the 0.5 mg tablet.</p> <p>During record review on 11/20/12 at 10:00 a.m., the order for the Coumadin was 11/15/12 at 4:10 p.m.</p> <p>Interview with LPN #3 on 11/19/12 at 4:30 p.m., he indicated he did not know if</p>			

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	<p>it had been ordered from pharmacy but he had "one of the other nurses ordering it now".</p> <p>B. 1. During medication pass observation on 11/19/12 at 9:12 a.m., with LPN #4, Resident #136 was to receive Plavix every day but the card said she was to receive it every night before bed. The ordered was confirmed with the nurse checking the doctor's orders.</p> <p>During medication pass observation on 11/19/12 at 4:52 p.m. with LPN #3, Resident #98's medication cards said the route for his medications (Reglan, Calcium Acetate, and Lomotil) was by gastrointestinal tube (GT) but he received them by mouth. The nurse indicated he had been receiving his medications by mouth for a while. He had an order for Lomotil 4 times a day but the card said only 2 times a day. He also had a card for Phoslo 667 mg but the nurse said the new order was for 1334 mg. (doctor orders agreed with 1334 mg) Review of the orders on 11/20/12 at 9:00 a.m., indicated on 8/31/12 a doctor's order for his medications to be given by mouth.</p> <p>During medication pass observation on 11/20/12 at 8:20 a.m., with LPN #1, Resident #33 was to receive hydralazine. The medication card said she was to receive it every day but the order was for</p>			

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	<p>2 times a day. A clarification order was done on 11/20/12.</p> <p>Interview with the Director of Nursing on 11/20/12 at 9:54 a.m., indicated they had put an order change sticker over the cards with the wrong directions. Pharmacy was notified of the changes.</p> <p>3.1-25(a) 3.1-25(e)(2) 3.1-25(g)(2) 3.1-25(g)(3) 3.1-25(k)(5)</p>				

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F0431 SS=F	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on record review, interview and observation the facility failed to ensure medical care items and medications were not outdated in that during checking</p>	F0431	All expired supplies and meds were immediately removed/replaced. No corrective action needed. All residents have the potential to be affected. The	12/07/2012			

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	<p>medication storage rooms and medication carts there were multiple items that were outdated and medication cart drawers were dirty. This was found during 2 of 2 medication rooms and 7 of 7 med carts. This affected 7 out of 106 residents and could potentially affect 106 residents currently residing in the facility. (Residents #2, 4, 15, 43, 52, 105 and 164)</p> <p>Findings include:</p> <p>During medication storage check on 11/21/12 at 8:45 a.m., with the Director of Nursing, there were: 3 Phenergan suppositories expired 4/20/12, 2 transparent adhesive dressings expired 10/2012, 7 NPWT Non-Adherent Gauze expired 8/2012, 10 Iodoflex expired 8/2011, 0.9% Sodium Chloride injection x 1 expired 9/2012, Surgical Safety Huber Needle x 1 expired 5/2011, PharMerica Dressing change tray x 1 expired 10/2012, BD Vacutainer x 1 expired 10/2009, Protocol C & S Medium blood culture kits x 6 expired 7/2012, BD Vacutainer blue top x 24 expired 10/2012, Dispensing Pin x 1 expired 11/2011, y-connectors x 10 expired 4/2012 (box was unopened but in cabinet ready for use), Puracol Plus Collagen dressing x 1 expired 12/2011, Acticoat silver-coated antimicrobial barrier dressing x 2 expired 4/2012, Chariker-Jeter Wound Sealing</p>		<p>audit of all med carts will be completed and will include the following:*Checking expiration dates/replace or remove.*Verifying correct instructions.*Verifying dates/initials of opening.*All med carts will be thoroughly cleaned and disinfected.*All supplies will be audited for expiration dates.Inservice shall be completed with all licensed staff on facility policies pertaining to Medication storage and expiration dates.Daily med cart audits will be conducted until 30 consecutive days of compliance is acheived and will then be checked weekly as an ongoing practice. Results of these audits will be reported to facility performance improvement committee monthly for 6 months to ensure 100% compliance is maintained.</p>				

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	<p>Kit x 1 expired 1/2009, Normal Saline inhalation solution 15 ml x 5 expired 4/2010, UltraFlex condom catheters x 26 expired 2/2012 and 10 expired 12/2011.</p> <p>On 11/21/12 at 10:45 a.m., with the ADON (Assistant Director of Nursing), there were 2 irrigation trays stored in the cabinet in the ICF med room which were opened. This room was finished on 11/21/12 at 2:15 p.m., with the ADON. Outdates found in this med storage room were: Povidone-Iodine prep pads x 10 expired 1/2010, Bacitracin Zinc Ointment 1 oz (unopened) expired 3/2012, yellow top lab tube x 1 expired 9/2012, UltraFlex condom catheters x 15 expired 2/2012, Ammonium Lactate Lotion 8 oz bottle expired 7/11/2012.</p> <p>On 11/21/12 at 3:00 p.m., with the ADON, the 200 hall med cart the bottom drawer was dirty with dried white substance.</p> <p>On 11/21/12 at 3:25 p.m., with the ADON, the 100 hall med cart there were: Advair for Resident #164 opened but not dated, Novolin R for Resident #105 was opened 10/11/12 and still in drawer ready to be given. There was Carafate bottle opened with no date, Budesonide Inhalation Suspension for Resident #164 with no opened date and it is only good</p>						

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	<p>for 14 days. It was dispensed on 11/18/12. Ipratropium Bromide inhalation and Albuterol Sulfate 0.083% for Resident #4 were opened but not dated.</p> <p>On 11/21/12 at 4:05 p.m., with LPN #1, the 500 med cart #1 had Atrovent and Albuterol inhalers for Resident #43 that were opened 9/17/12 and discontinued 9/24/12.</p> <p>On 11/21/12 at 4:20 p.m., with LPN #1, 500 hall med cart #2 had the bottom drawer dirty with loose powder in the corners and dried debris on the bottom.</p> <p>On 11/21/12 at 4:30 p.m., 400 hall med cart with LPN #5, there was Prednisone 5mg/5ml for Resident # 52 which was opened on 10/13/12. It had a pharmacy label on it which had an expiration date of 10/20/13. Kindred's protocol states, "pharmacy dispensed liquids expire within 6 months". Expiration date was changed to 3/13/13 by LPN #5.</p> <p>On 11/21/12 at 5:00 p.m., with the ADON, the 400 hall med cart #1, Resident #2 had Atrovent and Albuterol ordered 8/23/12 for every 6 hours x 48 hours. It was opened 9/1/12. ADON stated, "The order is now for prn (as needed)".</p>			

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	<p>On 11/21/12 at 5:20 p.m., with the ADON, the 400 med cart #2, Resident #15 had a bottle of Milk of Magnesia with an opened date of 5/20/12 on the pharmacy sticker and 11/21/12 on the facility sticker.</p> <p>Drawers on both 400 hall carts were dirty with stains and powder.</p> <p>Interview with the ADON on 11/21/12 at 5:25 p.m., she indicated the carts are usually cleaned every weekend, but with everything going on, it probably was not completed this past weekend.</p> <p>"Medications with special expiration date requirements", was received from the Administrator on 11/21/12 at 5:25 p.m. It states,"...1. The date of opening should be documented on the container/vial. 2. If the date of opening is not documented or cannot be determined, the date dispensed may be considered the date of opening for stability purposes..."</p> <p>3.1-25(o)</p>			

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