

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155381	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2016
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NAME OF PROVIDER OR SUPPLIER HARBOUR MANOR HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1667 SHERIDAN RD NOBLESVILLE, IN 46060
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00196374 .</p> <p>Complaint IN00196374 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F318, F323 and F514 .</p> <p>Survey dates: March 28 and 29, 2016.</p> <p>Facility number: 000551 Provider number: 155381 AIM number: 100267400</p> <p>Census bed type: SNF: 13 SNF/NF: 104 Total: 117</p> <p>Census payor type: Medicare: 14 Medicaid: 77 Other: 26 Total: 117</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This plan of correction is to serve as Harbour Manor's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Harbour Manor or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>Justin P. Vogt H.F.A.</p>	
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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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F 0282 SS=D Bldg. 00	<p>QR completed by 11474 on March 30, 2016.</p> <p>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 to ensure care plan interventions were followed as written. This deficient practice resulted in a decreased range of motion for 1 resident (Resident B) and a fall for 1 resident (Resident E) in a sample of 4.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 3/28/16 at 3:00 p.m. The diagnoses for Resident B included, but were not limited to, dementia, contractures, osteoporosis, chronic pain and hypertension.</p> <p>The most current annual Minimum Data Set (MDS) assessment, dated 1/5/16, was reviewed on 3/28/16 at 3:00 p.m. Resident B received the following Activities of Daily Living (ADL) assistance; transfer-extensive assist with 2 person physical assist, dressing,</p>	F 0282	<p>F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>1. Resident #B's splint is being applied per order. Resident #E is being transferred using the stand up lift with 2 person assist.</p> <p>2. All residents with splints have the potential to be affected. Residents with splints have been reviewed to determine their splints are being applied as ordered. All residents using a mechanical lift have the potential to be affected. Residents with falls using a mechanical lift in the past 30 days have been reviewed to ensure that their interventions were in place per their plan of care for fall prevention. Any issues identified were corrected.</p>	04/13/2016

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	<p>bathing, and hygiene- extensive assist with 1 person physical assist, eating- extensive assistance with 1 person assist. Resident B had impaired range of motion in the upper extremities on 1 side and impaired range of motion in the lower extremities on both sides.</p> <p>Review of Resident B's current care plans indicated the following: "Restorative for palm protector splint (lamb's wool)/hand towel roll to right hand: (Resident B's name) requires a palm protector splint to her right hand for tone, further contracture prevention, and prevent skin breakdown in her hand." This problem was dated 3/30/14</p> <p>The goal indicated for Resident B to be able to tolerate the palm protector splint/hand towel to her right hand at all times without signs or symptoms of pain/discomfort or breakdown through the next review. This goal was dated 10/9/15.</p> <p>Interventions included, but were not limited to: "Soak hand in warm H2O to relax hand prior to splint application. Apply splint/brace to right hand as ordered. Notify M.D./ family of any problems with splint and document." Review of the physician orders indicated</p>		<p>3. The systemic change includes that licensed nurses will be educated that splints will be applied as ordered.</p> <p>Splint orders and application will be reviewed for completion daily Monday through Friday at the daily clinical morning meeting. The systemic change also includes that C.N.A.s and nurses will be educated that interventions per the plan of care for fall prevention must be in place and followed for residents using a mechanical lift. Residents with falls using a mechanical lift will be reviewed daily Monday through Friday during the clinical meeting to determine interventions were correctly followed per the plan of care. Any issues identified will be notified to the MD for clarification and family will be notified as well.</p> <p>4. The Director of Nursing or designee will observe residents' splint application and documentation for completion as ordered, daily Monday through Friday for the next month; five times per week for the next five months and weekly thereafter to total 12 months of monitoring. The Director of Nursing</p>	

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	<p>Resident B had an order for "lamb's wool splint or quartered cloth to right hand, to protect palm." This order was dated 1/14/16.</p> <p>Review of the nursing notes, dated 1/14/16 through 3/22/16, indicated Resident B refused the hand splint on 2/24/16 at 8:10 a.m.</p> <p>During an observation on 3/28/16 at 2:45 p.m., Resident B was in bed on her right side. The hand splint was observed on the beside table next to the bed.</p> <p>During an observation on 3/28/16 at 5:30 p.m., Resident B was in bed on her right side. The hand splint was on the bedside table next to the bed.</p> <p>During an observation on 3/29/16 at 10:00 a.m., Resident B was in bed. The hand splint was on the bedside table.</p> <p>During an observation on 3/29/16 at 1:30 p.m., Resident B was in bed. The hand splint was on the bedside table.</p> <p>During an interview on 3/29/16 at 1:30 p.m., LPN #4 indicated the following: "I've taken care of (Resident B's name) for 5 or more years. She has no skin issues, no decubes; her bowels are regular. She will start screaming when</p>		<p>or designee will also observe staff assisted transfers for residents who use a mechanical lift to determine the care plan is being followed. This audit will be completed 5 patients/residents for the next five months and weekly thereafter to total 12 months of monitoring. Any issues identified during the observations will be immediately reviewed with the staff member and corrected.</p> <p>Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be completed by 4-13-16</p>	

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	<p>we try to put the palm protector in. It just breaks my heart. Even if I medicate her prior to trying. So I don't put it in then - when she is in so much pain." LPN #4 indicated she did not always document these occurrences in the nursing notes and did not contact the physician with these concerns.</p> <p>During an interview on 3/29/16 at 3:36 p.m., CNA #5 indicated Resident B was provided restorative range of motion during resident care. "I normally try to perform ROM (range of motion) while I provide resident care." CNA #5 also indicated Resident B yells out while receiving care. "She has a splint to the right hand. She will yell and scream if you touch it. When I put her shift [dress] on her this morning she seemed tighter in her right arm than she had been." CNA #5 indicated she had not seen the hand splint during resident care that morning.</p> <p>During an interview on 3/29/16 at 3:25 p.m., CNA #6 indicated the following: "We had a splint but I don't know what happened to it." CNA #6 indicated she performs ROM as much as Resident B would tolerate.</p> <p>2. The clinical record for Resident E was reviewed on 3/28/16 at 5:38 p.m. The diagnoses for Resident E included, but</p>			

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	<p>were not limited to, dementia, post traumatic seizures, hemiplegia, cerebrovascular disease and contractures.</p> <p>The most current quarterly Minimum Data Set (MDS) assessment, dated 1/29/16, was reviewed on 3/28/16 at 5:38 p.m. Resident E received the following Activities of Daily Living (ADL) assistance; transfer-extensive assist with 2 person physical assist, dressing, bathing, and hygiene- extensive assist with 1 person physical assist, eating-extensive assistance with 1 person assist. Resident E had impaired range of motion in the upper and lower extremities on 1 side.</p> <p>Review of Resident E's current care plans indicated the following: "Problem Start Date: 11/26/2013 Category: ADL Functional. Rehabilitations Potential Inability to transfer without assist X [times] 2 extensive and requires standing lift stand for all transfers R/T [related to] Left Hemiplegia."</p> <p>The goal for Resident E was to remain safe during transfers and to transfer using the standing lift with the assist of 2 staff members. This goal was dated 11/2/15.</p>			

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	<p>Interventions included, but were not limited to; "X 2 assist at all times during standing lift for all transfers." This intervention was dated 11/26/13.</p> <p>Review of the CNA (Certified Nursing Assistant) assignment sheet indicated Resident E was to be transferred with two staff members using the EZ stand lift and a gait belt.</p> <p>Review of an incident report, dated 3/15/16, indicated Resident E fell during a transfer and hit his head. against the wall next to the bed. The incident was witnessed by the staff member involved and Resident E's POA. The report indicated the staff member attempted a transfer without the assist of another staff member.</p> <p>During an interview on 3/28/16 at 6:15 p.m., the Administrator indicated the facility required 2 person assist with all mechanical lifts. The Administrator indicated the incident was investigated and the staff member involved was terminated.</p> <p>During an interview on 3/29/16 at 4:20 p.m., the Director of Nursing indicated the facility used skills validations requirements for the policy related to mechanical lifts and transfers. The skills</p>			

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F 0318 SS=D Bldg. 00	<p>validation provided indicated the following "...4. Two staff members are required for a mechanical lift..."</p> <p>This Federal tag relates to Complaint IN00196374.</p> <p>3.1-35(g)(2)</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on observation , record review and interview the facility failed to prevent decrease in range of motion for 1 of 4 residents reviewed for range of motion. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 3/28/16 at 3:00 p.m. The diagnoses for Resident B included, but were not limited to, dementia, contractures, osteoporosis, chronic pain and hypertension.</p> <p>The most current annual Minimum Data Set (MDS) assessment, dated 1/5/16, was reviewed on 3/28/16 at 3:00 p.m.</p>	F 0318	<p>F318 483.25(e) (2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>1. Resident #B's splint is being applied per order.</p> <p>2. All residents with splints have the potential to be affected. Residents with splints have been reviewed to determine their splints are being applied and documented as ordered. Any issues identified were corrected.</p>	04/13/2016

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	<p>Resident B received the following Activities of Daily Living (ADL) assistance; transfer-extensive assist with 2 person physical assist, dressing bathing and hygiene- extensive assist with 1 person physical assist, eating- extensive assistance with 1 person assist. Resident B had impaired to range of motion in the upper extremities on 1 side and impaired range of motion in the lower extremities on both sides.</p> <p>During an observation on 3/28/16 at 2:45 p.m., Resident B was in bed on her right side. Resident B's right arm was bent at the elbow with the right hand tucked under her head. The hand splint was observed on the beside table next to the bed.</p> <p>During an observation on 3/28/16 at 5:30 p.m., Resident B was in bed on her right side. Resident B's right arm was bent at the elbow with the right hand tucked under her head. The hand splint was observed on the beside table next to the bed.</p> <p>During an observation on 3/29/16 at 10:00 a.m., Resident B was in bed. Resident B's right arm was bent at the elbow with the right hand tucked under her head. The hand splint was observed on the beside table next to the bed.</p>		<p>3. The systemic change includes that licensed nurses will be educated that splints will be applied and documented as ordered.</p> <p>Splint orders and application will be reviewed for completion daily Monday through Friday at the daily clinical morning meeting. Any issues identified will be corrected.</p> <p>4. The Director of Nursing or designee will observe residents' splint application and documentation for completion as ordered, daily Monday through Friday for the next month; five times per week for the next five months and weekly thereafter to total 12 months of monitoring. Any issues identified during the observations will be immediately reviewed with the staff member and corrected.</p> <p>Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be</p>	

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	<p>During an observation on 3/29/16 at 1:30 p.m., Resident B was in bed. Resident B's right arm was bent at the elbow with the right hand tucked under her head. The hand splint was observed on the beside table next to the bed.</p> <p>During an interview on 3/29/16 at 1:30 p.m., LPN #4 indicated the following: "I've taken care of (Resident B's name) for 5 or more years. She has no skin issues, no decubes; her bowels are regular. She will start screaming when we try to put the palm protector in. It just breaks my heart. Even if I medicate her prior to trying. So I don't put it in then - when she is in so much pain." LPN #4 indicated she has noticed the right arm starting to contract but didn't think Resident B would tolerate an arm brace.</p> <p>During an interview on 3/29/16 at 3:36 p.m., CNA #5 indicated Resident B was provided restorative range of motion during resident care. "I normally try to perform ROM (range of motion) while I provide resident care." CNA #5 also indicated Resident B yells out while receiving care. "She has a splint to the right hand. She will yell and scream if you touch it. When I put her shift [dress] on her this morning she seemed tighter in her right arm than she had been." CNA</p>		completed by 4-13-16		

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F 0323 SS=D Bldg. 00	<p>#5 indicated she had not informed the nurse of her observation but was waiting to see if this continued when she put her to bed for the night.</p> <p>This Federal tag relates to Complaint IN00196374.</p> <p>3.1-42(a)(2)</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to provide supervision for a cognitively impaired dependent resident for transferring residents with a mechanical lift resulting in a fall (Resident E) . This deficient practice effected 1 of 4 residents reviewed for potential accidents and hazards related to mechanical lifts.</p> <p>Findings include:</p>	F 0323	<p>F323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>1. Resident #E is being transferred using the stand up lift with 2 person assist.</p> <p>2. All residents using a mechanical</p>	04/13/2016

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	<p>The clinical record for Resident E was reviewed on 3/28/16 at 5:38 p.m. The diagnoses for Resident E included, but were not limited to, dementia, post traumatic seizures, hemiplegia, cerebrovascular disease and contractures.</p> <p>The most current quarterly Minimum Data Set (MDS) assessment, dated 1/29/16, was reviewed on 3/28/16 at 5:38 p.m. Resident E received the following Activities of Daily Living (ADL) assistance; transfer-extensive assist with 2 person physical assist, dressing, bathing, and hygiene- extensive assist with 1 person physical assist, eating-extensive assistance with 1 person assist. Resident E had impaired to range of motion in the upper and lower extremities on 1 side.</p> <p>Review of Resident E's current care plans indicated the following: "Problem Start Date: 11/26/2013 Category: ADL Functional. Rehabilitations Potential Inability to transfer without assist X [times] 2 extensive and requires standing lift stand for all transfers R/T [related to] Left Hemiplegia."</p> <p>Review of a current care plan, dated 1/12/13, indicated the following: "Resident at risk for Falling R/T History</p>		<p>lift have the potential to be affected. Residents with falls using a mechanical lift in the past 30 days have been reviewed to ensure that their interventions were in place per their plan of care for fall prevention. Any issues identified were corrected.</p> <p>3. The systemic change also includes that C.N.A.s and nurses will be educated that interventions per the plan of care for fall prevention must be in place and followed for residents using a mechanical lift. Residents with falls using a mechanical lift will be reviewed daily Monday through Friday during the clinical meeting to determine interventions were correctly followed per the plan of care. Any issues identified will be notified to the MD for clarification and family will be notified as well.</p>	

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	<p>of Falls, CVA (02/2011), History of Polio, weakness, and Left Hemiplegia. Potential for falling and hitting wall when placed in bed. (3/15/16)"</p> <p>The goal for Resident E was to remain safe during transfers and to transfer using the standing lift with the assist of 2 staff members. This goal was dated 11/2/15.</p> <p>Interventions included, but were not limited to; "X 2 assist at all times during standing lift for all transfers." This intervention was dated 11/26/13.</p> <p>Review of the CNA (Certified Nursing Assistant) assignment sheet indicated Resident E was to be transferred with two staff members using the EZ stand lift and a gait belt.</p> <p>Review of an incident report, dated 3/15/16, indicated Resident E fell during a transfer and hit his head against the wall next to the bed. The incident was witnessed by the staff member involved and Resident E's POA. The report indicated the staff member attempted a transfer without the assist of another staff member.</p> <p>During an interview on 3/28/16 at 6:15 p.m., the Administrator indicated the</p>		<p>4. The Director of Nursing or designee will observe staff assisted transfers for residents who use a mechanical lift to determine the care plan is being followed. This observation will be completed 5 patients/residents for the next five months and weekly thereafter to total 12 months of monitoring. Any issues identified during the observation will be immediately reviewed with the staff member and corrected.</p> <p>Results of this audit will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be completed by 4-13-16</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155381	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/29/2016
NAME OF PROVIDER OR SUPPLIER HARBOUR MANOR HEALTH & LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1667 SHERIDAN RD NOBLESVILLE, IN 46060		
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F 0514 SS=D Bldg. 00	<p>facility required 2 person assist with all mechanical lifts and that the policy had not been followed. The Administrator indicated the incident was investigated and the staff member involved was terminated.</p> <p>During an interview on 3/29/16 at 4:20 p.m., the Director of Nursing indicated the facility used skills validations requirements for the policy related to mechanical lifts and transfers. The skills validation provided indicated the following "...4. Two staff members are required for a mechanical lift...."</p> <p>This Federal tag relates to Complaint IN00196374.</p> <p>3.1-45(a)(2)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of</p>				

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	<p>care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, record review and interview, the facility failed to ensure documentation in resident records was accurate for 1 of 4 residents reviewed for complete and accurate clinical record documentation. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 3/28/16 at 3:00 p.m. The diagnoses for Resident B included, but were not limited to, dementia, contractures, osteoporosis, chronic pain and hypertension.</p> <p>The most current annual Minimum Data Set (MDS) assessment, dated 1/5/16, was reviewed on 3/28/16 at 3:00 p.m. Resident B received the following Activities of Daily Living (ADL) assistance; transfer-extensive assist with 2 person physical assist, dressing bathing and hygiene- extensive assist with 1 person physical assist, eating- extensive assistance with 1 person assist. Resident B had impaired to range of motion in the upper extremities on 1 side and impaired range of motion in the lower extremities on both sides.</p> <p>Review of Resident B's current care plans</p>	F 0514	<p>F514 483.75 (1)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>1. Resident #B's splint is being applied per order. The nurse that had incorrect documentation was inserviced during the survey.</p> <p>2. All residents with splints have the potential to be affected. Residents with splints have been reviewed to determine their splints are being applied and documented as ordered. Any issues identified were corrected.</p> <p>3. The systemic change includes that licensed nurses will be educated that splints will be applied as ordered and documented appropriately. They will also be educated on how to document a refusal in the medical record. Splint orders and application will be reviewed for completion and accuracy daily Monday through</p>	04/13/2016

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	<p>indicated the following: "Restorative for palm protector .splint (lambs wool)/hand towel roll to right hand: (Resident B's name) requires a palm protector splint to her right hand for tone, further contracture prevention, and prevent skin breakdown in her hand." This problem was dated 3/30/14</p> <p>The goal indicated for Resident B would tolerate the palm protector splint/hand towel to her right hand at all times without signs or symptoms of pain/discomfort or breakdown through the next review. This goal was dated 10/9/15..</p> <p>Interventions included, but were not limited to: " Soak hand in warm H2O (water) to relax hand prior to splint application. Apply splint/brace to right hand as ordered. Notify M.D./ family of any problems with splint and document."</p> <p>Review of the physician orders indicated Resident B had an order for "lambs wool splint or quartered cloth to right hand, to protect palm." This order was dated 1/14/16.</p> <p>During an observation on 3/28/16 at 2:45 p.m., Resident B was in bed on her right side. The hand splint was observed on the beside table next to the bed.</p>		<p>Friday at the daily clinical morning meeting. Any issues identified will be notified to the MD for clarification and family will be notified as well.</p> <p>4. The Director of Nursing or designee will observe residents' splint application for completion as ordered and correct documentation in the medical record, daily Monday through Friday for the next month; five times per week for the next five months and weekly thereafter to total 12 months of monitoring. Any issues identified during the observations will be immediately reviewed with the staff member and corrected.</p> <p>Results of these audits will be reviewed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>5. Systemic changes will be completed by 4-13-16</p>	

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	<p>During an observation on 3/28/16 at 5:30 p.m., Resident B was in bed on her right side. The hand splint was on the bedside table next to the bed.</p> <p>During an observation on 3/29/16 at 10:00 a.m., Resident B was in bed. The hand splint was on the bedside table.</p> <p>During an observation on 3/29/16 at 1:30 p.m., Resident B was in bed. The hand splint was on the bedside table.</p> <p>Review of the nursing notes dated 1/14/16 through 3/22/16 indicated Resident B refused the hand splint on 2/24/16 at 8:10 a.m.</p> <p>The Treatment Administration Record for March 2016 indicated the hand splint had been placed on 3/28/16 during the day shift and the evening shift. The record also documented the hand splint had been placed on 3/29/16 during the day shift. The observations during these shifts indicated no hand splint had been in place.</p> <p>During an interview on 3/29/16 at 4:20 p.m., the Director of Nursing indicated the documentation on the Treatment Administration Record for 3/29/16 day shift had been corrected and the nurse</p>			

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	<p>had been inserviced. "She should not have documented it done, if she had not put the splint on." The Director of Nursing had no further information about the documentation on 3/28/16.</p> <p>This Federal tag relates to Complaint IN00196374.</p> <p>3.1-50(a)(2)</p>			