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
	155480		04/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKVILLE HEALTHCARE CENTER	11049 SR 101 BROOKVILLE, IN 47012

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F 000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: April 6, 7, 8, 9 & 10, 2015 Facility number: 000550 Provider number: 155480 AIM number: 100286110 Census bed type: SNF/NF: 64 Total: 64 Census payor type: Medicare: 5 Medicaid: 40 Other: 19 Total: 64 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.	F 000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation ofcompliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.	
F 240 SS=D Bldg. 00	483.15 CARE AND ENVIRONMENT PROMOTES QUALITY OF LIFE A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. Based on observation, interview, and record review, the facility failed to	F 240	F240 Requires the facility to provide assistance to a resident	04/20/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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

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	provide assistance to a resident to come out of her bedroom to promote previous life routines and enjoyment for 1 of 1 resident reviewed for quality of life (Resident #64). Finding include: During observation on 4/6/15 at 2:05 p.m., Resident #64 was sitting in her bed awake. During observation on 4/7/15 at 10:01 a.m., Resident #64 was sitting on a mat bedside her bed, the resident had a small beach ball and was throwing it. Interview with Resident #64's family member on 4/7/15 at 12:07 p.m., indicated staff did not encourage the resident to attend activities or provide assistance to them. The family member indicated the resident was left in her room too much. The family member indicated the resident enjoyed going outside, watching traffic from a window, wheelchair rides in the facility and matching cards. The family member indicated "she would be happier getting out of her bedroom some." The family member indicated it "tickled" the resident for the staff to stop in and visit her, "all she does is look at four walls."		to come out of her bedroom to promote previous life routines. 1. Resident #64 was assessed by therapy for proper wheelchair positioning. A physician's order was written on 4/9/15 to use a tilt-n-space wheelchair when out of bed. The resident was transported from her room at this time to the front porch. Resident will attend activities out of her room a minimum of three times a week. 2.All residents have the potential to be affected. The Activity Director reassessed all residents in the facility to ensure previous life routines were being met. No concerns were noted. See below for corrective measures. 3.The Resident with Special Needs policy and procedure was reviewed with no changes made. (See Attachment A) The activity staff was inserviced on the above procedure. (See Attachment B) 4.The activity director will ensure that the residents previous life routines are being met and residents are up in wheelchairs and attending activities outside of their rooms. The administrator or her designee will utilize the monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100 percent compliance is obtained and maintained. (See Attachment C)	

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	During observation on 4/7/15 at 3:20 p.m., Resident #64 was sitting on a mat next to her bed with magazines and cartoons on the TV. The resident threw her beach ball and flipped through her magazines. The resident was non verbal, but smiles and laughs. During observation on 4/8/15 at 9:25 a.m., Resident #64 was laying her bed watching TV. The resident's empty breakfast tray was sitting beside her bed. Review of the record of Resident #64 on 4/8/15 at 9:30 a.m., indicated the resident's diagnoses included, but were not limited to, anxiety, depression, mental retardation and impulse control disorder. The activity careplan worksheet, dated 11/19/14, and updated on 2/13/15, indicated the resident had behavioral concerns and was disruptive in group settings. The interventions were provide 1 to 1 thirty minutes a week, provide activities of choice and interest, upon any behavioral concerns stop and reproach once calm, praise all acts of compliance, try calming activities such as music, walks/rides in and out of the building, per family the resident liked to go outside. The Quarterly Minimum Data Set (MDS)		The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly, if warranted. 5.The above corrective measures will be completedon or before April 20, 2015.	

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	assessment, dated 10/20/14, indicated the following: speech clarity-no speech, cognitive skills for daily decision making-severely impaired never/rarely made decisions, behaviors- not exhibited, transfer- extensive assistance of two people, walk in room- activity did not occur, locomotion on unit- activity did not occur, locomotion off unit- activity did not occur and mobility device- wheelchair. The Quarterly MDS assessment, dated 1/20/15, indicated the following: behaviors- non exhibited, transfer- activity occurred only once or twice with the assistance of two people, locomotion on the unit- total dependence of one person, locomotion off the unit- total dependence of one person and mobility device- wheelchair. During observation on 4/8/15 at 11:35 a.m., Resident #64 was laying in her bed awake, the resident laughed and pointed to her outside window. During observation on 4/8/15 at 12:27 p.m., Resident #64 was in her bed and was being fed her lunch by staff. Interview with the Activity Directory on 4/8/15 at 2:10 p.m., indicated she had worked at the facility for six months. The			

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	Activity Director indicated they did activities with Resident #64 in her room three days a week. The Activity Director indicated the activity department had not took the resident on wheelchair rides in or out of the facility since she started working at the facility. The Activity Director indicated she would attempt to take the resident outside today. Interview with the facility's Qualified Mental Retardation Professional (QMRP) on 4/8/15 at 2:20 p.m., indicated an OBRA consultant (a person who screens and evaluates people with developmental disabilities to determine individualized needs and specialized services) was coming to do a level II preadmission screening for Resident #64 on 4/9/15. The QMRP indicated the goal was to set up bus rides for Resident #64. The QMRP indicated the facility was trying to get staff to get the resident up to go outside at this time. Interview with Resident #64's nurse, LPN #1 on 4/8/15 at 2:22 p.m., indicated she did not know what type of chair to transfer Resident #64 into as she had not seen the resident transferred or in a chair before. Certified Nursing Assistant (CNA) #2 indicated she did not know if she should use a wheelchair or a geri chair. CNA #2 indicated she did not feel			

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	it was safe for the resident to be in an wheelchair. During observation on 4/8/15 at 2:24 p.m., CNA #2 and CNA #3 were in Resident #64's bedroom with a hoyer lift discussing what type of chair should be used for the resident to sit in. CNA #3 indicated she was going to get therapy to come evaluate what chair would be best to use. CNA #2 and CNA #3 indicated they had never gotten the resident up in a chair before. During observation on 4/8/15 at 2:30 p.m., Certified Occupational Therapy Assistant #4 (COTA), CNA #2 and CNA #3 were unsure which chair would be more safe Resident #64 to sit in. COTA #4 indicated she had not worked with Resident #64 for a long time and was unsure whether to use a geri chair or a wheelchair. CNA #3 indicated she had not transferred the resident into a chair before. When queried how was the resident taken to the shower room for her showers, CNA #2 and CNA #3 indicated a shower bed was used to transport the resident. COTA #4, CNA #2 and CNA #3 discussed the resident's safety and what type of chair should be used and it was decided a geri chair would be used to transport the resident outside with activity staff.			

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	During observation on 4/8/15 at 2:45 p.m., the Activity Director wheeled Resident #64 in a geri chair down the hallway to the front porch. The resident sat outside on the front porch for approximately 20 minutes. The resident giggled and pointed at the traffic and birds. The resident was calm, looking around and smiling. Interview and observation on 4/9/15 at 10:15 a.m., Resident #64's family member #1 and family member #2 came to visit the resident. When the resident's family members entered her bedroom, the resident began screaming and laughing, pointing to her family members. Family member #1 indicated the resident had lived with her for 57 years before coming to the facility in 2013. Family member #1 indicated the resident would look out the picture window and watch traffic every day or sit on the porch when she was home, she indicated it was the resident's favorite thing to do. Family member #2 indicated the resident was in her room too much and benefit from coming out of her room some. Family member #2 indicated the resident's bedroom window did not face the road and she could not see traffic from her room. Family member #2 indicated the resident also loved to go for car rides when she was			

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	home. Family member #2 indicated the family would take the resident to dairy queen and restaurants and she would eat in the car. Family member #2 indicated he would tell her they were going for a ride and she would get her shoes and be ready to go. Interview with the OBRA consultant, QMRP, Social Service Director (S.S.D.) and Family member #2 on 4/9/15 at 11:50 a.m., QMRP indicated Resident #64 ate all her meals in her room. The OBRA consultant indicated she would like to see the facility have a board in Resident #64's room to document visits and what the staff were doing with the resident, taking the resident for wheelchair rides to the back door to watch traffic, take the resident to the bird room in the facility, van rides and being taken outside. Family member #2 indicated when the resident was at home she had two parakeets and a favorite chicken she would feed, the family member indicated the resident would enjoy going to the bird room. The S.S.D. indicated the facility only had one van that they shared with two other sister facilities and it was difficult for the facility to provide transportation for outing for the residents. The S.S.D. indicated the facility was attempting to get another van, but was unsure if they			

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	were going to purchase another one. The OBRA consultant indicated she would write up her recommendations over the weekend and send them to the facility. Interview with the QMRP on 4/10/15 at 10:00 a.m., requested documentation of when the last time Resident #64 was out of her room and the resident's response to being out of her room. QMRP indicated this documentation would be in the resident's activities participation record. Review of the individual programming participation record for Resident #64, dated October 2014 thru April 9th 2015, indicated the resident had been out of her room one time on 4/8/15. The documentation on 4/8/15, indicated the resident was taken outside, the resident was alert in her chair, looked at the birds, cars and enjoyed her surroundings. The resident was pointing and making peace signs. Interview with the Director Of Nursing (DON) on 4/9/15 at 10:50 a.m., indicated Resident #64 used a wheelchair last summer for transportation. The DON indicated there was a nurse that would take Resident #64 outside last summer and the resident did good in a wheelchair. The DON of nursing indicated therapy was doing a screen at this time for the			

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	appropriate chair for Resident #64. The physician order for Resident #64, dated 4/9/15 (no time), indicated the resident was to use a tilt-n-space wheelchair when out of bed for optimal positioning when out of room. During observation on 4/10/15 at 1:10 p.m., Resident #64 was in the activity room in a high back wheelchair playing ball with CNA #10. CNA #10 indicated the resident seemed to be enjoying herself. There were two other residents in the activity room and two staff. There was live music playing across the hallway in the dining room. During observation and interview with the Activity assistant on 4/10/15 at 1:30 p.m., Resident #64 was in the activity room with another resident, a visitor and two staff. Resident #64 was looking out the patio doors outside, pointing and laughing. There was a highway the resident could see the traffic. The Activity assistant indicated she felt that Resident #64 was enjoying herself being in the activity room. The Activity assistant indicated she could tell if the resident became upset as she would pull at her clothes hard, the Activity assistant indicated the resident always pulled at her clothes but she could tell the			

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	difference if the resident was upset she pulled at her clothes in a harder manner. The "Residents with special needs" policy provided by the DON on 4/10/15 at 11:30 a.m., indicated it was the policy of this facility to provide activity programs and modified interventions to promote the maintenance or enhancement of each resident's quality of life, and promote physical, cognitive, and/or emotional health to the extent practicable. "Offer meaningful activity programs for residents who have disorientation to time, place, and/or person. "Provide activity programs to reflect the resident's individual needs, to enhance and promote each resident's physical and mental status, and to promote cognitive health. 3.1-32(a)			
F 248 SS=D Bldg. 00	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. Based on observation, interview and record review the facility failed to provide assistance to and from activities	F 248	F248 Requires the facility to provide assistance to and from activities according to the resident's previous lifestyle and	04/20/2015

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	according to the resident's previous lifestyle and routines outside of the resident's room for 1 of 1 resident who met the criteria for activities (Resident #64). Finding include: During observation on 4/6/15 at 2:05 p.m., Resident #64 was sitting in her bed awake. During observation on 4/7/15 at 10:01 a.m., Resident #64 was sitting on a mat bedside her bed, the resident had a small beach ball and was throwing it. Interview with Resident #64's family member on 4/7/15 at 12:07 p.m., indicated staff did not encourage the resident to attend activities or provide assistance to them. The family member indicated the resident was left in her room too much. The family member indicated the resident enjoyed going outside, watching traffic from a window, wheelchair rides in the facility and matching cards. The family member indicated "she would be happier getting out of her bedroom some." The family member indicated it "tickled" the resident for the staff to stop in and visit her, "all she does is look at four walls."		routines outside of the resident's room. 1.Resident #64 was assessed by therapy for proper wheelchair positioning. A physician's order was written on 4/9/15 to use a tilt-n-space wheelchair when out of bed. The resident was transported from her room at this time to the front porch. Resident will attend activities out of her room a minimum of three times a week. 2.All residents have the potential to be affected. The Activity Director reassessed all residents in the facility to ensure previous life routines were being met. No concerns were noted. See below for corrective measures. 3.The Resident with Special Needs policy and procedure was reviewed with no changes made. (See Attachment A) The activity staff was inserviced on the above procedure. (See Attachment B) 4.The activity director will ensure that the residents previous life routines are being met and residents are up in wheelchairs and attending activities outside of their rooms. The administrator or her designee will utilize the monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100 percent compliance is obtained and maintained. (See Attachment C)	

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	on the unit- total dependence of one person, locomotion off the unit- total dependence of one person and mobility device- wheelchair. During observation on 4/8/15 at 11:35 a.m., Resident #64 was laying in her bed awake, the resident laughed and pointed to her outside window. Interview with the Activity Directory on 4/8/15 at 2:10 p.m., indicated she had worked at the facility for six months. The Activity Director indicated they did activities with Resident #64 in her room three days a week. The Activity Director indicated the activity department had not took the resident on wheelchair rides in or out of the facility since she started working at the facility. The Activity Director indicated she would attempt to take the resident outside today. Interview with the facility's Qualified Mental Retardation Professional (QMRP) on 4/8/15 at 2:20 p.m., indicated an OBRA consultant (a person who screens and evaluates people with developmental disabilities to determine individualized needs and specialized services) was coming to do a level II preadmission screening for Resident #64 on 4/9/15. The QMRP indicated the goal was to set up bus rides for Resident #64. The			

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	QMRP indicated the facility was trying to get staff to get the resident up to go outside at this time. During observation on 4/8/15 at 2:45 p.m., the Activity Director wheeled Resident #64 in a geri chair down the hallway to the front porch. The resident sat outside on the front porch for approximately 20 minutes. The resident giggled and pointed at the traffic and birds. The resident was calm, looking around and smiling. Interview and observation on 4/9/15 at 10:15 a.m., Resident #64's family member #1 and family member #2 came to visit the resident. When the resident's family members entered her bedroom, the resident began screaming and laughing, pointing to her family members. Family member #1 indicated the resident had lived with her for 57 years before coming to the facility in 2013. Family member #1 indicated the resident would look out the picture window and watch traffic every day or sit on the porch when she was home, she indicated it was the resident's favorite thing to do. Family member #2 indicated the resident was in her room too much and benefit from coming out of her room some. Family member #2 indicated the resident's bedroom window did not face the road and she could not			

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	see traffic from her room. Family member #2 indicated the resident also loved to go for car rides when she was home. Family member #2 indicated the family would take the resident to dairy queen and restaurants and she would eat in the car. Family member #2 indicated he would tell her they were going for a ride and she would get her shoes and be ready to go. Interview with the OBRA consultant, QMRP, Social Service Director (S.S.D.) and Family member #2 on 4/9/15 at 11:50 a.m., QMRP indicated Resident #64 ate all her meals in her room. The OBRA consultant indicated she would like to see the following things to be done for the resident- the facility have a board in Resident #64's room to document visits and what the staff were doing with the resident, taking the resident for wheelchair rides to the back door to watch traffic, take the resident to the bird room in the facility, van rides and being taken outside. Family member #2 indicated when the resident was at home she had two parakeets and a favorite chicken she would feed, the family member indicated the resident would enjoy going to the bird room. The S.S.D. indicated the facility only had one van that they shared with two other sister facilities and it was difficult for the			

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	facility to provide transportation for outing for the residents. The S.S.D. indicated the facility was attempting to get another van, but was unsure if they were going to purchase another one. The OBRA consultant indicated she would write up her recommendations over the weekend and send them to the facility. Interview with the QMRP on 4/10/15 at 10:00 a.m., requested documentation of when the last time Resident #64 was out of her room and the resident's response to being out of her room. QMRP indicated this documentation would be in the resident's activities participation record. Review of the individual programming participation record for Resident #64 indicated the following: October 2014- the resident was provided with 5 one to one activity in her room, November 2014- the resident was provided with 4 one to one activity in her room, December 2014- the resident was provided with 5 one to one activity in her room, January 2015- the resident was provided with 3 one to one activity in her room, February 2015- the resident was provided with 7 one to one activity in her room, March 2015- the resident was provided with 11 one to one activity in her room. The activities provided were ball, magazines, lotion, snack, a birthday			

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	bash and a santa visit. Review of the individual programming participation record for Resident #64, dated October 2014 thru April 9th 2015, indicated the resident had been out of her room one time on 4/8/15. The documentation on 4/8/15, indicated the resident was taken outside, the resident was alert in her chair, looked at the birds, cars and enjoyed her surroundings. The resident was pointing and making peace signs. The Interdisciplinary care plan conference record for Resident #64, dated 2/12/15, indicated the resident does not attend group activities. The resident receives 1:1's three times a week. Interview with the Director Of Nursing (DON) on 4/9/15 at 10:50 a.m., indicated Resident #64 used a wheelchair last summer for transportation. The DON indicated there was a nurse that would take Resident #64 outside last summer and the resident did good in a wheelchair. The DON of nursing indicated therapy was doing a screen at this time for the appropriate chair for Resident #64. During observation on 4/10/15 at 1:10 p.m., Resident #64 was in the activity room in a high back wheelchair playing			

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	ball with CNA #10. CNA #10 indicated the resident seemed to be enjoying herself. There were two other residents in the activity room and two staff. There was live music playing across the hallway in the dining room. During observation and interview with the Activity assistant on 4/10/15 at 1:30 p.m., Resident #64 was in the activity room with another resident, a visitor and two staff. Resident #64 was looking out the patio doors outside, pointing and laughing. There was highway the resident could see the traffic. The Activity assistant indicated she felt that Resident #64 was enjoying herself being in the activity room. The Activity assistant indicated she could tell if the resident became upset as she would pull at her clothes hard, the Activity assistant indicated the resident always pulled at her clothes but she could tell the difference if the resident was upset she pulled at her clothes in a harder manner. The "Residents with special needs" policy provided by the DON on 4/10/15 at 11:30 a.m., indicated it was the policy of this facility to provide activity programs and modified interventions to promote the maintenance or enhancement of each resident's quality of life, and promote physical, cognitive, and/or			

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	emotional health to the extent practicable. "Offer meaningful activity programs for residents who have disorientation to time, place, and/or person. "Provide activity programs to reflect the resident's individual needs, to enhance and promote each resident's physical and mental status, and to promote cognitive health. 3.1-33(a)			
F 282 SS=D Bldg. 00	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, interview and record review, the facility failed follow a care plan and physician's order to not provide a resident with straws for 1 of 20 residents reviewed for care plans and physician's orders. (Resident 74) Findings include: Resident #74's record was reviewed on 4/8/15 at 10:40 a.m. Diagnoses included but were not limited to, chronic obstructive pulmonary disease, gastroesophageal reflux disease, anxiety and mental status changes.	F 282	F282 Requires the facility to follow a care plan and physician's order to provide straws 1.Resident #74 physician's order was reviewed. Resident's family signed waiver for resident to have straws per resident's request. Resident #74 plan of care was reviewed. 2.All residents have the potential to be affected. The Director of Nursing reviewed all orders to ensure residents with physician's orders for no straws are being followed. Residents with an order for no straws, plan of care was reviewed. No further concerns were noted. See below for	04/20/2015

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	A Speech/Language Swallowing Progress Note dictated by a nearby hospital on 9/8/14, for Resident #74 indicated... "continue pureed foods and thin liquids from cup - no straws...." Resident #74's Significant Change Minimum Data Set (MDS) assessment dated 3/6/15, indicated he required limited assistance of 1 person to eat and was served a mechanically altered diet. Resident #74's Alteration in Nutritional/Hydration Status Care Plan updated on 4/2/15, indicated his nutritional approaches included a pureed, no added salt diet with thin liquids and no straws. Resident #74's April 2015, physician's recapitulation orders indicated he would be served a pureed, no added salt diet with thin liquids and no straws. Resident #74 was observed eating his lunch independently at his bedside table in his bedroom on 4/8/15 at 11:57 a.m. A glass of water was observed on his bedside table in a plastic cup with a lid and straw. On 4/9/15 at 1:10 p.m., a glass of water was observed on Resident #74's bedside table in a plastic cup with a lid and straw.		corrective measures. 3.The physician's order and care plan development policy and procedure were reviewed with no changes made. (See Attachment D and E) The nursing staff was inserviced on the above procedure. (See Attachment B) 4.The Director of Nursing or her designee will ensure that residents, with the physician's order, for no straws are being follow per the plan of care. The Director of Nursing will monitor twice a day ensuring that the staff is following the physician's order and not using straws when not ordered. The Director of Nursing or her designee will utilize the monitoring tool daily times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100 percent compliance is obtained and maintained. (See Attachment F) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly, if warranted. 5.The above corrective measures will be completed on or before April 20, 2015	

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	On 4/9/15 at 1:11 p.m., Resident #74 was observed seated at the dining room table eating lunch and drinking water from a glass with a straw. Resident #74's meal ticket lying on the dining table indicated "no straws." After lunch on 4/9/15 at 1:31 p.m., CNA #5 indicated she had set Resident #74's lunch meal up for him. If a resident was not supposed to be provided straws it would be printed on his meal ticket. She did not recall Resident #74 having any straws. Sometimes straws are already on a persons tray coming from the kitchen or staff may get a straw for a resident. She had been in Resident #74's bedroom at breakfast and had not recalled seeing any straws. If a straw was in a plastic cup in his bedroom it would have been placed there by the staff who passed water and snacks. On 4/9/15 at 1:45 p.m., Resident #74 was observed drinking a Mighty Shake from a carton with a straw. On 4/9/15 at 1:47 p.m., CNA #5 indicated there was water in a plastic cup with a lid and straw on Resident #74's bedside table. She had not provided Resident #74 with the cup of water but the staff who passed water may have.			

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	On 4/9/15 at 1:48 p.m., Activity Staff #6 indicated she had provided Resident #74 with his Mighty Shake and straw. On 4/10/15 at 11:51 a.m., the Assistant Director of Nursing indicated special precautions for no straws were documented on CNA report sheets and the resident's meal tickets. CNA Helpers who assist on day shift were provided all special precaution information verbally during report. 3.1-35(g)(2)			