STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155277	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING PINES HEALTH CARE CENTER	3301 N CALUMET AVE VALPARAISO, IN 46383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaints IN00146835, IN00147018, and IN00147189. Complaint IN00146835- Substantiated. Federal/State deficiencies related to the allegations are cited at F223, F225, F226, F250, and F514. Complaint IN00147018- Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F223, F225, F226, F250, F465, and F514 Complaint IN00147189- Substantiated. Federal/State deficiencies related to the allegations are cited at F157 and F514. Survey dates: April 7 and 8, 2014 Facility number: 000176 Provider number: 155277 AIM number: 100288940 Survey team: Regina Sanders, RN-TC Caityln Doyle, RN (April 8, 2014) Heather Hite, RN (April 8, 2014) Jennifer Redlin, RN Census bed type: SNF: 19 NF: 55 SNF/NF: 28 Total: 102 Census payor type:	F000000	**This Plan ofCorrection constitutes the written allegation of compliance for thedeficiencies cited. However, submissionof this Plan of Correction is not an admission that a deficiency exists or thatone was cited correctly. This Plan ofCorrection is submitted to meet the requirements established by State andFederal law. Whispering Pines requeststhat this Plan of Correction is considered the facility's Allegation ofCompliance. Compliance is effective May8, 2014.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Medicare: 19 Medicaid: 55 Other: 28 Total: 102 Sample: 10 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2. Quality review completed on April 11, 2014, by Janelyn Kulik, RN.			
F000157 SS=D	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). 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			

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	specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. Based on record review and interview, the facility failed to ensure a resident's family was notified of a transfer of the resident from the facility to the hospital, for 1 of 3 residents reviewed for transfers in a total sample of 10. (Resident #B) Findings include: Resident #B's record was reviewed on 04/07/14 at 1 p.m. The resident's diagnoses included, but were not limited to, quadriplegia, acute respiratory failure, and neurogenic bladder. The Admission Record indicated the resident's spouse was the Emergency Contact and had two other family members listed for contacts (sister-in-law and daughter). A form, titled, "Individuals Authorized to Obtain Protected Health Information", dated 12/05/11 indicated information could be given to the resident's spouse, sister-in-law, daughter, and son. A Notice of Transfer or Discharge form, indicated the resident was transferred to the hospital on 03/21/14. A Physician's Emergency Statement indicated the resident was transferred to the hospital due to an emergency detention process due to a psychiatric disorder and self injury on	F000157	**F157 Notify of Changes(Injury/Decline/Room Changes, etc. RESIDENTS FOUND TO HAVE BEENAFFECTED: The staff of the facility makes every effort to ensure that the facility immediately informs the resident, family member, the attending physician and/or legal representative whena transfer or discharge of the resident from the facility occurs. Resident B no longer resident at the facility. OTHER RESIDENTS POTENTIALLY AFFECTED: All residents havethe potential to be affected due to staff not calling all the available telephone numbers on the face sheet. All facesheets are being updated at family meetings and care plan meetings. The facility will do this update yearly. The system of notification has beenrein-serviced to the staff with a return test to gauge learning. SYSTEMIC MEASURES/CORRECTIVE ACTION: The staff has beenin-serviced ensuring that immediate notification of resident/POA/family/physiciano f any change of condition,**	05/08/2014

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	03/21/14. There was a lack of documentation in the resident's Progress Notes to indicate the resident's family had been notified of the resident's transfer on 03/21/14. A Progress Note, dated 03/24/14 at 11:13 a.m., written by the Social Service Director (SSD), indicated, "...On 3/21, this SSD called and left a message for resident's wife to call facility. The intake worker at the hospital informed this SSD that she also made several attempts to contact the wife and left messages. The wife did not return messages..." During an interview 04/07/14 at 3 p.m., the SSD indicated she had attempted to call the resident's spouse, and had left a message for her to call the facility. During an interview on 04/07/14 at 3:30 p.m., the SSD indicated she had not attempted to call the other contact numbers to inform them of the transfer of the resident when she was unable to reach the resident's spouse. She indicated she did not know she could call the other contacts. During an interview on 04/07/14 at 3:35 p.m., the Administrator acknowledged the SSD should have attempted to call the resident's other contacts when the resident's spouse could not be reached. A facility policy, dated 03/10, titled, "Physician Notification For Change In Condition Policy", received from the Timbre Unit Manager as current, indicated, "...To assure the physician is notified of changes in the patient's condition as determined by the		**room changes, roommate changes and/or transfer ordischarge from the facility. Social Workerhas been disciplined and re-educated on our change of condition policynotification and the requirement of documenting in the resident clinical recordand her job duties and responsibilities. The facility is in the process of updating theface sheet for each resident and will continue to do this during care planmeetings, mailings and yearly thereafter. QUALITY ASSURANCE/MONITORING: The Director ofNursing/designee will audit all resident record documentation for change ofcondition, treatment changes, transfer and/or discharge, room change and/orroommate change three times per week for four weeks, then two times per weekfor four weeks and once weekly for 16 weeks with the results being forwarded tothe QA Committee. If compliance isachieved for two months consecutively, the QA Committee will determine iffurther auditing is required. DATE OF COMPLETION: May8, 2014**	

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	nursing assessment immediately upon observation...The resident's designated family/legal representative will also be notified..Notification of physicians and families/legal representative will be documented in the resident's clinical record..." This Federal Tag relates to complaint IN00127018 and IN00147189. 3.1-5(a)(2) 483.13(b), 483.13(c)(1)(i)			
F000223 SS=D	FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on record review and interview, the facility failed to ensure a resident was free from abuse, related to making a resident stay out of bed against her wishes at 4 a.m., for 1 of 6 residents reviewed for abuse in a total sample of 10. (Resident #I) Findings include: During an interview on 04/08/14 at 6:50 a.m., the Rehab Unit Manager indicated one night in March, a CNA had turned the call light volume switch down. She indicated the call lights still lit up to alert staff the residents required help but there was no sound. She indicated the CNA was terminated.	F000223	**F223 Free from Abuse/InvoluntarySeclusion** **RESIDENTS FOUND TO HAVE BEENAFFECTED:** **The facility makesevery effort to respect the residents wishes at all times. A revised get-up list has been completed oneach unit. No resident will be gotten upno before 5:30 a.m. unless resident behaviors or a resident request. The facility also makes every effort for theresident to be free of any form of abuse.** **Resident #1 is deceased.** **OTHER RESIDENTS POTENTIALLY AFFECTED:** **All residents havethe potential to**	05/08/2014

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	A computer generated Indiana State Department of Health (ISDH) incident report, dated 03/21/14 at 7:01 a.m., received from the Timbre Unit Manager, indicated, "(Resident #I) stated that 'I woke up around 4 a.m. I put my call light on, waited approximately 20 mins. (minutes) before CNA answered light. She (CNA) got me up to use the bathroom and after I finished the girl wouldn't put me back to bed even after I asked. She (CNA) just kept on getting me dressed like she didn't even hear me.' Upon returning to nurses station Unit manager (sic) noted call lights had been muted...CNA suspended immediately...Executive Director notified..." During an interview with the Timbre Unit Manager on 04/08/14 at 10:15 a.m., , she indicated the ISDH incident report was not sent, due to the Administrator at the time told her not to send it, because he wanted to investigate the incident further. A Progressive Discipline form , dated 03/27/14, indicated Terminated CNA #3 had been placed on a leave of absence and a termination notification had been completed by telephone. The termination notification indicated, "...Verbal, physical, mental, sexual, chemical abuse of residents...a resident (alert & oriented) used the bathroom & was forced to get ready for the day at 4 a.m..." Resident #I's record was reviewed on 04/08/14 at 10:50 a.m. The resident's diagnosis included, but was not limited to, congestive heart failure. The resident was admitted into the facility on 03/14/14. The resident's 14 day MInimum Data Set Assessment, dated 03/28/14, indicated the		**be affected. In areview of the residents on each unit, those residents rising early will beplaced on the early get up list and the others will be gotten up later. The staff will be re-educated that residentcan go return to bed after rising early to toilet or other ADL needs.** **SYSTEMIC MEASURES/CORRECTIVE ACTION:** **The staff have beenin-serviced on the revised get up list for each unit. On the rehab unit, residents have the choiceof breakfast upon rising. The staff have beenin-serviced on abuse with a return test. Notification of Administrator was stressed in the event of a reportableincident so that all incidents of abuse can be reported promptly. The management staff has been in-serviced onthe reportable process and the need to suspend any and all employees of allegedabuse during the period of investigation and until after a decision has beenmade on the incident. The facility willnot allow a terminated employee for abuse to return to work again in thefacility.** **QUALITY ASSURANCE/MONITORING:** **The Director ofNursing or designee will be conducted an random audit three times weekly forfour weeks with residents to ensure that their wishes are followed as to risingearly or later in the morning.**	

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	resident's cognition was intact, understands communication, able to communicate her wants and needs, and required extensive assistance of one person for transfers and toileting. During an interview with Resident #I on 04/08/14 at 11:55 a.m., she indicated she had problems with staff treatment when she was first admitted to the facility. She did not voice the concern about having to stay up for the day at 4 a.m. A facility policy, dated 05/13, titled, "Abuse, Prevention and Prohibition of", received from the Administrator as current, indicated, "Each resident has the right to be free of abuse, corporal punishment, and involuntary seclusion..." This Federal Tag relates to complaint IN00146835 and IN00147018.		**Then therandom audit two times weekly for four weeks, then once weekly for 2 months. Resultsof these audits will be forwarded to the QA Committee. Ifcompliance is achieved for two consecutive months, the QA Committee willdetermine if further audits are warranted.** **DATE OF COMPLETION: May 8, 2014**	
F000225 SS=E	3.1-27(b) 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or			

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	abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	F000225	**F225** **Investigate/ReportAllegations/Individuals** **RESIDENTS FOUND TO HAVE BEENAFFECTED:** **The facility makesevery effort to keep our residents free of abuse and/or neglect. The call light panel has been repaired.** **Resident I This resident is deceased.** **Resident C Thisresident has had no further complaints** **Resident J This resident was offered two roomchanges which were not accepted and has no further complaints**	05/08/2014
	Based on record review and interview, the facility failed to investigate allegations of abuse, protect residents from possible further abuse, and report the allegations of abuse to the Indiana State Department of Health (ISDH), related to allegations of staff to resident and resident to resident abuse, for 4 of 6 residents reviewed for abuse allegations in a total sample of 10. (Residents #C, #I, #J, and #K) Findings include: 1. During an interview on 04/08/14 at 6:50 a.m., the Rehab Unit Manager indicated one night in March, a CNA (Terminated CNA #3) had turned the call light volume switch down.			

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	She indicated the call lights still lit up to alert staff the residents required help but there was no sound. She indicated the CNA was terminated. She indicated she had staff write out statements and had turned the statements in to Human Resources and the Administrator. A Progressive Discipline form, dated 03/27/14, indicated Terminated CNA #3 had been placed on a leave of absence and a termination notification had been completed by telephone. The termination notification indicated, "...Verbal, physical, mental, sexual, chemical abuse of residents...a resident (alert & oriented) used the bathroom & was forced to get ready for the day at 4 a.m..." A Progressive Discipline form, dated 03/26/14, indicated Terminated LPN #4 had been placed on suspension by the facility and the termination notification had been completed by telephone. The termination notification indicated, "Employees who have direct knowledge of patient abuse and fail to report it. (employee name) CNA on her unit made a resident stay up for the day at 4 a.m...." A computer generated Indiana State Department of Health (ISDH) incident report,, dated 03/21/14 at 7:01 a.m., received from the Timbre Unit Manager, indicated, "(Resident #I) stated that 'I woke up around 4 a.m. I put my call light on, waited approximately 20 mins. (minutes) before CNA answered light. She (CNA) got me up to use the bathroom and after I finished the girl wouldn't put me back to bed even after I asked. She (CNA) just kept on getting me dressed like she didn't even hear me.' Upon returning to nurses station Unit manager (sic)		**Resident K This resident has had no further outbursts andwill be screened by psych services** **OTHER RESIDENTS POTENTIALLY AFFECTED:** **The residents on theManor Rehab unit could have been affected by turning off the audible sound ofthe call lights on that unit although the hall call lights was in service. The annunciator panel has been covered sothat the sound of the call light system cannot be turned off. The entire staff ofthe facility has been re-educated on abuse with a test to gauge learning andthe nursing staff has been re-educated on resident rights on how to talk withresidents in a respectful way. Duringthe training, staff was read the citation on picking up a lunch food tray whilea resident was asleep without permission. We discussed better options on how to handle this situation. Staff re-education was given to the nurse. The facility does its upmost to investigateall reports of abuse promptly and suspends staff involved in any allegation ofabuse. Staff suspended onone unit will not be allowed to work in another part of the facility until theinvestigation has been completed and a decision has been made on theallegation. The social worker hasresigned and no longer works in the facility.** **SYSTEMIC MEASURES/CORRECTIVE ACTION:**	

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	noted call lights had been muted...CNA suspended immediately...Executive Director notified..." During an interview on 04/08/14 at 7:30 a.m., the Administrator indicated she did not think the abuse allegation had been reported to the ISDH. She indicated the employees (Terminated CNA #3 and Terminated LPN #4) had been suspended and terminated. She indicated she would attempt to notify the Administrator in Training, who was not in the building during the survey dates. During an interview with the Timbre Unit Manager on 04/08/14 at 10:15 a.m., she indicated the ISDH incident report was not sent, due to the Administrator at the time of the incident, told her not to, because he wanted to investigate the incident further. She indicated she had not heard anything else about the incident. During an interview on 04/08/14 at 4:15 p.m., the Administrator indicated the Administrator in Training notified the facility and indicated the Administrator at the time of the incident had said he would take care of it. 2. An interview with Resident #C was done on 4/7/14, at 12:05 p.m., indicating the staff was rude to her. Record review for Resident #C was done on 4/8/14, at 8:58 a.m. The Quarterly Minimum Data Set Assessment (MDS) completed on 2/12/14, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to,		**The staff has beenre-educated on abuse/neglect with return test with emphasis on calling theAdministrator. Any employee suspendedfor alleged abuse will be investigated and not allowed to return to work whilesuspended until after the investigation is completed and a decision has beenmade regarding the alleged abuse/neglect. If needed, care plans have been updated.** **All the call lightpanels has been repaired.** **QUALITY ASSURANCE/MONITORING:** **The EnvironmentalDirector will audit the various call light annunciator panels daily for onemonth, then three times weekly for two months, then twice a week for twomonths, then once weekly for 12 months with results being forwarded to the QACommittee. If compliance is achieved fortwo consecutive months, the QA Committee will determine if further auditing iswarranted. After that period, the auditwill be transferred to the monthly preventive maintenance program and bepresented to the QA Committee monthly.** **The social worker hasresigned and the facility has hired a temporary replacement and is activelyseeking a qualified employee.** **DATE OF COMPLETION: May 8, 2014**	

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	hypertension and diabetes mellitus. A care plan dated 9/26/13, and updated 3/21/14, indicated the resident required some assistance with daily care needs. An approach updated on 3/21/14, indicated female care givers unless otherwise requested. A nursing note dated 3/16/14, at 1:00 p.m., indicated RN #1 went into Resident #C's room after lunch and removed her lunch tray because the resident was sleeping in her chair. A few minutes later the resident came out of her room and indicated to the nurse she had stole her bread and she would pay for it. The nurse indicated to the resident she did not steal her bread and could get her another roll. The resident was observed by the nurse on her cell phone indicating the nurse took her bread and spit in her face. An interview with the Administrator on 4/7/14, at 4:30 p.m., indicated she was unaware of any abuse allegations from the facility. During an interview on 04/08/14 at 10:30 a.m., the Timbre Unit Manager indicated she had over heard a conversation between the CNA's discussing an allegation about Terminated CNA #2 spitting on Resident #C. She indicated she did not write a concern form up but she had informed the Administrator, who was no longer employed with the facility, about the allegation. She indicated the allegation was also discussed in the daily clinical meetings. An interview with RN #1 on 4/8/14, at 11:20 a.m., indicated the resident had accused her of stealing her bread when she picked up her lunch tray. She indicated she told the			

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	resident she did not steal her bread and offered to get her more. She then overheard the resident on the phone indicating the nurse stole her bread and spit in her face. The nurse further indicated after the resident was off her phone she went into the Resident's room to question her about what she overheard her saying. The nurse indicated the resident kept going on about her bread being taken. She indicated when she left the resident's room, Terminated CNA #2 came up to her and indicated the resident had also accused him of spitting in her face. The nurse indicated at this time she went and told the Director of Nursing (DoN) about the accusations. The DoN told her to get statements from Terminated CNA #2, the other CNA on duty and a housekeeper on duty. The nurse could not remember who the staff were except for Terminated CNA #2. She further indicated after she received the statements she gave them to the DoN. She indicated she also gave a behavior form she filled out to the Social Service Director (SSD). In further interview RN #1 indicated as far as she knew she was to report abuse allegations to the DoN. She indicated she did not report the allegation to the Administrator. She further indicated it was hard to know who to report allegations of abuse to when it was "revolving doors around here for staff". An interview with the SSD on 4/8/14, at 11:45 a.m., indicated when allegations were brought to her attention about Terminated CNA #2 spitting into Resident #C's face, the Administrator wanted her to get interviews from the resident and other residents and then give the interviews to him. She further indicated she did not keep copies of the interviews or document anything in the residents chart. She further indicated when			

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	she talked with the resident, the resident did not want Terminated CNA #2 caring for her anymore. She indicated Terminated CNA #2 was moved from the Pines North Unit and placed to work on the Linden unit. An interview with the Administrator on 4/8/14, at 4:15 p.m., indicated she had notified the Administrator in training and he was unaware of any abuse incidents. In review of the schedule dated 3/16/14, through 3/24/14, indicated the Terminated CNA #2 worked the following days after the allegation of abuse was voiced, 3/16/14, 3/19/14, 3/20/14, 3/21/14, and 3/23/14. His personnel record indicated he was terminated from the facility on 3/24/14, due to insubordination. 3. During an interview on 4/8/14 at 9:45 a.m., Resident #J indicated there had been an incident recently with Resident #K (a resident who resided in the adjoining room). Resident #J indicated she was in the bathroom when Resident #K opened the bathroom door and called her a "b****". Resident #J indicated she reported the incident right away to the Social Service Director (SSD). Resident #J indicated she was very upset after the incident and stayed in her room and cried that night. Resident #J's record was reviewed on 4/8/14 at 10:00 a.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes mellitus. Review of the Resident Progress Notes, dated 3/25/14 at 1:17 p.m., indicated			

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	Resident #J had come to the nurse's station crying and stated, "I came out of the bathroom & Resident #K (resident name) called me a b**** because I was in there too long." A Social Service Progress Note, dated 3/26/14 at 11:03 a.m., indicated the SSD had spoken to Resident #J about the incident and Resident #J was visibly upset by the names she said she had been called by Resident #K. The resident's Quarterly Minimum Data Set (MDS) Assessment, dated 2/26/14, indicated the resident was cognitively intact. Resident #K's record was reviewed on 4/8/14 at 10:10 a.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes mellitus. Review of the Resident Progress Notes, dated 3/25/14 at 1:31 p.m., indicated Resident #K had words with a resident in an adjoining room. A Social Service Progress Note, dated 3/26/14 at 11:09 a.m., indicated the SSD spoke to Resident #K about the incident and Resident #K was counseled on using inappropriate language to others. The resident's Significant Change MDS Assessment, dated 2/4/14, indicated the resident was cognitively intact. During an interview on 4/8/14 at 11:20 a.m., the SSD indicated there was an incident of verbal abuse on 3/25/14, reported to her by Resident #J. She indicated Resident #J reported Resident #K had opened the			

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	bathroom door, while Resident #J was inside, and called her a "b****". The SSD indicated she completed a concern form and spoke with both residents. She indicated later in the day Resident #J was still upset about the incident and at that time Resident #J was offered a room change to a room with a private bathroom. The SSD indicated she reported the incident to the Administrator (no longer employed at the facility) the next day (not immediately) in morning meeting and she was unsure what the Administrator did after that. During an interview on 4/8/14 at 12:00 p.m., the present Administrator indicated she could not find any allegations of resident to resident abuse involving Resident #J and Resident #K. This Federal Tag relates to complaint number IN00147018 and IN00146835. 3.1-28(c) 3.1-28(e) 483.13(c)			
F000226 SS=E	DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to ensure the facility's abuse policy was followed, related to, investigation, protection of residents from possible further abuse, and reporting the allegations of abuse to the Administrator and the Indiana Department of Health (ISDH), for 4 of 6	F000226	**F 226 Develop/ImplementAbuse/Neglect, Policies, Etc. RESIDENTS FOUND TO HAVE BEENAFFECTED: The facility makesevery effort to keep the residents free of and/all kinds of abuse. The facility makes every effort to ensurecall lights**	05/08/2014

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	residents reviewed for abuse in a total sample of 10. (Residents #C, #I,#J, and #K) The facility also failed to develop complete Abuse Policies related to the Elder Justice Act regarding annual notification of reporting obligations to covered individuals and failed to ensure documentation was complete to verify all covered individuals including contractors and vendors received information on the Elder Justice Act annually. This had the potential to affect residents who may come into contact with outside vendors. Findings include: 1. During an interview on 04/08/14 at 6:50 a.m., the Rehab Unit Manager indicated one night in March, a CNA had turned the call light volume switch down. She indicated the call lights still lit up to alert staff the residents required help but there was no sound. She indicated the CNA was terminated. She indicated she had staff write out statements and had turned the statements in to Human Resources and the Administrator. A Progressive Discipline form, dated 03/27/14, indicated Terminated CNA #3 had been placed on a leave of absence and a termination notification had been completed by telephone. The termination notification indicated, "...Verbal, physical, mental, sexual, chemical abuse of residents...a resident (alert & oriented) used the bathroom & was forced to get ready for the day at 4 a.m..." A Progressive Discipline form, dated 03/26/14, indicated Terminated LPN #4 had been placed on suspension by the facility and the termination notification had been completed by telephone. The termination		**are functioning and audible. The facility also makes every effort that the Elder Justice Act iscomplied with. Care plans have beenupdated if indicated. Resident C –thisresident has no further complaints Resident J - This resident was offered two room changeswhich were declined and has had no further complaints. Resident K - This resident has had no further problemswith a BIMS score of 11. OTHER RESIDENTS POTENTIALLY AFFECTED: All residents havethe potential to be affected. The staffhas been in-serviced on his with a return test. We had good discussion during each session of the training. SYSTEMIC MEASURES/CORRECTIVE ACTION: The call lightannunciator panel will be covered so that staff cannot interfere with theoperation of the panel and turn off the audible portion of the system. The flashing lights continued to function. The facility will late report on the calllight incident. The facility AbusePolicy has been revised to include police notification of any crime towards aresident per the Elder Justice Act. Allvendors providing services to the facility have received a written notice ofthe Elder**	

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	notification indicated, "Employees who have direct knowledge of patient abuse and fail to report it. (employee name) CNA on her unit made a resident stay up for the day at 4 a.m...." A computer generated Indiana State Department of Health (ISDH) incident report,, dated 03/21/14 at 7:01 a.m., received from the Timbre Unit Manager, indicated, "(Resident #I) stated that 'I woke up around 4 a.m. I put my call light on, waited approximately 20 mins. (minutes) before CNA answered light. She (CNA) got me up to use the bathroom and after I finished the girl wouldn't put me back to bed even after I asked. She (CNA) just kept on getting me dressed like she didn't even hear me.' Upon returning to nurses station Unit manager (sic) noted call lights had been muted...CNA suspended immediately...Executive Director notified..." During an interview on 04/08/14 at 7:30 a.m., the Administrator indicated she did not think the abuse allegation had been reported to the ISDH. She indicated the employees (Terminated CNA #3 and Terminated LPN #4) had been suspended and terminated. She indicated she would attempt to notify the Administrator in Training, who was not in the building during the survey dates. During an interview with the Timbre Unit Manager on 04/08/14 at 10:15 a.m., she indicated the ISDH incident report was not sent, due to the Administrator at the time of the incident, told her not to, because he wanted to investigate the incident further. She indicated she had not heard anything else about the incident.		**Justice Act and given a stamped return envelope with the signednotification stating they are aware of the abuse reporting obligations underthe Elder Justice Act. This notificationwith be retained in the Business Office. All staff have beenin-serviced on the abuse policy with a return test. The reporting to the Administrator wasemphasized to the staff. The SocialWorker has been in-serviced on the abuse and reporting policy and disciplinedon the requirement of documenting in the resident clinical record and her jobduties and responsibilities. QUALITY ASSURANCE/MONITORING: The EnvironmentalDirector will audit the various call light annunciators to daily for one month,then three times weekly for two months, then twice a week for two months, thenonce weekly for 12 months with results being forwarded to the QA Committee. If compliance is achieved for two consecutivemonths, the QA Committee will determine if further auditing is warranted. After that period, the audit will betransferred to the monthly preventive maintenance facility program andpresented to the QA Committee monthly. The Business Officewill audit for**	

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	During an interview on 04/08/14 at 4:15 p.m., the Administrator indicated the Administrator in Training notified the facility and indicated the Administrator at the time of the incident had said he would take care of it. 2. An interview with Resident #C was done on 4/7/14 at 12:05 p.m., indicating the staff was rude to her. Record review for Resident #C was done on 4/8/14, at 8:58 a.m. The Quarterly Minimum Data Set Assessment (MDS) completed on 2/12/14, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, hypertension and diabetes mellitus. A nursing note dated 3/16/14, at 1:00 p.m., indicated RN #1 went into Resident #C's room after lunch and removed her lunch tray because the resident was sleeping in her chair. A few minutes later the resident came out of her room and indicated to the nurse she had stole her bread and she would pay for it. The nurse indicated to the resident she did not steal her bread and could get her another roll. The resident was observed by the nurse on her cell phone indicating the nurse took her bread and spit in her face. An interview with the Administrator on 4/7/14, at 4:30 p.m., indicated she was unaware of any abuse allegations from the facility. During an interview on 04/08/14 at 10:30 a.m., the Timbre Unit Manager indicated she had over heard a conversation between the CNA's discussing an allegation about Terminated CNA #2 spitting on Resident #C. She indicated she did not write a concern form up but she had informed the		**returned signed information on Elder Justice Act from each oftheir vendors. The Business OfficeManager will be responsible to report the weekly findings to the QA Committeefor two months and if the audit is showing compliance after two months, the QACommittee will decide if further auditing is warranted. This process will be done each April for theElder Justice Act by the Business Office. DATE OF COMPLIANCE: May 8, 2014**	

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	Administrator, who is no longer employed with the facility, about the allegation. She indicated the allegation was also discussed in the daily clinical meetings. An interview with RN #1 on 4/8/14, at 11:20 a.m., indicated the resident had accused her of stealing her bread when she picked up her lunch tray. She indicated she told the resident she did not steal her bread and offered to get her more. She then overheard the resident on the phone indicating the nurse stole her bread and spit in her face. The nurse further indicated after the resident was off her phone she went into the Resident's room to question her about what she overheard her saying. The nurse indicated the resident kept going on about her bread being taken. She indicated when she left the residents room, Terminated CNA #2 came up to her and indicated the resident had also accused him of spitting in her face. The nurse indicated at this time she went and told the Director of Nursing (DoN) about the accusations. The DoN told her to get statements from Terminated CNA #2, the other CNA on duty and a housekeeper on duty. The nurse could not remember who the staff were except for Terminated CNA #2. She further indicated after she received the statements she gave them to the DoN. She indicated she also gave a behavior form she filled out to the Social Service Director (SSD). In further interview RN #1 indicated as far as she knew she was to report abuse allegations to the DoN. She indicated she did not report the allegation to the Administrator. She further indicated it was hard to know who to report allegations of abuse to when it is "revolving doors around here for staff". An interview with the SSD on 4/8/14, at 11:45			

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	a.m., indicated when allegations were brought to her attention about Terminated CNA #2 spitting into Resident #C's face, the Administrator wanted her to get interviews from the resident and other residents and then give the interviews to him. She further indicated she did not keep copies of the interviews or document anything in the residents chart. She further indicated when she talked with the resident, the resident did not want Terminated CNA #2 caring for her anymore. She indicated Terminated CNA #2 was moved from the Pines North Unit and placed to work on the Linden unit. An interview with the Administrator on 4/8/14, at 4:15 p.m., indicated she had notified the Administrator in training and he was unaware of any abuse incidents. In review of the schedule dated 3/16/14, through 3/24/14, indicated the Terminated CNA #2 worked the following days after the allegation of abuse was voiced, 3/16/14, 3/19/14, 3/20/14, 3/21/14, and 3/23/14. His personnel record indicated he was terminated from the facility on 3/24/14, due to insubordination. 3. During an interview on 4/8/14 at 9:45 a.m., Resident #J indicated there had been an incident recently with Resident #K (a resident who resided in the adjoining room). Resident #J indicated she was in the bathroom when Resident #K opened the bathroom door and called her a "b****". Resident #J indicated she reported the incident right away to the Social Service Director (SSD). Resident #J indicated she was very upset after the incident and stayed in her room and cried that night.			

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	Resident #J's record was reviewed on 4/8/14 at 10:00 a.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes mellitus. Review of the Resident Progress Notes, dated 3/25/14 at 1:17 p.m., indicated Resident #J had come to the nurse's station crying and stated, "I came out of the bathroom & Resident #K (resident name) called me a b**** because I was in there too long." A Social Service Progress Note, dated 3/26/14, indicated the SSD had spoken to Resident #J about the incident and Resident #J was visibly upset by the names she said she had been called by Resident #K. The resident's Quarterly Minimum Data Set (MDS) Assessment, dated 2/26/14, indicated the resident was cognitively intact. Resident #K's record was reviewed on 4/8/14 at 10:10 a.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes mellitus. Review of the Resident Progress Notes, dated 3/25/14 at 1:31 p.m., indicated Resident #K had words with a resident in an adjoining room. A Social Service Progress Note, dated 3/26/14 at 11:09 a.m., indicated the SSD spoke to Resident #K about the incident and Resident #K was counseled on using inappropriate language to others. The resident's Significant Change MDS Assessment, dated 2/4/14, indicated the resident was cognitively intact.			

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	During an interview on 4/8/14 at 11:20 a.m., the SSD indicated there was an incident of verbal abuse on 3/25/14, reported to her by Resident #J. She indicated Resident #J reported Resident #K had opened the bathroom door, while Resident #J was inside, and called her a "b****". The SSD indicated she completed a concern form and spoke with both residents. She indicated later in the day Resident #J was still upset about the incident and at that time Resident #J was offered a room change to a room with a private bathroom. The SSD indicated she reported the incident to the Administrator (no longer employed at the facility) the next day in morning meeting (not immediately) and she was unsure what the Administrator did after that. During an interview on 4/8/14 at 12:00 p.m., the present Administrator indicated she could not find any allegations of resident to resident abuse involving Resident #J and Resident #K. 4. A policy titled "Abuse, Prevention and Prohibition of" provided by the Administrator on 4/7/14 and deemed as current, was reviewed on 4/8/14 at 9:15 a.m. The policy failed to include a process for providing annual notice to covered individuals as required by the Elder Justice Act. During an interview with the Administrator on 4/8/14 at 11:30 a.m., she indicated she was unaware of the facility's protocol for the annual notification of covered individuals of the abuse reporting obligations and would			

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	check with the clerical office staff. In a follow up interview with the Administrator on 4/8/14 at 2:30 p.m., she indicated there was no documentation found indicating how the facility notifies covered individuals annually of the abuse reporting obligations in the Elder Justice Act and no records to indicate those individuals were actually notified. A facility policy, dated 05/13, titled, "Abuse, Prevention and Prohibition of", received from the Administrator as current, indicated, "...Resident abuse must be reported immediately to the Director of Nursing and Administrator. The facility Administrator and/or Director of Nursing will thoroughly investigate alleged violations...While a facility investigation is under way, steps will be taken to prevent further abuse. If a person is identified in the allegation of abuse, that person will not be allowed access to the facility while the investigation is in progress...Initiate investigation including initial notifications of all listed on the Notification form, documenting on the form. This includes the State Agency and Law Enforcement if there is reasonable suspicion of a crime...Complete a Report of Alleged Resident Abuse within required timelines. (Administrator will see that the report is completed, reviewed and sent)...Complete a thorough investigation. Two management level staff will conduct interviews with witnesses or other staff...When an employee is the alleged perpetrator of abuse or neglect, that employee shall immediately be barred from further contact with residents through suspension...The facility Administrator...any allegation of abuse or neglect shall report...to the mandated state agency...The facility			

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	Administrator...will not screen reports or otherwise withhold any reports from the appropriate state agencies..." This Federal Tag relates to complaint number IN00147018 and IN00146835.			
F000250 SS=D	3.1-28(a) 483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on record review and interview, the facility failed to provide medically-related social services to attain or maintain the highest practicable mental and psychosocial well-being of each resident, related to not completing counseling following an allegation of staff to resident abuse and an allegation of resident to resident abuse, and not updating behavioral care plans, for 3 of 6 residents reviewed for abuse in a total sample of 10. (Resident #J, Resident #K and Resident #C) Findings include: 1. During an interview on 4/8/14 at 9:45 a.m., Resident #J indicated there had been an incident recently with Resident #K (a resident who resided in the adjoining room). Resident #J indicated she was in the bathroom when Resident #K opened the bathroom door and called her a "b****". Resident #J indicated she reported the incident right away to the Social Service Director (SSD). Resident #J indicated she was very upset after the incident and stayed in her room and cried	F000250	**F250 Provision of Medically RelatedSocial Service** **RESIDENTS FOUND TO HAVE BEENAFFECTED:** **The facility makesevery effect to ensure that all resident are free from abuse and neglect. The facility also makes every effort toensure that all incidents are reported immediately to Administrator and StateBoard of Health. Care plans have beenupdated when needed.** **Resident #J was offered two room changes and refused** **Resident #K this resident has been referred for a psychscreen and has no further problems, BIMS 11** **Resident #C no further complaints from this resident** **OTHER RESIDENTS FOUND TO BE AFFECTED:** **All residents havethe potential to be affected by this deficient practice. The social worker has**	05/08/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155277	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 04/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING PINES HEALTH CARE CENTER	3301 N CALUMET AVE VALPARAISO, IN 46383

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	that night. A) Resident #J's record was reviewed on 4/8/14 at 10:00 a.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes mellitus. Review of the Resident Progress Notes, dated 3/25/14 at 1:17 p.m., indicated Resident #J had come to the nurse's station crying and stated, "I came out of the bathroom & Resident #K (resident name) called me a b**** because I was in there too long." A Social Service Progress Note, dated 3/26/14, indicated the SSD had spoken to Resident #J about the incident and Resident #J was visibly upset by the names she said she had been called by Resident #K. The resident's Quarterly Minimum Data Set (MDS) Assessment, dated 2/26/14, indicated the resident was cognitively intact. There was lack of evidence in Resident #J's record to indicate social services had completed any follow up counseling with the resident following the allegation of resident to resident abuse. B) Resident #K's record was reviewed on 4/8/14 at 10:10 a.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes mellitus. Review of the Resident Progress Notes, dated 3/25/14 at 1:31 p.m., indicated Resident #K had words with a resident in an adjoining room. A Social Service Progress Note, dated		**resigned and thefacility has hired a temporary social worker and is actively seeking aqualified new social worker. Theresidents in this survey will be visited by the new social worker weekly to seeif they have additional concerns and/or pleased with the care received from thefacility. The temporary social worker isa former employee of the facility and knows many of the residents.** **SYSTEMIC MEASURES/CORRECTIVE ACTION:** **All the issues onthis citation and F157 have been reviewed with the Social Worker. The Social Worker has been disciplined. The job description has been reviewed. The Abuse Policy has been revised to includethe Elder Justice Act and has been in-serviced with all staff. Reporting any alleged abuse to the Administratorwas emphasized. A test was given to allstaff persons to determine level of learning. Social Service documentation will be completed in the resident clinicalrecord.** **QUALITY ASSURANCE/MONITORING:** **The Director ofNursing or designee will review the resident documentation for timelynotification of change of condition to resident/POA/family/physician of roomchanges and/or transfer or discharge from the facility three**	

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	3/26/14 at 11:09 a.m., indicated the SSD spoke to Resident #K about the incident and Resident #K was counseled on using inappropriate language to others. The resident's Significant Change MDS Assessment, dated 2/4/14, indicated the resident was cognitively intact. Review of Resident #K's current plan of care, last updated 11/6/13, indicated the resident was observed being verbally abusive towards others. There was lack of evidence to indicate the care plan had been updated after the incident on 3/25/14. There was lack of evidence in Resident #K's record to indicate social services had completed any follow up counseling with the resident following the allegation of resident to resident abuse. During an interview on 4/8/14 at 11:20 a.m., the SSD indicated there was an incident of verbal abuse on 3/25/14, reported to her by Resident #J. She indicated Resident #J reported Resident #K had opened the bathroom door, while Resident #J was inside, and called her a "b****". The SSD indicated she completed a concern form and spoke with both residents. She indicated later in the day Resident #J was still upset about the incident and at that time Resident #J was offered a room change to a room with a private bathroom. The SSD indicated she was unsure if she updated Resident #K's care plan after the incident and she usually tried to use interventions which were already in place. 2. An interview with Resident #C was done on 4/7/14, at 12:05 p.m., indicating the staff		**times weekly forfour weeks, two times weekly for four weeks and once weekly for 12 weeks withthe results being forwarded to the QA Committee. If further compliance is achieved for twomonths consecutively, the QA Committee will determine if further auditing isrequired.** **DATE OF COMPLETION: May 8, 2014**	

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	was rude to her. A nursing note dated 3/16/14, at 1:00 p.m., indicated RN #1 went into Resident #C's room after lunch and removed her lunch tray because the resident was sleeping in her chair. A few minutes later the resident came out of her room and indicated to the nurse she had stole her bread and she would pay for it. The nurse indicated to the resident she did not steal her bread and could get her another roll. The resident was observed by the nurse on her cell phone indicating the nurse took her bread and spit in her face. There was a lack of documentation in the resident's record to indicate the SSD had followed up with the resident after the allegation was voiced. An interview with the SSD on 4/8/14, at 11:45 a.m., indicated when allegations were brought to her attention about Terminated CNA #2 spitting into Resident #C's face the Administrator wanted her to get interviews from the resident and other residents and then give the interviews to him. She further indicated she did not keep copies of the interviews or document anything in the resident's chart. She further indicated when she talked with the resident, the resident did not want Terminated CNA #2 caring for her anymore. Review of a facility policy, titled, "Abuse, Prevention and Prohibition", dated 5/13. and received from the Administrator on 4/7/14 at 10:17 a.m., indicated follow-up counseling should be made available by the Social Service designee, weekly for at least two weeks or as needed, to victims of abuse and or neglect.			

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F000465 SS=D	This Federal tag relates to Complaint #'s IN00147018 and IN00146835 3.1-34(a) 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 on observation and interview, the facility failed to provide a sanitary environment, related to peeling and bubbled plaster and black area on the dry wall, for 1of 2 Medication Rooms observed on the Pines Unit. (North Pines) Findings include: During an observation of the North Pines Medication Room, on 04/07/14 at 9:55 a.m., with RN #5 and Minimum Data Set Nurse present, there was a wall in the Medication Room which had bubbled and peeling dry wall. There was a black colored area located on the wall above the heater in the room. During an interview with the Housekeeping Director, on 04/07/14 at 10 a.m., she indicated she did not know if the black area was mold or not. She indicated the whole wall needed fixed. This Federal Tag relates to complaint IN00147018. 3.1-19(f)	F000465	**F 465** **Safe/Function/Sanitary/ComfortableEnvironment** **RESIDENTS FOUND TO HAVE BEEENAFFECTED:** **The facility makesevery effort to ensure that the environment isclean/safe/functional/comfortable.** **No resident on theNorth Pines Unit has been affected by this citation.** **OTHER RESIDENTS POTENTIALLY AFFECTED:** **There were noresidents affected by this citation because this room is locked and the nurseshave the only access.** **SYSTEMIC MEASURES/CORRECTIVE ACTION:** **Our surveyor found ablack spot along with an area that was peeling and bubbled in the Pines Northmedication room. The room was washeddown with a bleach solution with the plan to cut out the wall with the blackspot and replace that section of the wall, mudded it, primed clean up.**	05/08/2014

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			TheSurveyor voiced a concern that the black area was being covered over and notproperly repaired. The InterimAdministrator examined the room repairs and asked that a larger portion of thewall be replaced and the entire room be washed down with the bleach solutionprior to painting. The EnvironmentalDirector did as requested and the room was repaired, primed, painted andcleaned the entire room. The room wasback into service at the end of the next day. **QUALITY ASSURANCE/MONITORING:** **The Administrator ordesignee will audit the facility med rooms, storage areas and shower rooms forblistered, peeling paint and any blackened areas weekly for 16 weeks. The results of the audit will be brought tothe QA Committee for review. Ifcompliance is achieved after three months, the QA Committee will determine iffurther auditing is warranted. Theseaudits will be put on the monthly preventive maintenance log and will bereviewed monthly thereafter.** **DATE OF COMPLETION: May 8, 2014**	
F000514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted			

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	professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on record review and interview, the facility failed to ensure a resident's record was complete and accurate, related to blank spaces on the Medication Administration Records (MARS) for 1 of 3 residents reviewed for medications in a total sample of 10. (Resident #D) Findings include: An interview with Resident #D on 4/7/14, at 3:15 p.m., indicated that sometimes she does not get her medications on time. Record review of Resident #D was done on 4/7/14, at 2:55 p.m. The Admission Minimum Data Set (MDS) done 2/16/14, indicated the resident was cognitively intact. The diagnoses included, but were not limited to, multiple sclerosis, seizures, urine retention, hypertension, and anxiety. Review of the Medication Administration Record (MAR) for March 2014, indicated many days where medications were not signed out. The times and days were as followed: B Complex Tablet (supplement)	F000514	**F 514** **Records-Complete/Accurate/Accessible RESIDENTS FOUND TO HAVE BEENAFFECTED: The facility makesevery effort to ensure that when a medication is given, the MAR is marked bythe dispensing nurse. This is also truewhen a medication is refused, the MAR is marked accordingly. Resident #D While the MAR does not indicate that themedication was given, there were no adverse effects noted in the clinicalrecord. We will make every effort toidentify the nurse who failed to document and re-educate. OTHER RESIDENTS POTENTIALLY AFFECTED: All residents havethe potential to be affected. TheDirector of Nursing/designee will audit all units daily. The Unit Managers have been trained onrunning their units and the audit portion of their job description. All audits will be referred to the QACommittee**	05/08/2014

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	-Take 1 tablet by mouth daily at 9:00 a.m. for supplement The MAR was not signed out on 3/10/14 at 9:00 a.m. Bisacodyl 10 milligrams (mg) Supp (suppository for constipation) -Insert 2 suppositories rectally at 1:00 p.m. for constipation The MAR was not signed out on 3/6, 3/9, 3/20, 3/21, 3/24, 3/26, and 3/28 at 1:00 p.m., for this medication. Centamin Liquid (supplement) -Take 5 milliliters (mls) by mouth daily at 9:00 a.m., for supplement The MAR was not signed out on 3/13, 3/14, and 3/15 at 9:00 a.m., for this medication. Floranex (supplement) -Mix 1 packet with liquid and give by mouth daily at 9:00 a.m., for supplement The MAR was not signed out on 3/13, 3/14, and 3/15 at 9:00 a.m., for this medication. Diflucan 100 mg (antifungal) -Daily x 7 days at 4:00 p.m. The MAR was not signed out on 3/17 and 3/22 at 4:00 p.m., for this medication. Folic Acid 1 mg (supplement) -Take 2 tablets by mouth (=2 mg) daily at 5:00 a.m., for supplement The MAR was not signed out on 3/25 at 5:00 a.m., for this medication. K-Effervesce 25 milliequivalents (meq) (potassium supplement) -Mix 1 tablet in liquid and give by mouth daily at 9:00 a.m., for supplement The MAR was not signed out on 3/10, 3/13, and 3/15 at 9:00 a.m., for this medication.		**monthly. SYSTEMIC MEASURES/CORRECTIVE ACTION: One of the problemsidentified in the Nursing Department, was the need to improve ourorientation/training of the nursing staff. The facility is broadening their training of the nursing procedure andpaperwork. We will now have two days ofclassroom type nurse training and new nurse orientation on paperwork andprocedures (including medication administration). It is our hope that this more comprehensivepaperwork and process(s) training will make each nurse more effective on theirunit. All nurses and QMA's will bere-educated on medication administration and other procedures. Additionally, our consultant pharmacist willbe in the facility several times to review the nurses and QMA's med pass. Those nurses requiring more training willreceive additional training. Part of there-education, will be the importance of marking the MAR after each medicationis given. Daily checks will bedone by the Unit Managers. A new unit managerhas been hired for the Pines Unit and will start on April 23, 2014. All the unit managers have been re-educatedon the duties of a**	

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	Linzess 290 microgram (mcg) (laxative) -Take 1 capsule by mouth daily at 6:00 a.m., before breakfast The MAR was not signed out on 3/4, 3/24, and 3/25 at 6:00 a.m., for this medication. Minoxidil 10 mg (vasodilator) -Take 1 tablet by mouth daily at 9:00 a.m. The MAR was not signed out on 3/10, and 3/15 at 9:00 a.m., for this medication. Modafinil 200mg (central nervous system stimulant) -Take 1 tablet by mouth daily at 9:00 a.m. The MAR was not signed out on 3/10, and 3/15 at 9:00 a.m., for this medication. Polyeth Glyc Powder 3350 (for constipation) -Mix 1 packet with liquid and give by mouth daily at 9:00 a.m., for constipation The MAR was not signed out on 3/9, 3/10, 3/11, 3/15, and 3/18 at 9:00 a.m., for this medication. Spironolact 25mg (diuretic) -Take 1 tablet by mouth daily at 9:00 a.m. The MAR was not signed out on 3/10/14, and 3/15 at 9:00 a.m., for this medication. Tamsulosin 0.4 mg (urinary medication) -Take 1 capsule by mouth daily at 5:00 a.m. for urinary retention The MAR was not signed out on 3/24, and 3/25 at 5:00 a.m., for this medication. Docusate Sodium 100 mg (stool softener) -Take 2 capsules by mouth (200 mg) twice daily at 5:00 a.m., and 5:00 p.m., for constipation The MAR was not signed out 3/23, 3/24, and 3/25 at 5:00 a.m., 3/13 and 3/17 at 5:00 p.m.,		**unit manager by the Interim Director of Nursing. A revised job description has been writtenand discussed with all unit managers. A facility now has aunit manager for each unit so that better supervision of staff can bemaintained. QUALITY ASSURANCE/MONITORING: The Director ofNursing or designee will audit MARS daily for four week, three times weekly fortwo months and twice weekly for two months. The results of the audits will be reviewed by the QA Committee. When compliance is achieved for twoconsecutive months, the QA Committee will continue the audit weekly and ongoingwith results brought to the monthly QA. DATE OF COMPLETION: May 8, 2014**	

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	for this medication. Levetiraceta 750 mg (seizure medication) -Take 1 tablet by mouth twice daily at 5:00 a.m. and 5:00 p.m., for seizures The MAR was not signed out 3/24 and 3/25 at 5:00 a.m., 3/17 at 5:00 p.m., for this medication. Mucinex 600 mg (respiratory medication) -Take 1 tablet by mouth twice daily at 5:00 a.m., and 5:00 p.m. The MAR was not signed out 3/24 and 3/25 at 5:00 a.m., 3/17 at 5:00 p.m., for this medication. Ranitidine 150 mg (stomach medication) -Take 1 tablet by mouth twice daily at 5:00 a.m. and 5:00 p.m. The MAR was not signed out 3/24 and 3/25 at 5:00 a.m., 3/17 at 5:00 p.m., for this medication. Propranolol 10 mg (blood pressure medication) -Take 1 tablet by mouth three times daily at 5:00 a.m., 1:00 p.m., and 9:00 p.m. The MAR was not signed out 3/24 and 3/25 at 5:00 a.m., 3/15 at 1:00 p.m., 3/17, 3/20, and 3/25 at 9:00 p.m., for this medication. Dantrolene 25 mg (medication for muscular sclerosis) -Take 2 capsules by mouth (=50 mg) four times daily 5:00a.m., 11:00a.m., 5:00p.m., and 11:00p.m. The MAR was not signed out 3/24 and 3/25 at 5:00 a.m., 3/15 and 3/18 at 11:00 a.m., 3/21 at 5:00 p.m., 3/6, 3/7, 3/12, 3/13, and 3/18 at 11:00 p.m., for this medication. Baclofen 10 mg (medication for muscle			

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	spasms) -Take 1 tablet by mouth every 4 hours at 1:00 a.m., 5:00 a.m., 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m. with 20 mg = 30 mg -The MAR was not signed out 3/24 and 3/25 at 5:00 a.m., 3/10 at 9:00 a.m., 3/6, 3/12, and 3/17 at 5:00 p.m., 3/7, 3/11, 3/12, 3/13, 3/14, 3/17, 3/22, 3/23, and 3/25 at 9:00 p.m., for this medication. Lasix 20 mg (blood pressure medication) -1 x daily The MAR was not signed out 3/28, and 3/29 at 5:00 a.m., for this medication. Fluconazole 200 mg (nasal spray) -1 x daily The MAR was not signed out 3/29 at 5:00 a.m., for this medication. An interview with RN #1 on 4/7/14 at 3:45 p.m., acknowledged there were blank spaces on the MAR and if it was not signed out then the medication was technically not given. This federal tag relates to Complaint #'s IN00146835, IN00147018, and IN00147189. 3.1-50(a)(1) 3.1-50(a)(2)			