

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155683	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/19/2012
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NAME OF PROVIDER OR SUPPLIER  B & B CHRISTIAN HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3208 N SHERMAN DR INDIANAPOLIS, IN 46218
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00110454.</p> <p>Complaint IN00110454 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 16, 17, 18 &amp; 19, 2012</p> <p>Facility number: 011032 Provider number: 155683 AIM number: 200262860</p> <p>Survey team: Diana Zgonc RN, TC Connie Landman RN Lora Brettnacher RN Christi Davidson RN</p> <p>Census bed type: SNF/NF: 8 NF: 23 Total: 31</p> <p>Census payor type: Medicaid: 30 Other: 1 Total: 31</p> <p>These deficiencies reflect state</p>	F0000		

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

TITLE

(X6) DATE

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

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	findings cited in accordance with 410 IAC 16.2.  Quality review 7/25/12 by Suzanne Williams, RN			

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F0159 SS=E	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount</p>			

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	<p>in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on record review and interview, the facility failed to establish and maintain a system according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf for 4 of 4 residents who were identified by the facility has having minimal to no family involvement, cognitively impaired, and medicaid recipients (Resident #34, #4, #35, #1).</p> <p>Findings:</p> <p>1. Resident #34's record was reviewed on 7/18/2012 at 3:00 P.M. Resident #34 was admitted on 12/9/2011 and had current diagnoses which included paranoid schizophrenia and was oriented to self and immediate surroundings. Social service note dated 12/11/2011 indicated Resident #34 did not have any family involvement. A social service note dated 12/10/2011 indicated Resident #34 had diagnoses of mental retardation and</p>	F0159	<p>A new policy and procedure was implemented on July 20, 2012. All residents were assessed for the ability to manage their funds. All residents with dementia and no family members were identified. Their funds will be managed by the Social Services Director on a monthly basis. Receipts for the personal items purchased by the Social Services Director will be kept on a monthly basis. Residents with family members that manage their funds will have seven days, following the third of each month, to pick up their check and sign a receipt. This will be monitored by the Administrator. Resident's family and/or responsible parties have been notified about the new policy and procedure. If the funds are not picked up within the seven day time frame, the monies will be converted into a cashiers check which will be mailed to the responsible party. All monies will be disbursed by the end of the month. No patient's funds will be kept in the facility for more than 30 days. Residents that receive money to use in house, for their personal use, will have that money dispensed by the</p>	07/20/2012

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	<p>schizophrenia.</p> <p>A current care plan, originally dated 12/22/2011 and last updated 6/20/2012, indicated Resident #34 demonstrated cognitive impairment related to paranoid schizophrenia and had a short attention span and a poor ability to follow directions.</p> <p>During an interview on 7/17/2012 at 12:45 P.M., the Business Office Manager (BOM) indicated resident funds were not held at the facility. Residents signed an agreement when they were admitted. At the beginning of each month, if the resident was assessed to be able to manage their funds, the \$52.00 was given in its entirety to the resident. If the resident was not alert enough to handle the money and if a family member was available, the money would be given to the family member. If the resident was not alert and oriented enough to handle the money and there were no family members, the money was sent to the funeral home for the pre-payment of funeral cost. Residents were not provided with a method to safe guard their cash. During this interview the BOM stated, "We do not keep residents' money here. It is a pass-through system...This is the way (the owner</p>		<p>Business Office Manager. Residents will be encouraged to withdraw on a weekly basis. All residents' monies will be kept in separate envelopes. Two signatures will be required for all withdrawals. All residents have the same potential to be affected by the prior deficient practice. To ensure that the deficient practice does not re-occur, a new policy and procedure for maintaining resident's personal funds was put in place. This will be monitored on a quarterly basis by the Administrator and the Q.A. Committee. Date Completed: July 20, 2012 Addendum Date August 16, 2012</p>				

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	<p>named) prefers to do it. We just had our Medicaid audit and at first they had questions, but I explained it to them and then they were ok with it. We would hold their money if they asked us to, but please don't talk it up to the residents; it is too much work. The bottom line is the residents are taken care of. We give them their cash all at once and if they spend it all on cigarettes or pop we make sure they are taken care of. We pay for their hair care and anything else they would need through donations or we would buy it. Lets face it. This population is . . . indigent. I have to explain things to them more than once. If they have to choose to get a hair cut or buy smokes or junk they are going to buy cigarettes and junk so we make sure they have their needs taken care of. . . If they are confused we have two signatures witness when they receive their money. . . We would see signs if money was being stolen. If we gave them cash and it is gone in a few days, we would question."</p> <p>During an interview on 7/17/2012 at 3:00 P.M., the Business Office Manager (BOM) indicated Resident #34 received a \$52.00 a month allotment out of his Medicaid funds. A check was written to Resident #34</p>			

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	<p>each month but he (the BOM) took the check to the bank and cashed the check then gave Resident #34 the cash after he signed a receipt for the money. At this time, receipts for funds given to Resident # 34 for the months of January through July 2012, any assessments of Resident #34's ability to manage his money all at once, and the signed agreement by Resident # 34 which indicated he did or did not want the facility to hold his funds in an account were requested.</p> <p>During an interview on 7/17/2012 at 3:35 P.M., Resident #34 stated, "Yes, I get \$200.00 a month. I think."</p> <p>Review of documents provided by the facility on 7/17/2012 at 4:30 P.M. titled "Resident's Fund Withdrawal" for funds dispersed to Resident #34 from January-July 2012 indicated receipts for January and February were not available. The amount given and the witness signature lines were left blank on the receipts for April 2012. There was no documentation of amount given for June 2012 (Resident and witness signed). March and May indicated \$52.00 was given but with only one witness signature.</p> <p>Accounting ledgers for Resident #34</p>			

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	<p>for 2012 were requested from the Business Office Manager and were not provided. The Business Office Manager stated on 7/17/2012 at 3:00 P.M. she would provide the ledgers in the morning. On 7/18/2012 at 9:30 A.M., the BOM indicated she did not have any further information. Financial ledgers for 2012, assessments of his ability to manage personal funds, or documentation of the admission agreement were not provided.</p> <p>2. Resident #4's clinical record was reviewed on 7/19/2012 at 12:18 P.M. Resident #4 was admitted to the facility on 7/22/2002. Resident #4 had current diagnoses which included schizophrenia and dementia. The clinical record indicated Resident #4 was alert to self and place only. A current care plan, originally dated 3/26/12 and last updated 5/30/12, indicated resident #4 demonstrated cognitive impairment related to a diagnosis of dementia and had short term memory and long term memory loss.</p> <p>During an interview on 7/17/2012 at 3:30 P.M., Resident #4 stated, "I am supposed to get money every month. I don't know how much I get. The last time I got paid I put the money in my</p>				

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	<p>pocket and it went to the laundry and I never got it back. I lose it most of the time."</p> <p>During an interview on 7/17/2012 at 3:00 P.M., the BOM indicated Resident #4 received a \$52.00 a month allotment out of his Medicaid funds. A check was written to Resident #4 each month, but she (the BOM) took the check to the bank and cashed the check, then gave Resident #4 the cash after he signed a receipt for the money. At this time, receipts for funds given to Resident #4 for the months of January through July 2012, any assessments of Resident #4's ability to manage his money all at once, and the signed agreement by Resident #4 which indicated he did or did not want the facility to hold his funds in an account, were requested.</p> <p>Review of documents titled "Resident's Fund Withdrawal" for funds dispersed to Resident #4 from January-July 2012, provided by the facility on 7/17/2012 on 4:30 P.M., indicated no one signed as a witness for monies given in January and May 2012. February, March, April, June, and July receipts had one witness signature for the \$52.00 given to Resident #4.</p>			

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	<p>Accounting Ledgers for Resident #4 for 2012 were requested from the Business Office Manager and were not provided. The BOM stated on 7/17/2012 at 3:00 P.M. she would provide the ledgers in the morning. On 7/18/2012 at 9:30 A.M., the BOM indicated she did not have any further information. Financial ledgers for 2012, assessments of his ability to manage personal funds, or documentation of the admission agreement were not provided.</p> <p>3. Resident #1's record was reviewed on 7/19/2012 at 12:41 P.M. Resident #1 was admitted on 9/23/10 and had current diagnoses which included schizophrenia, senile dementia, Alzheimer's type. A physician's annual history and physical note dated 9/28/11 indicated Resident #1 was not aware of her medical condition due to her cognition. Social Service notes indicated Resident #1 appeared to be a poor historian and had no recall of why she was in the facility. A current care plan, originally dated 5/6/12, indicated Resident #1 had a cognitive deficit related to dementia/Alzheimer's.</p> <p>During an interview on 7/17/2012 at 3:30 P.M., Resident #1 indicated she</p>			

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	<p>only received \$25.00 a month.</p> <p>During an interview on 7/17/2012 at 3:00 P.M., the BOM indicated Resident #1 received a \$52.00 a month allotment out of her Medicaid funds. A check was written to Resident #1 each month but she (the BOM) took the check to the bank and cashed the check then gave Resident #1 the cash after she signed a receipt for the money. At this time, receipts for funds given to Resident #1 for the months of January through July 2012, any assessments of Resident #1's ability to manage her money all at once, and the signed agreement by Resident #1 which indicated she did or did not want the facility to hold her funds in an account, were requested.</p> <p>Review of documents titled "Resident's Fund Withdrawal" for funds dispersed to Resident #1 from January-July 2012 provided by the facility on 7/17/2012 on 4:30 P.M. indicated for February 2012 and April 2012 the resident had signed for money but there was not a signature of a witness or amount given. The resident signed for \$52.00 for the month of June 2012 but no one signed as a witness. January, March, May, and July 2012 only had one witness signature.</p>				

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	<p>Accounting Ledgers for Resident #1 for 2012 were requested from the Business Office Manager and were not provided. The BOM stated on 7/17/2012 at 3:00 P.M. she would provide the ledgers in the morning. On 7/18/2012 at 9:30 A.M., the BOM indicated she did not have any further information. Financial ledgers for 2012, assessments of her ability to manage personal funds, or documentation of the admission agreement were not provided.</p> <p>4. Resident #35's record was reviewed on 7/19/2012 at 12:59 P.M. Resident #35 was admitted on 2/9/12 and had current diagnoses which included senile dementia Alzheimer's type and was oriented to person and place only. A physician's note dated 2/12/2012 indicated Resident #35 was not aware of her medical condition due to senile dementia Alzheimer's type. A social service noted dated 2/8/12 indicated Resident #35 presented with dementia, substance abuse and was alert to her immediate surroundings. Resident #35 had been a victim of drug abuse, wandering around at night giving her money away. Resident #35 had a current care plan dated 2/9/2012 and last updated 5/30/2012 which</p>				

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	<p>indicated Resident #35 demonstrated cognitive impairment related to a diagnosis of dementia and had impaired decision making.</p> <p>During an interview on 7/17/2012 at 3:00 P.M., The BOM indicated Resident #35 received a \$52.00 a month allotment out of her Medicaid funds. A check was written to Resident #35 each month but she (the BOM) took the check to the bank and cashed the check then gave Resident #35 the cash after she signed a receipt for the money. At this time, receipts for funds given to Resident #35 for the months of January through July 2012, any assessments of Resident #35's ability to manage her money all at once, and the signed agreement by Resident #35 which indicated she did or did not want the facility to hold her funds in an account, were requested.</p> <p>During an interview on 7/17/2012 at 3:34 P.M., Resident #35 indicated she was not sure how much money she received. Resident #35 stated, "If funds are low they give me less."</p> <p>Review of documents titled "Resident's Fund Withdrawal" for funds dispersed to Resident #35 from February-July 2012 provided by the</p>				

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	<p>facility on 7/17/2012 on 4:30 P.M. indicated receipts were not available for March 2012. April's receipt did not have a witness signature. May and June had only one signature. July's receipt did not have an amount given.</p> <p>Accounting Ledgers for Resident #35 for 2012 were requested from the Business Office Manager and were not provided. On 7/17/2012 at 3:00 P.M., The Business Office manager indicated she would provide the ledgers in the morning. On 7/18/2012 at 9:30 A.M., the Business Office Manager indicated she did not have any further information. Financial ledgers for 2012, assessments of her ability to manage personal funds, or documentation of the admission agreement were not provided.</p> <p>Review of a current policy provided by the facility on 7/17/2012 at 12:45 P.M. titled "Management of Resident's Trust Fund accounts" indicated, "Purpose: to ensure each resident admitted to B &amp; B Christian Healthcare shall have the opportunity to, and be encouraged to manage his/her own personal affairs. This shall be done in a manner that provides for the safekeeping of residents monies and assures accountability of resident trust funds..</p>				

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	<p>.B &amp; B Christian Healthcare does not maintain funds for residents. . . Funds deposited into this account will be redistributed to the resident, designated representative of the resident or to other entities as directed by the resident or designated representative of the resident. For cognitively impaired residents, the Social Services director will ensure the residents clothing items and other items are purchased. All receipts must be presented for reimbursement. Any leftover monies will be conveyed to the selected funeral home. Each resident or legal representative will have the opportunity to establish a resident trust account. . .The resident or representative must complete an authorization form authorizing the facility to establish the trust funds account. . .Signed withdrawal slips are required for resident trust fund cash withdrawal. A ledger shall be maintained in the business office for each resident, on a quarterly basis and/or upon request each resident with a trust account will be given a statement.. "</p> <p>The owner and the Administrator were interviewed on 7/18/2012 at 10:30 A.M. During this interview the owner of the facility indicated she</p>			
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	<p>thought residents' funds were being managed and handed out a little at a time. The Administrator indicated their system for managing funds was not adequate. No further documentation was provided.</p> <p>3.1-6(e)</p>			

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F0221 SS=D	<p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on observation, interview and record review, the facility failed to ensure the use of a full side rail on a resident's bed that was placed against the wall, was required to treat the resident's medical symptoms and was the least restrictive device to use, for 1 of 1 resident who met the criteria for restraints. (#36)</p> <p>Findings include:</p> <p>The record for Resident #36 was reviewed on 7/17/12 at 10:05 a.m.</p> <p>Diagnoses included, but were not limited to progressive Alzheimer's, diabetes, hypertension and blindness.</p> <p>The most recent quarterly MDS [Minimum Data Set] Assessment dated 6/7/12 indicated the brief mental status interview was not conducted with the resident due to the resident rarely or never being understood. The MDS indicated Resident #36 was totally dependent on staff for all ADL's [Activities of Daily Living] and required one person</p>	F0221	<p>Siderails were removed from resident #36's bed. As an alternative measure, the resident was given a low bed and a pad was placed on the floor beside the bed. All siderails were removed from the facility by the Maintenance Department. All residents were identified to have the potential to be affected by this deficient procedure. A new policy and procedure was written and implemented. All residents must be assessed for the use of siderails or any form of restraints before they are utilized. All restraints must have a Doctor's Order. The D.O.N. must be notified prior to their usage. This will be monitored by the D.O.N. and the Administrator on a daily basis and quarterly by the Q.A. Committee. Date Completed: July 20, 2012</p>	07/20/2012	

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	<p>physical assist for transfers. The MDS indicated that a bed rail was not used.</p> <p>A pre-restraining Assessment dated 2/29/12 indicated Resident #36 was alert, had a short attention span and was disoriented. The assessment indicated Resident #36 had no vision in the right or left eye. The assessment indicated Resident #36 was not steady on her feet. The recommendations indicated, "...Side rails...."</p> <p>A physician's order dated 7/16/12, untimed, indicated, "full side Rails (sic) for positioning when in Bed (sic)."</p> <p>During an observation on 7/16/12 at 10:42 a.m., Resident #36 was in the bed with the bed spread over her head, the bed was against the wall, and a full side rail was up on the other side.</p> <p>During an observation on 7/16/12 at 12:22 p.m., Resident #36 was up in a wheel chair at the dining room table. Resident #36 was pulling at the clothing protector and twisting it and did not respond to her name when addressed. Resident #36 was being fed by a staff member.</p>			

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	<p>During an interview on 7/16/12 at 1:30 p.m., the DoN indicated Resident #36 could potentially get out of the bed. The DoN indicated the side rail would prevent her from getting out of bed when the side rail was raised. The DoN indicated she was not aware the resident had a full side rail on the bed until today. The DoN indicated the resident's family member was in to visit yesterday and wrote a note requesting side rails for safety.</p> <p>During an interview on 7/16/12 at 4:30 p.m., the DoN indicated the full side rail was put on the bed for safety measures after the resident's family member requested side rails.</p> <p>A nurses note dated 7/16/12 at 5:00 p.m. indicated, "Resident reassessed for Side (sic) rails talked [sign for with] MD [Medical Doctor] [sign for and] Son (sic) to see if...possibly find a way to remove the side rails [sign for and] keep her safe...."</p> <p>During an observation on 7/17/12 at 1:14 p.m., Resident #36 was up in a wheelchair with skid proof slippers on. Resident #36 was observed propelling self down the hall using both feet and wheeling the wheel</p>						

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	<p>chair wheels with both hands.</p> <p>During an observation on 7/17/12 at 1:35 p.m., Resident #36 was able to slightly shuffle her feet and pivot while being transferred into the bed from the wheel chair with the assistance of two staff members.</p> <p>During an interview on 7/17/12 at 9:16 a.m., the DoN indicated the side rail was placed on the bed on 7/15/12. The DoN indicated there was not an updated assessment or care plan documented at that time. The DoN indicated Resident #36 did not have the strength to attempt to stand. The DoN indicated two people assist the resident to get the resident up. The DoN indicated Resident #36 "would roll out of bed."</p> <p>During an interview on 7/18/12 at 2:05 p.m., the facility policy for side rails and restraints was requested from the DoN.</p> <p>A facility policy, indicated as current, dated 6/13/08, titled, "Bedrail Policy," and provided on 7/18/12 at 2:23 p.m. by the DoN, indicated, "Purpose: To ensure the resident's safety and the facility's safety compliance...." The policy lacked documentation addressing the assessment, obtaining</p>						

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	<p>a physician's order or developing a care plan for the use of side rails.</p> <p>The facility was unable to provide a policy addressing using a side rail as a restraint.</p> <p>3.1-3(w) 3.1-26(o)</p>			

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F0250 SS=E	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on interview and record review, the facility failed to provide the appropriate social services to assess, identify, and provide assistance for 4 of 4 residents reviewed who were cognitively impaired and unable to manage their personal funds (Residents # 34, #4, #35, #1).</p> <p>Findings include:</p> <p>1. Resident #34's record was reviewed on 7/18/2012 at 3:00 P.M. Resident #34 was admitted on 12/9/2011 and had current diagnoses which included paranoid schizophrenia and was oriented to self and immediate surroundings. Social service note dated 12/11/2011 indicated Resident #34 did not have any family involvement. A social service note dated 12/10/2011 indicated Resident #34 had diagnoses of mental retardation and schizophrenia.</p> <p>A current care plan, originally dated 12/22/2011 and last updated 6/20/2012, indicated Resident #34</p>	F0250	<p>A new policy and procedure was implemented on July 20, 2012. All residents were assessed for the ability to manage their funds. All residents' mental statuses were also assessed by the Social Services Director and the D.O.N. All residents with dementia and no family members were identified. Their funds will be managed by the Social Services Director on a monthly basis. Receipts for the personal items purchased by the Social Services Director will be kept on a monthly basis. Residents with family members that manage their funds will have seven days, following the third of each month, to pick up their check and sign a receipt. This will be monitored by the Administrator. Residents that receive money to use in house, for their personal use, will have that money dispensed by the Business Office Manager. Residents will be encouraged to withdraw on a weekly basis. All residents' monies will be kept in separate envelopes. Two signatures will be required for all withdrawals. The Social Services Director will be responsible for utilizing the \$52 personal needs allowance, of the cognitively</p>	07/20/2012			

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	<p>demonstrated cognitive impairment related to paranoid schizophrenia and had a short attention span and a poor ability to follow directions.</p> <p>During an interview on 7/17/2012 at 12:45 P.M., the Business Office Manager (BOM) indicated resident funds were not held at the facility. Residents signed an agreement when they were admitted. At the beginning of each month, if the resident was assessed to be able to manage their funds, the \$52.00 was given in its entirety to the resident. If the resident was not alert enough to handle the money and if a family member was available, the money would be given to the family member. If the resident was not alert and oriented enough to handle the money and there were no family members, the money was sent to the funeral home for the pre-payment of funeral cost. Residents were not provided with a method to safe guard their cash. During this interview the BOM stated, "We do not keep residents' money here. It is a pass-through system...This is the way (the owner named) prefers to do it. We just had our Medicaid audit and at first they had questions, but I explained it to them and then they were ok with it. We would hold their money if they</p>		<p>impaired residents, to purchase personal items and clothing. All receipts will be maintained on a monthly basis. All residents have the same potential to be affected by the prior deficient practice. To ensure that the deficient practice does not re-occur, a new policy and procedure for maintaining resident's personal funds was put in place. This will be monitored on a quarterly basis by the Administrator and the Q.A. Committee. Date Completed: July 20, 2012</p>				

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	<p>asked us to, but please don't talk it up to the residents; it is too much work. The bottom line is the residents are taken care of. We give them their cash all at once and if they spend it all on cigarettes or pop we make sure they are taken care of. We pay for their hair care and anything else they would need through donations or we would buy it. Lets face it. This population is . . . indigent. I have to explain things to them more than once. If they have to choose to get a hair cut or buy smokes or junk they are going to buy cigarettes and junk so we make sure they have their needs taken care of. . . If they are confused we have two signatures witness when they receive their money. . . We would see signs if money was being stolen. If we gave them cash and it is gone in a few days, we would question."</p> <p>During an interview on 7/17/2012 at 3:00 P.M., the Business Office Manager (BOM) indicated Resident #34 received a \$52.00 a month allotment out of his Medicaid funds. A check was written to Resident #34 each month but he (the BOM) took the check to the bank and cashed the check then gave Resident #34 the cash after he signed a receipt for the money. At this time, receipts for</p>			

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	<p>funds given to Resident # 34 for the months of January through July 2012, any assessments of Resident #34's ability to manage his money all at once, and the signed agreement by Resident # 34 which indicated he did or did not want the facility to hold his funds in an account were requested.</p> <p>During an interview on 7/17/2012 at 3:35 P.M., Resident #34 stated, "Yes, I get \$200.00 a month. I think."</p> <p>Review of documents provided by the facility on 7/17/2012 at 4:30 P.M. titled "Resident's Fund Withdrawal" for funds dispersed to Resident #34 from January-July 2012 indicated receipts for January and February were not available. The amount given and the witness signature lines were left blank on the receipts for April 2012. There was no documentation of amount given for June 2012 (Resident and witness signed). March and May indicated \$52.00 was given but with only one witness signature.</p> <p>Accounting ledgers for Resident #34 for 2012 were requested from the Business Office Manager and were not provided. The Business Office Manager stated on 7/17/2012 at 3:00 P.M. she would provide the ledgers in</p>			

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	<p>the morning. On 7/18/2012 at 9:30 A.M., the BOM indicated she did not have any further information. Financial ledgers for 2012, assessments of his ability to manage personal funds, or documentation of the admission agreement were not provided.</p> <p>2. Resident #4's clinical record was reviewed on 7/19/2012 at 12:18 P.M. Resident #4 was admitted to the facility on 7/22/2002. Resident #4 had current diagnoses which included schizophrenia and dementia. The clinical record indicated Resident #4 was alert to self and place only. A current care plan, originally dated 3/26/12 and last updated 5/30/12, indicated resident #4 demonstrated cognitive impairment related to a diagnosis of dementia and had short term memory and long term memory loss.</p> <p>During an interview on 7/17/2012 at 3:30 P.M., Resident #4 stated, "I am supposed to get money every month. I don't know how much I get. The last time I got paid I put the money in my pocket and it went to the laundry and I never got it back. I lose it most of the time."</p> <p>During an interview on 7/17/2012 at</p>				

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	<p>3:00 P.M., the BOM indicated Resident #4 received a \$52.00 a month allotment out of his Medicaid funds. A check was written to Resident #4 each month, but she (the BOM) took the check to the bank and cashed the check, then gave Resident #4 the cash after he signed a receipt for the money. At this time, receipts for funds given to Resident #4 for the months of January through July 2012, any assessments of Resident #4's ability to manage his money all at once, and the signed agreement by Resident #4 which indicated he did or did not want the facility to hold his funds in an account, were requested.</p> <p>Review of documents titled "Resident's Fund Withdrawal" for funds dispersed to Resident #4 from January-July 2012, provided by the facility on 7/17/2012 on 4:30 P.M., indicated no one signed as a witness for monies given in January and May 2012. February, March, April, June, and July receipts had one witness signature for the \$52.00 given to Resident #4.</p> <p>Accounting Ledgers for Resident #4 for 2012 were requested from the Business Office Manager and were not provided. The BOM stated on</p>			

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	<p>7/17/2012 at 3:00 P.M. she would provide the ledgers in the morning. On 7/18/2012 at 9:30 A.M., the BOM indicated she did not have any further information. Financial ledgers for 2012, assessments of his ability to manage personal funds, or documentation of the admission agreement were not provided.</p> <p>3. Resident #1's record was reviewed on 7/19/2012 at 12:41 P.M. Resident #1 was admitted on 9/23/10 and had current diagnoses which included schizophrenia, senile dementia, Alzheimer's type. A physician's annual history and physical note dated 9/28/11 indicated Resident #1 was not aware of her medical condition due to her cognition. Social Service notes indicated Resident #1 appeared to be a poor historian and had no recall of why she was in the facility. A current care plan, originally dated 5/6/12, indicated Resident #1 had a cognitive deficit related to dementia/Alzheimer's.</p> <p>During an interview on 7/17/2012 at 3:30 P.M., Resident #1 indicated she only received \$25.00 a month.</p> <p>During an interview on 7/17/2012 at 3:00 P.M., the BOM indicated Resident #1 received a \$52.00 a</p>			

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	<p>month allotment out of her Medicaid funds. A check was written to Resident #1 each month but she (the BOM) took the check to the bank and cashed the check then gave Resident #1 the cash after she signed a receipt for the money. At this time, receipts for funds given to Resident #1 for the months of January through July 2012, any assessments of Resident #1's ability to manage her money all at once, and the signed agreement by Resident #1 which indicated she did or did not want the facility to hold her funds in an account, were requested.</p> <p>Review of documents titled "Resident's Fund Withdrawal" for funds dispersed to Resident #1 from January-July 2012 provided by the facility on 7/17/2012 on 4:30 P.M. indicated for February 2012 and April 2012 the resident had signed for money but there was not a signature of a witness or amount given. The resident signed for \$52.00 for the month of June 2012 but no one signed as a witness. January, March, May, and July 2012 only had one witness signature.</p> <p>Accounting Ledgers for Resident #1 for 2012 were requested from the Business Office Manager and were not provided. The BOM stated on</p>				

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	<p>7/17/2012 at 3:00 P.M. she would provide the ledgers in the morning. On 7/18/2012 at 9:30 A.M., the BOM indicated she did not have any further information. Financial ledgers for 2012, assessments of her ability to manage personal funds, or documentation of the admission agreement were not provided.</p> <p>4. Resident #35's record was reviewed on 7/19/2012 at 12:59 P.M. Resident #35 was admitted on 2/9/12 and had current diagnoses which included senile dementia Alzheimer's type and was oriented to person and place only. A physician's note dated 2/12/2012 indicated Resident #35 was not aware of her medical condition due to senile dementia Alzheimer's type. A social service noted dated 2/8/12 indicated Resident #35 presented with dementia, substance abuse and was alert to her immediate surroundings. Resident #35 had been a victim of drug abuse, wandering around at night giving her money away. Resident #35 had a current care plan dated 2/9/2012 and last updated 5/30/2012 which indicated Resident #35 demonstrated cognitive impairment related to a diagnosis of dementia and had impaired decision making.</p>			

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	<p>During an interview on 7/17/2012 at 3:00 P.M., The BOM indicated Resident #35 received a \$52.00 a month allotment out of her Medicaid funds. A check was written to Resident #35 each month but she (the BOM) took the check to the bank and cashed the check then gave Resident #35 the cash after she signed a receipt for the money. At this time, receipts for funds given to Resident #35 for the months of January through July 2012, any assessments of Resident #35's ability to manage her money all at once, and the signed agreement by Resident #35 which indicated she did or did not want the facility to hold her funds in an account, were requested.</p> <p>During an interview on 7/17/2012 at 3:34 P.M., Resident #35 indicated she was not sure how much money she received. Resident #35 stated, "If funds are low they give me less."</p> <p>Review of documents titled "Resident's Fund Withdrawal" for funds dispersed to Resident #35 from February-July 2012 provided by the facility on 7/17/2012 on 4:30 P.M. indicated receipts were not available for March 2012. April's receipt did not have a witness signature. May and June had only one signature. July's</p>			

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	<p>receipt did not have an amount given.</p> <p>Accounting Ledgers for Resident #35 for 2012 were requested from the Business Office Manager and were not provided. On 7/17/2012 at 3:00 P.M., The Business Office manager indicated she would provide the ledgers in the morning. On 7/18/2012 at 9:30 A.M., the Business Office Manager indicated she did not have any further information. Financial ledgers for 2012, assessments of her ability to manage personal funds, or documentation of the admission agreement were not provided.</p> <p>Review of a current policy provided by the facility on 7/17/2012 at 12:45 P.M. titled "Management of Resident's Trust Fund accounts" indicated, "Purpose: to ensure each resident admitted to B &amp; B Christian Healthcare shall have the opportunity to, and be encouraged to manage his/her own personal affairs. This shall be done in a manner that provides for the safekeeping of residents monies and assures accountability of resident trust funds.. .B &amp; B Christian Healthcare does not maintain funds for residents. . . Funds deposited into this account will be redistributed to the resident, designated representative of the</p>				

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	<p>resident or to other entities as directed by the resident or designated representative of the resident. For cognitively impaired residents, the Social Services director will ensure the residents clothing items and other items are purchased. All receipts must be presented for reimbursement. Any leftover monies will be conveyed to the selected funeral home. Each resident or legal representative will have the opportunity to establish a resident trust account. . .The resident or representative must complete an authorization form authorizing the facility to establish the trust funds account. . .Signed withdrawal slips are required for resident trust fund cash withdrawal. A ledger shall be maintained in the business office for each resident, on a quarterly basis and/or upon request each resident with a trust account will be given a statement.. ."</p> <p>The owner and the Administrator were interviewed on 7/18/2012 at 10:30 A.M. During this interview the owner of the facility indicated she thought residents' funds were being managed and handed out a little at a time. The Administrator indicated their system for managing funds was not adequate. No further</p>			

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	documentation was provided.  3.1-34(a)			

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview and record review, the facility failed to ensure a care plan was developed related to the use of a full side rail for one resident and failed to ensure a care plan was developed for the provision of specialized services for one resident for a total of 2 of 6 residents reviewed for care plans. (#36, #32)</p> <p>Findings include:</p> <p>1. The record for Resident #36 was reviewed on 7/17/12 at 10:05 a.m.</p>	F0279	Careplans for each resident were reviewed by the Social Services Director, MDS Coordinator, and D.O.N. for accuracy. The Careplans were corrected as needed. All residents were identified to have the potential to be affected by this deficient practice. Siderails were removed. Midtown Community Mental Health Center developed a new comprehensive treatment plan on July 27, 2012. All careplans are evaluated and updated on a quarterly basis. All areas of concern will be careplanned as identified. All new residents will be careplanned on	07/27/2012

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	<p>Diagnoses included, but were not limited to progressive Alzheimer's, diabetes, hypertension and blindness.</p> <p>The most recent quarterly MDS [Minimum Data Set] Assessment dated 6/7/12 indicated the brief mental status interview was not conducted with the resident due to the resident rarely or never being understood. The MDS indicated Resident #36 was totally dependent on staff for all ADL's [Activities of Daily Living] and required one person physical assist for transfers. The MDS indicated that a bed rail was not used.</p> <p>A pre-restraining Assessment dated 2/29/12 indicated Resident #36 was alert, had a short attention span and was disoriented. The assessment indicated Resident #36 had no vision in the right or left eye. The assessment indicated Resident #36 was not steady on her feet. The recommendations indicated, "...Side rails...."</p> <p>A physician's order dated 7/16/12, un-timed, indicated, "full side Rails (sic) for positioning when in Bed (sic)."</p>		admission. This will be monitored by the Q.A. Committee on a quarterly basis.Date Completed: July 27, 2012	

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	<p>During an observation on 7/16/12 at 10:42 a.m., Resident #36 was in the bed with the bed spread over her head, the bed was against the wall, and a full side rail was up on the other side.</p> <p>During an interview on 7/16/12 at 1:30 p.m., the DoN indicated Resident #36 could potentially get out of the bed. The DoN indicated the side rail would prevent her from getting out of bed when the side rail was raised. The DoN indicated she was not aware the resident had a full side rail on the bed until today. The DoN indicated the resident's family member was in to visit yesterday and wrote a note requesting side rails for safety.</p> <p>During an interview on 7/16/12 at 4:30 p.m., the DoN indicated the full side rail was put on the bed for safety measures after the resident's family member requested side rails.</p> <p>A nurses note dated 7/16/12 at 5:00 p.m. indicated, "Resident reassessed for Side (sic) rails talked [sign for with] MD [Medical Doctor] [sign for and] Son (sic) to see if...possibly find a way to remove the side rails [sign for and] keep her safe...."</p>			

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	<p>A care plan dated 6/20/12 indicated Resident #36 had a diagnosis of Alzheimer's disease or similar dementia.</p> <p>During an interview on 7/17/12 at 9:16 a.m., the DoN indicated the side rail was placed on the bed on 7/15/12. The DoN indicated there was not an updated assessment or care plan documented at that time regarding the use of a full side rail.</p> <p>2. Resident #32 had diagnoses of mild mental retardation and developmental disability. His last PASSR (Preadmission Screening and Resident Review) Level 2 was done 6/2/11.</p> <p>The recommendations on the Level 2 included, but were not limited to: "... 4. (Resident) may benefit from participation in ... Individual Habilitation Programming for cognitive stimulation and socialization. At the present time, (Resident's) unstable moods and physical aggression may pose a risk to others and should be considered when developing programming.</p> <p>5. (Resident) may benefit from psychiatric services due to his diagnoses of Alzheimer's Disease, insomnia, and schizophrenia. Routine monitoring of the</p>						

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	<p>effectiveness of his psychotropic medications, side effects, moods and behaviors may constitute a behavioral plan with strategies and treatment as indicated...."</p> <p>The Level 2 "Developmental Disabilities Profile - Information" form indicated, under #16. "Clinical Services - indicate how often the individual receives services from the following clinical specialists":</p> <ol style="list-style-type: none"> <li>1. Psychologist - not this year</li> <li>2. Psychiatrist - monthly</li> <li>3. Physician - monthly</li> <li>4. Nurse - daily</li> <li>5. Social Worker - frequently.</li> </ol> <p>The current health care plan for Resident # 32, dated 4/17/12 and last updated on 5/2/12, lacked a care plan for the need for annual Level 2 reviews, psychiatric services or an Individual Habilitation Program.</p> <p>During an interview with the SSD (Social Services Director) on 7/18/12 at 10:45 A.M., she indicated the resident had not been seen by psych services, but she would put him on the list.</p> <p>During an interview with the SSD on 7/18/12 at 2:10 P.M., she indicated the resident had not received</p>				

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	<p>individualized Habilitation Programming, she had been unaware of the recommendations.</p> <p>3.1-35(a) 3.1-35(b)(1)</p>			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review and interview, the facility failed to provide recommended Pre Admission Screening and Resident Review services for 1 of 1 residents reviewed with a diagnoses of mental retardation and 1 of 1 residents reviewed for dental services (Resident #32).</p> <p>Findings:</p> <p>1. Resident #32's record was reviewed on 7/17/2012 at 2:00 P.M. Resident #32 was admitted on 5/9/2011 and had current diagnosis which included but were not limited to dementia and generalized weakness. A history and physical dated and signed by a physician on 5/17/2012 indicated Resident #32 had poor dental health, complained of "teeth" pain, and recommended he see a dentist.</p> <p>A current care plan dated 4/17/12 and last updated 5/2/12 indicated Resident #32 required assistance with dental care due to a diagnoses of</p>	F0282	<p>Resident #32 will be seen by the dentist on August 8, 2012. Midtown Community Mental Health Center developed a comprehensive treatment plan on July 27, 2012. Both the dental visit and the comprehensive treatment plan were both placed on the comprehensive care plan. All residents have the potential to be affected by this deficient practice. A new dental tracking sheet was put in place to ensure that all newly admitted residents are seen by the dentist. This will be maintained by the Social Services Director. All new Level II's will be read by the Social Services Director and the D.O.N. to ensure that no recommendations are missed before the Level II is placed in the chart. This will be monitored monthly by the Social Services Director and the D.O.N. The Q.A. Committee will review on a quarterly basis. Date Completed: August 8, 2012</p>	08/08/2012

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	<p>dementia. A goal for Resident #32 included he would be free of oral irritation and pain with interventions which included the facility would arrange for dental consultation yearly and as needed.</p> <p>Resident #32 was observed on 7/17/2012 10:30 A.M. Resident #32 did not have any teeth visible.</p> <p>During an interview on 7/17/2012 at 10:35 A.M., the Director of Nursing indicated she was not aware of the documented need for Resident #32 to be referred to the dentist. She indicated the contracted service they utilized (source named) was just here in October 2012 and Resident #32 was not seen. She indicated she was not sure why he was not put on the list to be seen but he should have been. The Social Service Director stated, "She must have seen him in the evening and didn't tell us."</p> <p>During an interview on 7/18/2012 at 1:30 P.M., Resident #32's family member stated, "I did not know anything about the recommendation. I did not know he was having pain. I haven't taken him out to a private dentist. He hasn't had teeth for 30 years. He doesn't wear his dentures anymore. He carried them around in</p>				

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	<p>his pocket until they eventually broke. If he told the doctor he had pain then he probably had pain. I will check into it. Its good to get your mouth and tongue checked out anyway even if you do not have teeth."</p> <p>2. Resident #32 has diagnoses of mild mental retardation and developmental disability. His last PASSR (Preadmission Screening and Resident Review) Level 2 was done 6/2/11.</p> <p>The recommendations on the Level 2 included, but were not limited to: '... 4. (Resident) may benefit from participation in Individual Habilitation Programming for cognitive stimulation and socialization. At the present time, (Resident's) unstable moods and physical aggression may pose a risk to others and should be considered when developing programming.</p> <p>5. (Resident) may benefit from psychiatric services due to his diagnoses of Alzheimer's Disease, insomnia, and schizophrenia. Routine monitoring of the effectiveness of his psychotropic medications, side effects, moods and behaviors may constitute a behavioral plan with strategies and treatment as indicated...."</p>			

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	<p>The Level 2 "Developmental Disabilities Profile - Information" form indicated, under #16. "Clinical Services - indicate how often the individual receives services from the following clinical specialists":</p> <ol style="list-style-type: none"> <li>1. Psychologist - not this year</li> <li>2. Psychiatrist - monthly</li> <li>3. Physician - monthly</li> <li>4. Nurse - daily</li> <li>5. Social Worker - frequently.</li> </ol> <p>During an interview with the SSD (Social Services Director) on 7/18/12 at 10:45 A.M., she indicated the resident had not been seen by psych services, but she would put him on the list.</p> <p>During an interview with the SSD on 7/18/12 at 2:10 P.M., she indicated the resident had not received individualized Habilitation Programming, she had been unaware of the recommendations.</p> <p>3.1-35(g)(2)</p>				

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F0406 SS=D	<p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES</p> <p>If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on record review and interview, the facility failed to ensure a recommendation for individualized habilitation programming was provided for 1 of 1 residents reviewed for PASSR Preadmission Screening and Resident Review) Level 2 recommendations Resident # 32).</p> <p>Findings include:</p> <p>The record for Resident # 32 was reviewed on 7/18/12 at 9:45 A.M.</p> <p>Diagnoses included, but were not limited to, COPD (chronic obstructive pulmonary disease), seizure disorder, anemia, GERD (gastroesophageal reflux disease), dementia, paranoid schizophrenia, depression, mild mental retardation and developmental disability, and Vitamin D deficiency.</p>	F0406	<p>Midtown Community Mental Health Center developed a comprehensive treatment plan for resident #32 on July 27, 2012. The comprehensive treatment plan was placed on the comprehensive care plan. All residents have the potential to be affected by this deficient practice. All new Level II's will be read by the Social Services Director and the D.O.N. to ensure that no recommendations are missed before the Level II is placed in the chart. This will be monitored monthly by the Social Services Director and the D.O.N. The Q.A. Committee will review on a quarterly basis. Date Completed: July 27, 2012</p>	07/27/2012

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	<p>The last PASSR Level 2 was done 6/2/11.</p> <p>The recommendations on the Level 2 included, but were not limited to: '... 4. (Resident) may benefit from participation in Individual Habilitation Programming for cognitive stimulation and socialization. At the present time, (Resident's) unstable moods and physical aggression may pose a risk to others and should be considered when developing programming. 5. (Resident) may benefit from psychiatric services due to his diagnoses of Alzheimer's Disease, insomnia, and schizophrenia. Routine monitoring of the effectiveness of his psychotropic medications, side effects, moods and behaviors may constitute a behavioral plan with strategies and treatment as indicated...."</p> <p>The current health care plan addressed grooming (4/17/12, 5/2/12); skin breakdown (same dates), seizures; poor vision; fall risk; activities; cognitive deficit; incontinence; psychotropic medication. The current health care plan, dated 4/17/12 and last reviewed 5/2/12, lacked documentation of the</p>			

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	<p>need for or provision of Individual Habilitation Programming.</p> <p>During an interview with the SSD on 7/18/12 at 2:10 P.M., she indicated the resident had not received Individualized Habilitation Programming, she had been unaware of the recommendations.</p> <p>3.1-23(a)(2)</p>			

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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and record review, the facility failed to</p>	F0441	A new policy and procedure was put in place for all glucose	07/20/2012	

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	<p>ensure the glucometer was free from possible contamination by laying it on unclean surfaces between resident use for 2 of 2 residents observed for accuchecks. (#1, #17)</p> <p>Findings include:</p> <p>During an observation on 7/17/12 at 4:00 p.m., the DoN cleaned the facility's glucometer with a sanitizer wipe. The glucometer was placed on the medication cart to dry. The DoN used hand gel and donned gloves and then entered Resident #1's room. The glucometer was placed on the arm of the resident's furniture. The accucheck was performed on Resident #1. The DoN cleaned the glucometer with a sanitizer wipe. The glucometer was placed on the medication cart to dry. The medication cart was wheeled to Resident #17's room. The DoN used hand gel, donned gloves and performed the accucheck on Resident #17. The DoN cleaned the glucometer with a sanitizer wipe. The glucometer was placed on the medication cart to dry.</p> <p>The medication cart was not observed to be cleaned before placing the glucometer on it.</p>		<p>testing. The new policy updated the clean procedure. All residents have the potential to have been affected by this deficient practice. Prior to each use, the Glucometer will be cleansed with an antibacterial agent. After cleansing, the Glucometer will be placed on a clean paper towel. After use and cleansing, the Glucometer will be placed in a ziplock bag and placed on the Medication Cart for storage. This will be monitored daily by the charge nurse and reviewed quarterly by the Q.A. Committee. Date Completed: July 20, 2012</p>		

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	<p>During an interview on 7/17/12 at 4:31 p.m., the DoN indicated she understood there could be possible contamination of the clean glucometer by laying it on unclean surfaces such as resident furniture and an unclean medication cart.</p> <p>During an interview on 7/18/12 at 1:37 p.m., the DoN indicated 6 residents in the facility receive accuchecks.</p> <p>During an interview on 7/18/12 at 2:05 p.m., the policy for glucometers was requested from the DoN.</p> <p>The facility policy provided by the Social Service Director on 7/18/12 at 2:52 p.m., indicated, "...Prevent the spread of bloodborne pathogens during blood glucose testing...."</p> <p>3.1-18(b)</p>			