

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155258	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2014
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NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MANOR HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 205 MARINE DR ANDERSON, IN 46016
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F000000	<p>This visit was for the Investigation of Complaints IN00154626, IN00155039, IN00155238, and IN00155521.</p> <p>Complaint IN00154626 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282 and F514.</p> <p>Complaint IN00155039 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F369, F425, and F514.</p> <p>Complaint IN00155238 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00155521 - Substantiated. Federal/State deficiency related to the allegation is cited at F514.</p> <p>Survey date: August 25, 26, 27, and 28, 2014</p> <p>Facility number: 000160 Provider number: 155258 AIM number: 100267190</p> <p>Surveyor: Betty Retherford RN-TC</p> <p>Census bed type: SNF: 21</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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F000282 SS=D	<p>SNF/NF: 73 Total: 94</p> <p>Census payor type: Medicare: 22 Medicaid: 47 Other: 25 Total: 94</p> <p>Sample: 13</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 4, 2014, by Janelyn Kulik, RN.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on clinical record review and interview, the facility failed to ensure resident medication/treatments were completed as ordered by the physician for 2 of 5 residents reviewed with special treatment concerns in a sample of 13. (Resident #B and #E)</p>	F000282	<p>This plan of correction is to serve as Countryside ManorHealth and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute anadmission by Countryside Manor Health and Living Community or its managementcompany that the</p>	09/12/2014	

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	<p>Findings include:</p> <p>1. The clinical record for Resident #B was reviewed on 8/25/14 at 3:10 p.m. Diagnoses for the resident included, but were not limited to, aftercare following fracture of left tibia and ankle, dementia, and history of left eye replacement.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 7/12/14, indicated the resident was moderately cognitively impaired and required the assistance of the staff for all activities of daily living.</p> <p>A health care plan problem, dated 6/20/14, indicated Resident #B had a prosthetic left eye. One of the approaches for the care of this eye was "Administer antibiotic medication per physician order."</p> <p>A physician's order, dated 6/21/14, indicated "Erythromycin ophthalmic ointment, 1 centimeter strip three times a day" due to eye replacement. The order indicated the treatment was to be completed at 9 a.m., 3 p.m., and 9 p.m. each day.</p> <p>The medication administration record for August 2014 indicated the eye medication was not administered on multiple occasions due to the drug not</p>		<p>allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>F282</p> <p>1. Resident #B's medication/treatment order has been clarified and is being given as ordered. Resident # E has been discharged from this community.</p> <p>2. Other residents with special treatment concerns were reviewed for completion of their treatment. Any issues identified were notified to the family and MD and orders clarified as needed.</p> <p>3. The systemic change includes that licensed nurses will be educated that medication/treatment orders will be given as ordered. Any issues identified will be notified to the MD for clarification and family will be notified as well. Medication/treatment orders will be reviewed for completion daily Monday through Friday at the daily clinical morning meeting.</p> <p>4. The Director of Nursing or designee will audit residents' medication/treatment orders for completion as ordered, daily Monday through Friday for the next month; three times per week for the</p>	

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	<p>being available. The dates and times the treatment was not completed are noted below:</p> <p>8/3/14 at 9 p.m. 8/4/14, 8/5/14, and 8/6/14 at 9 a.m., 3 p.m., and 9 p.m. 8/7/14 at 9 a.m.- indicates the resident refused the treatment 8/7/14 at 3 p.m. and 9 p.m. (indicates the treatment was completed-but next day med is still not in supply 8/8/14 and 8/9/14 at 9 a.m., 3 p.m., and 9 p.m. (documentation included that the med is still not available)</p> <p>The nurses notes for these dates lacked any information related to the eye treatment having not been completed.</p> <p>The Administrator and DoN were interviewed on 8/27/14 at 9:05 a.m. Additional information was requested related to the lack of documentation of the eye treatment having been completed and the documentation of it being completed by some staff when other staff indicated it was out of supply. The DoN indicated she felt the treatment was ordered to help prevent any infections around or behind the prosthetic eye and she would research why the treatment had not been completed.</p>		<p>next five months and weekly thereafter to total 12months of monitoring. Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be completed by September 12, 2014.</p>				

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	<p>The DoN and Administrator were interviewed on 8/27/14 at 12:20 p.m. The DoN indicated the medication had not been available and she had no other information to provide.</p> <p>2. The clinical record for Resident #E was reviewed on 8/26/14 at 2 p.m. Diagnoses for the resident included, but were not limited to, aftercare following fracture of the right lower leg and ankle with surgical repair and need for fixator device in place during healing, osteoporosis, diabetes mellitus type 2, and chronic obstructive pulmonary disease.</p> <p>An admission MDS, dated 6/9/14, indicated the resident required extensive assistance of the staff for all bathing, dressing, and toileting.</p> <p>A health care plan problem, dated 6/5/14, indicated the resident was admitted to the facility for follow-up care following hospitalization of a right medial malleolus fracture with failed open reduction and internal fixation requiring a tripod brace to the right lower extremity. Multiple approaches were listed including the monitoring of the leg for complications.</p> <p>A physician's order, dated 6/6/14</p>						

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	<p>indicated the staff were to cleanse the pin sites (on the fixator device) twice a day with hibicleanse (a cleansing done to help prevent infection at the pin sites). The times for the treatment to be completed were 9 a.m. and 9 p.m. This order remained current thru the resident's discharge on 6/23/14.</p> <p>A second physician's order, dated 6/9/14, indicated "cover incision with Betadine (an anti-infective agent) soaked gauze, cover with dry gauze and kerlix and ace wrap daily and prn [as needed]." This order remained current thru the resident's discharge on 6/23/14.</p> <p>During a review of the June 2014 Medication Administration Records (MAR) for Resident #E indicated the above treatments were not completed on the following dates and times:</p> <p>Hibicleanse treatment- documented as not done on:</p> <p>6/7/12 at 9 a.m. 6/9/14 at 9 p.m. 6/12/14 at 9 p.m. 6/20/14 at 9 p.m.</p> <p>The hibicleanse treatment was documented as having been completed on the other days and times.</p>						

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F000369 SS=D	<p>Betadine treatment - documented as not done once daily on June 12, 18, and 20, 2014.</p> <p>The Administrator and DoN were interviewed on 8/27/14 at 9:05 a.m. Additional information was requested related to the missing treatment documentation and why the second treatment was ordered.</p> <p>The Administrator, DoN, and Unit Manager #1 were interviewed on 8/27/14 at 12:20 p.m. Unit Manager #1 indicated she could not remember why the second treatment had been ordered. The DoN indicated the hibicleanse treatment should have been discontinued when the Betadine treatment was ordered on 6/9/14. She indicated she had no information to provide related to why the staff continued to document the hibicleanse treatment and the missing treatment documentation.</p> <p>This federal tag relates to Complaint IN00154626 and IN00155039.</p> <p>3.1-35(g)(2)</p> <p>483.35(g) ASSISTIVE DEVICES - EATING</p>						

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	<p>EQUIPMENT/UTENSILS</p> <p>The facility must provide special eating equipment and utensils for residents who need them.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident received her meals in a divided plate for 1 of 1 resident reviewed assessed to need a divided plate in a sample of 13. (Resident #B)</p> <p>Findings include:</p> <p>During an observation on 8/27/14 at 12:25 p.m., Resident #B was up in her wheelchair in the assist dining room. A notation printed in red ink on the resident meal ticket indicated "Divided plate with all meals." The resident had a regular plate. The resident was attempting to feed herself ground chicken off of the regular plate. The resident could get the chicken loosely on the spoon, but some of it would drop off before she could get it to her mouth. She then picked the ground chicken up off of her clothing protector and put it into her mouth using her fingers.</p> <p>During an observation on 8/27/14 at 8:52 a.m., Resident #B was up in her wheelchair in the assist dining room. The resident was attempting to feed herself scrambled eggs. The scrambled eggs and a pancake were on a regular plate. The</p>	F000369	<p>F369</p> <ol style="list-style-type: none"> 1. Resident #B isreceiving her meals in a divided plate. 2. Other residents' werereviewed for special eating equipment/utensils for residents who need them. 3. The systemicchange includes that the dietary staff were educated regarding ensuring thatthose residents who have previously been identified as needing specialequipment/utensils have these items available at all meals. 4. The Director ofdining services or designee will complete this audit five times per week forone month and three times per week for five months; then, weekly to total 12months of monitoring. Results of these audits will be reviewed at the monthlyfacility Quality Assurance Committee meeting and frequency and duration ofreviews will be adjusted as needed. 5. Systemic changeswill be completed by September 12, 2014. 	09/12/2014

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	<p>resident tilted her spoon to try and get the eggs on the spoon, but had eaten most of her eggs at the time of the observation. The notation for the resident to have a divided plate remained on the meal ticket.</p> <p>The clinical record for Resident #B was reviewed on 8/25/14 at 3:10 p.m. Diagnoses for the resident included, but were not limited to, aftercare following fracture of left tibia and ankle, dementia, and history of left eye replacement.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 7/12/14, indicated the resident was moderately cognitively impaired and required the assistance of the staff for all activities of daily living. The MDS indicated the resident received a mechanically altered diet.</p> <p>A "Diet order and communication tool", dated 7/31/14, indicated the resident was to have a mechanical soft diet with chopped meat. Under the section for "adaptive equipment" a handwritten notation indicated "divided plate with all meals".</p> <p>The Administrator and DoN were interviewed on 8/27/14 at 9:05 a.m. Additional information was requested related to Resident #B not having a</p>			

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	<p>divided plate with her meals.</p> <p>The Administrator was interviewed on 8/28/14 at 10:00 a.m. She indicated the dietary staff had been re-inserviced related to the provision of adaptive equipment and provided the inservice documentation.</p> <p>Review of a current facility policy, dated 2012, titled "Nutrition and Clinical Care", provided by the DoN on 8/28/14 at 9:50 a.m., included, but was not limited to, the following:</p> <p>"Subject: Self-Feeding Ability and Self-Help Devices</p> <p>Policy: Dining Services assists in determining the self-feeding ability of the resident and provides sanitized self-help feeding devices.</p> <p>Procedure:</p> <p>1. The resident's self-feeding ability is reviewed whenever indicated. The Dining Services Director (or trained designee) monitors the specified residents and makes recommendations in consultation with the Registered Dietician....</p> <p>4. The specialized devices are placed at</p>						

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F000425 SS=D	<p>the resident's place setting or on their room service tray for each meal...."</p> <p>This federal tag relates to Complaint IN00155039.</p> <p>3.1-21(h)</p> <p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH 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. Based on clinical record review and interview, the facility failed to ensure pharmacy services were in place in regards to the acquisition and administration of an eye medication in accordance with physician's order for 1 of 1 resident reviewed with a specific eye</p>	F000425	<p>F425</p> <p>1. Resident # B is receiving the treatment as ordered.</p> <p>2. All other residents were reviewed to ensure that medications are available. Any concerns were</p>	09/12/2014

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	<p>treatment for a prosthetic eye in a sample of 13. (Resident #B)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #B was reviewed on 8/25/14 at 3:10 p.m. Diagnoses for the resident included, but were not limited to, aftercare following fracture of left tibia and ankle, dementia, and history of left eye replacement.</p> <p>A health care plan problem, dated 6/20/14, indicated Resident #B had a prosthetic left eye. One of the approaches for the care of this eye was "Administer antibiotic medication per physician order."</p> <p>A physician's order, dated 6/21/14, indicated "Erythromycin ophthalmic ointment, 1 centimeter strip three times a day" due to eye replacement. The order indicated the treatment was to be completed at 9 a.m., 3 p.m., and 9 p.m. each day.</p> <p>The Medication Administration Record for August 2014 indicated the eye medication was not administered on multiple occasions due to the drug not being available. The dates and times the treatment was not completed are noted below:</p>		<p>addressed immediately.</p> <p>3. The systemic change includes that education was provided to licensed nurses regarding appropriate medication administration as ordered. Licensed nurses were also educated regarding the procedure for back-up pharmacy if medications are unavailable. They will also be educated to notify the residents' family and physician when a medication is unavailable.</p> <p>4. The Director of Nursing or designee will audit residents medication/treatment orders for completion as ordered, daily Monday through Friday for the next month; three times per week for the next five months and weekly thereafter to total 12 months of monitoring.</p> <p>5. Systemic changes will be completed by September 12, 2014.</p>				

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	<p>8/3/14 at 9 p.m. 8/4/14, 8/5/14, and 8/6/14 at 9 a.m., 3 p.m., and 9 p.m. 8/7/14 at 9 a.m.- indicates the resident refused the treatment 8/7/14 at 3 p.m. and 9 p.m. (indicates the treatment was completed-but next day med is still not in supply 8/8/14 and 8/9/14 at 9 a.m., 3 p.m., and 9 p.m. (documentation included that the med is still not available)</p> <p>The Administrator and DoN were interviewed on 8/27/14 at 9:05 a.m. Additional information was requested related to the lack of documentation of the eye treatment having been completed due to the medication not being available.</p> <p>The DoN and Administrator were interviewed on 8/27/14 at 12:20 p.m. The DoN indicated the medication had not been available and she had no other information to provide.</p> <p>This federal tag relates to Complaint IN00155039.</p> <p>3.1-25(a)</p>						

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F000514 SS=E	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>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.</p> <p>Based on record review and interview, the facility failed to ensure clinical records were complete and accurately documented in regards to shower and hair care, food consumption records and intake monitoring records for 3 of 5 residents reviewed for complete and accurate clinical records in a sample of 13. (Resident #B, N, and E)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #B was reviewed on 8/25/14 at 3:10 p.m. Diagnoses for the resident included, but were not limited to, aftercare following fracture of left tibia and ankle, dementia, and history of left eye replacement.</p> <p>A quarterly Minimum Data Set (MDS)</p>	F000514	<p>F514</p> <p>1. Resident #B was reviewed for complete and accurate clinical records with regards to showers and hair care, food consumption records and intake monitoring. Any issues identified were addressed. Resident #N and #E were discharged from this community.</p> <p>2. Other residents were reviewed for complete and accurate clinical records with regards to showers to include hair care, food consumption records and intake monitoring and any issues identified were addressed.</p> <p>3. The systemic change includes that nursing staff were educated regarding accurate documentation in regards to shower and hair care, food consumption records and intake monitoring.</p>	09/12/2014			

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	<p>assessment, dated 7/12/14, indicated the resident was moderately cognitively impaired and required the assistance of the staff for all activities of daily living.</p> <p>A health care plan problem, dated 7/18/14, indicated Resident #B required extensive assistance with all activities of daily living. One of the approaches for the this problem was "Assist resident with full shower 2 times weekly."</p> <p>The clinical record for Resident #B lacked any documentation of showers being given two times weekly and/or any shampoos or other hair care having been given.</p> <p>The DoN was interviewed on 8/26/14 at 9 a.m. Additional information was requested related to showers and hair care for Resident #B.</p> <p>Shower documentation records kept by Unit Manager #1 were provided for review on 8/26/14 at 10 a.m. The Unit Manager indicated the shower records were completed by the CNAs at the time the showers and/or bed baths were given. The records indicated the resident received a shower and/or bed bath on August 2, 6, 9, 13, 16, 19, and 23, 2014. The shower records lacked any specific section for the documentation of</p>		<p>4. The Director of Nursing or designee will audit residents' documentation in regards to shower and hair care, food consumption records and intake monitoring daily Monday through Friday for the next month; three times per week for the next five months and weekly thereafter to total 12 months of monitoring.</p> <p>5. Systemic changes will be completed by September 12, 2014.</p>	

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	<p>shampoos and/or hair care.</p> <p>The DoN and Administrator were interviewed on 8/28/14 at 9:40 a.m. The DoN indicated the shower documentation records above were used by the Unit Managers to monitor care. The DoN indicated they were not part of the resident's clinical record.</p> <p>Food consumption records for Resident #B dated from August 1-27, 2014 lacked documentation of the resident's meal intake on the following dates:</p> <p>8/1/14- No lunch or supper information documented. 8/3/14- No lunch information documented. 8/5/14- No supper information documented. 8/6/14- No lunch information documented. 8/8/14- No lunch information documented. 8/10/14- No supper information documented. 8/11/14- No lunch or supper information documented. 8/13/14- No lunch information documented. 8/14/14- No lunch or supper information documented. 8/15/14- No lunch or supper information</p>						

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	<p>documented.</p> <p>8/16/14- No breakfast or lunch information documented.</p> <p>8/17/14- No lunch or supper information documented.</p> <p>8/18/14- No breakfast information documented.</p> <p>8/19/14- No lunch information documented.</p> <p>8/21/14- No supper information documented.</p> <p>8/22/14- No lunch or supper information documented.</p> <p>8/23/14- No breakfast, lunch or supper information documented.</p> <p>8/24/14- No supper information documented.</p> <p>Fluid intake documentation was missing fluid intake documentation for the following meals:</p> <p>8/3/14- No lunch fluid documentation</p> <p>8/6/14- No lunch fluid documentation</p> <p>8/10/14- No breakfast fluid documentation</p> <p>8/14/14- No lunch fluid documentation</p> <p>8/15/14- No lunch fluid documentation</p> <p>8/16/14- No breakfast fluid documentation</p> <p>8/17/14- No fluid documentation for any meal</p> <p>8/18/14- No breakfast fluid documentation</p>						

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	<p>8/21/14- No supper fluid documentation 8/22/14 -No lunch fluid documentation</p> <p>The Don and Administrator were interviewed on 8/27/14 at 9 a.m. Additional information was requested related to the missing documentation noted above.</p> <p>The facility failed to provide any additional information as of exit on 8/28/14.</p> <p>2. The clinical record for Resident #E was reviewed on 6/26/14 at 2 p.m. Diagnoses for the resident included, but were not limited to, aftercare following fracture of the right lower leg and ankle with surgical repair and need for fixator device in place during healing, osteoporosis, diabetes mellitus type 2, and chronic obstructive pulmonary disease.</p> <p>An admission MDS, dated 6/9/14, indicated the resident required extensive assistance of the staff for all bathing, dressing, and toileting.</p> <p>The clinical record for Resident #E lacked any documentation of showers or bedbaths and/or any shampoos or other hair care having been given.</p>				

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	<p>The DoN was interviewed on 8/26/14 at 9 a.m. Additional information was requested related to showers and hair care for Resident #E.</p> <p>Shower documentation records kept by Unit Manager #1 were provided for review on 8/26/14 at 10 a.m. The shower records were completed by the CNAs at the time the showers and/or bed baths were given. Shower records from 6/5/14 thru 6/23/14 were reviewed. The records indicated Resident #E received a bed bath on June 5, 9, 10, 11, 16, and 19, 2014. The shower records lacked any specific section for the documentation of shampoos and/or hair care.</p> <p>The DoN and Administrator were interviewed on 8/28/14 at 9:40 a.m. The DoN indicated the shower documentation records above were used by the Unit Managers to monitor care. The DoN indicated they were not part of the resident's clinical record.</p> <p>3. The clinical record for Resident #N was reviewed on 8/28/14 at 10:10 a.m. Diagnoses for the resident included, but were not limited to, Alzheimer's disease, renal failure, and urinary tract infection.</p> <p>An admission MDS assessment, dated 3/7/14, indicated the resident had severe</p>			

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	<p>cognitive impairment and required extensive assistance of the staff for all bathing and nutritional needs.</p> <p>The clinical record for Resident #N lacked any documentation of showers or bedbaths and/or any shampoos or other hair care having been given.</p> <p>The DoN was interviewed on 8/28/14 at 10 a.m. Additional information was requested related to showers for Resident #N.</p> <p>Shower documentation records kept by Unit Manager #1 were provided for review on 8/28/14 at 11 a.m. The shower records were completed by the CNAs at the time the showers and/or bed baths were given. Shower records from 3/1/14 thru 4/9/14 were reviewed. The records indicated Resident #N received a shower or bed bath on March 1, 5, 8, 11, 15, 20, 22, 26, and 31, 2014 and April 2, 6, and 9, 2014. The records lacked any specific section for the documentation of shampoos and/or hair care.</p> <p>The DoN and Administrator were interviewed on 8/28/14 at 2:00 p.m. They indicated the shower documentation records above were used by the Unit Managers to monitor care. The DoN indicated they were not part of the</p>			
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	<p>resident's clinical record.</p> <p>Food consumption records for Resident #N dated from March 1 thru April 9, 2014 lacked documentation of the resident's meal intake on the following dates:</p> <p>3/1/14- No breakfast, lunch or supper information documented.</p> <p>3/2/14- No breakfast or lunch information documented.</p> <p>3/3/14- No breakfast, lunch or supper information documented.</p> <p>3/4/14- No breakfast, lunch or supper information documented.</p> <p>3/5/14- No breakfast, lunch or supper information documented.</p> <p>3/6/14- No breakfast, lunch or supper information documented.</p> <p>3/7/14- No breakfast, lunch or supper information documented.</p> <p>3/8/14- No lunch information documented.</p> <p>3/9/14- No supper information documented.</p> <p>3/10/14- No lunch or supper information documented.</p> <p>3/11/14- No breakfast or supper information documented.</p> <p>3/12/14- No supper information documented.</p> <p>3/13/14- No breakfast or supper information documented.</p>				

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	<p>3/14/14- No breakfast or lunch information documented.</p> <p>3/15/14- No breakfast or lunch documented.</p> <p>3/16/14- No breakfast, lunch or supper information documented.</p> <p>3/17/14- No breakfast, lunch or supper information documented.</p> <p>3/18/14- No supper information documented.</p> <p>3/19/14- No lunch or supper information documented.</p> <p>3/20/14- No lunch or supper information documented.</p> <p>3/21/14- No breakfast, lunch or supper information documented.</p> <p>3/22/14- No lunch information documented.</p> <p>3/23/14- No supper information documented.</p> <p>3/24/14- No breakfast, lunch or supper information documented.</p> <p>3/25/14- No breakfast, lunch or supper information documented.</p> <p>3/26/14- No breakfast, lunch or supper information documented.</p> <p>3/27/14- No breakfast or lunch information documented.</p> <p>3/28/14- No lunch or supper information documented.</p> <p>3/29/14- No breakfast or supper information documented.</p> <p>3/30/14- No breakfast, lunch or supper information documented.</p>			

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	<p>4/1/14- No lunch or supper information documented.</p> <p>4/3/14- No breakfast or lunch information documented.</p> <p>4/4/14- No breakfast or lunch information documented.</p> <p>4/5/14- No lunch or supper information documented.</p> <p>4/6/14- No lunch or supper information documented.</p> <p>4/7/14- No breakfast, lunch, or supper information documented.</p> <p>4/8/14- No breakfast, lunch, or supper information documented.</p> <p>4/9/14- No breakfast or lunch information documented.</p> <p>The Don and Administrator were interviewed on 8/28/14 at 2 p.m. Additional information was requested related to the missing documentation noted above.</p> <p>The facility failed to provide any additional information as of exit on 8/28/14.</p> <p>4. Review of the current facility policy, revised April 2008, titled "Charting and Documentation", provided by the DoN on 8/28/14 at 9:50 a.m., included, but was not limited to, the following:</p> <p>"Policy Statement</p>						

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	<p>All services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's medical record.</p> <p>Policy Interpretation and Implementation</p> <p>1. All observations, medications administered, services performed, etc., must be documented in the the resident's clinical records...."</p> <p>This federal tag relates to Complaints IN00154626, IN00155521, and IN00155039.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>				