STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155677		02/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELL TRACE HEALTH AND LIVING CENTER	725 BELL TRACE CIR BLOOMINGTON, IN 47408

(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
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: February 15, 16, 17, 18, 19, and 22, 2016. Facility number: 002574 Provider number: 155677 AIM number: 201224380 Census bed type: SNF: 47 SNF/NF: 19 Total: 66 Census payor type: Medicare: 18 Medicaid: 6 Other: 42 Total: 66 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Q.R. completed by 14466 on February 29, 2016.	F 0000		
F 0225	483.13(c)(1)(ii)-(iii), (c)(2) - (4)			

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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SS=D Bldg. 00	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 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. Based on interview and record review, the facility failed to ensure an allegation	F 0225	This plan of correction is to serve as Bell Trace Health andLiving	03/18/2016

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	for neglect was immediately reported to the administrator as indicated by the facility policy and procedure for 1 of 1 resident reviewed for abuse. (Resident #239) Findings include: On 2/17/16 at 10:09 a.m., an interview with Resident #239 indicated on 2/16/16, Certified Nursing Assistant (CNA #1) refused to provide requested incontinence care. CNA #1 had indicated she was going on break and Resident #239 would have to wait for CNA #2 to provide care. Resident #239 indicated she was left in an incontinent state for awhile and decided to call the front desk to request to speak to Licensed Practical Nurse (LPN) #1 (unit nurse). By that time CNA #2 had entered to assist. "I told LPN #1 and she told me it would be taken care of [CNA #1 going on break and not providing care]." Resident #239 indicated, "I would not want CNA #1 to provide care for me anymore." Resident #239 indicated no staff member had followed up on this matter. Resident #239's clinical record was reviewed on 2/18/16 at 1:29 p.m. Diagnosis included, but were not limited to: constipation and generalized muscle weakness.		Community's credible allegation of compliance. Submission of this plan of correction does not constitute anadmission by Bell Trace Health and Living Community or its management company thatthe allegations contained in the survey report are a true and accurateportrayal of the provision of nursing care and other services in thisfacility. Nor does this submissionconstitute an agreement or admission of the survey allegations. F225 483.13(c)(1)(ii)-(iii), (c) (2) – (4)INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS Resident #239's allegation was reported to the administratorduring the survey process. No other allegation of neglect has occurred since the surveyprocess. All allegations of neglect arereported immediately to the administrator. The systemic change includes: The facility will begin to use the "Caring Hearts Program". Through this program, residents areinterviewed regarding aspects of their care on a routine basis (monthly or weeklyif the resident has concerns) , including any concerns with assistance. If the resident has any allegation ofneglect, this is immediately reported to the administrator. In addition, any resident concerns are discussed at thedaily (Monday through Friday) clinical meeting with	

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	The Admission Minimum Data Set (MDS) assessment dated 2/8/16, indicated, Resident #239 was interviewable and cognitively intact. Resident #239 needed extensive assistance of 2 staff person for bed mobility and toileting. The MDS indicated Resident #239 was at risk for pressure ulcers. On 2/18/16 2:30 p.m., an interview with CNA #1 indicated, CNA #2 was working the hall with CNA #1. CNA #1 answered the light for Resident #239, but did not provide incontinent care at that time. Resident #239 had indicated to CNA #1 she was incontinent of bowel and needed cleaned. CNA #1 indicated to Resident #239, CNA #2 was almost finished and would be over to provide assistance. CNA #1 indicated to Resident #239 to leave the call light on. "I said ok and went on break." CNA #1 indicated CNA #2 was informed about her taking a break, but not that Resident #239 needled incontinent care. On 2/18/16 at 2:05 p.m., an interview with CNA #2 indicated, "I was caring for a resident across the hall. I walked in the hall passed Resident #239's room and Resident #239 called me into her room." CNA #2 indicated Resident #239 was		the administratorpresent. Education will be provided to staff regarding the facility'sabuse policy and procedure. In addition,staff will be offered education regarding the systemic change. The Social Service Director or designee will audit theCaring Hearts interview questions and answers daily (5 days a week) for 30days, then weekly for 30 days, and thenmonthly for a duration of 12 months of monitoring. In addition, the Administrator, or designeewill review the grievance log daily, 5 days a week, for 30 days, for anypotential allegations of neglect. Thisreview will continue weekly for 30 days for a total of 12 months of monitoring. The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if compliance is below 100%. Compliance date 03/18/2016	

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	upset because CNA #1 had not provided incontinent care and went on break. CNA #2 was not aware Resident #239 needed incontinent care. CNA #2 indicated incontinent care was provided to Resident #239 at that time. CNA #2 indicated that was a form of abuse and she should have reported Resident #239's concern immediately to the Administrator. That was not done. On 2/18/16 at 11:06 a.m., an interview with LPN #1 indicated, "I was in another room helping a resident when the receptionist informed me Resident #239 wanted to talk with me." LPN #1 indicated Resident #239 was upset because CNA #1 had not provided incontinent care."I spoke with my unit manager about CNA #1 going on break instead of providing care for a resident." LPN #1 indicated this allegation of neglect was not reported to the Administrator. On 2/18/16 at 10:54 a.m., an interview with the Unit Manager for Skill 1 and 2 unit indicated LPN #1 informed her, CNA #1 had not provided incontinent care after entering Resident #239's room to answer the call light. CNA #1 indicated CNA #2 would be in to provide care. "I stopped CNA #1 as she was walking down the hall. I talked to CNA			

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	#1 about never ever telling a resident someone else would be in the room. You take care of it." Skill 1's Unit Manager indicated she did not report the incident to the Administrator as indicated by the facility policy. On 2/17/16 at 10:36 a.m., an interview with the Administrator indicated she was not aware of any recent incident. LPN #1 had not reported anything. "This is my first time hearing about this." On 2/17/16 at 3:00 p.m., the Administrator provided the policy "Abuse prevention" dated August 2013, and indicated the policy was the one currently used by the facility. The policy indicated, "...VII. REPORTING ABUSE TO" ...2. Employees, ...must report any suspected abuse or incidents of abuse to the Administrator ...immediately ...3. The Administrator ...must be immediately notified of suspected abuse, ...after hours the Administrator ...must be called at home ...and informed of such incident. ...7. ...a. Abuse is defined as ... mental languish, or deprivation by an individual, including a caregiver of goods or services that are necessary to attain or maintain ...mental and psychosocial well being. ...g. Neglect is defined as failure to provide ...services necessary to avoid ...mental anguish...17. Any person who			

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	has knowledge or reason to believe that a resident has been a victim of ...neglect ...immediately report ..." On 2/17/16 at 3:17 p.m., the Corporate Nurse Specialist provided the policy "Grievances/Complaints-Staff Responsibility" dated August 2008, and indicated the policy was the one currently used by the facility. The policy indicated, "...4. All alleged abuse, ...neglect, ...will be reported to the Administrator immediately." On 2/19/16 at 3:45 p.m., the Administrator provided the policy "Answering the Call Light" dated September 2003, and indicated the policy was the one currently used by the facility. The policy indicated " ...7. Answer the resident's call as soon as possible. ...5. Do what the resident asks of you, ...5. If you have promised the resident you will return with an item or information, do so promptly." 3.1-28(c)			
F 0226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT,			

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Bldg. 00	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 interview and record review, the facility failed to ensure implementation of their abuse policy of a resident's allegation of neglect was not immediately reported to the Administrator for 1 of 1 resident reviewed for an allegation of neglect. (Resident #239) Findings include: On 2/17/16 at 10:09 a.m., an interview with Resident #239 indicated on 2/16/16, Certified Nursing Assistant (CNA #1) refused to provide requested incontinence care. CNA #1 had indicated she was going on break and Resident #239 would have to wait for CNA #2 to provide care. Resident #239 indicated she was left in an incontinent state for awhile and decided to call the front desk to request to speak to Licensed Practical Nurse (LPN) #1 (unit nurse). By that time CNA #2 had entered to assist. "I told LPN #1 and she told me it would be taken care of [CNA #1 going on break and not providing care]." Resident #239 indicated, "I would not want CNA #1 to provide care for me anymore." Resident #239 indicated no	F 0226	This plan of correction is to serve as Bell Trace Health andLiving Community's credible allegation of compliance. Submission of this plan of correction does not constitute anadmission by Bell Trace Health and Living Community or its management company thatthe allegations contained in the survey report are a true and accurateportrayal of the provision of nursing care and other services in thisfacility. Nor does this submissionconstitute an agreement or admission of the survey allegations. F226 483.13(c), DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETCPOLICIES Resident #239's allegation was reported to the Administratorduring the survey process No other allegation of neglect has occurred since the surveyprocess. All allegations of neglect arereported immediately to the administrator. The systemic change includes: The facility will begin to use the "Caring HeartsProgram". Through this program,residents are interviewed regarding aspects of their care on a regular basis(monthly or weekly if the resident has	03/18/2016

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	staff member had followed up on this matter. Resident #239's clinical record was reviewed on 2/18/16 at 1:29 p.m. Diagnosis included, but were not limited to: constipation and generalized muscle weakness. The Admission Minimum Data Set (MDS) assessment dated 2/8/16, indicated, Resident #239 was interviewable and cognitively intact. Resident #239 needed extensive assistance of 2 staff person for bed mobility and toileting. The MDS indicated Resident #239 was at risk for pressure ulcers. On 2/18/16 2:30 p.m., an interview with CNA #1 indicated, CNA #2 was working the hall with CNA #1. CNA #1 answered the light for Resident #239, but did not provide incontinent care at that time. Resident #239 had indicated to CNA #1 she was incontinent of bowel and needed cleaned. CNA #1 indicated to Resident #239, CNA #2 was almost finished and would be over to provide assistance. CNA #1 indicated to Resident #239 to leave the call light on. "I said ok and went on break." CNA #1 indicated CNA #2 was informed about her taking a break, but not that Resident #239 needled		concerns), including any concerns withassistance. If the resident has anyallegation of neglect, this is immediately reported to the administrator. In addition, any resident concerns are discussed at thedaily (Monday through Friday) clinical meeting with the administratorpresent. Education will be provided to staff regarding the facility'sabuse policy and procedure. In addition,staff will be offered education regarding the systemic change. The Social Service Director, or designee, will audit theCaring Hearts interview questions and answers daily (5 days a week) for 30days, then weekly for 30 days, and thenmonthly for a duration of 12 months of monitoring. In addition, the Administrator, or designeewill review the grievance log daily, 5 days a week, for 30 days, for anypotential allegations of neglect. Thisreview will continue weekly for 30 days for a total of 12 months of monitoring. The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if compliance is below 100%. Compliance date 03/18/2016	

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	incontinent care. On 2/18/16 at 2:05 p.m., an interview with CNA #2 indicated, "I was caring for a resident across the hall. I walked in the hall passed Resident #239's room and Resident #239 called me into her room." CNA #2 indicated Resident #239 was upset because CNA #1 had not provided incontinent care and went on break. CNA #2 was not aware Resident #239 needed incontinent care. CNA #2 indicated incontinent care was provided to Resident #239 at that time. CNA #2 indicated that was a form of abuse and she should have reported Resident #239's concern immediately to the Administrator. That was not done. On 2/18/16 at 11:06 a.m., an interview with LPN #1 indicated, "I was in another room helping a resident when the receptionist informed me Resident #239 wanted to talk with me." LPN #1 indicated Resident #239 was upset because CNA #1 had not provided incontinent care."I spoke with my unit manager about CNA #1 going on break instead of providing care for a resident." LPN #1 indicated this allegation of neglect was not reported to the Administrator. On 2/18/16 at 10:54 a.m., an interview			

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	with the Unit Manager for Skill 1 and 2 unit indicated LPN #1 informed her, CNA #1 had not provided incontinent care after entering Resident #239's room to answer the call light. CNA #1 indicated CNA #2 would be in to provide care. "I stopped CNA #1 as she was walking down the hall. I talked to CNA #1 about never ever telling a resident someone else would be in the room. You take care of it." Skill 1's Unit Manager indicated she did not report the incident to the Administrator as indicated by the facility policy. On 2/17/16 at 10:36 a.m., an interview with the Administrator indicated she was not aware of any recent incident. LPN #1 had not reported anything. "This is my first time hearing about this." On 2/17/16 at 3:00 p.m., the Administrator provided the policy "Abuse prevention" dated August 2013, and indicated the policy was the one currently used by the facility. The policy indicated, "...VII. REPORTING ABUSE TO" ...2. Employees, ...must report any suspected abuse or incidents of abuse to the Administrator ...immediately ...3. The Administrator ...must be immediately notified of suspected abuse, ...after hours the Administrator ...must be called at home ...and informed of such incident.			

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	...7. ...a. Abuse is defined as ... mental languish, or deprivation by an individual, including a caregiver of goods or services that are necessary to attain or maintain ...mental and psychosocial well being. ...g. Neglect is defined as failure to provide ...services necessary to avoid ...mental anguish...17. Any person who has knowledge or reason to believe that a resident has been a victim of ...neglect ...immediately report ..." On 2/17/16 at 3:17 p.m., the Corporate Nurse Specialist provided the policy "Grievances/Complaints-Staff Responsibility" dated August 2008, and indicated the policy was the one currently used by the facility. The policy indicated, "...4. All alleged abuse, ...neglect, ...will be reported to the Administrator immediately." On 2/19/16 at 3:45 p.m., the Administrator provided the policy "Answering the Call Light" dated September 2003, and indicated the policy was the one currently used by the facility. The policy indicated " ...7. Answer the resident's call as soon as possible. ...5. Do what the resident asks of you, ...5. If you have promised the resident you will return with an item or information, do so promptly."			

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	3.1-28(a)			
F 0241 SS=D Bldg. 00	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on interview and record review, the facility ensure personal care was provided as indicated by facility policy for a resident who requested assistance after being incontinent of bowel for (Resident #239), and failed to answer the call light in a timely manner as indicated by the facility policy for a resident who requested assistance for toileting (Resident #237, Resident #238) for 2 of 4 residents reviewed for incontinence. Findings include: 1.) On 2/17/16 at 10:09 a.m., an interview with Resident #239 indicated on 2/16/16, Certified Nursing Assistant (CNA #1) refused to provide requested incontinence care. CNA #1 had indicated she was going on break and Resident #239 would have to wait for CNA #2 to	F 0241	This plan of correction is to serve as Bell Trace Health andLiving Community's credible allegation of compliance. Submission of this plan of correction does not constitute anadmission by Bell Trace Health and Living Community or its management company thatthe allegations contained in the survey report are a true and accurateportrayal of the provision of nursing care and other services in thisfacility. Nor does this submissionconstitute an agreement or admission of the survey allegations. F241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY Resident #239 received assistance after being incontinent ofbowel within 5 minutes of her request. Resident#237 and #238 are receiving assistance for toileting. All residents are receiving toileting assistance asrequested and as	03/18/2016

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	provide care. Resident #239 indicated she was left in an incontinent state for awhile and decided to call the front desk to request to speak to Licensed Practical Nurse (LPN) #1 (unit nurse). By that time CNA #2 had entered to assist. "I told LPN #1 and she told me it would be taken care of [CNA #1 going on break and not providing care]." Resident #239 indicated, "I would not want CNA #1 to provide care for me anymore." Resident #239 indicated no staff member had followed up on this matter. Resident #239's clinical record was reviewed on 2/18/16 at 1:29 p.m. Diagnosis included, but were not limited to: constipation and generalized muscle weakness. The Admission Minimum Data Set (MDS) assessment dated 2/8/16, indicated, Resident #239 was interviewable and cognitively intact. Resident #239 needed extensive assistance of 2 staff person for bed mobility and toileting. The MDS indicated Resident #239 was at risk for pressure ulcers. On 2/18/16 2:30 p.m., an interview with CNA #1 indicated, CNA #2 was working the hall with CNA #1. CNA #1 answered the light for Resident #239, but did not		needed per their plan of care. The systemic change includes: The facility will begin to use the "Caring HeartsProgram". Through this program,residents are interviewed regarding aspects of their care on a routine basis(monthly or weekly if the resident has concerns) , including any concerns withassistance. If the resident has anyallegation of neglect, this is immediately reported to the administrator. Education will be provided for staff regarding the facilitypolicy on dignity and timely answering of call lights to provideassistance. Education will be providedto Department Heads regarding the systemic change. The Social Services Director or designee will interview oneresident, with a BIM score of 8 or above, on each unit, weekly regardingsatisfaction with receiving assistance with toileting and response time forassistance. This audit will be completedweekly for 30 days and then monthly thereafter for a total of 12 months ofmonitoring. Any concerns will beaddressed. The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if	

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	provide incontinent care at that time. Resident #239 had indicated to CNA #1 she was incontinent of bowel and needed cleaned. CNA #1 indicated to Resident #239, CNA #2 was almost finished and would be over to provide assistance. CNA #1 indicated to Resident #239 to leave the call light on. "I said ok and went on break." CNA #1 indicated CNA #2 was informed about her taking a break, but not that Resident #239 needled incontinent care. On 2/18/16 at 2:05 p.m., an interview with CNA #2 indicated, "I was caring for a resident across the hall. I walked in the hall passed Resident #239's room and Resident #239 called me into her room." CNA #2 indicated Resident #239 was upset because CNA #1 had not provided incontinent care and went on break. CNA #2 was not aware Resident #239 needed incontinent care. CNA #2 indicated incontinent care was provided to Resident #239 at that time. CNA #2 indicated that was a form of abuse and she should have reported Resident #239's concern immediately to the Administrator. That was not done. On 2/18/16 at 11:06 a.m., an interview with LPN #1 indicated, "I was in another room helping a resident when the receptionist informed me Resident #239		compliance is below 100%. Compliance date 03/18/2016	

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	wanted to talk with me." LPN #1 indicated Resident #239 was upset because CNA #1 had not provided incontinent care."I spoke with my unit manager about CNA #1 going on break instead of providing care for a resident." LPN #1 indicated this allegation of neglect was not reported to the Administrator. On 2/18/16 at 10:54 a.m., an interview with the Unit Manager for Skill 1 and 2 unit indicated LPN #1 informed her, CNA #1 had not provided incontinent care after entering Resident #239's room to answer the call light. CNA #1 indicated CNA #2 would be in to provide care. "I stopped CNA #1 as she was walking down the hall. I talked to CNA #1 about never ever telling a resident someone else would be in the room. You take care of it." Skill 1's Unit Manager indicated she did not report the incident to the Administrator as indicated by the facility policy. On 2/17/16 at 10:36 a.m., an interview with the Administrator indicated she was not aware of any recent incident. LPN #1 had not reported anything. "This is my first time hearing about this." On 2/17/16 at 3:00 p.m., the Administrator provided the policy			

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	"Abuse prevention" dated August 2013, and indicated the policy was the one currently used by the facility. The policy indicated, "...VII. REPORTING ABUSE TO" ...2. Employees, ...must report any suspected abuse or incidents of abuse to the Administrator ...immediately ...3. The Administrator ...must be immediately notified of suspected abuse, ...after hours the Administrator ...must be called at home ...and informed of such incident. ...7. ...a. Abuse is defined as ... mental languish, or deprivation by an individual, including a caregiver of goods or services that are necessary to attain or maintain ...mental and psychosocial well being. ...g. Neglect is defined as failure to provide ...services necessary to avoid ...mental anguish...17. Any person who has knowledge or reason to believe that a resident has been a victim of ...neglect ...immediately report ..." On 2/17/16 at 3:17 p.m., the Corporate Nurse Specialist provided the policy "Grievances/Complaints-Staff Responsibility" dated August 2008, and indicated the policy was the one currently used by the facility. The policy indicated, "...4. All alleged abuse, ...neglect, ...will be reported to the Administrator immediately." On 2/19/16 at 3:45 p.m., the			

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	Administrator provided the policy "Answering the Call Light" dated September 2003, and indicated the policy was the one currently used by the facility. The policy indicated " ...7. Answer the resident's call as soon as possible. ...5. Do what the resident asks of you, ...5. If you have promised the resident you will return with an item or information, do so promptly." 2. a). On 2/15/16 at 3:14 p.m., an interview with Resident #238's wife indicated, "We have had nurses sitting at the nurses stations and they (nurses) don't answer the call light. They [nurses] wait for the aides to come." Resident #238's wife indicated she has had to go to the nurse's station to request toileting assistance for Resident #238. "They [nurses] say turn on the call light." Resident #238's wife indicated she has hired a 24 hour sitter to assist Resident #238. Resident #238's clinical record was reviewed on 2/19/16 at 1:14 p.m. Diagnosis include, but were not limited to: mood disorder. The admissions Minimum Data Set (MDS) assessment dated 2/10/16, indicated Resident #238 needed extensive assistance of 2 staff person for			

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	bed mobility, transfers and toileting. Resident #238 was frequently incontinent of bowel and bladder, had cognitive communication deficit, lack of coordination, anxiety disorder and difficulty walking. On 2/18/16 at 10:18 a.m., the Corporate Nurse Specialist provided the policy "Dignity" dated October 2009, and indicated the policy was the one currently used by the facility. The policy indicated, "...1. Residents shall be treated with dignity and respect at all times. 2. 'Treated with dignity' means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth. ..." On 2/19/16 at 3:45 p.m., the Administrator provided the policy "Answering the Call Light" dated September 2003, and indicated the policy was the one currently used by the facility. The policy indicated " ...7. Answer the resident's call as soon as possible. ...5. Do what the resident asks of you, ...5. If you have promised the resident you will return with an item or information, do so promptly."b). On 2/17/2016 at 10:18 a.m., Resident #237 indicated, "Sometimes I have to wait to go to the restroom. I ring the call light, but it takes a long time for someone to come. I have			

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	had accidents on myself and felt very humiliated." Resident #237's clinical record was reviewed on 2/18/2016 at 2:00 p.m. The admission Minimum Data Set (MDS) assessment dated 2/12/2016, indicated a Brief Interview Mental Status (BIMS) score of 13, which indicated Resident #237 was interviewable and cognitively intact. Resident #237 was assessed as always continent of urine and bowel and needed extensive assistance of two+ (plus) for toilet use. The Admission Observation Report dated 2/5/2016, assessed Resident #237 has being totally continent of bladder and bowel. A care plan initiated on 2/17/2016, with a current target date of 5/17/2016, indicated, "Problem ... Resident is at risk for decline in urinary continence related to [R/T] impaired mobility ... Goal ... Resident will have no decline in urinary continence through next review ... Approach ... Provide assist with toileting as needed ..." Physician's order dated 1/22/2016 through 2/22/2016 for Resident #237 indicated, "Transfers for patient for			

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	toileting from bed to bedside commode due to right weight bearing support (RWBS)" and, indicated Resident #237's medications included, but were not limited to: hydrochlorothiazide (a diuretic) 12.5 milligrams (mg) 1 tablet once a day. Certified Nursing Assistant Vitals Report dated 1/19/2016 through 2/19/2016, indicated on 2/12/2016 at 4:53 a.m., Resident #237 was incontinent of urine in pad/brief. On 2/18/2016 at 2:08 p.m., an interview with Resident #237's son indicated his mother has had several accidents of bowel and bladder. His mother rings her call light, but no one comes quickly and she gets very embarrassed when this happens and doesn't want to tell anyone. On 2/18/2016 at 1:46 p.m., Certified Nursing Assistant #4 (CNA) indicated, Resident #237 is totally continent of bowel and bladder. On 2/22/2016 at 8:55 a.m., Registered Nurse #1 (RN) indicated Resident #237 is always continent of bowel and bladder. On 2/18/2016 at 10:18 a.m., The Clinical Corporate Nurse provided the facility policy, "Quality of Life-Dignity" with a			

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	revised date of October 2009, and indicated the policy was the one currently being used by the facility. The policy indicated, " ...1. Residents shall be treated with dignity and respect at all times ... 2. Treated with dignity means the resident will be assisted in maintaining and enhancing his or her self-esteem and self-worth ..." 3.1-3(t)			
F 0242 SS=D Bldg. 00	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on interview and record review, the facility failed to ensure that residents were able to choose what time to get up in the morning according to their preference for 1 of 5 residents who met the criteria. (Resident #72) Findings include: Resident #72's clinical record was	F 0242	This plan of correction is to serve as Bell Trace Health andLiving Community's credible allegation of compliance. Submission of this plan of correction does not constitute anadmission by Bell Trace Health and Living Community or its management company thatthe allegations contained in the survey report are a true and accurateportrayal of the provision of nursing care and	03/18/2016

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	reviewed on 2/19/16 at 9:10 a.m. Diagnosis included, but not limited to: mood disorder and schizophrenia. The current annual Minimum Data Set (MDS) assessment dated 12/1/15, indicated Resident #72 was interviewable and cognitively intact. On 2/16/16 at 9:53 a.m., an interview with Resident #72 indicated, "They get me up at 7:30 a.m., and I told them that I want to sleep until 8:00 a.m. They still get me up anyway. I prefer to sleep until 8:00 a.m." On 2/19/16 at 1:36 p.m., an interview with Resident #72 indicated staff got her up this morning at 7:45 a.m., "They are supposed to get me up at 8 [8:00 a.m.] not 7:30 [a.m.], not 7:45 [a.m.], but 8 [a.m.]." Care plan "Resident has personal preferences for care" dated 2/11/15 through 2/22/16, indicated Resident #72 prefers to get up at 8:00 a.m. The current Certified Nursing Assistant (CNA) assignment sheet undated indicated Resident #72 prefers to get up at 8:00 a.m. "Stay in the bed late." On 2/19/16 1:46 p.m., an interview with		other services in thisfacility. Nor does this submissionconstitute an agreement or admission of the survey allegations. F 242 483.15(b) SELF-DETERMINATION – RIGHT TO MAKE CHOICES Resident # 72 is choosing what time to get up in the morningaccording to her preference. All residents have been interviewed regarding theirpreferred time to get up in the morning and are being provided assistance withgetting up per their stated preferences. The systemic change includes: ·Resident preferences in regards to theirpreferred time to get up in the morning are noted on the resident interviewquestions. Residents with a BIMs scoreof 8 and below have their family member contacted for these interviewquestions. These preferences are then noted on the C.N.A.assignment sheet and the plan of care. ·This interview will take place upon admissionand will also be discussed at the quarterly and as needed care conferences. Education will be provided to Nursing staff, Social Services,and Activity Director regarding the systemic change. In addition, nursing staff will receiveeducation regarding involving residents in their daily care and the facilitypolicy regarding resident rights with emphasis on the right	

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	CNA #3 indicated she gets Resident #72's room mate up around 7:30-7:45 a.m., each morning and while in the room, "I will tell Resident #72 its almost time for breakfast." CNA #3 indicated she should probably not tell Resident #72 it's almost time for breakfast, because that was waking Resident #72 up before 8:00 a.m. On 2/22/16 at 2:35 p.m., the Clinical Nurse Specialist provided the policy "Quality of Life-Self Determination and Participation" dated October 2009, and indicated the policy was the one currently used by the facility. The policy indicated, "...1. Each resident shall be allowed to choose activities, schedules and health care that are consistent with ... interests, assessments and plans of care, ...a. Sleeping, ...schedules; ...2. ...b. Gather information about the resident's personal preferences on initial assessment and document these preferences in the medical record; and c. Include information gathered about the resident's preferences in the care planning process. ..." 3.1-3(u)(3)		to make choicesabout preference in time to get up in the morning. The DON or designee will complete a QA tool to audit forcompletion of the resident interview upon admission and quarterly as well asupdating of the C.N.A. assignment sheet and care plan 5 days a week for 30days, then weekly for 60 days, then monthly for a total 12 months ofmonitoring. In addition, the SocialService Director or designee will interview one resident, with a BIM score of 8or above, on each unit weekly regarding satisfaction with their preferences fortime to get up in the morning. Thisaudit will be completed weekly for 30 days and then monthly thereafter for atotal of 12 months of monitoring. Anyconcerns will be addressed. The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if compliance is below 100%. Compliance date 03/18/2016	

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F 0278 SS=D Bldg. 00	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement.			
	Based on observation, interview, and record review, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessment for 2 of 37 residents reviewed for accuracy of the MDS. (Resident #139, Resident #4) Findings include:	F 0278	This plan of correction is to serve as Bell Trace Health andLiving Community's credible allegation of compliance. Submission of this plan of correction does not constitute anadmission by Bell Trace Health and Living Community or its management company thatthe allegations contained in the survey report are a	03/18/2016

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	1). On 2/17/2016 at 1:29 p.m., Resident #139 was observed to be edentulous (without teeth). On 2/18/2016 at 10:00 a.m., Resident #139's clinical record was reviewed. Resident #139's Minimum Data Set (MDS) assessment dated 1/26/2016, indicated, "Oral/Dental Status ... None of the above were present ..." Which means edentulous not indicated. Resident #139's Admission Observation Report dated 1/19/2016, indicated, "Oral Status and Disease Prevention ... None of the above ..." The admission observation report lacked documentation of Resident #139's missing teeth. A Resident Progress Note dated 1/19/2016 at 1:55 p.m., indicated, "... No teeth/dentures ..." On 2/19/2016 at 9:53 a.m., License Practical Nurse #2 (LPN) indicated Resident #139 did not have teeth when she admitted and doesn't wear her dentures now. The dentures no longer fit. The staff has tried to put the dentures in but the resident will take the dentures back out and leave on the table.		true and accurateportrayal of the provision of nursing care and other services in thisfacility. Nor does this submissionconstitute an agreement or admission of the survey allegations. F 278 483.20(g) – (j) ASSESSMENTACCURACY/COORDINATION/CERTIFIED Resident #139 and #4 have had a significant correction MDSsubmitted to reflect the accuracy of assessment regarding oral status and lifeexpectancy. All residents will be reviewed regarding accuracy of thelast MDS for oral status and life expectancy and any corrections will besubmitted. The systemic change includes that the MDS coordinator willaudit for accuracy of assessment prior to any MDS being submitted for thecorrect coding of oral status and life expectancy. These reviews will be verified by a member ofnursing administration prior to submission. Education will be provided to MDS personnel and nursingadministration regarding correct coding of the MDS for oral status and lifeexpectancy and the systemic change. The MDS Coordinator or designee will review all MDSs relatedto accuracy for oral health status and life expectancy at the completion of theMDS. This audit will be ongoing for 12months. The results of these reviews will be	

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	On 2/19/2016 at 2:45 p.m., Unit Manager #1 (UM) indicated Resident #139 did not have teeth or dentures when she admitted. Her son brought the dentures in later, but resident does not wear the dentures. On 2/19/2016 at 2:44 p.m., MDS Coordinator #1 indicated Resident 139's admission MDS was a mistake, because the resident did not have any issues related to eating so the coordinator indicated the resident had not had problems with her teeth. On 2/22/2016 at 9:13 a.m., the Administrator indicated the facility does not have a policy related to MDS. They just use the Resident Assessment Instrument (RAI) manuel. 2.) On 2/19/16 at 9:21 a.m., Resident #4's clinical record was reviewed. Resident #4's Minimum Data Set (MDS) assessment, dated 12/18/15, indicated, " .... Health Conditions ... Prognosis ... Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? ... No ... " Resident #4's Physician's Order, dated 12/11/15, indicated, "DX: [diagnosis] non-Hodgkin lymphoma [cancer]. Admit		discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if compliance is below 100%. Compliance date 03/18/2016	

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	to hospice [care for the terminally ill] ... " On 2/19/16 at 2:52 p.m., the MDS coordinator indicated he only codes the MDS if he has a physician's order indicating the resident is terminal (has less than 6 months to live). 3.1-31(d)			
F 0282 SS=D Bldg. 00	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 record review and interview, the facility failed to ensure care plans were followed for routine Abnormal Involuntary Movement Scale (AIMS) 1 of 5 residents reviewed for unnecessary medication use. (Resident #67) Findings include: On 02/16/2016 at 2:26 p.m., Resident #67's clinical record was reviewed. Diagnosis included but were not limited to: mood disorder, anxiety disorder,	F 0282	This plan of correction is to serve as Bell Trace Health andLiving Community's credible allegation of compliance. Submission of this plan of correction does not constitute anadmission by Bell Trace Health and Living Community or its management company thatthe allegations contained in the survey report are a true and accurateportrayal of the provision of nursing care and other services in thisfacility. Nor does this submissionconstitute an agreement or admission of the survey allegations.	03/18/2016

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	dissociative and conversion disorders, and major depressive disorder Care plan "Nonorganic psychosis requires antipsychotic due to delusions, visual hallucinations" dated 12/31/15 through 3/21/16, indicated, Goal: ...effective management of targeted behaviors. ..Approach: ...Complete a routine Abnormal Involuntary Movement Scale (AIMS) ...Once A Day on the 1st of Jan, Apr, Jul, Oct, " On 2/19/16 at 3:22 p.m., the Director of Nursing DON) provided Abnormal Involuntary Movement Scale (AIMS) lacking documentation for January 2016, indicating there was no AIMS for 2016, available. On 2/22/16 at 12:00 p.m., an interview with the Clinical Nurse indicated the (AIMS) was completed every 6 months. On 2/22/16 at 3:30 p.m., the Clinical Nurse provided policy "Behavior management program" dated October 2013, and indicated the policy was the one currently used by the facility. The policy indicated, "...Monitoring, ...AIMS monitoring will be done every 6 months after the initial AIMS assessment. ...Summary ...AIMS must be done routinely. ..."		F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CAREPLAN The care plan for resident #67 was updated to reflect thefacility policy to provide AIMs testing every 6 months and the plan of care isbeing followed. AIMs testing is being completed every 6 months per thefacility policy and all residents receiving antipsychotic medications have acare plan reflecting the same. The systemic change includes: ·All residents with an order for an antipsychoticwill be reviewed monthly at the “Interdisciplinary Meeting” for residents withrisk factors. This review will includean audit of the care plan and most recent AIMs assessment. Any concerns will be corrected at that time. Education will be provided for licensed nurses and SocialServices regarding the systemic change. The Director of Nursing or designee will complete an audit,for all new admissions receiving an antipsychotic, and residents with a neworder for an Antipsychotic, for the routine Abnormal Involuntary Movement Scaleand plan of care for the correct timing of the AIMs assessment. This audit will be completed daily (Mondaythrough Friday) for new admissions with an order for an antipsychotic, or a neworder for an antipsychotic for 30 days, then weekly for a total of 12 months.	

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	3.1-35(g)(2)		The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if compliance is below 100%. Compliance date 03/18/2016	
F 0431 SS=D Bldg. 00	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug			

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	Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. Based on observation, interview, and record review, the facility failed to meet professional standards as indicated by their policy and procedure in that the Narcotic sign in and sign out sheets were not signed after reconciling narcotic medications for 4 of 5 medication carts (Skilled 1, Skilled 3, Rehab 1, Rehab 2), unopened insulin pens were not stored in the refrigerator as indicated by the manufacturer, and the medication cart remained secured when unattended as indicated by the facility policy for 1 of 5 medication cart (Skilled 1). Findings include: 1). On 2/22/16 the following was observed during medication storage: a). On 2/22/16 at 11:17 a.m., LPN #2 was observed to unlock and open a drawer on the Skilled 1's medication cart, leave the cart open, walk away from the unattended medication cart, and over to the medication storage room. LPN #2's was observed with her back toward the opened medication cart and was observed to then walk back to the medication cart	F 0431	This plan of correction is to serve as Bell Trace Health andLiving Community's credible allegation of compliance. Submission of this plan of correction does not constitute anadmission by Bell Trace Health and Living Community or its management company thatthe allegations contained in the survey report are a true and accurateportrayal of the provision of nursing care and other services in thisfacility. Nor does this submissionconstitute an agreement or admission of the survey allegations. F431 483.60(b), (d), (E) DRUG RECORDS, LABEL/STORE DRUGS& BIOLOGICALS Narcotic sign in and sign out sheets are being signed afterreconciling narcotic medications on all medication carts. Unopened insulin pens are stored in therefrigerator until ready for use and then dated when placed into the medicationcart. Medication carts are secured whenunattended. Narcotic sign in and sign out sheets are being signed afterreconciling narcotic medications on all medication carts. Unopened insulin pens are stored in therefrigerator until ready for use and then dated	03/18/2016

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	and close the drawer and opened the locked narcotic drawer. LPN #2 walked away from the medication cart again leaving the narcotic drawer open and unattended. The Skill 1's Unit Manager was observed at that time to walk over to the unattended medication cart. LPN #2 indicated the cart should not have been left open and unattended. b). There was observed to be an unopened Levemir flex pen for Resident #250 in the Skilled 1 medication cart. LPN #2 indicated she had not used the flex pen. There was an open vial of Levemir being used by LPN #2 for Resident #250. LPN #2 was not sure when the Levemir pen was placed in the medication cart. On 2/22/16 at 2:53 p.m., a review of http://www.novo-pi.com/levemir.pdf 16.2 Storage: Unused (unopened) LEVEMIR® should be stored in the refrigerator between 2° and 8°C (36° to 46°F). c). On 2/22/16 at 11:42 a.m.,observation with the Rehab 1's Unit Manager, a NovoLog flexpen (insulin) was observed unopened and in the Rehab 1 medication cart for Resident #248. On 2/22/16 at 2:55 p.m., a review of		when placed into the medicationcart. Medication carts are secured whenunattended. The Systemic Change includes: ·Unit Managers will review the narcotic sign inand sign out sheet as part of their rounds weekly and address any concerns. ·The facility will initiate the "Cart Captain"program, which includes reviewing each medication cart for dating ofmedications and any expired medication. ·Unit Managers will include monitoring ofmedication carts for locking during their daily rounds (Monday through Friday) Education will be provided to The licensed nurses will be offered education regarding thefacility policy for narcotic reconciliation, dating of insulins when they areremoved from the refrigerator and placing them in the medication cart andkeeping the medication cart secured when unattended. In addition, the Nursing Administration willbe offered education regarding the "Cart Captain" program. The Director of Nursing or designee will audit forcompletion of the narcotic sign in and sign out sheet daily (5 days a week) for 30 days, thenweekly for a duration of 12 months of monitoring. The Director of Nursing or designee willaudit the medication carts for dating of unopened insulin pens daily (5 days aweek) for 30 days, then weekly for 30 days, then every other week for	

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	"http://www.novo-pi.com/novolog.pdf "16.2 Recommended Storage Unused NovoLog® should be stored in a refrigerator between 2° and 8°C (36° to 46°F)". d). On 2/22/16 at 11:50 a.m., there was an unopened Lantus (insulin) pen in the Skill 3 medication cart for Resident #249. Skill 3's Unit Manager indicated, "It is good unopened [Lantus pen] in the cart if we only have one." The Skill 3 Unit Manager was observed to label the Lantus pen for today to open. On 2/22/16 at 2:59 p.m., a review of http://products.sanofi.us/lantus/lantus.html "16.2 storage ...Not in-use (unopened) ...3 ml [milliliter] ...prefilled pen ...How should I store LANTUS? Store unused LANTUS vials in the refrigerator between 36°F to 46°F (2°C to 8°C)." 2). On 2/22/16 at 11:30 a.m., the following was observed during the narcotic reconciliation: a). Skilled 1's Unit narcotic sign in and sign out form lacked signatures for reconciliation on February 11 and 12, 2016. b). Skill 3's narcotic sign in and sign out		aduration of 12 months of monitoring. TheDirector of Nursing or designee will complete rounds twice a day, at randomtimes, daily (5 days a week) to review for keeping the medication cart securedwhen unattended. This audit willcontinue daily, 5 days a week for 30 days, then weekly for a duration of 12months of monitoring. Any concerns willbe addressed The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if compliance is below 100%. Compliance date 03/18/2016	

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	form lacked signatures for reconciliation for February 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 20, 21, 2016. c). Rehab 1's narcotic sign in and sign out form lacked signatures for reconciliation for February 3, 4, 5, 7, 8, 10, 12, 13, 14, 15,19, 2016. d). Rehab 2's narcotic sign in and sign out form lacked signatures for February 12,13, 17, 2016 On 2/22/16 at 11:55 a.m., an interview with the Skill 1's Unit Manager indicated the blank spaces on the Narcotic sign in and sign out sheet "It means that it wasn't signed." On 2/22/16 at 12:00 p.m., an interview with the Clinical Educator indicated, when there was a blank space on the narcotic sign in and sign out form "It means that it wasn't signed [indicating reconciled]." On 2/22/16 at 3:50 p.m., the Administrator provided the policy "...Scheduled Drugs" undated, and indicated the policy was the one currently used by the facility. The policy indicated, "...[2] Confirm the count numbers for scheduled drugs at the beginning and of your shift. ...4. Shift to Shift Counting of			

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	Scheduled Drugs 4.1 At the beginning of an associate' shift they must count and account for all scheduled drugs, ...with the outgoing associate. 4.2. At the end of an associate's shift they must count and account for all scheduled drugs, ...with the oncoming associate....Step 3: Shift to Shift Counting of Scheduled Drugs, At the conclusion of each shift the outgoing and oncoming licensed nurse should complete the Nurse's Narcotic Sign In/Sign Out Sheet ..." 3.1-25(e)(3) 3.1-25(m)			