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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155126 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>08/28/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>MEDCO HEALTH AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>457 S SR 145<br>FRENCH LICK, IN 47432 |
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| F000000 | <p>This visit was for a Recertification and State Licensure Survey. This visit included the investigation of Complaints # IN00154207 and IN00152458.</p> <p>This visit was in conjunction with the Investigation of Complaint IN000155084.</p> <p>Complaint #IN00154207 Substantiated, Federal deficiencies cited at 323 and 465.<br/>Complaint #IN00152458 Substantiated, Federal deficiencies cited at 319 and 406.</p> <p>Survey dates August: 21, 22, 25, 26, 27, 28, 2014</p> <p>Facility number: 000054<br/>Provider number: 155126<br/>AIM number: 100287850</p> <p>Survey Team:<br/>Sylvia Scales, RN TC<br/>Terri Walters, RN<br/>Dorothy Watts, RN<br/>(8/21, 8/22, 2014)<br/>Amy Wininger, RN</p> <p>Census bed type:<br/>SNF/NF: 66<br/>Total: 66</p> | F000000 | <p><i>"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report." Please find attached additional information to support the submitted Plan of correction, including the re-education completed in preparation and implementation of the plan of correction. We are requesting a desk review. Please feel free to contact Stacy Burton, HFA, should you need any additional information to support the desk review at 812-936-9991. Thank You for your consideration.</i></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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| F000161<br>SS=E  | <p>Census payor type:<br/>Medicare: 4<br/>Medicaid: 48<br/>Other: 14<br/>Total: 66</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 4, 2014 by Jodi Meyer, RN</p> <p>483.10(c)(7)<br/>SURETY BOND - SECURITY OF PERSONAL FUNDS<br/>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.</p> <p>Based on record review, and interview, the facility failed to ensure resident trust accounts were sufficiently insured. In that, the amount of coverage provided by the surety bond was less than the current amount in the resident trust accounts. This had the potential to affect 46 of 66 residents in the facility.</p> <p>Findings include:</p> <p>1. The facility surety bond was reviewed</p> | F000161   | No residents were identified. A one time review of the Resident Trust Account vs the Surety Bond amount has been completed. The Business Office Manager has been re-educated on completing the monthly reviews and alerting the ADM should there be a larger amount in Resident Trust than on the Surety Bond. It is the responsibility of the BOM to monitor the account balances. the HFA/designee will be responsible to review the account balances weekly for 8 weeks, monthly for 4 months, and | 09/24/2014   |  |   |  |

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|  | <p>on 8/28/14 at 9:36 A.M. The amount of coverage provided on the Surety bond was \$27,000.00.</p> <p>2. The facility statement of resident trust accounts were reviewed on 8/28/14 at 10:40 A.M. The total balance for all resident trust accounts were as listed:</p> <p>6/21/14 \$36,844.70 (\$9,844.70 over the covered amount)<br/>7/1/14 \$37,354.89 (\$10,354.89 over the covered amount)<br/>8/27/14 \$30,629.16 (\$3629.16 over the covered amount)</p> <p>On 8/28/14 at 10:50 A. M, during an interview with the Business office manager she indicated the current quarter had began 7/3/14 and she was aware that the amount of monies in the account exceeded the covered amount provided by the surety bond. She further indicated they had requested an increase that morning (56 days after the start of the most recent quarter).</p> <p>On 8/27/14 at 10:24 A.M., the facility provided a policy titled, "Resident Trust Policy Manual" revised 2013, it included on page 18, "...The center is responsible for obtaining the surety bond from (company name) in an amount sufficient to cover the total Resident Trust balances</p> |   | <p>then quarterly for 2 quarters. Any discrepancies noted will be immediately addressed and corrected. One on one re-education will be provided, up to and including disciplinary action, termination as necessary. The Field Analyst/designee will be responsible to review the results of the Residednt Trust account balance reviews monthly for 6 months, and then quarterly for 2 quarters. Results of the reviews will be forwarded to the Quality Performance Improvement Committee monthly for review. Any further action will be as determined by the QPI committee.</p> |  |  |   |  |

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| F000225<br>SS=D    | <p>(savings and checking accounts)... A copy of the surety bond must be on file in the Business Office and must be reviewed monthly and renewed annually...." "...If an increase or decrease in the bond value is required you should contact (name), Cash Supervisor for approval and she will forward...."</p> <p>3.1-6(j)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4)<br/>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS<br/>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly</p> |               |   |                      |

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|  | <p>investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on observation, interview, and record review, the facility failed identify allegations of abuse and/or report allegations of abuse immediately to the Administrator and/or investigate an allegation of abuse, In that, a resident reported she was afraid of another resident and the staff member conducting the interview, failed to notify the administrator in a timely manner. (Resident J)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. On 8/22/14 at 8:50 A.M., The Administrator was notified of an allegation of verbal abuse the resident requested to remain anonymous. The facility began investigating the allegation of verbal abuse on 8/22/14 at 9:00 A.M.</li> <li>2. At 3:00 P.M., The Administrator</li> </ol> | F000225   | <p>Resident J is not identified. Administrative staff did complete the reported event, and reviewed findings with the surveyors while they were in the facility. A one time special Resident Council meeting has been held with the current resident population to ensure residents do not have fear of any other person. The Employees have been re-educated on the Abuse Prohibition policy and procedure. It is the responsibility of the facility empoooyees to report allegations of any type of abuse to the HFA/designee. The HFA/designee will conduct twice a month Resident Council meetings for 2 months, monthly for 4 months, and then quarterly for 2 quarters, to ensure resident concerns are addressed timely. Any concerns noted will be addressed by the IDT. Any further non-compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The</p> | 09/24/2014   |  |   |  |

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|                    | <p>presented the interviews conducted during the investigation. The interview for Resident J included, "3. Is there anyone you are fearful of?"<br/>'Yes-Res(resident) (name of resident)'." No follow up was listed.</p> <p>At the same time during an interview the Administrator indicated she was unaware of this allegation.</p> <p>The clinical Record for Resident J was on reviewed on 8/27/14 at 1:29 P.M., diagnoses include, but were not limited to, anxiety, and depression.</p> <p>The care plans include, but were not limited to, a cognitive assessment and plan of care dated 6/23/14, listing orientation as no or mild impairment and/or cognitively intact.</p> <p>A mood and behavioral care plan dated 6/30/14, including Resident is interviewable.</p> <p>The MDS (Minimum Data Set assessment) date 6/23/14 included, Resident J as having a BIMS (Brief Interview for Mental Status score) of 15 which is cognitively intact. The MDS lacked any documentation of behaviors.</p> <p>3. An untitled policy dated April 2013 was provided on 8/22/14 at 3:15 P.M., it included, on page 4, section 1. "</p> |               | <p>HFA/designee will be responsible to review the results of auditing of resident council meeting minutes as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI Committee.</p> |                      |

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|  | <p>...Provide training for new employees through orientation and with ongoing training programs. Training will include, but not be limited to.... how to investigate and report incidents of abuse, neglect, mistreatment....on page 7, section 2. "...Report the incident immediately to the Administrator and DON/designee..."</p> <p>4. The facility abuse inservice was provided on 8/27/14 at 11:11 A.M., by the Director of Nursing. The following slides were included:</p> <p>"Types of abuse" included, " Mental/Emotional Abuse: Includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation...."</p> <p>"Identification" ..."Identify events that may constitute abuse or neglect and report immediately..."</p> <p>"Recognizing abuse" listed under the signs of psychological abuse "Fear".</p> <p>"Abuse Prevention" included, " Staff are <u>required to report</u> concerns, incidents, and grievances.</p> <p>"Abuse Reporting" included "Report incident immediately to the DON</p> |  |  |  |
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| F000226<br>SS=D  | <p>(Director of Nursing) and Administrator."</p> <p>3.1-28 (c)</p> <p>483.13(c)<br/>DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES<br/>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on observation, interview, and record review, the facility failed identify allegations of abuse and/or report allegations of abuse immediately to the Administrator and/or investigate an allegation of abuse, In that, a resident reported she was afraid of another resident and the staff member conducting the interview, failed to notify the administrator in a timely manner.<br/>(Resident J)</p> <p>Findings include:</p> <p>1. On 8/22/14 at 8:50 A.M., The Administrator was notified of an allegation of verbal abuse the resident requested to remain anonymous. The facility began investigating the allegation of verbal abuse on 8/22/14 at 9:00 A.M.</p> <p>2. At 3:00 P.M., The Administrator</p> | F000226   | Resident J is not identified. Administrative staff did complete the reported event, and reviewed findings with the surveyors while they were in the facility. A one time special Resident Council meeting has been held with the current resident population to ensure residents do not have fear of any other person. The Staff have been re-educated on the Abuse Prohibition policy and procedure. It is the responsibility of the facility employees to report allegations of any type of abuse to the HFA/designee. The HFA/designee will conduct twice a month Resident Council meetings for 2 months, monthly for 4 months, and then quarterly for 2 quarters, to ensure resident concerns are addressed timely. Any concerns noted will be addressed by the IDT. Any further non-compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The | 09/24/2014   |  |   |  |

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|                    | <p>presented the interviews conducted during the investigation. The interview for Resident J included, "3. Is there anyone you are fearful of?"<br/>'Yes-Res(resident) (name of resident)'."<br/>No follow up was listed.</p> <p>At the same time during an interview the Administrator indicated she was unaware of this allegation.</p> <p>The clinical Record for Resident J was on reviewed on 8/27/14 at 1:29 P.M., diagnoses include, but were not limited to, anxiety, and depression.</p> <p>The care plans include, but were not limited to, a cognitive assessment and plan of care dated 6/23/14, listing orientation as no or mild impairment and/or cognitively intact.</p> <p>A mood and behavioral care plan dated 6/30/14, including Resident is interviewable.</p> <p>The MDS (Minimum Data Set assessment) date 6/23/14 included, Resident J as having a BIMS (Brief Interview for Mental Status score) of 15 which is cognitively intact. The MDS lacked any documentation of behaviors.</p> <p>3. An untitled policy dated April 2013 was provided on 8/22/14 at 3:15 P.M., it included, on page 4, section 1. "</p> |               | <p>ADM/designee will be responsible to review the results of auditing of resident council meeting minutes as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI Committee.</p> |                      |

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|                    | <p>...Provide training for new employees through orientation and with ongoing training programs. Training will include, but not be limited to.... how to investigate and report incidents of abuse, neglect, mistreatment....on page 7, section 2. "...Report the incident immediately to the Administrator and DON/designee..."</p> <p>4. The facility abuse inservice was provided on 8/27/14 at 11:11 A.M., by the Director of Nursing. The following slides were included:</p> <p>"Types of abuse" included, " Mental/Emotional Abuse: Includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation...."</p> <p>"Identification" ..."Identify events that may constitute abuse or neglect and report immediately..."</p> <p>"Recognizing abuse" listed under the signs of psychological abuse "Fear".</p> <p>"Abuse Prevention" included, " Staff are <u>required to report</u> concerns, incidents, and grievances.</p> <p>"Abuse Reporting" included "Report incident immediately to the DON</p> |               |   |                      |

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| F000319<br>SS=D    | <p>(Director of Nursing) and Administrator."</p> <p>3.1-28 (c)</p> <p>483.25(f)(1)<br/>TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem.</p> <p>Based on observation, interview, and record review, the facility failed to ensure psychiatric services were provided in a timely manner, in that, a resident displayed escalating behaviors and was not provided psychiatric intervention for 13 days for 1 of 1 residents who met the criteria for review of psychiatric care. (Resident D)</p> <p>Findings include:</p> <p>The clinical record of Resident D was reviewed on 08/26/14 at 10:20 A.M. The record indicated Resident D was admitted on 05/14/14 from the hospital with diagnoses including, but not limited to, psychosis, dementia with agitated behaviors.</p> <p>On 08/26/14 at 9:00 A.M., Resident D was observed lying in bed.</p> | F000319       | Resident D was not identified. A one time review of psychiatric evaluations has been completed for last 30 days. Employees have been re-educated on requirement for psychiatric evaluation, it must be carried out in a timely manner which may include, but not limited to, seeking advanced medical services for resident. It is the responsibility of social service employees to provide necessary care and services to meet psychosocial needs. See above education. Social service/designee will be responsible to follow up with new orders for psychiatric treatments to ensure timely response to psychiatric orders. Social service/designee will monitor weekly for 8 weeks, monthly for 4 months, and quarterly for 2 quarters. Any concerns noted will be addressed by the IDT. Any further non compliance will result in 1:1 re-education, disciplinary | 09/24/2014           |

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|                    | <p>A Hospital Psychiatric Evaluation dated 05/09/14 indicated "...Chief complaint: believes...is in prison...beating on exit doors...Narrative:... argumentative, angry, and delusional...Behavior...belligerent...Mood ...Irritable...Association:... Tangential [erratic], Circumstantial... Thought content...Obsessionsional Thought...Memory Recent: Impaired...Concentration Attention Span: Impaired..Abstract thinking/reasoning: Impaired...Axis I Major Depression, Recurrent type with Psychotic Fx [features]..."</p> <p>A Behavioral Health Services Progress Note dated 05/14/14 indicated Resident D experienced confusion and paranoia, but was stable for nursing home discharge.</p> <p>The Social Service Assessment dated 05/16/14 indicated Resident D experienced psychosis.</p> <p>The Admission MDS (Minimum Data Set Assessment) dated 05/21/14 indicated Resident D experienced moderate cognitive impairment, occasional episodes of being short-tempered and/or easily annoyed and further indicated Resident D experienced no signs or</p> |               | <p>action as determined necessary, up to and including termination. The HFA/designee will be responsible to review the results of auditing of the psychiatric services as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI Committee.</p> |                      |

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|  | <p>symptoms of delirium, hallucinations, delusions, and/or behaviors.</p> <p>A Care Plan for Behavioral Symptoms initiated 05/16/14 and updated 06/26/14 and 07/07/14 lacked any interventions related to providing psychiatric intervention.</p> <p>A Care Plan for Psychosocial Well-Being-mood State initiated 05/18/14 and updated 06/24/14 and 07/21/14 lacked any interventions related to providing psychiatric intervention.</p> <p>A Comprehensive Care Plan Review Summary dated 05/29/14 indicated Resident D experienced mood issues and experienced no behavior issues. The summary included a handwritten notation of, "...was in behavior unit...noted to refuse to participate in interviews and noted to occ [occasionally] refuse care..."</p> <p>A Comprehensive Care Plan Review Summary dated 06/18/14 through 06/24/14 indicated Resident D experienced mood and behavior issues. The summary included an undated, handwritten notation of, "...was sent to behavior unit last noc [night]...was urinating intentionally in hallway and threatening staff..."</p> |   |   |  |  |   |  |

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|                    | <p>An untimed Interdisciplinary Progress note dated 06/26/14 indicated, "...res [resident] came out of room last night at 12 Mid [12:00 A.M.] ...lit a cigar in hallway...not easily re-directed..."</p> <p>An untimed Interdisciplinary Progress note dated 07/07/14 indicated, "...has noted increased behaviors...exit seeking, removing wanderguard (a safety device to lock an exit door when a resident approaches)...not easily re-directed...becomes verbally and physically abusive to staff..."</p> <p>The Physician Telephone Orders from 05/14/14 through 07/10/14 were requested from facility staff on 08/26/14 at 2:00 P.M. and not provided.</p> <p>The Nurse's notes from 05/14/14 at 3:30 P.M., through 05/29/14 at 9:30 A.M., were reviewed and indicated Resident D experienced no mood or behavior issues.</p> <p>A Nurse's note dated 05/29/14 at 10:00 A.M. indicated, "...Rsd (Resident) noted to be standing at South hall exit demanding to go outside...attempting to redirect...rsd was compliant..."</p> <p>A Nurse's note dated 05/31/14 at 9:00 A.M. indicated, "...packed up bags and attempted to leave facility. Redirected</p> |               |   |                      |

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|                    | <p>easily..."</p> <p>A Nurse's note dated 06/01/14 at 2:00 P.M., indicated, "...Insisting that we let him go outside...difficulty getting Res (resident) to com back inside...took a lot (sic) of encouragement..."</p> <p>A Nurse's note dated 06/01/14 at 4:30 P.M., indicated, "...Res out to smoke...not wanting to come back inside stated if you want me to come back inside you will have to "make me". Multiple staff approached Res at diff (different) times and Res finally agreed to come back inside."</p> <p>A Nurse's note dated 06/02/14 at 3:00 P.M., indicated, "...Resident has been asking to be discharged from facility. Stating, "if you don't let me out, I will break out..."</p> <p>A Nurse's note dated 06/04/14 at 5:15 A.M., indicated, "...walked down hall et (and) headed towards exit door on south hall...began trying to open door...after several attempts staff was able to re-direct..."</p> <p>A Nurse's note dated 06/05/14 at 5:00 P.M., indicated, "...came up to Nurses (sic) station stated he was leaving...redirected with coffee..."</p> |               |   |                      |

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|                    | <p>A Nurse's note dated 06/05/14 at 11:30 P.M., indicated, "...came to nurse's station...said, "Let me out"...then sat at one of the chairs at nurse's station...alarm system then went off...was at back door by South nurse's station trying to go out. He said, "I am getting out of here" We finally got him to sit down...Resident went to North hall...and let himself out the 1st door by therapy, north hall staff brought resident in door...while outside resident urinated in the rock bed behind building..."</p> <p>The subsequent Nursing note dated 06/15/14 at 9:30 A.M., indicated, "...has been pleasant and cooperative with staff..."</p> <p>A Nurse's note dated 06/15/14 at 1:00 A.M., indicated, "late entry...Resident wanting to go outside to smoke around 11:30. Nurse noticed that the door didn't lock when resident went toward door...resident refused to let the nurse put another wonder (sic) guard back on him...continue to monitor..."</p> <p>A Nurse's note dated 06/22/14 at 6:30 P.M., indicated, "...wandered to North Hall...attempting to go out Therapy doors..."</p> |               |   |                      |

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|                    | <p>A Nurse's note dated 06/25/14 at 12:00 A.M., indicated, "...lit a cigar in the hall...tried to exit building...redirected...became agitated..."</p> <p>A Nurse's note dated 06/26/14 at 2:00 A.M., indicated, "...tried to exist (sic) the building...became agitated...yelling at CNA's...redirected...became mad and set (sic) down in a chair by the nurses (sic) station. A visitor was existing (sic) the building and (Resident name) almost knocked this person down trying to get out of the door. A CNA kept him from existing (sic) the building...became very agitated and set (sic) down on the floor in front of the NS (nurse's station)..."</p> <p>A Nurse's note dated 06/26/14 at 1:30 P.M., indicated, "New orders received per (Name of physician) for psychiatric services to eval (evaluate) and tx (treat)..."</p> <p>A Nurse's note dated 06/29/14 at 2:00 A.M., indicated, "...repeatedly trying to exit building...very agitated with nurse...tried to calm Resident...refused and cursed at staff after 3 (three) failed attempts to redirect..."</p> <p>A Nurse's note dated 07/02/14 at 2:00 A.M., indicated, "...proceeded to Exit seek when I arrived at 5:30 P.M. ...went</p> |               |   |                      |

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|                    | <p>to S (South) hall door and held down the door handle until the door came open...T (therapy) hall have him a smoke...thirty minutes later at 6p (P.M.) did the same thing and went outside...with CNA...about 7:45 (P.M.)...went behind the nurses (sic) station taking another residents (sic) cigarettes and then tried to exit the building again. Staff followed him and stood at the door so he couldn't Exit...about 9:45 (P.M.) (Resident name) came out of his room and began down the hall. He hot by the break room door and heard the S hall door open and close. Resident states darn I missed my chance...Resident has his shirt in his hand swinging it around..."</p> <p>A Nurse's note dated 07/05/14 at 10:00 P.M., indicated, "...went into kitchen et was trying to find something to eat...then went to Back door et attempted to open...said he was put here illegally et wanted "out"! (sic) began raising his fists et said he will bust me and anyone else in his way..."</p> <p>A Nurse's note dated 07/06/14 at 10:45 A.M., indicated, "...standing at door on South Unit...tried to get resident away from door. Resident exited door this nurse followed him out and checked for wanderguard...Resident stated he took the bracelet off..."</p> |               |   |                      |

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|                    | <p>A Nurse's note dated 07/06/14 at 2:30 P.M., indicated, " noted to be in ice cart and throwing ice across dining room floor..."</p> <p>A Nurse's note dated 07/06/14 at 10:20 P.M., indicated, "...propelled self to kitchen areas et was attempting to get himself food...began walking to exit doors attempting to leave...able to re-direct resident after several attempts..."</p> <p>A Nurse's note dated 07/07/14 at 9:00 A.M., indicated, "...standing at back door attempg (sic) to open door. Res was able to get door open with staff standg (sic) by. Noticed wanderguard had been taken off...3 staff essorted (sic) Res away from door..."</p> <p>A Nurse's note dated 07/08/14 at 9:30 A.M., indicated, "Spoke with (name of physician) r/t (related to) increased behaviors. Order received (sic) and noted to check U/A (urinalysis) and BMP (Basic Metabolic Profile) (a blood test)..."</p> <p>A Nurse's note dated 07/08/14 at 8:00 P.M., indicated, "...resident was standing in hallway by Nurse's station et began urinating on wall et floor...trying to get out exit door. He hit door so hard his</p> |               |   |                      |

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|                    | <p>wanderguard did not keep door from staying shut. Resident exited door with staff right behind him. He refused to come back in...Staff got administrator et she et admissions director assisted with getting resident back into building...standing in hallway cursing et yelling...(Name of physician) contacted at this time, order given to send to (name of local hospital) ER (Emergency room)..."</p> <p>A Nurse's note dated 07/09/14 at 12:00 A.M., indicated, "(name of hospital based psychiatric unit) call, resident being admitted..."</p> <p>The Nurse's notes from 05/14/14 through 07/09/14 indicate Resident D was admitted to the facility in stable psychiatric condition and began to experience behaviors on 05/29/14. The nurse's notes indicated the behaviors escalated through 06/26/14 and an order for a psychiatric evaluation was received. The nurse's notes further indicated the behaviors continued to escalate as exhibited by increased occurrence, verbal and physical aggression without psychiatric intervention until 07/09/14. (13 days)</p> <p>During an interview on 08/28/14 at 4:30 P.M., the DON indicated the current contracted psychiatric provider only</p> |               |   |                      |

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| F000323<br>SS=G  | <p>comes to the facility every other month to see the residents and did not come to the facility in between the scheduled visits. The DON further indicated, at that time, the psychiatric evaluation ordered for Resident D on 06/26/14 was scheduled to be completed sometime in August, 2014. The DON then indicated a contract with a new psychiatric care provider was being initiated.</p> <p>The Social Service Assessments and Progress notes from 05/16/14 through 07/08/14 lacked any documentation attempts had been made to secure psychiatric services for Resident D.</p> <p>This Federal tag relates to Complaint #IN00152458.</p> <p>3.1-43(a)(1)</p> <p>483.25(h)<br/>FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br/>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 observation, interview, and record review, the facility failed to ensure residents identified as having a history of falls/and or at fall risk received adequate supervision and/ or effective interventions and/or safe environment to</p> | F000323   | Residents H, B, and O were not identified. A one time review of residents having experienced more than one fall in the last 180 days, as well as a resident experiencing a fall in the last 30 days, has been completed by the | 09/24/2014   |  |   |  |

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|  | <p>prevent further falls for 3 of 5 residents reviewed for falls. This practice resulted in Resident H experiencing 14 falls in a 6 month period and Resident B receiving a hip fracture. (Resident H, Resident B, Resident O)</p> <p>Findings include:</p> <p>1. On 8/25/14 at 9:54 A.M., Resident B was observed in bed with 2 grab bars up and her call light in reach.</p> <p>On 8/26/14 at 11:00 A.M., Resident B's clinical record was reviewed. Her Minimum Data Set Assessment (MDS) dated 3/1/14 indicated a cognitive summary score of 12 ( moderate cognitive impairment). Resident B needed extensive assistance of 1 for bed mobility, transfers, walk in room and corridor, and toilet use. The MDS dated 4/17/14 indicated a cognitive score of 8 (moderate cognitive impairment). Extensive assistance of 1 staff needed for bed mobility, transfers, walk in room and corridor, and toilet use. The MDS dated 7/16/14, indicated a cognitive score of 3 (severe cognitive impairment). Extensive assistance of 2 staff needed for bed mobility, transfers, walk in room, and toilet use. The extensive assistance of 1 staff needed for walking in the corridor.</p> |   | <p>Interdisciplinary Team to ensure appropriate interventions are in place, care plans reflect the current status of the resident and employees have the most current information to continue to assist the resident with fall reduction. The employees have been re-educated on the Fall prevention policy and procedure. It is the responsibility of the Interdisciplinary Team to ensure appropriate interventions are implemented should an event occur resulting in a resident falling. The DON/Designee will be responsible to review fall follow up's upon occurrence weekly for 12 weeks, monthly for 3 months, and then quarterly for 2 quarters. In addition, a fall prevention committee meeting will be conducted weekly for 12 weeks, monthly for 3 months, and then quarterly for 2 quarters. Any concerns noted will be addressed and corrected by the IDT. Any further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The HFA/designee will be responsible to review the results of auditing of the fall intervention implementation and fall prevention committee reviews as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months,</p> |                      |   |

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|  | <p>A fall care plan initiated 3/1/14, indicated a history of falls, and cognitive impairment factors of dementia and Alzheimer's disease. Interventions included but were not limited to, ambulation with the assistance of 1, the use of a rolling walker (device), high/low bed, bilateral grab bars, and non-skid socks.</p> <p>A fall progress note dated 8/8/14 at 12:45 P.M., indicated, " CNA (CNA's name) stated, 'I went to make the bed, and turned around and resident was transferring self to wheelchair. when resident went to turn and sit in her wheelchair, she got caught on the little wheel of the wheelchair and that caused her to call (sic).'</p> <p>A physician's order was received on 8/8/14 for a stat (as soon as possible) left hip x-ray. Resident B was then sent to the hospital on 8/9/14 due to a left hip fracture. She returned to the facility after left hip surgery on 8/14/14.</p> <p>On 8/26/14 at 12:00 P.M., the Director of Nursing (DON) was interviewed regarding Resident B's 8/8/14 fall. The DON indicated Resident B had fallen in the bathroom. She indicated the CNA had left the resident in the bathroom and went to start making the resident's bed</p> |   | and then quarterly for 2 quarters. Any further action will be as determined by the QAPI Committee.              |  |  |   |  |

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|                    | <p>when the resident transferred self and fell. The DON indicated the care plan was updated after the fall. The updated intervention dated 8/8/14, indicated " Educate staff to not leave resident." The DON indicated, Resident B should not have been left unattended on the commode.</p> <p>On 8/28/14 at 09:00 A.M., during interview with the DON she was made aware of the MDS dated 7/16/14 (before the fall) which had indicated a severe cognitive impairment and assistance needed for transfers.</p> <p>2. On 8/25/14 at 11:00 A.M., Resident H was observed in bed.</p> <p>On 8/25/14 at 8:31 A.M., Resident H's clinical record was reviewed. Diagnoses included but were not limited to, Alzheimer's dementia, niddm ( non-insulin dependent diabetes mellitus), depression, insomnia, and anxiety. She had been admitted to the facility on 9/2/09. Her Minimum Data Set Assessments (MDS) dated 1/26/14, 4/23/14, and 7/22/14, indicated a cognitive score of 3 (severe cognitive impairment). She needed extensive assistance of 1 staff for bed mobility, transfers, walking in room or corridor and toilet use. The MDS also indicated</p> |               |   |                      |

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|                    | <p>the resident was always continent of urine.</p> <p>On 8/28/14 at 7:47 A.M., the Director of Nursing (DON) was interviewed regarding Resident H's falls in regard to reviewing Resident H's fall progress notes and care plan. The fall care plan had an initiation date of 7/28/14, and addressed fall risk related to, history of falls, unsteadiness, potential for high or low blood sugar and cognitive impairment factors of dementia and Alzheimer's. Interventions included but were not limited to, ambulation with the assist of 1, use of a walker device, use of a grab bar, and 15 minute checks related to fall risk.</p> <p>The DON indicated before the first fall on 2/8/14 at 11:00 P.M., Resident H was to be toileted every hour while awake. The fall progress note dated 2/8/14 at 11:00 P.M., indicated, "Staff heard a bang and resident yelled out. CNA found Resident on knees by bed. CNA alerted this nurse, (nurse's name) to room. Res (resident) had bumped Left elbow on bedside table and obtained a 3 cm x 0.1 cm skin tear. Res. stated she went to bathroom and on her way back she fell into bedside table. Res did have on nonskid slippers..." The DON indicated the intervention implemented was to</p> |               |   |                      |

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|                    | <p>place signs on bedside table and bathroom door instructing the resident to use walker. The DON was made aware at this time that Resident H's cognition score was a 3 (severe cognitive impairment). The DON indicated the resident reads a lot.</p> <p>The 2nd fall occurred on 2/11/14 at 1:10 P.M. The fall progress note indicated, "resident found sitting in hallway on her buttocks was barefoot walker sitting beside her." The DON indicated the new intervention was to add gripper socks and that was added on the care plan on 2/11/14.</p> <p>The 3rd fall occurred in the resident's restroom on 3/6/14 at 9:10 P.M. The fall progress note indicated, "I heard rsd (resident) yelling help from her bathroom. When I entered bathroom I found rsd. lying on her left side on floor. Skin tear noted to left elbow..." "... Rsd. was wearing socks and shoes." The DON indicated, the new intervention was for staff to check q 30 minutes on resident and document they had checked on the resident.</p> <p>The 4th fall had occurred on 3/20/14. The DON indicated the fall had occurred at 3:30 P.M., in the resident's room. The intervention implemented was to adjust</p> |               |   |                      |

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|                    | <p>the resident's anti-anxiety medication (xanax) time administered from 2:00 P.M., to 4:00 P.M.</p> <p>The 5th fall progress note of 4/14/14 at 12:50 A.M., indicated, " I was in the hallway when I heard a resident on short hall say 'help me.' I found resident on the floor sitting on her bottom. resident stated she was going to use the bathroom. It appeared that resident had slipped on her pants that had longer bottoms. Resident was barefoot..." "... Placed shoes on resident's feet. Resident assisted to bathroom and then back to bed. Resident instructed on use of call light. Also replaced pants with shorted pj bottoms. Shoes placed next to residents bed, along with gripper socks. Resident placed on 15 min. (minute) checks on back of door instead of 30 min. checks." The DON indicated an intervention initiated was to change toileting program to staff to assist 12:00 A.M., 3:00 A.M., and 6:00 A.M.</p> <p>The fall progress noted dated 5/18/14 (6th fall) at 8:05 P.M., indicated, " This nurse was called to resident bathroom by CNA to find resident lying on the floor. CNA had placed pillow behind resident's head. CNA had recently been in resident room to adjust temperature. Resident unsure what she was doing or where she</p> |               |   |                      |

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|                    | <p>was trying to go. Resident barefoot. Magazines on floor near residents feet..."</p> <p>The DON indicated the immediate intervention was gripper socks which had already been in use. The DON indicated an intervention was implemented to assist with toileting every 2 hours from 6:00 A.M., to 10:00 P.M. The DON was made aware that before the first fall the resident had been on toileting program of every hour while awake. The DON indicated an intervention to keep resident's walker in reach had been added to the care plan on 5/19/14.</p> <p>A fall progress note dated 5/28/14 at 9:00 P.M., indicated, "Went to check on rsd. for her 30 min. checks and found rsd. on bathroom floor on right side. Rsd. said she was getting up from the toilet and became unsteady and fell. Rsd. was wearing shoes. Asked rsd. if she hit head. Rsd. said I think so, on the door frame..." "... Small hematoma noted on right side of forehead. Rsd. states her forehead feels sore..." The DON indicated the resident's toileting program was changed to every 2 hours from 6:00 A.M., to 4:00 P.M., and every hour from 4:00 P.M., to 10:00 P.M., due to last falls were around 8:00 P.M., and 9:00 P.M.</p> <p>The 8th fall progress note was dated 6/17/14 at 2:00 A.M. The note indicated,</p> |               |   |                      |

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|                    | <p>" Heard a loud crash down short hall. Found resident sitting on floor with shoes sitting on floor in front of her. Rsd. said she was trying to get to the bathroom. Rsd. had just been toileted 30 minutes prior to fall..." "...Hematoma noted on bottom of back of head. Rsd. c/o (complained) pain to back of head. Ice applied..." The DON indicated the immediate intervention was that the resident was placed on 1 on 1 monitoring at the nurse's station for neurological checks. A therapy screen was also completed and it was determined the resident was not a candidate for therapy services.</p> <p>The 9th fall occurred on 6/24/14 at 10:20 P.M., in the resident's restroom. The fall note indicated, "Rsd. was found sitting on bottom no (sic) BR (bathroom) floor. Rsd. had shoes on. Light is on. No clutter or spill is noted on the floor. Skin tear is noted on right elbow. Telfa applied. Rsd was trying to go to the bathroom, Rsd. had just been toileted at 10 pm and was resting in bed at 10:15 per 15 min. skin checks. No further injury is noted." The DON indicated the immediate intervention was 1 on 1 monitoring. An order was obtained for an urinalysis (urine test for possible urinary infection) which was positive and was treated.</p> |               |   |                      |

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|                    | <p>Two days later on 6/26/14 at 12:20 P.M., the 10 th fall occurred. The fall progress note indicated, "Resident was self transferring in front of nurses station when CNA said resident's name. Resident turned around and lost balance. That is when the resident stumbled and fell hitting head on wall." The DON indicated the resident had been sent to the hospital emergency room for an evaluation. The DON indicated also a meeting with the resident's family had been initiated for possible suggestions to prevent falls. The DON also indicated the family was unable to provide new suggestions.</p> <p>The 11th fall occurred on 7/6/14 at 10:55 A.M. The fall progress note indicated, "Heard noise and res was found lying on back states she hit head and don't know what else happened...said she was trying to straighten up room." The immediate intervention was to keep her room door open at all times unless providing care.</p> <p>On 7/28/14 at 9:00 A.M., the 12 th fall occurred. The fall progress note indicated, " CNA walking past res br (bathroom) door to be open (sic) when CNA entered heard res fall to floor and res was found sitting on bottom leaning with back to other br door...res was noted</p> |               |   |                      |

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|                    | <p>to have a .5 cm skin tear to r (right) elbow. The DON indicated intervention initiated was for staff to offer to toilet every 15 minutes during 15 minute checks.</p> <p>A fall progress note dated 8/10/14 at 11:35 A.M., indicated, "Rsd. noted to be sitting on buttocks, in floor by restroom door, walker to the right side of resident, with milk cup next to resident in floor (house keeper, (housekeeper's name) stated she seen (sic) resident fall and resident bumped back of her head on the door. Also, knocked milk cup onto floor as she fell. Abrasion noted to right second toe, no bleeding noted." The DON indicated a post void residual urine (catheterization after resident has voided) was obtained and was within normal limits. Also a CT head scan was completed and was negative. Another intervention initiated was hipsters ( a padded clothing device) on 8/11/14.</p> <p>The 14th fall occurred on 8/26/14 at 11:20 P.M. The fall progress note indicated, "I heard someone's toilet flush on short hall so I went to investigate. I looked in Rsd. room just as rsd. was coming out of bathroom. As soon as rsd. opened bathroom door she fell. I was too far away from rsd. to catch her. Rsd. did not hit her head. Rsd. caught herself with</p> |               |   |                      |

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|                    | <p>her hands and the rest of her body. Rsd. was lying on the right side. Small skin tear is noted to right elbow..." "... Rsd. cont. (continues) on 15 min. checks. Rsd. will be watched for one hour one-on-one for extra monitoring." The DON indicated a new intervention would be to continue to check on resident every 15 minutes and then go back in 5 minutes in case checking the resident may be triggering resident to toilet.</p> <p>During an interview on 8/28/14 at 8:47 A.M., the DON was made aware the documentation lacked evidence Resident H received adequate supervision and/or effective interventions were implemented to ensure the safety of Resident H. The DON then indicated the facility was concerned about preventing major injuries for Resident H.</p> <p>On 8/28/14 at 10:46 A.M., the facility policy, entitled "3.3.3. Risk Reduction: Falls and Injuries Program" revision date of November 2013 was received and reviewed. The policy included but was not limited to, "...Determine appropriate interventions for identified risk factors. Interventions include, but are not limited to:..." "... b. Recognize and intervene when independent ambulation is not safe or feasible..."</p> |               |   |                      |

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|                    | <p>3. On 8/21/14 at 11:21 A.M., Resident O was observed lying in bed.</p> <p>The Clinical Record for Resident O was reviewed on 8/27/14 at 10:54 A.M., diagnoses include, but are not limited to, history of CVA with left sided weakness, hypertension, tachy-brady syndrome (an abnormal heartbeat with symptoms of dizziness and fainting), glaucoma and diabetic retinopathy (a disease that causes deterioration of the retina resulting in vision loss), fracture of the right wrist 12/3/13.</p> <p>Fall #1 occurred on 7/10/14 at 12:15 P.M., The nursing progress note included, "Res found on floor beside her bed, Res had shoes on". The intervention was a verbal reminder to call for staff to assist prior to getting up.</p> <p>Fall #2 occurred on 7/23/14 at 4:00 P.M., The nursing progress note included, " Resident was attempting to push another resident out of the center of the hall. When the resident was heading towards the back of the wheelchair, the resident caught her foot on the front wheel of the wheel chair and tripped Resident stumbled backwards and fell (sig) onto her buttocks." The intervention put into place on 7/24/14 was a verbal reminder for resident not to assist other residents</p> |               |   |                      |

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|                    | <p>and to call for staff.</p> <p>The MDS (Minimum Data Set assessment) dated 7/6/14 indicated Resident O had a BIM (Brief Interview for Mental Status) score of 8 with a 8-12 indicating moderate cognitive impairment. Under functional status it indicated Resident O was unable to stabilize without human assistance while ambulating and turning and required extensive physical assist of one for transfers and ambulation.</p> <p>The Physician's orders dated 8/1/14 included, but were not limited to, "ACTIVITY LEVEL: UP WITH ASSIST OF 1 STAFF AS TOLERATED" starting on 11/29/13.</p> <p>The Care Plans included, but were not limited to, A Fall/injury assessment: prevention and management plan of care dated 3/5/14. Fall/Injury Risk related to: History of Falls, history of dizziness, history of high blood pressure. Interventions include Ambulation and transfers with assist of 1 starting 11/26/13. Activities of daily living and mobility plan of care dated 7/7/14 related to glaucoma, and retinopathy and generalized weakness included, Will transfer with one assist.</p> |               |   |                      |

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| F000363<br>SS=E  | <p>A Therapist Progress and Discharge Summary dated 1/22/14 included "Pt (patient) still needs SBA (stand by assist) with care. "</p> <p>On 8/27/14 at 1:27 P.M., PT #1 was interviewed; he indicated stand by assist was to be in close proximity and or arms length of resident. He further indicated on 7/10/14 and 7/23/14 Resident O required assist of 1 with ambulation.</p> <p>On 8/27/14 at 3:15 P.M., Certified Nursing Assistant #3 was interviewed she indicated Resident O was supposed to have assistance of one with ambulation and transfers. She indicated normally she just walks around and we only help her when she gets to looking unsteady.</p> <p>This Federal Tag relates to Complaint IN00154207.</p> <p>3.1-45(a)(2)</p> <p>483.35(c)<br/>MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED<br/>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.<br/>Based on observation, interview, and</p> | F000363   | The food that had been prepared by the cook was discarded before  | 09/24/2014   |  |   |  |

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|  | <p>record review, the facility failed to ensure food was prepared in the type and consistency for each resident, in that, staff did not follow the recipe for the preparation of the pureed food for 1 of 2 kitchen observations. This had the potential to affect 7 of 7 residents who received a pureed diet. (Resident # 25, Resident #63, Resident #1, Resident #F, Resident #59, Resident #21, Resident #62)</p> <p>Findings include:</p> <p>The following was observed on 08/25/14 at 11:22 A.M.:</p> <p>1. During an interview, Cook #2 indicated he was preparing to start the puree process of Country Fried Steak for the noon meal. Cook #2 was then observed to not have a recipe in sight and place 7 Country Fried Steak patties in a food processor and indicated, at that time, he was preparing to pour an unknown amount of water into the processor and stated, "... "I usually just eyeball it...sometimes I get it too thin, so I thicken it up with thickener to get it the right consistency..." The CDM (Certified Dietary Manager) was observed, at that time, to tell Cook #2 to retrieve a measuring cup and measure the water before putting into the food processor.</p> |   | <p>service of the noon meal during the survey process. The DM assisted with the preparation of the replacement meat ensuring staff followed the recipe in order for Residents #25, 63, 1, 21, 62, 59, and F to receive the appropriate diet consistency. Dietary employees have been re-educated on following recipes as per menu, and providing the diet ordered by the MD. It is the responsibility of the Dietary Cook to follow the recipe when preparing menued items. The DM/designee will be responsible to complete food preparation of pureed food observations 5 times per week for 4 weeks, 1 time a week for 8 weeks, monthly for 2 months, and then quarterly for 2 quarters, across all 3 meal preparations, i.e., breakfast, lunch and supper, to ensure that employees are following the recipe during meal preparation. Any concerns noted will be addressed and corrected. Any further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The ADM/designee will be responsible to review the results of auditing of the food preparation process as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters.</p> |  |  |   |  |

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|  | <p>During an interview, at that time, the CDM indicated a recipe for Country Fried Steak-Puree could not be located and stated, "...I have to print it off.."</p> <p>Cook #2 was observed to re-enter the food preparation area with an 8-cup water pitcher and indicated, at that time, he was ready to resume pureeing. Cook #2 was observed to add 1 cup of water to the food processor. Cook #2 was then observed to process the patties and add 1 cup of water to the process and reprocess. Cook #2 was then observed to add another cup of water to the food processor (total of 3 cups of water) and re-process. Cook #2 then indicated, he was ready to put the pureed Country Fried Steak on the steam table and further indicated, he adds the extra water because the pureed food will "...turn into concrete..."</p> <p>A recipe for "...Chicken-Fried Steak Pu (puree)..." provided by the CDM at 11:30 A.M. indicated, "...Chicken-Fried Stea (steak) 7 servings process chicken fried steak in a processor and process until smooth. Food Thickener...2 tsp(teaspoons) ...Water 2/3 cups... Soup Base, beef 3/4 tsp... Blend water, thickener, and soup base together to make a slurry. Process slurry and meat until desired consistency is reached..."</p> <p>The CDM indicated, at that time, the</p> |   | Any further action will be as determined by the QAPI committee.   |  |  |   |  |

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| F000371<br>SS=E    | <p>recipe should be followed when food is pureed.</p> <p>During an interview at 11:40 A.M., the CDM indicated the pureed Chicken Fried Steak prepared by Cook #2 was being discarded and Cook #2 was preparing the chicken fried steak according to the recipe. A list of residents was provided by the CDM, at that time, indicated Resident # 25, Resident #63, Resident #1, Resident #F, Resident #59, Resident #21, Resident #62 received pureed diets.</p> <p>3.1-21(a)(1)</p> <p>483.35(i)<br/>FOOD PROCURE,<br/>STORE/PREPARE/SERVE - SANITARY<br/>The facility must -<br/>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br/>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was prepared and served under sanitary conditions, in that, staff did not perform hand hygiene and/or hand washing before the preparation of pureed foods and/or staff grasped water glasses on the upper outer rim to fill with water</p> | F000371       | The food that had been prepared by the cook was discarded before service of the noon meal during the survey process. The DM assisted with the preparation of the replacement meat ensuring staff followed the recipe in order for Residents #25, 63, 1, 21, 62, 59, and F to receive the appropriate diet consistency. The glasses of water were discarded, glasses washed in the | 09/24/2014           |

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|  | <p>during 1 of 2 kitchen observations.<br/>(Resident # 25, Resident #63, Resident #1, Resident #F, Resident #59, Resident #21, Resident #62)</p> <p>Findings include:</p> <p>The following was observed on 08/25/14 at 11:22 A.M.:</p> <p>1. During an interview, Cook #2 indicated he was preparing to start the puree process of Country Fried Steak for the noon meal. Cook #2 was observed, at that time, not to be wearing gloves and/or not to perform hand washing and/or hand hygiene. Cook #2 was then observed to place 7 Country Fried Steak Patties in a food processor. The CDM (Certified Dietary Manager) was then observed, to tell Cook #2 to retrieve a measuring cup. Cook #2 was observed, at that time, to place his bare hands on the sides of his uniform and exit the food preparation area. Cook #2 was then observed to re-enter the food preparation area with an 8-cup water pitcher and indicated, at that time, he was ready to resume pureeing. Cook #2 was observed to not perform hand washing and/or hand hygiene and add 1 cup of water to the food processor.</p> <p>A list of residents was provided by the CDM on 08/25/14 at 11:40 A.M.,</p> |   | <p>dishwasher, and the DM assisted with re-setting up the ice water for the noon meal during the survey process. Dietary employees have been re-educated on conducting the hand washing process as per expectation, upon return to the kitchen prior to the start of a task, before starting a task, and hand placement when preparing food or drink items. It is the responsibility of the dietary employees to wash hands and have appropriate hand placement with dishes and glassware as they are used. The DM/designee will be responsible to complete food and drink preparation observations 5 times per week for 4 weeks, 1 time a week for 8 weeks, monthly for 2 months, and then quarterly for 2 quarters, across all 3 meal preparations, i.e., breakfast lunch and supper, to ensure employees are following the appropriate hand washing and food-drink preparation procedures. Any concerns noted will be addressed and corrected. Any further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The ADM/designee will be responsible to review the results of auditing of the food and drink preparation and hand washing process as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance</p> |                      |   |

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|  | <p>indicated Resident # 25, Resident #63, Resident #1, Resident #F, Resident #59, Resident #21, Resident #62 received pureed diets.</p> <p>2. Cook Assistant #1 was observed to wipe his hands on the front of his uniform, transport a full, large service tray of ice filled glasses to the three compartment sink and fill the glasses with water by grasping each glass on the rim with bare hands. CA #2 was observed to not perform hand washing and/or hand hygiene before touching the glasses.</p> <p>During an interview at 11:40 A.M., the CDM it was the policy of the facility for staff to wash hands before any food preparation activity and to grasp glasses around the sides of the glass.</p> <p>An Inservice for "Key Points to Customer Service in Dining" provided by the CDM on 08/26/14 at 10:00 A.M. indicated, "...Safe Service...Wash hands before serving residents and after touching...an unclean surface...Do not touch...eating surfaces of...cups..."</p> <p>An Inservice for "Hand washing and Glove Use" provided by the CDM on 08/26/14 at 10:00 A.M. indicated, "...When to wash...when you enter the kitchen...before preparing food...after</p> |   | Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI Committee. |                      |   |

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| F000406<br>SS=E  | <p>touching apron..."</p> <p>3.1-21(i)(2)</p> <p>483.45(a)<br/>PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES<br/>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 observation, interview, and record review, the facility failed to ensure Physical Therapy services were provided in a timely and accurate manner, in that, Therapist assessments were not completed within 7 days, a Physical Therapy evaluation did not accurately reflect a resident's gait abnormality, and a resident was treated without a physician's order for 10 of 19 residents who met the criteria for review of rehabilitation services. (Resident C, Resident K, Resident E, Resident G, Resident F, Resident J, Resident L, Resident A, Resident M, Resident I)</p> <p>Findings include:</p> | F000406   | Residents C, K, E, G, F, J, L, A, M, I were not identified. A one time audit of current resident population on therapy caseload for the past 30 days has been completed. Therapy staff have been re-educated on completing timely progress notes, completing accurate evaluations, and completing therapy within physicians' orders. It is the responsibility of therapy employees to complete timely progress notes, complete accurate evaluations, and complete therapy per physician order. Regional Director of Rehabilitation/designee will be responsible to review documentation entries weekly for 8 weeks, monthly for 4 months and then quarterly for 2 quarters. Any concerns noted will be | 09/24/2014   |  |   |  |

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|  | <p>1. The clinical record of Resident C was reviewed on 08/26/14 at 9:10 A.M. The record indicated the diagnoses of Resident C included, but was not limited to, neck pain.</p> <p>A Physical Therapy Plan of Care, dated 06/16/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT (Physical Therapy) evaluation, Therapeutic exercises, Neuromuscular re-ed (re-education) Therapeutic activities 3 times a week for 4 weeks..."</p> <p>The PT progress summary notes indicated Resident C was discharged from therapy service on 07/02/14 and a PT-Therapist Progress &amp; (and) Discharge Summary was to be completed on that date. The progress notes indicated PT #1 completed the Progress &amp; Discharge Summary on 07/13/14.</p> <p>During an interview on 08/28/14 at 9:00 A.M., PT #1 indicated the progress and discharge summary for Resident C was done on 07/13/14. PT #1 further indicated, at that time, the assessment was 11 days late, but the information was retroactive to the days of service. PT #1 then indicated the signature date reflects the date the assessment was completed and the therapy assessments should be</p> |   | <p>addressed by the Regional Director of Rehabilitation. Any further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The ADM/designee will be responsible to review the results of auditing of the rehabilitation documentation review as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI Committee.</p> |  |  |   |  |

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|                    | <p>completed within 7 days of the due date.</p> <p>2. The clinical record of Resident K was reviewed on 08/25/14 at 9:30 A.M. The record indicated the diagnoses of Resident K included, but was not limited to, decline in physical functioning.</p> <p>A Physical Therapy Plan of Care, dated 06/16/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training Therapeutic activities, and self care training 5 times a week for 30 days..."</p> <p>The PT progress summary notes indicated Resident K was discharged from therapy service on 07/25/14 and a PT-Therapist Progress was to be completed on 06/29/14. The summary indicated PT #1 completed the progress note on 07/13/14. During an interview on 08/28/14 at 9:10 A.M., PT #1 indicated the assessment had been completed on 07/13/14. PT #1 further indicated the assessment was 15 days late.</p> <p>The PT-Therapist Progress &amp; Updated Plan of Care indicated an assessment was to be completed on 07/13/14. The progress note indicated an assessment</p> |               |   |                      |

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|                    | <p>was completed by PT #1 on 08/05/14. During an interview on 08/28/14 at 9:12 A.M., PT#1 indicated the assessment was completed on 08/05/14, after Resident K had been discharge from therapy service. PT #1 further indicated the assessment was 23 days late.</p> <p>The PT-Therapist Progress &amp; Discharge Summary indicated an assessment was to be completed on 07/25/14. The progress note indicated the assessment was completed by PT #1 on 08/05/14. During an interview on 08/28/14 at 9:14 A.M., PT #1 indicated the assessment was completed on 08/05/14, after Resident K had been discharged from therapy service. PT #1 further indicated the assessment was 11 days late.</p> <p>3. The clinical record of Resident E was reviewed on 08/25/14 at 9:45 A.M. The clinical record indicated the diagnoses of Resident E included, but was not limited to, CVA (cerebrovascular accident) with left sided weakness.</p> <p>A Physical Therapy Plan of Care ,dated 06/03/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Manual therapies, Therapeutic activities,</p> |               |   |                      |

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|                    | <p>and Electrical stimulation 5 times a week for 12 weeks..."</p> <p>The PT summary progress note indicated Resident E was discharged from therapy service on 08/05/14 and a PT-Therapist Progress was to be completed on 06/16/14. The summary indicated PT #1 completed the progress note on 06/25/14. During an interview on 08/28/14 at 9:15 A.M., PT #1 indicated the assessment had been completed on 06/25/14. PT #1 further indicated the assessment was 9 days late.</p> <p>The PT summary progress note indicated a PT-Therapist Progress was to be completed on 07/14/14. The summary indicated PT #1 completed the progress note on 07/24/14. During an interview on 08/28/14 at 9:15 A.M., PT #1 indicated the assessment had been completed on 07/24/14. PT #1 further indicated the assessment was 10 days late.</p> <p>The PT summary progress note indicated a PT-Therapist Progress was to be completed on 07/28/14. The summary indicated PT #1 completed the progress note on 08/10/14. During an interview on 08/28/14 at 9:15 A.M., PT #1 indicated the assessment had been completed on 08/10/14. PT #1 further</p> |               |   |                      |

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|                    | <p>indicated the assessment was 13 days late.</p> <p>4. The clinical record of Resident G was reviewed on 08/25/14 at 12:30 P.M. The record indicated the diagnoses of Resident G included, but was not limited to, history of falls.</p> <p>A Physical Therapy Plan of Care, dated 06/20/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Manual therapy, 5 times a week for 8 weeks..."</p> <p>The PT summary progress note indicated Resident G was discharged from therapy service on 08/01/14 and a PT-Therapist Progress was to be completed on 07/03/14. The summary indicated PT #1 completed the progress note on 07/20/14. During an interview on 08/28/14 at 9:20 A.M., PT #1 indicated the assessment had been completed on 07/20/14. PT #1 further indicated the assessment was 17 days late.</p> <p>The PT summary progress note indicated a PT-Therapist Progress was to be completed on 07/17/14. The summary indicated PT #1 completed the progress</p> |               |   |                      |

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|                    | <p>note on 07/28/14. During an interview on 08/28/14 at 9:20 A.M., PT #1 indicated the assessment had been completed on 07/28/14. PT #1 further indicated the assessment was 11 days late.</p> <p>The PT summary progress note indicated a PT-Therapist Progress was to be completed on 07/31/14. The summary indicated PT #1 completed the progress note on 08/10/14. During an interview on 08/28/14 at 9:20 A.M., PT #1 indicated the assessment had been completed on 08/10/14, after Resident G had been discharged from therapy service. PT #1 further indicated the assessment was 11 days late.</p> <p>The PT-Therapist Progress &amp; Discharge Summary indicated an assessment was to be completed on 08/01/14. The progress note indicated the assessment was completed by PT #1 on 08/10/14. During an interview on 08/28/14 at 9:20 A.M., PT #1 indicated the assessment was completed on 08/10/14, after Resident G had been discharged from therapy service. PT #1 further indicated the assessment was 9 days late.</p> <p>5. The clinical record of Resident F was review on 08/22/14 at 9:58 A.M. The clinical record indicated the diagnoses of</p> |               |   |                      |

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|                    | <p>Resident F included, but was not limited to, right hip fracture.</p> <p>A Physical Therapy Plan of Care, dated 07/03/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercise, Neuromuscular re-ed, Gait training, Therapeutic activities, 5 times a week for 30 days..."</p> <p>The PT summary progress note indicated Resident F was discharged from therapy service on 07/30/14 and a PT-Therapist Progress was to be completed on 07/16/14. The summary indicated PT #1 completed the progress note on 07/30/14. During an interview on 08/28/14 at 9:25 A.M., PT #1 indicated the assessment had been completed on 07/30/14. PT #1 further indicated the assessment was 14 days late.</p> <p>6. The clinical record of Resident J was reviewed on 08/25/14 at 10:45 A.M. The clinical record indicated the diagnoses of Resident J include, but was not limited to, left above knee amputation.</p> <p>A Physical Therapy Plan of Care, dated 06/17/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT</p> |               |   |                      |

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|                    | <p>evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Therapeutic Activities and Self Care training , 5 times a week for 30 days..."</p> <p>The PT summary progress note indicated Resident J was discharged from therapy service on 07/17/14 and a PT-Therapist Progress was to be completed on 06/30/14. The summary indicated PT #1 completed the progress note on 07/17/14. During an interview on 08/28/14 at 9:30 A.M., PT #1 indicated the assessment had been completed on 07/17/14, after Resident J had been discharged from therapy service. PT #1 further indicated the assessment was 17 days late.</p> <p>7. The clinical record of Resident L was reviewed on 08/26/14 at 11:45 A.M. the clinical record indicated the diagnoses of Resident L included, but was not limited to, shoulder pain.</p> <p>A Physical Therapy Plan of Care, dated 06/19/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Therapeutic Activities and Self Care training , 5 times a week for 30 days..."</p> <p>The PT summary progress note indicated</p> |               |   |                      |

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|                    | <p>Resident L was discharged from therapy service on 07/21/14 and a PT-Therapist Progress notes were to be completed on 07/02/14, 07/09/14, 07/16/14. The summary indicated PT #1 completed each individual progress note on 07/23/14. During an interview on 08/28/14 at 9:40 A.M., PT #1 indicated the assessments had been completed on 07/23/14, after Resident L had been discharged from therapy service. PT #1 further indicated the assessment should have been completed within 7 days of the targeted date. PT#1 then indicated the documentation had been done cumulatively and did not affect resident's care.</p> <p>8. During an interview on 8/21/14 at 11:30 A.M., Resident A indicated he could not walk because his right foot was frozen during the war. Resident A further indicated, at that time, he had been confined to a wheelchair for at least 6 years, and had been declared disabled because of the injury.</p> <p>The clinical record of Resident A was reviewed on 08/26/14 at 8:23 A.M. The record indicated Resident A was emergently admitted on 08/03/14 with diagnoses including, but not limited to, peripheral nerve disease.</p> |               |   |                      |

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|                    | <p>On 08/26/14 at 9:30 A.M. Resident A was observed walking with OTA (Occupational Assistant) #1 and PTA (Physical Therapy Assistant) #1 in the therapy department. The therapy staff indicated, at that time, PT #1 was absent from work due to health issues. Resident A was observed to not completely return the right foot to the floor at the end of the step cycle and was observed to compensate the motion with a small hop. The therapy staff indicated, at that time, this was a usual gait pattern for Resident A.</p> <p>The Nursing Comprehensive Admission Data Collection and Assessment dated 08/03/14 indicated Resident A experience minimal cognitive impairment.</p> <p>A VA (Veteran's Administration) progress note dated 07/25/14 indicated, "...is not able to walk at all, is wheel chair bound..."</p> <p>A VA Patient Inquiry dated 08/01/14 indicated Resident A experienced, 90% disability for impaired hearing, cold injury residuals and foot injury residuals.</p> <p>A Physical Therapy Plan of Care, dated 08/04/14, consisted of a therapy evaluation and included, but was not</p> |               |   |                      |

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|  | <p>limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Therapeutic Activities and Self Care training, 5 times a week for 30 days..."</p> <p>The PT summary progress note indicated Resident A was currently receiving was therapy service. The initial evaluation on 08/05/14 indicated Resident A experienced minimal cognitive impairment and/or a functional deficit of "...Gait, Gait Deviation-prior level: discontinuous steps, current level: excessive trunk flexion...Underlying impairments: ...Strength Right LE (lower extremity): 3-/5...Range of Motion RLE: completes up to 75% of normal range..."</p> <p>The narrative section indicated "Pt. (patient exhibits very poor safety awareness especially during transfers."</p> <p>The evaluation lacked any documentation related to the chronic injury of the Right foot, the abnormal gait pattern, and/or the inability of Resident A to completely lower the right foot to the floor at the end of the step cycle.</p> <p>During an interview on 08/28/14 at 9:50 A.M., PT #1 indicated he had not noticed any gait abnormality during his evaluation.</p> <p>During an interview on 08/27/14 at</p> |   |   |  |  |   |  |

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|                    | <p>10:00 A.M. the HFA (Health Facilities Administrator) indicated the therapies were provided by contractors and she was not aware of the protocols. The HFA further indicated she could provide no rationale for the discrepancies, but indicated PT#1 had been on vacation for about a month during the summer and she could not recall the exact dates.</p> <p>On 08/28/14 at 3:42 P.M., Resident A was observed, with the HFA present, to ambulate with staff assist in the therapy department. During an interview, at that time, the HFA indicated the Right LE deficit and gait abnormality were apparent to her.</p> <p>9. The clinical record of Resident M was reviewed on 08/26/14 at 12:07 P.M. The clinical record indicated the diagnoses of Resident M included, but was not limited to, intractable back pain.</p> <p>A Physical Therapy Plan of Care, dated 06/02/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Therapeutic Activities and Wheel Chair Management, 6 times a week for 8 weeks..."</p> |               |   |                      |

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|                    | <p>The PT summary progress note indicated Resident M was discharged from therapy service on 07/04/14 and a PT-Therapist Progress was to be completed on 06/27/14. The summary indicated PT #1 completed the progress note on 07/09/14. During an interview on 08/28/14 at 10:00 A.M., PT #1 indicated the assessment had been completed on 07/09/14, after Resident M had been discharged from therapy service. PT #1 further indicated the assessment was 12 days late.</p> <p>10. The clinical record of Resident I was reviewed on 08/26/14 at 12:30 P.M. The record indicated the diagnoses of Resident I included, but was not limited to, Fall with Right Arm Fracture.</p> <p>A Physical Therapy Plan of Care, dated 07/10/14, consisted of a therapy evaluation and included, but was not limited to, a Physician's Order for, "...PT evaluation, Therapeutic exercises, Neuromuscular re-ed, Gait training, Therapeutic Activities and Self care training, 5 times a week for 30 days..." The Physician's Order indicated the order was active from 07/10/14 through 08/08/13.</p> <p>The PT summary progress note indicated Resident I was discharged from therapy service on 08/11/14 and a PT-Therapist</p> |               |   |                      |

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|  | <p>Progress was to be completed on 07/23/14. The summary indicated PT #1 completed the progress note on 08/14/14. During an interview on 08/28/14 at 10:10 A.M., PT #1 indicated the assessment had been completed on 08/14/14, after Resident I had been discharged from therapy service. PT #1 further indicated the assessment was 21 days late.</p> <p>The PT-Assistant Progress &amp; Discharge Summary indicated an assessment was to be completed on 07/30/14. The progress note indicated the assessment was completed by PT #1 on 08/14/14. During an interview on 08/28/14 at 10:10 A.M., PT #1 indicated he had completed the assessment on 08/14/14, after Resident I had been discharged from therapy service. PT #1 further indicated the assessment was 15 days late.</p> <p>The PT summary progress note indicated a PT-Therapist Progress was to be completed on 08/06/14. The summary indicated PT #1 completed the progress note on 08/14/14.</p> <p>During an interview on 08/28/14 at 10:10 A.M., PT #1 indicated the assessment had been completed on 08/14/14. PT #1 further indicated the assessment was 8 days late.</p> <p>The August 2014 Physical Therapy</p> |   |   |  |  |   |  |

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|  | <p>Inpatient Log indicated Resident I received Physical therapy treatment on 08/11/14.</p> <p>During an interview on 08/28/14 at 10:15 A.M., PT #1 indicated Resident I received PT treatment on 08/11/14. PT#1 further indicated the Physician's Order for PT treatment expired on 08/08/14.</p> <p>A Therapy Mandatory Training Manual provided by OT (Occupational Therapy) #1 on 08/26/14 at 2:50 P.M. indicated, "...page 44...Documentation Compliance...All weekly summaries must be completed within 7 days of due date...Should...weekly notes not be completed within the 7 day time frame, (name of company) will be obligated to reimburse the payor for services not appropriately documented..."</p> <p>The Therapy Services Agreement provided by the HFA on 08/28/14 at 3:40 P.M. indicated, "...Duties and Obligations of Provider...(e) Record Maintenance...Provider agrees to maintain written documentation on the individual resident's chart of treatment, progress and evaluations in accordance with requirements of the Center and of Federal and State governmental agencies..."</p> |   |   |  |  |   |  |

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| F000431<br>SS=D    | <p>This Federal tag relates to Complaint #IN00152458.</p> <p>3.1-23(a)(1)<br/>3.1-23(b)</p> <p>483.60(b), (d), (e)<br/>DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package</p> |               |   |                      |

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|                    | <p>drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to return and/or dispose of discontinued medications in a timely manner for 1 of 1 medication storage rooms reviewed on the North unit, in that medication that had been discontinued was kept in the facility past 7 days. The facility failed to appropriately label a medication, in that a cream being used had no label in 1 of 1 treatment carts reviewed on the North unit. (Resident N)</p> <p>Findings Include:</p> <p>1. On 8/22/14 at 10:00 A.M., during a random observation of the medication storage room for the north unit. During the observation medication was observed stored in a box on the counter. A 1/2 tube of Permethrin 5% cream (a topical cream used to treat scabies) with a delivery date of 1/29/14 was observed in the box. During the observation LPN #4 indicated these medications were awaiting destruction. The medication had remained in the facility for 211 days after discontinuation.</p> <p>2. On 8/28/14 at 10:26 A.M., the treatment cart for the North unit was</p> | F000431       | <p>The sivladene and Permethrin cream were disposed of by 2 licensed nurses. A one time audit of Medication Rooms and treatment carts has been completed to ensure discontinued medications have been removed or returned to pharmacy as necessary. Licensed Nursing Personell have been re-educated on medication return or destruction within 7 days. It is the responsibility of the Licensed Nursing Personell to destroy or return discontinued medications. The DON/designee will be responsible to conduct medication room and cart reviews weekly for 8 weeks, monthly for 4 months, and then quarterly for 2 quarters. Any concerns noted will be addressed and corrected. Any further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The ADM/designee will be responsible to review the results of auditing of the medication destruction process as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI Committee.</p> | 09/24/2014           |

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|                    | <p>observed with RN #4. During the observation an open container of silvadine (a topical cream used to treat burns) was observed in the drawer. The container did not have a label or name. RN #4 indicated the cream was for Resident N.</p> <p>The facility provided a policy titled "8.2 Disposal/Destruction of expired or Discontinued Medications" dated 12/01/07 it included on page 2, section 8, "... Facility should dispose of discontinued medication, out-dated medications, or medications left in Facility after a resident has been discharged in a timely fashion, or no more than 90 days of the date the medication was discontinued by Physician/Prescriber, or sooner per applicable law..."</p> <p>The facility provided a copy of the Indiana state rules for pharmacy services dated Jul 11, 2001. It included, " (j) over-the counter medications, prescription drugs, and biological used in the facility must be labeled in accordance with currently accepted professional principles... (l) Over-the-counter medications must be identified with the following: (1) Resident name (2) Physician name.... ... (o) Discontinued, outdated, or deteriorated medications</p> |               |   |                      |

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| F000465<br>SS=E    | <p>shall not be maintained or used in the facility, Medications shall be disposed of in compliance with federal, state, and local laws. (r) unused portions of medications not released with the resident or returned for credit shall be destroyed on the premises within seven (7) days...</p> <p>3.1-25(j)(l)<br/>3.1-25(o)<br/>3.1-25(r)</p> <p>483.70(h)<br/>SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON<br/>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.<br/>Based on observation, interview, and record review, the facility failed to ensure the environment was sanitary and in good repair. In that, walls, commodes, and/ or floors were soiled and/or in disrepair for 5 of 6 survey days on 2 of 2 units.</p> <p>Room 132, Room 143, Room 119, Room 101, Room 109, Room 133, Room 115, Room 127</p> <p>Findings include:</p> <p>On the north unit:</p> <p>1. On 8/21/14 at 3:30 P.M., the</p> | F000465       | <p>Rooms 132, 143, 119, 101, 109, 133, 115, and 127 have been reviewed and cleaned and repaired as necessary. A one time center audit has been completed to ensure there were not other areas of concern. The Housekeeping staff have been re-educated on completing the cleaning and maintenance repair tasks as per expectation, policy and procedure. It is the responsibility of the Maintenance and Housekeeping staff to complete the cleaning and maintenance repair tasks upon identification. The Housekeeping Supervisor/designee will be responsible to conduct rounds 5 times per week for 12 weeks, 3</p> | 09/24/2014           |

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|  | <p>baseboard flooring edges of the north hall were observed to have black soiling . The nurse's station flooring was soiled thru out with the vinyl flooring faded and worn in the middle area of the nurses station. The edges of the flooring and baseboard areas of the nurses station had black soiling also.</p> <p>2. On 8/21/14 at 3:53 P.M., the bathroom floor of room 133 was soiled and dried yellow droplets were observed on the floor around the base of the commode. The floor edges of the resident room and the doorway floor edges had black soiling along the edges of the baseboard. On 8/27/14 at 9:10 A.M., room 133's flooring edges of the room and doorway had black debris soiling along baseboard edges. The bathroom floor had soiling around the edges when wiped with a dry paper towel.</p> <p>3. On 8/22/14 at 10:09 A.M., room 143 had a large scrape marring the paint across 1 wall of the room . The floor edges of room 143 and door facing flooring baseboards of room 143 had black soiling along the baseboard edges. The bathroom floor had black soiling debris when wiped with a paper towel. On 8/27/14 at 9:15 A.M., the bathroom floor thru out had black debris when a</p> |   | <p>times a week for 4 weeks, weekly for 8 weeks, and then monthly for 6 months to ensure cleaning procedures are being followed as per re-education and policy. Any concerns noted will be addressed and corrected. Any further non compliance will result in 1:1 re-education, disciplinary action as determined necessary, up to and including termination. The ADM/designee will be responsible to review the results of auditing of the housekeeping rounds as per schedule identified. Results of the reviews will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 6 months, and then quarterly for 2 quarters. Any further action will be as determined by the QAPI Committee.</p> |  |  |   |  |

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|                    | <p>hand was wiped across the floor.</p> <p>4. On 8/22/14 at 11:33 A.M., room 127 had soiling along the baseboards of the room and doorway floor edges. The floor behind the room door was soiled and gritty when foot was swiped across the flooring. There was a cob web present behind the door. On 8/25/14 at 4:36 P.M., room 127's bathroom floor was soiled through out with black soiling noted when hand was swiped across the floor. On 8/27/14 at 9:20 A.M., the flooring at the base of the commode was wet and black debris noted. The corners and floor edges of the bathroom also had black soil and black debris was along the edges of room 127's baseboard.</p> <p>5. On 8/22/14 at 11:35 A.M., behind the room door of room 132 gritty debris was present when foot was swept across the floor. A cob web was behind the room door. The bathroom floor was soiled and debris was present when a wet paper towel was swept across flooring at the base of the commode. The room floor edges and doorway floor edges were soiled along the edges of the baseboard. On 8/27/14 at 9:25 A.M., the cob web had remained behind the room door with debris present. The bathroom floor under the sink and behind the commode, and the edges of the bathroom floor and room</p> |               |   |                      |

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|                    | <p>floor edges had black soiling when hand was swept across.</p> <p>On the south unit:</p> <p>6. On 8/21/14 at 10:50 A.M., the baseboard flooring edges of the south hall were observed to have black soiling . The nurse's station flooring was soiled thru out with the vinyl flooring faded and worn in the middle area of the nurses station. The edges of the flooring and baseboard areas of the nurses station had black soiling.</p> <p>7. On 8/21/14 at 10:53 A.M., in room 114, the floor edges around the bathroom floor and baseboards and doorway room flooring had black debris present. On 8/27/14 at 8:17 A.M., room 114 and bathroom had black debris present along the room edges, baseboards and door facings.</p> <p>8. On 8/21/14 at 10:59 A.M., the bathroom floor was marred in front of the sink and the floor was soiled around the base of the commode. The trash container was overflowing in the bathroom. The room floor and door facing flooring had black soil along the edges of the baseboard. On 8/27/14 at 8:55 A.M., the flooring behind the commode and edges of the bathroom had</p> |               |   |                      |

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|                    | <p>black debris noted. There were food debris and soil behind the room door. The room baseboard edges and door facing flooring had black soiling.</p> <p>9. On 8/21/14 at 11:22 A.M., in room 109 the wall around the wall air conditioning unit had holes present. The wall area around the tv had hole areas with paint missing. On 8/27/14 at 8:10 A.M., the holes in the wall around the tv area were painted a tan color and not the pale blue paint of the room wall paint. Debris was noted under the air conditioning unit with a cob web noted on one side under the unit. The room floor edges and doorway floor had black soiling.</p> <p>10. On 8/21/14 at 11:30 A.M., in room 115 the wall behind the room door was marred revealing plaster underneath. The wall paper behind the bed was marred in a large arch area and was peeling. The room floor was soiled at the baseboards. The bathroom floor was soiled thru out when a paper towel was swiped across the floor. On 8/27/14 at 8:20 A.M., the area of plaster remained unpainted and the area of marred wall paper was still present. The bathroom floor and the baseboard edges of the resident room had black soiling.</p> |               |   |                      |

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|                    | <p>11. On 8/21/14 at 11:43 A.M., in the bathroom of room 119, the metal areas of the handles of the commode had rusted areas noted. There was a brown substance of approximately 1 inch noted on one of the vinyl areas of the commode handles. One underside section of the toilet seat had a brown substance visible. The room edges and door facing floor edges had black debris along the baseboard edge. On 8/27/14 at 9:00 A.M., the handles of the commode had rusted areas and the vinyl part of 1 handle had a spot area of a brown substance. The bathroom floor when wiped with a paper towel had loose black debris. The room floor doorway and baseboards had black soiling when a hand swipe was done.</p> <p>12. On 8/21/14 at 12:03 P.M., the bathroom of room 101 had black soil noted when the corners and edges were swiped with a wet paper towel. The room floor edges and door facing edges had black soil along the baseboards. On 8/27/14 at 8:15 A.M., the bathroom floor had soiled noted thru out especially around the edges of the floor. The room floor door facing and baseboards had black soil noted along the edge.</p> <p>13. On 8/27/14 at 9:35 A.M., a random environmental tour was completed with</p> |               |   |                      |

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|                    | <p>the Administrator. Resident room 132 room and bathroom were toured with the Administrator. The Administrator agreed the room floor and bathroom floor of room 132 were soiled. On 8/27/14 at 9:38 A.M., room 127 and the bathroom were toured with the Administrator. The bathroom floor was observed wet in spots with black debris noted. The Administrator agreed the baseboards of room 127, the doorway edges, and the bathroom floor were soiled. On 8/27/14 at 9:45 A.M., in room 119 's bathroom the Administrator was made aware of the rusty areas of the handles of the commode, the brown substance on one of the vinyl handles of the commode, and the soiling of the room and bathroom flooring. The Administrator agreed the areas were soiled. On 8/27/14 at 9:46 A.M., the Administrator was made aware of soiling of the north and south unit hallway baseboards, room door facing edges and both nursing station flooring. The Administrator agreed to the soiling and indicated some of the floors in the facility were to be replaced.</p> <p>14. On 8/27/14 at 10:20 A.M., facility documentation entitled "RESIDENT COUNCIL REQUESTS" dated 1/2/14 was reviewed. The documentation included but was not limited to, "... Topic- Housekeeping. Request: Several</p> |               |   |                      |

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|  | <p>residents complained of floors being dirty. Stated housekeeping only mops the middle of room floors..."</p> <p>On 8/28/14 at 4:15 P.M., the Housekeeping Supervisor during interview indicated resident rooms and resident bathrooms were cleaned daily. The Housekeeping supervisor provided facility documentation for bathroom cleaning and daily resident room cleaning. The documentation included but was not limited to, daily damp mopping of resident room and bathrooms.</p> <p>This Federal Tag relates to Complaint IN00154207.</p> <p>3.1-19(f)</p> |   |   |  |  |   |  |