

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 09/21/2011
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NAME OF PROVIDER OR SUPPLIER HEARTH AT PRESTWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 182 S CR 550 E AVON, IN46123
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R0000	<p>This visit was for a State Residential Licensure survey.</p> <p>Survey dates: September 19, 20, and 21, 2011</p> <p>Facility number: 003902 Provider number: 003902 AIM number: N/A</p> <p>Survey team: Janet Stanton, R.N.--Team Coordinator Rita Mullen, R.N. Michelle Hosteter, R.N. Heather Lay, R.N.</p> <p>Census bed type: Residential--124 Total--124</p> <p>Census payor type: Other--124 Total--124</p> <p>Residential sample: 11</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 9/27/11 Cathy Emswiller RN</p>	R0000	<p>This POC is submitted as of this date, October 14, 2011 per the extension of time granted to The Hearth at Prestwick (David Moberg, Executive Director) in a telephone conversation with Miriam Buffington on Thursday, October 6. Update-October 26, 2011:Per the letter dated October 18, 2011 regarding the incomplete POC, specifically R216 and R044, the POC has been updated with the required POC for the noted tags and is hereby submitted as of today, October 26, 2011 per conversation with Cheryl on Monday, October 24 authorizing an extension for submission of the updated POC to October 26, 2011.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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R0036	<p>(k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to notify family or physician, related to a change in condition, for 2 of 2 residents in a sample of 11 residents. [Residents #130 and #131]</p> <p>Findings include:</p> <p>1. The record for Resident # 130 was reviewed on 9/20/11 at 11 A.M. The nurses notes for 7/17/11 indicated the resident had several episodes of emesis [vomiting] and slurred speech. The family was notified, and the resident was sent to the emergency room for evaluation. There was no indication the physician had been notified. There was no documentation found in the record regarding notification of the physician.</p> <p>Upon interview at the daily conference on 9/20/11 at 3:30 P.M., the DON (Director of Nursing) indicated nursing staff usually</p>	R0036	<p>1. The corrective action will be to ensure that notifications of the resident's legal representative and physician are completed in all circumstances involving either a significant decline in a resident's physical, mental, or psychosocial status or a need to alter treatment significantly, i.e. to discontinue an existing form of treatment or to commence a new form of treatment.2. A review of the residents' files will be completed to determine if other residents have been affected by this practice. If notification of a resident's legal representative or physician of either a significant decline in a resident's physical, mental, or psychosocial status or a need to alter treatment significantly is not in place, the notification will be completed and documented. 3. A nursing staff in-service will be completed regarding proper and timely notifications of resident's legal representative and physician upon a significant change of condition or a need to alter</p>	11/13/2011			

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	<p>notified the family and physician when a resident was sent to the hospital.</p> <p>At the exit conference on 9/21/11 10:15 A.M., the DON indicated she did not find any documentation indicating the physician had been notified regarding Resident #130's change of condition.</p> <p>On 9/21/11 at 10:00 A.M., the Resident Services Coordinator provided an undated policy titled "Physicians Services." During an interview at that time, the DON indicated she had updated this policy on 9/21/11. The policy indicated "... The residents' physician is to be notified of : + Change in resident condition...."</p> <p>2. The clinical record of Resident #131 was reviewed on 9/20/11 at 10:00 A.M.</p> <p>Diagnoses included, but were not limited to, dementia and high blood pressure.</p> <p>A Nursing note, dated 6/11/11 at 10:00 A.M., indicated "Res (Resident) c/o (complained of) not feeling well. Noted to have coffee ground emesis on floor et (and) side of bed. Res c/o abdominal tenderness. Res sent to ER (name of hospital) for eval (evaluation). [blood pressure] 125/87 - [temperature] 98.2 - [pulse] 70 - [respirations] 20 - [oxygen</p>		treatment significantly.4. Changes noted above will be completed by 11/13/2011.				

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R0148	<p>saturation] O2 sat 90%." There was no indication the family was notified of the change in condition and the transfer to the hospital. The next nursing note was dated 6/14/11 at 12:30 P.M.</p> <p>During an interview on 9/21/11 at 10:00 A.M., the Director of Nursing indicated the Resident Services Coordinator could not find documentation the family was notified prior to the resident's transfer to the hospital.</p> <p>(e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows: (1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility. (2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes. (3) All plumbing shall function properly and comply with state plumbing codes. (4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation and interview, the facility failed to secure chemicals in 1 of 1 kitchen area of a secured Alzheimer unit. This had the potential to affect 23 of 23</p>	R0148	<p>1. The corrective action taken upon notification of chemicals found in an unlocked cabinet was that the chemicals were secured and locked in the cabinet.2. All</p>	11/13/2011			

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	<p>residents on the unit.</p> <p>Findings include:</p> <p>During the initial orientation tour on 9/19/11 at 10:20 A.M., L.P.N. #1 indicated 2 of 23 residents residing in the secured/locked Alzheimer's unit were alert and oriented enough to be interviewed. The other 21 residents had confusion and forgetfulness.</p> <p>During the environmental tour on 9/20/11 at 9:40 A.M., with the Administrator and the Housekeeping Supervisor in attendance, the following was observed on the locked/secured Alzheimer's unit:</p> <p>Two cabinets in the kitchen area were found unlocked. One cabinet had the following items: one 19 ounce can of disinfectant spray with label "keep out of reach of children;" one 19 ounce spray can of Scotchguard carpet cleaner labeled "keep out of the reach of children, avoid contact with skin or eyes;" one 12 ounce spray bottle of Countertop Majic with warning label that indicated "avoid contact with eyes;" and one unlabeled spray bottle with 3 ounces of unidentified blue liquid.</p> <p>In an interview at that time, the Housekeeping Supervisor indicated the</p>		<p>cabinets and drawers on the memory care unit were inspected for chemicals to ensure that no chemicals or unsafe products were left unsecured. All chemicals and/or unsafe products located in cabinets or drawers will be locked and remain locked at all times.3. Staff education will be completed on the topic of keeping all chemicals and other unsafe products in secured, locked cabinets and drawers. Signs will be posted on the memory care unit as a reminder of the importance and necessity to keep all cabinets and drawers locked.4. DON and/or designee will complete and document weekly spot check audits to ensure chemicals and other unsafe products are properly secured and locked in all cabinets and drawers in the memory care unit. 5. The noted changes will be completed by 11/13/11.</p>				

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R0214	<p>unlabeled bottle was bathroom disinfectant. She provided the MSDS [Material Safety Data Sheet] information for the bathroom disinfectant, which indicated product contained "... acetic acid and ammonium compounds...hazards.. causes eye burns, severe skin irritation...may cause severe irritation or chemical burns, harmful if swallowed or inhaled...."</p> <p>In an interview immediately following the tour, the Housekeeping Supervisor indicated the cabinets should be locked.</p> <p>(a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on record review and interview, the facility failed to utilize specific criteria to evaluate 1 of 3 residents reviewed who were admitted to the locked/secured Alzheimer's unit, to determine his placement on that unit; and failed to further evaluate 1 of 1 resident who displayed an elevated blood pressure and was not sure she had taken her self-administered blood pressure</p>	R0214	<p>1. The corrective action will be to ensure that residents listed in the survey findings will be properly evaluated for placement in the memory care unit and will be properly evaluated for self-administration of medications. 2. The residents residing within the memory care unit will be evaluated using specific admission criteria to determine correct/appropriate placement.</p>	01/12/2012			

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	<p>medication; in a sample of 11 residents reviewed. [Residents #121 and #33]</p> <p>Findings include:</p> <p>1. In an interview during the initial orientation tour on 9/19/11 at 10:30 A.M., L.P.N. #1 indicated Resident #121 was ambulatory and frequently went to the exit doors seeking a way out.</p> <p>The clinical record for Resident #121 was reviewed on 9/20/11 at 10:30 A.M. The resident was admitted to the locked/secured Alzheimer's unit on 11/11/10 with diagnoses which included, but were not limited to, senile dementia-Alzheimer's type, coronary artery disease, chronic kidney disease, hypertension, history of increased behaviors due to urinary tract infection, and anxiety.</p> <p>Nurse's Notes from admission on 11/11/10 through 9/19/11 had frequent entries indicating the resident wandered or went to the exit doors seeking a way out, voiced a desire to "go to Kentucky" or "get out of here," or wanted to leave to "find his car."</p> <p>A pre-admission "Service Agreement" was located in the clinical record. It was the standard form used for all potential new residents, and used the same scoring</p>		<p>The same criteria will also be used to determine correct and appropriate admission of new residents to the memory care unit. All residents who self-administer medications will be reviewed and evaluated to determine ability to continue to safely self-medicate. A physician's order will be obtained for residents to self-administer medications. 3. The Resident Services Coordinator and/or designee will use the specific admission criteria for the memory care unit when determining/evaluating the placement of new residents. Prospective residents will also be evaluated to determine ability to safely self-administer medications. A review of each resident is completed semi-annually and upon change of condition. 4. The DON and/or designee will complete and document monthly audits of residents' charts to ensure that proper evaluations of residents are completed and that specific criteria are used for placement. Also, the DON will complete and document monthly audits on the charts of the residents who self-administer to ensure physician orders are received for these residents and proper reviews are completed per policy and procedure.5. Changes noted above will be completed by 1/12/12.</p>				

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	<p>system. There was no information on the form that indicated how Resident #121 was determined to be appropriate for admission to the locked/secured Alzheimer's unit, or what criteria was used to distinguish his placement on that unit from other new residents who were placed in the general population.</p> <p>Following the entrance conference on 9/19/11 at 10:30 A.M., a Policy/Procedure paper titled "Admission Criteria" was provided by the Director of Nursing. The Policy/Procedure included, but was not limited to, the following:</p> <p>"Purpose: To provide guidelines on meeting each resident's needs in compliance with The Hearth At Prestwick licensing and operational standards.</p> <p>Policy Statement: It is the policy of The Hearth at Prestwick to maintain residents in a safe and hospitable environment within the scope of services offered.</p> <p>1. Prior to admission, each new resident shall be evaluated using the Hearth at Prestwick Service Assessment tool. The evaluation assesses the resident's physical, cognitive and mental status. Assesses the resident's abilities in activities of daily living, the possible need for medication assistance, treatments, mobility, and</p>						

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	<p>transfers as well as life style and behavior needs. The facility must be able to safely and reasonably meet the needs of the resident in order for the resident to be admitted to the facility.</p> <p>2. A point system is used in order to determine an appropriate level of care. The level of care is used as a baseline of the resident's condition as well as a tool for properly assigning fees for medical services...."</p> <p>During the daily conference on 9/19/11 at 3:00 P.M., the Administrator was given the opportunity to submit any documentation of the specific criteria used to determine admission not only to the facility, but to the secured/locked Alzheimer's unit--Keepsake Village.</p> <p>On 9/20/11, the Administrator provided a Policy/Procedure titled "Keepsake Village Admission Criteria." The Policy/Procedure included, but was not limited to, the following:</p> <p>"Purpose: To provide guidelines on meeting each resident's needs in compliance with The Hearth at Prestwick licensing and operational standards.</p> <p>Policy Statement: It is the policy of The Hearth at Prestwick to maintain residents in a safe and hospitable environment</p>			

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	<p>within the scope of services offered.</p> <p>1. Residents for admission to Keepsake Village will be assessed utilizing the following categories: * History and physical *past/present behaviors *family input *hospital, facility input *assessment including mini-mental score *physician input *medical records/chart review *medications and diagnosis</p> <p>2. The above noted items are collectively and individually reviewed for determining appropriate placement to the dementia care unit. Candidates for admission are reviewed on a case by case basis."</p> <p>In an interview during the daily conference on 9/20/11 at 3:20 P.M., the Administrator indicated information gathered from the sources listed on the "Keepsake Admission Criteria" sheet was used, as well as the Service Assessment score, to determine placement on the Alzheimer's unit. He indicated he had no other criteria or guidelines to determine or distinguish between placement of a resident in the general population or the Alzheimer's unit.</p>				

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	<p>2. On 9-19-2011 at 1:35 P.M., Resident #33's record was reviewed. Diagnoses included, but were not limited to, hypertension, hyperparathyroidism, and rheumatoid arthritis.</p> <p>A "Nurse's Notes" dated 8-13-2011 at 5:30 P.M. included, "Resident [Resident #33] came into nurse's office and stated she did not feel well. Blood pressure 180/106... Doctor notified that resident was unable to state when or how often she takes her blood pressure medicine..."</p> <p>A "Service Assessment" dated 8-4-2011 included, but was not limited to, "Medication Assistance: Are you able to manage your medications independently including storage, set-up, taking... Yes."</p> <p>A "Nursing Comprehensive Evaluation" dated 8-27-2011 included, but was not limited to, "Activities of Daily Living [ADL] Patterns: Medication management: Independent..."</p> <p>A "Medication Self-Administration Assessment" dated 8-23-2011 included, but was not limited to, "Resident continues to self medicate independently: Yes, Any changes/problems noted in nurse's notes: No."</p> <p>On 9-20-2011 at 11:00 A.M., the Director</p>	R0214	<p>1. The corrective action will be to ensure that residents listed in the survey findings will be properly evaluated for placement in the memory care unit and will be properly evaluated for self-administration of medications. 2. The residents residing within the memory care unit will be evaluated using specific admission criteria to determine correct/appropriate placement. The same criteria will also be used to determine correct and appropriate admission of new residents to the memory care unit. All residents who self-administer medications will be reviewed and evaluated to determine ability to continue to safely self-medicate. A physician's order will be obtained for residents to self-administer medications. 3. The Resident Services Coordinator and/or designee will use the specific admission criteria for the memory care unit when determining/evaluating the placement of new residents. Prospective residents will also be evaluated to determine ability to safely self-administer medications. A review of each resident is completed semi-annually and upon change of condition. 4. The DON and/or designee will complete and document monthly audits of residents' charts to ensure that proper evaluations of residents</p>	01/12/2012			

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R0216	<p>of Nursing [DoN] indicated the Service Coordinator was not notified of Resident #33's change and the nurse's note was missed. Therefore, the re-evaluation of Resident #33 was not completed after the incident.</p> <p>(c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following:</p> <p>(1) The resident ' s physical, cognitive, and mental status.</p> <p>(2) The resident ' s independence in the activities of daily living.</p> <p>(3) The resident ' s weight taken on admission and semiannually thereafter.</p> <p>(4) If applicable, the resident ' s ability to self-administer medications.</p> <p>(d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on record review and interview, the facility failed to evaluate a resident after a significant change regarding the resident's ability to self-medicate accurately and effectively. This deficient practice impacted 1 of 11 residents reviewed. [Resident #33]</p> <p>Findings included:</p> <p>On 9-19-2011 at 1:35 P.M., Resident</p>	R0216	<p>are completed and that specific criteria are used for placement. Also, the DON will complete and document monthly audits on the charts of the residents who self-administer to ensure physician orders are received for these residents and proper reviews are completed per policy and procedure.5. Changes noted above will be completed by 1/12/12.</p> <p>IDR is requested based upon a duplicate citing under R 0214.1. Resident listed in the survey findings will be properly evaluated for self-administration of medications.2. All residents who self-administer medications will be reviewed and evaluated to determine ability to continue to safely self-medicate. A physician's order will be obtained for residents to self-administer medications.3. Prospective residents will be evaluated to</p>	01/12/2012			

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	<p>#33's record was reviewed. Diagnoses included, but were not limited to, hypertension, hyperparathyroidism, and rheumatoid arthritis.</p> <p>A "Nurse's Notes" dated 8-13-2011 at 5:30 P.M. included, "Resident [Resident #33] came into nurse's office and stated she did not feel well. Blood pressure 180/106... Doctor notified that resident was unable to state when or how often she takes her blood pressure medicine..."</p> <p>A "Service Assessment" dated 8-4-2011 included, but was not limited to, "Medication Assistance: Are you able to manage your medications independently including storage, set-up, taking... Yes."</p> <p>A "Nursing Comprehensive Evaluation" dated 8-27-2011 included, but was not limited to, "Activities of Daily Living [ADL] Patterns: Medication management: Independent..."</p> <p>A "Medication Self-Administration Assessment" dated 8-23-2011 included, but was not limited to, "Resident continues to self medicate independently: Yes, Any changes/problems noted in nurse's notes: No."</p> <p>During interview on 9-20-2011 at 11:00 A.M., the Director of Nursing [DoN]</p>		<p>determine ability to safely self-administer medications. A review of each resident is completed semi-annually and upon change of condition.4. The DON will complete and document monthly audits on the charts of residents who self-administer to ensure physician orders are received for these residents and proper reviews are completed per policy and procedure.5. Changes noted above will be completed by 1/12/12.</p>				

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R0217	<p>indicated the Service Coordinator was not notified of Resident #33's change and the nurse's note was missed. Therefore, the re-evaluation of Resident #33 was not completed after the incident.</p> <p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope;</p> <p>(B) frequency;</p> <p>(C) need; and</p> <p>(D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the</p>	R0217	1. The corrective action taken was that the service assessment	11/13/2011	

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	<p>facility failed to have the semi annual service plan signed and dated by the resident or legal representative and nurse for 1 of 11 resident's reviewed. [Resident #39]</p> <p>Findings included:</p> <p>On 9-19-2011 at 2:30 P.M., Resident #39's record was reviewed. Diagnoses included, but were not limited to, insulin dependent diabetes mellitus type II, chronic kidney disease, hypertension, pulmonary hypertension, and coronary artery disease.</p> <p>A document titled "Service Assessment" dated 8-4-2011 was without signatures from the resident or her legal representative and nurse completing the assessment.</p> <p>A "Nurse's Notes" dated 8-5-2011 at 12:50 P.M., indicated Resident #39 was transferred to local emergency department.</p> <p>A "Nurse's Notes" dated 8-10-2011 at 8:50 P.M., indicated Resident #39 was returned to the facility from local hospital.</p> <p>On 9-20-2011 at 11:00 A.M., the Director of Nursing [DoN] indicated the "Service Assessment" dated 8-4-2011 was a six</p>		<p>for the resident noted in the survey findings was signed and dated by the resident or legal representative acknowledging the assessment. 2. All resident service assessments will be reviewed to ensure that all assessments have been signed and dated by the appropriate resident or legal representative acknowledging the assessment.3. The Resident Services Coordinator will have all service assessments signed and dated per regulation by the appropriate resident or legal representative, acknowledging the assessment.4. The DON and/or designee will complete monthly audits to ensure all service assessments are signed and dated by the resident or legal representative.5. Changes will be completed by 11/13/2011.</p>				

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R0270	<p>month service assessment and was not signed related to Resident #39's transfer to the hospital.</p> <p>(c) The facility must meet: (1) daily dietary requirements and requests, with consideration of food allergies; (2) reasonable religious, ethnic, and personal preferences; and (3) the temporary need for meals delivered to the resident ' s room.</p> <p>Based on interview and record review, the facility failed to provide a resident's requested preference for fried eggs for breakfast. This affected 1 of 3 residents interviewed regarding food served at the facility, and 1 of 11 residents reviewed in a sample of 11. (Resident #110)</p> <p>Findings include:</p> <p>During the initial tour of the facility on 9/19/11 at 10:20 A.M., L.P.N. #1 indicated Resident #110 was interviewable.</p> <p>During an interview on 9/20/11 at 11:10 A.M., Resident #110 indicated the food could be better. "I would like an egg over-easy, I'm so tired of scrambled eggs. I don't know what a person has to do to get a fried egg around here."</p>	R0270	<p>1. Corrective action to be completed include a review/update of resident #110's likes/dislikes.2. Other residents residing within the memory care unit will be reviewed/updated for food likes/dislikes.3. For the specific resident noted in the survey findings, a fried egg will be included as part of the rotation of breakfast selections that will vary throughout the week. The breakfast menu is varied to accomodate a broad mix of resident preferences. In addition, the noted resident will also be informed of and offered the option of a fried egg sandwich for lunch each friday. 4. Food preferences will be updated every six months and as needed per expressed preferences as noted by resident and/or legal representative.5. The changes will be completed by 11/13/2011.</p>	11/13/2011			

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	<p>During an interview on 9/20/11 at 12:20 P.M., the Dietary Manager indicated the facility doesn't fry eggs. They use the liquid pasteurized eggs which are scrambled.</p> <p>The clinical record for Resident #110 was reviewed on 9/21/11 at 9:15 A.M. The resident was admitted to the facility on 9/12/09, did not have an allergy to eggs and was on a regular diet. Resident #110 had been at the facility for 24 months.</p> <p>A review of the facility menu on 9/20/11 at 1:30 P.M. indicated the only choice for eggs was scrambled.</p> <p>During an interview on 9/21/11 at 9:30 A.M., L.P.N. #1 indicated the kitchen had a card with resident's food likes and dislikes, but the nursing staff wouldn't know a resident's likes and dislikes regarding food.</p> <p>A review of the food likes and dislikes of Resident #110 with the Dietary Manager, on 9/21/11 at 9:40 A.M., indicated Resident #110 liked eggs and bacon in the morning.</p> <p>During an interview on 9/21/11 at 10:00 A.M., the Administrator indicated the residents were offered many choices at each meal, and the facility could not</p>				

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R0328	<p>always provide each resident with everything they might want to eat. He indicated cooked eggs were only offered as "scrambled."</p> <p>(c) An activities director shall be designated and must be one (1) of the following: (1) A recreation therapist. (2) An occupational therapist or a certified occupational therapy assistant. (3) An individual who has satisfactorily completed or will complete within one (1) year an activities director course approved by the division.</p> <p>Based on record review and interview, the facility failed to designate an Activities Director who had qualifications to oversee activities programs appropriate to the abilities and interests of the residents. This had the potential to impact 124 of 124 residents currently residing in the facility.</p> <p>Findings include:</p> <p>Following the entrance conference on 9/19/11 at 10:30 A.M., the Director of Nursing provided a list of key personnel in the facility, and the completed "Employee Records" forms (State Form 5440) which listed all current employees in the facility.</p>	R0328	<p>1. Corrective action will be to secure consultation from an individual who is either a recreation therapist, an occupational therapist or occupational therapist assistant, or a person who has completed a division approved course and has two years of experience. 2. The Executive Director is in process of interviewing candidates for the Activities Director position.3. Until such time that the Activities Director position is filled, consultation will be provided from a qualified individual. 4. The Executive Director will continue to provide oversight/direction of the Activities Program in conjunction with consultation from a qualified individual. 5. The changes will be completed by 11/13/2011.</p>	11/13/2011	

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	<p>The "List of Key Personnel" form listed the Administrator as the Activity Director.</p> <p>The "Employee Records" forms listed 9 "activity" staff, none of who were identified as the Activity Director.</p> <p>In an interview during the daily conference on 9/20/11 at 3:20 P.M., the Administrator indicated the facility had been without an Activity Director for 2 weeks. Although he had been conducting interviews and had more scheduled, no one had yet been hired for that position. The Administrator indicated he was "sort of" the acting Activity Director, but did not have any of the qualifications required by the State Residential rule--i.e. a recreation therapist, an occupational therapist, an occupational therapy assistant, or completion of the division [Division of Long Term Care, Indiana State Department of Health] approved activities director course.</p> <p>In the interview, the Administrator also indicated the facility did have 9 activity assistants, and were the ones identified on the "Employee Records" forms for that department. Most of the activity assistants worked only part-time, and none had the qualifications required to perform as an Activity Director. The Administrator indicated the facility's</p>				

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R0349	<p>ownership entity did not have an Activity consultant, and the facility had not sought any other interim consultant to oversee the Activity Department and programs until an Activity Director was hired.</p> <p>He indicated the 9 Activity Department staff were continuing to provide activities that had been previously planned and listed on the calendar. The activities listed for 9/19 and 9/20/11 were observed to be completed as scheduled.</p> <p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on observation, interview and record review, the facility failed to completely and accurately document interventions used prior to administering a P.R.N. [as needed] anti-anxiety medication, for 1 of 1 residents reviewed who exhibited exit-seeking behaviors; in a sample of 11 residents. [Resident #121]</p> <p>Findings include:</p>	R0349	<p>1. The corrective action will be to ensure that all interventions used prior to administering a PRN anti-anxiety medication are accurately documented.2. A review of memory care residents' charts will be completed to ensure all interventions used prior to administration of a PRN anti-anxiety medication are being accurately documented.3. Nursing staff will be educated regarding the need to document interventions used before</p>	11/13/2011			

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	<p>In an interview during the initial orientation tour on 9/19/11 at 10:30 A.M., L.P.N. #1 indicated Resident #121 was ambulatory and frequently went to the exit doors seeking a way out.</p> <p>The clinical record for Resident #121 was reviewed on 9/20/11 at 10:30 A.M. Diagnoses included, but were not limited to, senile dementia--Alzheimer's type, coronary artery disease, chronic kidney disease, hypertension, history of increased behaviors due to urinary tract infection, and anxiety.</p> <p>On 11/11/10, the attending physician gave an order for Xanax [an anti-anxiety medication] 0.5 mg. [milligrams] one by mouth twice a day P.R.N.</p> <p>An undated Service Plan titled "Interventions for High Elopement Risk" indicated the following:</p> <p>"Please try these interventions when resident is exhibiting wandering/exit-seeking behaviors. Please look at list and attempt interventions before administering medication for behaviors....</p> <p>Please try these interventions. Please document in the nurses notes what you have tried and the effectiveness."</p>		<p>administering PRN anti-anxiety medications.4. The DON and/or designee will complete and document monthly audits to ensure proper documentaton of interventions is occurring.5. Changes to be completed by 11/13/2011.</p>				

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	<p>There were 4 items listed to try "First," such as "Try to determine what was happening prior to the behavior...." These were followed by 9 "Interventions," such as "... 2. Walk and talk with resident, attempting to calm resident; 3. Offer resident a snack and/or drink...."</p> <p>The January, 2011 M.A.R. [Medication Administration Record] indicated the resident received a dose of P.R.N. Xanax on 1/1, 1/2, 1/4, 1/5, 1/6, 1/7, 1/8, 1/11, and 1/12/11. These doses were listed on the reverse side of the M.A.R., with the "reason" for administration as "agitation" and "increased agitation." There was no documentation indicating if any interventions had been tried; or, if tried, which intervention(s) were used; and if used, what the effect/lack of effect was, prior to the administration of the Xanax.</p> <p>Nurse's Notes had entries on 1/4, 1/5 and 1/6/11 which documented the administration of the P.R.N. Xanax. There was no documentation indicating if any interventions had been tried; or, if tried, which intervention(s) were used; and if used, what the effect/lack of effect was, prior to the administration of the Xanax.</p> <p>The February, 2011 M.A.R. indicated the</p>						

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	<p>resident received a dose of P.R.N. Xanax on 2/16/11. This dose was listed on the reverse side of the M.A.R., with the "reason" for administration as "agitation." There was no documentation indicating if any interventions had been tried; or, if tried, which intervention(s) were used; and if used, what the effect/lack of effect was, prior to the administration of the Xanax.</p> <p>There was no Nurse's Notes entry for 2/16/11.</p> <p>The March, 2011 M.A.R. indicated the resident received a dose of P.R.N. Xanax on 3/27, and 3/28/11 at 8:30 A.M. and 5:00 P.M. These doses were listed on the reverse side of the M.A.R., with the "reason" for administration as "anxious" and "exit-seeking." There was no documentation indicating if any interventions had been tried; or, if tried, which intervention(s) were used; and if used, what the effect/lack of effect was, prior to the administration of the Xanax.</p> <p>There was no Nurse's Notes entry for 3/27/11. An entry on 3/28/11 at 8:30 A.M. indicated the resident had been taken to activities several times but would not stay, and "sat with resident and gave coffee...." There was no entry for 3/28/11 at 5:00 P.M.</p>						

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	<p>The April, 2011 M.A.R. indicated the resident received a dose of P.R.N. Xanax on 4/5 and 4/27/11. These doses were listed on the reverse side of the M.A.R., with the "reason" for administration as "exit seeking." A note for each indicated "unable to be redirected," and "interventions ineffective." There was no documentation indicating which intervention(s) were used.</p> <p>There was no Nurse's Note entry for 4/5/11. An entry on 4/27/11 at 5:30 P.M. indicated "... tried taking resident for walk. Resident refused. P.R.N. Ativan [Xanax] given at this time...."</p> <p>The May, 2011 M.A.R. indicated the resident received a dose of P.R.N. Xanax on 5/10/11. This dose was listed on the reverse side of the M.A.R., with the "reason" for administration as "agitated" and "exit seeking." There was no documentation indicating if any interventions had been tried; or, if tried, which intervention(s) were used; and if used, what the effect/lack of effect was, prior to the administration of the Xanax.</p> <p>There was no Nurse's Notes entry for 5/10/11.</p> <p>The June, 2011 M.A.R. indicated the</p>						

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	<p>resident had not received any doses of the P.R.N. Xanax.</p> <p>The July, 2011 M.A.R. indicated the resident received a dose of P.R.N. Xanax on 7/7/11 at 9:00 A.M. These dose was listed on the reverse side of the M.A.R., with the "reason" for administration as "agitation." There was no documentation indicating if any interventions had been tried; or, if tried, which intervention(s) were used; and if used, what the effect/lack of effect was, prior to the administration of the Xanax.</p> <p>A Nurse's Notes entry on 7/7/11 at 8:30 A.M. indicated "Resident beating on main entrance door and kitchen door. Resident states 'I got to go.' Will not sit down for breakfast, unable to be redirected. P.R.N. Xanax given." There was no documentation indicating if any interventions had been tried; or, if tried, which intervention(s) were used; and if used, what the effect/lack of effect was, prior to the administration of the Xanax.</p> <p>On 9/20/11 at 10:30 A.M., the resident was observed walking in the hallway, in the company of one of the unit C.N.A.s. The C.N.A. was talking with the resident and offering him some coffee or a snack. He was observed ten minutes later walking with a different staff member.</p>						

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	<p>That staff person was also talking with him about his interests, and was encouraging him to participate in the Bingo activity.</p> <p>During the daily conference on 9/20/11 at 3:20 P.M., the Director of Nursing was given the opportunity to submit any additional documentation indicating if any interventions had been tried; or, if tried, which intervention(s) were used; and if used, what the effect/lack of effect was, prior to the administration of the Xanax.</p> <p>In an interview prior to the formal exit on 9/21/11 at 10:00 A.M., the Director of Nursing indicated she had no other documentation available to review.</p>				