

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155121		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/23/2011	
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE				STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION STREET LAFAYETTE, IN47904			
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F0000	<p>This visit was for a Post Survey Revisit [PSR] to the Recertification and State Licensure Survey completed on 2/4/11.</p> <p>Survey dates: March 21, 22, and 23, 2011</p> <p>Facility number: 000051 Provider number: 155121 AIM number: 100275490</p> <p>Survey team: Cheryl Groth, RN-Team Coordinator Brenda Nunan, RN</p> <p>Census bed type: SNF: 10 SNF/NF: 112 Total: 122</p> <p>Census payor type: Medicare: 24 Medicaid: 80 Other: 18 Total: 122</p> <p>Sample: 14 Supplemental sample: 2</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000			

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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F0272	<p>Quality review completed on March 28, 2011 by Bev Faulkner, RN</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p>				
SS=D		F0272	F272 Comprehensive Assessments It is the practice of this provider to assess residents initially and periodically with a	04/05/2011	

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			comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident #36, #28 and #16 have comprehensive, accurate assessments that reflect residents' current status. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · Residents who reside in the facility have the potential to be affected by the alleged deficient practice. · All resident records were audited to ensure accurate, complete and updated assessments. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? · Licensed nurses were re-educated on accurate bowel assessments with residents by the Director of Nursing/ designee by April 5, 2011. · Licensed Nurses are responsible to take report from Certified Nursing Assistants to ask Certified Nursing Assistants if any resident has not had a bowel movement in three days as indicated on the ADL flow sheets. · Licensed Nurses will complete and document a bowel assessment and will follow physician's orders		

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			for laxative, stool softner, etc. · Licensed Nurses will document the PRN medication and results on the Medication / Treatment Record. · Licensed Nurses will document on the 24 hour report if resident has not had a BM after the 1st intervention. · Unit Managers will audit ADL books in the morning (Monday through Friday) to ensure compliance. Nurse Manager on call will review these on Saturday and Sunday. · 24-hour report sheet is reviewed each morning (Monday through Friday) by the IDT Team, to ensure that correct charting is being completed. Nurse Manager on call will review these on Saturday and Sunday. · Director of Nursing/designee is responsible to ensure compliance with facility procedure. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · A "Bowel Elimination" CQI tool will be utilized two times per week times one month, weekly times two months then quarterly thereafter per facility CQI calendar. · The CQI committee will review the data gathered and if threshold is not achieved an action plan may be developed. · Noncompliance with facility procedure may result in employee education and/or disciplinary action, up to and including termination. Compliance date: April 5, 2011		

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SS=D	<p>Based on record review and interview, the facility failed to ensure comprehensive and accurate assessments were completed for residents related to a dialysis access site and abdominal assessments for residents who went for three days without a bowel movement. This deficient practice affected 3 of 14 residents reviewed for complete and accurate assessments in a total sample of 14 residents. (Residents # 36, # 16, and # 28)</p> <p>Findings include:</p> <p>1. The clinical record for Resident # 36 was reviewed on 3/22/11 at 9:00 A.M. Diagnoses for the resident included, but were not limited to, gastroesophageal reflux</p>	F0272	<p>F272 Comprehensive Assessments It is the practice of this provider to assess residents initially and periodically with a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident #36, #28 and #16 have comprehensive, accurate assessments that reflect residents' current status. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · Residents who reside in the facility have the potential to be affected by the alleged deficient practice. · All resident records were audited to ensure accurate, complete and updated assessments. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? · Licensed nurses were re-educated on accurate bowel assessments with residents by the Director of Nursing/ designee by April 5, 2011. · Licensed Nurses are responsible to take report from Certified Nursing Assistants to ask Certified Nursing Assistants if any resident has not had a bowel movement in three days as indicated on the</p>	04/05/2011	

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	<p>disease and morbid obesity.</p> <p>A quarterly Minimum Data Set (MDS) assessment, with an assessment reference date of 1/17/11, indicated the resident was dependent upon staff to complete activities of daily living including the use of the toilet. The assessment further indicated the resident was occasionally incontinent of bowel.</p> <p>Review of the "ADL Record" form for 3/11 indicated the resident did not have a bowel movement on 3/15/11, 3/16/11, or 3/17/11. The form indicated the resident had a large bowel movement on 3/18/11.</p> <p>There was no documentation in the clinical record to indicate staff assessed the resident's</p>		<p>ADL flow sheets. · Licensed Nurses will complete and document a bowel assessment and will follow physician's orders for laxative, stool softener, etc. · Licensed Nurses will document the PRN medication and results on the Medication / Treatment Record. · Licensed Nurses will document on the 24 hour report if resident has not had a BM after the 1st intervention. · Unit Managers will audit ADL books in the morning (Monday through Friday) to ensure compliance. Nurse Manager on call will review these on Saturday and Sunday. · 24-hour report sheet is reviewed each morning (Monday through Friday) by the IDT Team, to ensure that correct charting is being completed. Nurse Manager on call will review these on Saturday and Sunday. · Director of Nursing/designee is responsible to ensure compliance with facility procedure. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · A "Bowel Elimination" CQI tool will be utilized two times per week times one month, weekly times two months then quarterly thereafter per facility CQI calendar. · The CQI committee will review the data gathered and if threshold is not achieved an action plan may be developed. · Noncompliance with facility procedure may result</p>				

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	<p>bowel status related to the lack of a bowel movement for three days.</p> <p>During an interview with Unit Manager # 1 on 3/23/11 at 11:45 A.M., she indicated the resident did not have a care plan related to constipation, and the resident should have received medications after the third day without a bowel movement.</p> <p>During an interview on 3/22/11 at 3:00 P.M., Unit Manager # 1 indicated the staff should assess a resident's bowels until the resident has a bowel movement.</p> <p>2. The clinical record for Resident # 28 was reviewed on 3/22/11 at 11:30 A.M. Diagnoses for the resident</p>		<p>in employee education and/or disciplinary action, up to and including termination. Compliance date: April 5, 2011</p>		

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	<p>included, but were not limited to, anxiety, congestive heart failure, diabetes mellitus, cerebrovascular accident (stroke), and chronic obstructive pulmonary disease.</p> <p>Review of a quarterly Minimum Data Set assessment, with an assessment reference date of 3/2/11, indicated the resident required assistance from staff to complete activities of daily living. The assessment further indicated the resident was continent of bowel.</p> <p>A current care plan for the resident, initially dated 10/13/10, indicated the resident was at risk for constipation due to decreased mobility and a history of constipation. Interventions related to this concern indicated staff were to</p>				

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	<p>monitor the resident's bowel function, document abnormal findings and notify the physician, administer medications as ordered, and notify the physician if no bowel movement after the third day. An additional intervention related to this concern indicated staff were to complete an abdominal assessment, which would include bowel sounds, abdominal distension, hyper or hypo active bowel sounds, and abdominal pain or tenderness.</p> <p>Review of the "ADL (activities of daily living) Record" for 3/11 indicated the resident did not have a bowel movement on 3/16/11, 3/17/11, 3/18/11, 3/19/11, and 3/20/11.</p> <p>Review of the nurse's notes</p>				

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	<p>indicated the staff did not complete an assessment of the resident's bowel status related to the lack of a bowel movement on 3/18/11, 3/19/11, and 3/20/11.</p> <p>During an interview on 3/22/11 at 3:00 P.M., Unit Manager # 1 indicated the resident reported a bowel movement over the weekend. She indicated the staff should have given bowel interventions to the resident after the third day. She indicated the staff should assess resident's bowels until the resident had a bowel movement.</p> <p>On 3/23/11 at 12:30 P.M., Unit Manager # 1 provided a handwritten note which was dated 3/23/11. The note indicated, "...spoke with</p>						

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	<p>(facility resident identifier) on 3/22/11 (with) acting DON (Director of Nursing). Res (resident) had 3 or more days of BM (bowel movement) not documented per the ADL grids. Writer asked res if they had a BM. Res stated 'this weekend' When asked a specific date Res was not able to state a specific date. Res stated 'I'm not sure'"</p> <p>During an interview with the interim Director of Nursing on 3/23/11 at 11:55 A.M., she indicated the staff should have provided bowel interventions to the resident at the end of the third day without a bowel movement.</p> <p>3. The clinical record for Resident # 16 was reviewed on 3/22/11 at 2:08 P.M. Diagnoses for the resident</p>				

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	<p>included, but were not limited to, dementia with behaviors, weakness, mild head injury, chronic obstructive pulmonary disease, and hypothyroidism.</p> <p>An annual Minimum Data Set assessment, with an assessment reference date of 12/29/10, indicated the resident required assistance from staff to complete activities of daily living. The assessment further indicated the resident was frequently incontinent of bowel.</p> <p>A current care plan for the resident, initially dated 2/16/11, indicated the resident had an episode of playing with a bowel movement. An intervention related to this concern indicated the staff were to observe the resident for signs</p>				

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	<p>of constipation.</p> <p>A current care plan for the resident, initially dated 1/15/11, indicated the resident was at risk for constipation due to decreased mobility and pain medications. Interventions related to this concern indicated staff were to monitor the resident's bowel function, document abnormal findings and notify the physician, administer medications as ordered, and notify the physician if no bowel movement after the third day. An additional intervention related to this concern indicated staff were to complete an abdominal assessment as needed, which would include bowel sounds, abdominal distension, hyper or hypo active bowel sounds, and</p>				

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	<p>abdominal pain or tenderness.</p> <p>Review of the "ADL (activities of daily living) Record" for 3/11 indicated the resident did not have a bowel movement on 3/16/11, 3/17/11, 3/18/11, and 3/19/11.</p> <p>Review of the Medication Administration Record for 3/11 indicated the resident received Milk of Magnesia on 3/19/11.</p> <p>There was no documentation in the clinical record to indicate staff assessed the resident's bowel status related to the lack of a bowel movement for three days.</p> <p>During an interview on 3/22/11 at 3:00 P.M., Unit Manager # 1 indicated the staff should assess a resident's bowels until</p>						

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	<p>the resident has a bowel movement.</p> <p>A current facility policy, dated 3/10, provided by the Facility Administrator on 3/23/11 at 10:30 A.M., titled "Bowel Elimination" indicated, "...Bowel assessments will be completed based upon each resident specific plan of care and documented in the nursing progress notes....If by the 4th afternoon, the resident(s) has not had results, the nurse will do an abdominal assessment, chart the results of the assessment, and notify the physician for further order."</p> <p>This deficiency was cited on 2/4/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				

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			by April 5, 2011. · Licensed Nurses are responsible to take report from Certified Nursing Assistants to ask Certified Nursing Assistants if any resident has not had a bowel movement in three days as indicated on the ADL flow sheets. · Licensed Nurses will complete and document a bowel assessment and will follow physician's orders for laxative, stool softner, etc. · Licensed Nurses will document the PRN medication and results on the Medication / Treatment Record. · Licensed Nurses will document on the 24 hour report if resident has not had a BM after the 1st intervention. · Unit Managers will audit ADL books in the morning (Monday through Friday) to ensure compliance. Nurse Manager on call will review these on Saturday and Sunday. · 24-hour report sheet is reviewed each morning (Monday through Friday) by the IDT Team, to ensure that correct charting is being completed. Nurse Manager on call will review these on Saturday and Sunday. · Director of Nursing/designee is responsible to ensure compliance with facility procedure. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · A "Bowel Elimination" CQI tool will be utilized two times per week times one month, weekly times two		

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NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT LAFAYETTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1903 UNION STREET LAFAYETTE, IN47904		
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F0309 SS=D	Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on record review and interview, the facility failed to ensure bowel management interventions were implemented when residents had not had a documented bowel movement for an extend period of time. This deficient practice affected 3 of 14 residents reviewed for bowel management in a total sample of 14 residents. (Resident # 36, # 16, and # 28) Findings include:	F0309	months then quarterly thereafter per facility CQI calendar. · The CQI committee will review the data gathered and if threshold is not achieved an action plan may be developed. · Noncompliance with facility procedure may result in employee education and/or disciplinary action, up to and including termination. Compliance date: April 5, 2011 F309 Provide Care/Services for Highest Well Being It is the practice of this facility to ensure each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being, in accordance with the comprehensive assessment and plan of care. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident #36, #16 and #28 had a bowel assessment that was completed with physician notification. How will you identify other	04/05/2011	

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	<p>1. The clinical record for Resident # 36 was reviewed on 3/22/11 at 9:00 A.M. Diagnoses for the resident included, but were not limited to, gastroesophageal reflux disease and morbid obesity.</p> <p>A quarterly Minimum Data Set assessment, with an assessment reference date of 1/17/11, indicated the resident was dependent upon staff to complete activities of daily living including the use of the toilet. The assessment further indicated the resident was occasionally incontinent of bowel.</p> <p>The physician's order summary for 3/11 indicated the resident had the following physician's orders related to bowel</p>		<p>residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Residents who reside at the facility have the potential to be affected by the alleged deficient practice. · Nurse Managers reviewed all the bowel records to ensure that there were not any residents at risk for bowel issues. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Licensed staff have been re-educated regarding bowel assessments and protocol by the Director of Nursing /designee by April 5, 2011. · Certified Nursing Assistants will be re-educated to document on the ADL flow sheets per shift if a resident as a bowel movement, identify residents with no BM's for three days or greater as indicated on the ADL flow sheet, report findings to charge nurse. This training will be provided by the Director of Nursing/designee by April 5th, 2011. · Unit Managers will audit 		

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	<p>management:</p> <p>Docusate Sodium (a stool softener) 100 milligrams once daily.</p> <p>Fiber-Lax (a fiber laxative) 625 milligrams twice daily.</p> <p>Polyeth Glycol (a laxative) 17 grams with 8 ounces of fluid every other day.</p> <p>Milk of Magnesia (a medication to treat constipation) 30 milliliters once daily as needed for constipation.</p> <p>Bisacodyl (a laxative) 10 milligrams suppository every 12 hours as needed for constipation.</p> <p>Review of the "ADL Record"</p>		<p>ADL books in the morning (Monday through Friday) to ensure compliance. Nurse Manager on call will review these on Saturday and Sunday.</p> <ul style="list-style-type: none"> · Licensed Nurses will check BM records on a daily basis. · A bowel assessment will be completed on residents who don't have a bowel movement for three days. Medications will be administered per orders and physician will be notified on day 4 if still no bowel movement occurs. · Director of Nursing /designee is responsible to ensure compliance with facility procedure. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> · A "Bowel Elimination" CQI tool will be utilized two times per week times one month, weekly times two months then quarterly thereafter per facility CQI calendar. · The CQI committee will review the data gathered and if threshold is not achieved an action plan may be developed. 		

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	<p>form for 3/11 indicated the resident did not have a bowel movement on 3/15/11, 3/16/11, or 3/17/11. The form indicated the resident had a large bowel movement on 3/18/11.</p> <p>There was no documentation in the clinical record to indicate the resident received as needed medications for bowel management related to the lack of a bowel movement for three days.</p> <p>There was no documentation in the clinical record to indicate staff assessed the resident's bowel status related to the lack of a bowel movement for three days.</p> <p>During an interview with Unit Manager # 1 on 3/23/11 at 11:45 A.M., she indicated the</p>		<p>Noncompliance with facility procedure may result in employee education and/or disciplinary action, up to and including termination.</p> <p>Compliance date: April 5, 2011</p>		

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	<p>resident did not have a care plan related to constipation, and the resident should have received medications after the third day without a bowel movement.</p> <p>2. The clinical record for Resident # 28 was reviewed on 3/22/11 at 11:30 A.M. Diagnoses for the resident included, but were not limited to, anxiety, congestive heart failure, diabetes mellitus, cerebrovascular accident (stroke), and chronic obstructive pulmonary disease.</p> <p>Review of a quarterly Minimum Data Set assessment, with an assessment reference date of 3/2/11, indicated the resident required assistance from staff to complete activities of daily living. The assessment</p>				

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	<p>further indicated the resident was continent of bowel.</p> <p>A current care plan for the resident, initially dated 10/13/10, indicated the resident was at risk for constipation due to decreased mobility and a history of constipation. Interventions related to this concern indicated staff were to monitor the resident's bowel function, document abnormal findings and notify the physician, administer medications as ordered, and notify the physician if no bowel movement after the third day. An additional intervention related to this concern indicated staff were to complete an abdominal assessment, which would include bowel sounds, abdominal distension, hyper or</p>				

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	<p>hypo active bowel sounds, and abdominal pain or tenderness.</p> <p>The physician's order summary for 3/11 indicated the resident had the following physician's orders related to bowel management:</p> <p>Prune juice with every meal to prevent constipation.</p> <p>Docusate Sodium (a stool softener) 100 milligrams twice daily.</p> <p>Polyeth Glycol (a laxative) 17 grams with 8 ounces of fluid every other day.</p> <p>Milk of Magnesia (a medication to treat constipation) 30 milliliters once daily as needed for constipation.</p>				

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	<p>Bisacodyl (a laxative) 10 milligrams suppository every 12 hours as needed for constipation.</p> <p>Lactulose (a laxative) 30 milliliters once daily as needed for constipation.</p> <p>Fleets enema every 12 hours as needed for constipation.</p> <p>Review of the "ADL (activities of daily living) Record" for 3/11 indicated the resident did not have a bowel movement on 3/16/11, 3/17/11, 3/18/11, 3/19/11, and 3/20/11.</p> <p>There was no documentation in the clinical record to indicate the resident received as needed medications for bowel management related to the lack</p>				

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	<p>of a bowel movement for three days.</p> <p>Review of the nurse's notes indicated the staff did not complete an assessment of the resident's bowel status related to the lack of a bowel movement on 3/18/11, 3/19/11, and 3/20/11.</p> <p>During an interview on 3/22/11 at 3:00 P.M., Unit Manager # 1 indicated the resident reported a bowel movement over the weekend. She indicated the staff should have provided bowel interventions to the resident after the third day. She indicated the staff should have assessed the resident's bowels until the resident had a bowel movement.</p> <p>On 3/23/11 at 12:30 P.M., Unit</p>				

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	<p>Manager # 1 provided a handwritten note which was dated 3/23/11. The note indicated, "...spoke with (resident identifier) on 3/22/11 (with) acting DON (Director of Nursing). Res (resident) had 3 or more days of BM (bowel movement) not documented per the ADL grids. Writer asked res if they had a BM. Res stated 'this weekend' When asked a specific date Res was not able to state a specific date. Res stated 'I'm not sure'"</p> <p>During an interview with the interim Director of Nursing on 3/23/11 at 11:55 A.M., she indicated the staff should have provided bowel interventions to the resident at the end of the third day without a bowel movement.</p>				

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	<p>3. The clinical record for Resident # 16 was reviewed on 3/22/11 at 2:08 P.M.</p> <p>Diagnoses for the resident included, but were not limited to, dementia with behaviors, weakness, mild head injury, chronic obstructive pulmonary disease, and hypothyroidism.</p> <p>An annual Minimum Data Set assessment, with an assessment reference date of 12/29/10, indicated the resident required assistance from staff to complete activities of daily living. The assessment further indicated the resident was frequently incontinent of bowel.</p> <p>A current care plan for the resident, initially dated 2/16/11, indicated the resident had an episode of playing with a</p>				

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	<p>bowel movement. An intervention related to this concern indicated the staff were to observe the resident for signs of constipation.</p> <p>A current care plan for the resident, initially dated 1/15/11, indicated the resident was at risk for constipation due to decreased mobility and pain medications. Interventions related to this concern indicated staff were to monitor the resident's bowel function, document abnormal findings and notify the physician, administer medications as ordered, and notify the physician if no bowel movement after the third day. An additional intervention related to this concern indicated staff were to complete an abdominal</p>				

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	<p>assessment as needed, which would include bowel sounds, abdominal distension, hyper or hypo active bowel sounds, and abdominal pain or tenderness.</p> <p>The physician's order summary for 3/11 indicated the resident had the following physician's orders related to bowel management:</p> <p>Milk of Magnesia (a medication to treat constipation) 30 milliliters once daily as needed for constipation.</p> <p>Bisacodyl (a laxative) 10 milligrams suppository every 12 hours as needed for constipation.</p> <p>Review of the "ADL (activities of daily living) Record" for</p>				

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	<p>3/11 indicated the resident did not have a bowel movement on 3/16/11, 3/17/11, 3/18/11, and 3/19/11.</p> <p>Review of the Medication Administration Record for 3/11 indicated the resident received Milk of Magnesia on 3/19/11.</p> <p>There was no documentation in the clinical record to indicate staff assessed the resident's bowel status related to the lack of a bowel movement for three days.</p> <p>During and interview with Unit Manager # 1 on 3/23/11 at 3:00 P.M., she indicated the resident should have received a bowel intervention after the third day without a bowel movement on 3/18/11.</p>				

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	A current facility policy, dated 3/10, provided by the Facility Administrator on 3/23/11 at 10:30 A.M., titled "Bowel Elimination" indicated, "...Bowel assessments will be completed based upon each resident specific plan of care and documented in the nursing progress notes...Bowel movements will be recorded on the facility BM (bowel movement) record and/or resident care record daily by the direct care staff...The DNS (Director of Nursing Services)/designee will assign a charge nurse on a specific shift to review all BM records on a daily basis...A resident listing will be completed by the assigned charge nurse of resident(s) who have not had a bowel movement for 3 consecutive days...Any resident				

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	<p>not having a bowel movement for 3 consecutive days, will be given a laxative or stool softener, as prescribed by the physician, at the end of the 3rd day...Resident(s) not having results from the laxative or stool softener will be given an enema, if ordered by the physician...If by the 4th afternoon, the resident(s) has not had results, the nurse will do an abdominal assessment, chart the results of the assessment, and notify the physician for further order."</p> <p>This deficiency was cited on 2/4/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-37(a)</p>				

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F0322 SS=D	Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.	F0322	F322 NG Treatment/Services-restore Eating Skills It is the practice of this provider to ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration, pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? · Resident #95 receives g-tube medication utilizing proper technique.	04/05/2011	

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			<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Residents that utilize g-tubes have the potential to be affected by the alleged deficient practice. · Licensed Nurses were re-educated on medication administration utilizing proper technique via g-tube, by the Director of Nursing/designee, by April 5, 2011. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Licensed Nurses completed a skills validation on g-tube medication administration by the Director of Nursing/designee, by April 5, 2011. · Upon hire and no less that annually a skills validation will be completed for each licensed nurse to ensure competency of g-tube medication administration. · Director of Nursing /designee is responsible to ensure 		

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SS=D	Based on observation, interview, and record review, the facility failed to ensure gastrostomy tube (g-tube) medications were administered using correct technique. This		<p>compliance with facility procedure.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> · A g-tube medication pass skills validation will be completed three times weekly times four weeks, monthly times two and quarterly thereafter for six months, by the Director of Nursing/designee. · The CQI committee will review the data gathered and if threshold is not achieved an action plan may be developed. · Noncompliance with facility procedure may result in employee education and/or disciplinary action, up to and including termination. <p>Compliance date: April 5, 2011 F322 NG Treatment/Services-restore Eating Skills It is the practice of this provider to ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration,</p>	04/05/2011	

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	<p>deficient practice affected 1 of 2 residents currently residing in the facility with a g-tube during 1 of 1 observations of g-tube medication administration. (Resident # 95)</p> <p>Findings include:</p> <p>During g-tube medication administration for Resident # 95 on 3/22/11 at 3:15 P.M., the following was observed:</p> <p>RN # 3, with Unit Manager # 2 present, was observed passing medications to Resident # 95. RN # 3 prepared the resident's medications outside of the room. RN # 3 poured the resident's liquid medications into medication cups, and he crushed the tablet medications and placed them in medication cups. RN # 3 entered the</p>		<p>pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident #95 receives g-tube medication utilizing proper technique. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> Residents that utilize g-tubes have the potential to be affected by the alleged deficient practice. Licensed Nurses were re-educated on medication administration utilizing proper technique via g-tube, by the Director of Nursing/designee, by April 5, 2011. <p>What measures will be put into place or what systemic changes</p>		

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	resident's room, and placed the medications on the resident's bedside table. RN # 3 turned off the resident's continuous tube feeding. RN # 3 then checked for stomach contents and residual feeding. RN # 3 then verified the placement of the g-tube by inserting an air bolus into the tube using the piston syringe. RN # 3 poured a liquid medication into the g-tube. RN # 3 did not flush with water prior to the administration of the first medication. RN # 3 prepared the resident's crushed medications by pouring water into the medication cups. The water poured into the cups was not measured. RN # 3 administered the crushed medications, and did not flush between the medications. Throughout the medication				you will make to ensure that the deficient practice does not recur? · Licensed Nurses completed a skills validation on g-tube medication administration by the Director of Nursing/designee, by April 5, 2011. · Upon hire and no less that annually a skills validation will be completed for each licensed nurse to ensure competency of g-tube medication administration. · Director of Nursing /designee is responsible to ensure compliance with facility procedure. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? · A g-tube medication pass skills validation will be completed three times weekly times times four weeks, monthly times two and quarterly thereafter for six months, by the Director of Nursing/designee. · The CQI committee will review the data gathered and if threshold is not achieved an action plan may be developed.		

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	<p>pass, RN # 3 administered two cups of water to the resident. RN # 3 indicated the cups held 180 milliliters of water.</p> <p>Immediately following the observation, Unit Manager # 3 was interviewed. She indicated RN # 3 did not flush prior to the first medication administration. She indicated he should have flushed with water prior to administering the first medication. She indicated RN # 3 did not flush with water between the medications, and he should have. She also indicated the cups used during the observation held 240 milliliters of water.</p> <p>The clinical record for Resident # 95 was reviewed on 3/23/11 at 2:30 P.M. Diagnoses for the resident included, but were not</p>		<p>Noncompliance with facility procedure may result in employee education and/or disciplinary action, up to and including termination.</p> <p>Compliance date: April 5, 2011</p>		

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	<p>limited to, bilateral ischemic stroke, dementia, and dysphagia (difficulty swallowing).</p> <p>Review of the physician's order summary for 3/11 indicated the resident had a physician's order to flush with 30 milliliters of before and after medication administration. The orders also indicated staff were to flush the resident's g-tube with 240 milliliters of water three times daily.</p> <p>An "Enteral Tube Medication Administration" skills validation form indicated the procedure to be used when administering medications via a g-tube. The form indicated staff were to flush the tubing with water according to the physician's order or with at</p>				

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	<p>least 5 milliliters of water between each medication.</p> <p>This deficiency was cited on 2/4/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-44(a)(2)</p>				