

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155319	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2014
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NAME OF PROVIDER OR SUPPLIER CLINTON GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 375 S 11TH ST CLINTON, IN 47842
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F000000	<p>This visit was for a Recertification and State licensure survey. This visit included the investigation of complaint number IN00152675.</p> <p>Complaint Number IN00152675-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey Dates: August 26, 27, 28 and 29, 2014</p> <p>Facility Number: 000212 Provider Number: 155319 AIM Number: 100285040</p> <p>Survey Team: Mary Weyls RN TC Lora Brettnacher RN Kewanna Gordon RN Vickie Nearhoof RN Connie Landman RN (August 26, 27 and 28, 2014)</p> <p>Census Bed Type: SNF/NF: 95 Total: 95</p> <p>Census Payor Type: Medicare: 17 Medicaid: 51</p>	F000000	<p>The filing of this plan of correction does not constitute an admission that the deficiencies alleged did in fact exist. The plan of correction is filed as evidence of the community's desire to comply with the requirement and to continue to provide a safe and functional environment for our residents. Clinton Gardens would like to respectfully request a desk review of the following plan of correction Provider: Clinton Gardens (155319) 375 South 11th Street Clinton, Indiana 47842 Facility Number: 000212 Annual Survey 08/29/2014</p>	

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

TITLE

(X6) DATE

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

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F000174 SS=D	<p>Other: 27 Total: 95</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 9/5/14 by Brenda Marshall, RN.</p> <p>483.10(k) RIGHT TO TELEPHONE ACCESS WITH PRIVACY The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.</p> <p>Based on interview and record review, the facility failed to provide adequate privacy during telephone use for 2 of 35 residents sampled (Residents #86 and #88).</p> <p>Findings include:</p> <p>During a family interview with Resident # 88's daughter, she indicated the resident went to the desk at the nurse's station to make phone calls.</p> <p>During a family interview with Resident # 86's husband, he indicated the resident used the phone at the nurse's station when she needed to make a call.</p>	F000174	F 174 483.10(k)(l) (S/S= D) Right to telephone access with privacy-- - it is the policy of the facility that residents will have the right to privacy when needing telephone access. 1. Corrective action(s) which will be accomplished with those residents found to have been affected by the deficientpractice: Telephone access with privacy has been established for Residents 88 and 86. Residents are aware of the cordless phone available and the phone in the conference room to be available for privacy with phone access. Care Plans have also been updated accordingly for those Residents. 2. How the facility will identify the Residents having the potential to be affected by the deficient practice: All Residents are at risk and have	09/19/2014

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	<p>During an interview on 8/29/14 at 8:48 a.m. CNA #2 indicated, residents used the phone at the nurse's desk if they didn't have a phone in there room. She indicated there was not another place residents would use the phone other than the desk.</p> <p>During an interview on 8/29/14 at 8:55 a.m. CNA #1 indicated residents made phone calls at the nurse's station if they did not have a phone in their rooms.</p> <p>During review of the facility policy, dated 8/98, titled "Resident Right", received on 8/29/14 at 11:19 a.m., documentation indicated under section (e) Privacy and confidentiality, "The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. (1) Personal privacy includes accommodations, medical treatments, written and telephone communications..."</p> <p>3.1-3(f)</p>		<p>the potential to be affected. All staff have been re-educated on the facility policy and procedure regarding privacy during phone use and location of phones. 3. The measures the facility will take or systems the facility will alter to assure that the problem will be corrected and not reoccur: All staff havebeen re-educated on providing privacy during the use of the telephone. Residents have been educated on where they can go to use a phone in private. ED with permission will attend Resident Council to inform Residents of locations of phones for privacy. ED/designee will conduct rounds on all shifts to ensure that the Residents have privacy while using the telephone. Training will be provided by ED/ Designee on or before September 19, 2014. 4. Quality assurance plans to monitor facility's performance to make sure that the corrections are achieved and are permanent: All staff have been re-educated on Resident privacy during telephone usage. A process has been put in place to check that privacy is being provided during telephone use for a time period of weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. If 95% threshold is not achieved an action plan will be developed. ED</p>		

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F000242 SS=E	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on record review and interview, the facility failed to ensure residents' preference for showering was maintained for 3 of 3 residents reviewed who met the criteria for choices.(Resident #17,#43 and #47)</p> <p>Findings include:</p> <p>1. During interview of Resident #17 on, 8/26/14 at 12:45 p.m., the resident indicated she received a shower, "Twice a week, that's about it, didn't ask my preference."</p> <p>Resident #17's clinical record was reviewed on 8/27/14 at 1:45 p.m. An admission assessment, dated 4/22/14, indicated the resident was without cognitive impairment and required extensive assist of two for personal hygiene care.</p>	F000242	<p>will monitor for compliance.</p> <p>F242 483.15(b) (S/S=E) Self-Determination- Right to make choices--- It is the policy of the facility that the facility will promote Resident choices and to provide a home like atmosphere. 1. Corrective action(s) which will be accomplished with those residents found to have been affected by the deficient practice: R17, R43, and R47 preferences with showers have been completed and staff is currently following. AD will continue to ask Residents upon admission, quarterly, annually, and upon significant changes their preferences and inform the DNS/Designee regarding the resident shower preferences. Shower preferences will be documented on the care plan. 2. How the facility will identify the residents having the potential to be affected by the deficient practice: All residents are at risk and have the potential to be affected. All nursing and activity staff have been re-educated on</p>	09/19/2014			

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	<p>A form titled, "Preferences for Daily Customary Routines," dated 4/22/14, received from the Activities Director on, 8/29/14 at 9:48 a.m., indicated Resident #17's preference for time and frequency of shower was "everyday in summertime; every other day in winter."</p> <p>A form titled "DAY SHIFT SHOWER LIST E HALL AND EVENING SHIFT SHOWER LIST E HALL" was received from the DON (Director of Nursing) on 8/29/14 at 10:18 a.m. The form indicated Resident #17 received two showers a week on the day shift.</p> <p>2. During an interview on, 8/26/14 at 11:12 a.m., the resident indicated, concerning showers, "They told me two times a week."</p> <p>Resident #43's clinical record was reviewed on 8/28/14 at 1 p.m. An admission assessment, dated 5/2/14, indicated the resident was without cognitive impairment and required extensive assist of two with personal hygiene.</p> <p>A form titled, "Preferences for Daily Customary Routines," dated 4/22/14, received from the Activities Director on, 8/29/14 at 9:48 a.m., indicated Resident #43's preference for time and frequency</p>		<p>the facility policy and procedure of offering showering preferences. Activity Director/ Designee asks all Residents their shower preferences. Resident shower preferences are documented in the care plan.</p> <p>3.The measures the facility will take or systems the facility will alter to assure that the problem will be corrected and not reoccur: All nursing staff have been re-educated on the facility policy and procedure of offering preferences for showering. Activity Director will continue to ask Residents upon admission,quarterly, annually, and upon significant changes their preferences and inform the DNS/Designee regarding the resident shower preferences. DNS/Designee will conduct rounds daily to ensure Residents are receiving their shower per preference and plan of care. Training will be provided by DNS/ Designee on orbefore September 19, 2014. 4.Quality assurance plans to monitor facility's performance to make sure that the corrections are achieved and are permanent: All nursing and activity staff have been re-educated on offering preferences for showering. A process has been put in place to check the compliance of staff regarding the preferences of showering by using the Accommodation of Needs CQI Tool for a time period of weekly</p>		

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	<p>of showers was during the morning time, every other day.</p> <p>A form titled, "DAY SHIFT SHOWER LIST E HALL AND EVENING SHIFT SHOWER LIST E HALL," was received from the DON (Director of Nursing) on 8/29/14 at 10:18 a.m. The form indicated Resident #43 received two showers a week on the day shift.</p> <p>3. During interview of Resident #47, on 8/26/14 at 1:05 p.m., the resident indicated that she received a shower on Saturday, and washed self other days. The resident stated, "At home I usually take a shower every day."</p> <p>Resident #47's clinical record was reviewed, on 8/27/14 at 2 p.m. An admission assessment, dated, 7/23/14, indicated the resident was cognitively intact and required extensive assist of two persons for personal hygiene.</p> <p>A form titled, "Preferences for Daily Customary Routines," dated 8/18/14, received from the Activities Director on, 8/29/14 at 9:48 a.m., indicated Resident #47's preference for time and frequency of showers was afternoons, but did not indicate preference for frequencies of showers.</p>		<p>times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. DNS/ Designee will monitor for compliance and report to the Quality Assurance Committee X2 quarters. If 95% threshold is not achieved an action plan will be developed. ED will monitor for compliance.</p>				

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F000279 SS=D	<p>A form titled, "DAY SHIFT SHOWER LIST E HALL AND EVENING SHIFT SHOWER LIST E HALL," was received from the DON (Director of Nursing) on 8/29/14 at 10:18 a.m. The form indicated Resident #43 received two showers a week on the evening shift.</p> <p>During interview of the Activities Director(AD), on 8/29/14 at 9:32 a.m., the Director indicated she was responsible for interviewing the residents concerning their preferences.</p> <p>During interview of the DON on 8/29/14 at 10:30 a.m., the DON indicated, after the AD interviewed the residents' preferences she was to give the form to the unit managers who was supposed to ensure the preferences were followed.</p> <p>3.1-3(u)(1)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes</p>						

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	<p>measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview, observation, and record review, the facility failed to maintain a comprehensive care plan related to pain control to ensure a resident maintained the highest practicable physical well being. This deficient practice affected 1 out of 35 sampled residents (Resident #15).</p> <p>Findings include:</p> <p>During an interview on 08/26/2014 at 1:00 p.m., Resident #15 indicated, "They took the Aspercream that I had to rub on my knees. It's kind of like being in jail. They used to rub stuff on my knee, (rubbing right knee), but now they say they are out."</p> <p>During an interview with Resident #15 on 8/27/14 at 2:15 p.m., she rated the pain to her knees, back and shoulders at 5</p>	F000279	F279 483.20(d) (S/S=D) Develop Comprehensive Care Plans---It is the policy of the facility that the facility will follow the plan of care for each Resident. 1. Corrective action(s) which will be accomplished with those residents found to have been affected by the deficient practice: R15 care plan was updated related to pain control. 2. How the facility will identify the residents having the potential to be affected by the deficient practice: All residents are at risk and have the potential to be affected. All nursing staff have been re-educated on the facility policy and procedure of following the Plan of Care for pain for each Resident. DNS/Designee will review all care plans of Residents who have pain to ensure residents pain is being addressed. 3. The measures the facility will take or systems the facility will alter to assure that the	09/19/2014

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	<p>of 10 if she does not move, however indicated her pain increased to an 8 or a 9 with movement.</p> <p>During an interview with Resident #15 on 08/28/2014 at 12:08 p.m., Resident #15 indicated her pain was 5 out of 10 in her back, knees and shoulders. She indicated she would not attempt to get up and move because the pain would be much worse.</p> <p>During an interview on 8/29/2014 at 10:22 a.m., Resident #15 indicated her pain was a 3 or 4 out of 10. She indicated, "It let's me know it is still there, as long as I don't move." She indicated the reason she did not attend activities or go the the dining room for meals was related to her frequent urination and her pain. Resident indicated her pain was in her knees, shoulder, back and jaw. She indicated the nurse had just rubbed cream on her right knee. She indicated she had not had her joint cream rubbed on her knees in months. She indicated she was told by the nurse she would have to ask for the medication.</p> <p>During an interview on 8/29/2014 at 10:15 a.m., LPN #5 indicated pain assessments were based on a scale of 1-10 to assess the residents pain number.</p>		<p>problem will be corrected and not reoccur: All nursing staff have been re-educated on the facility policy and procedure of following the plan of care for each Resident. Care Plans regarding pain will continue to be reviewed and updated upon admission, quarterly, annually, and upon significant changes. Training will be provided by DNS/ Designee on or before September 19,2014.</p> <p>4. Quality assurance plans to monitor facility's performance to make sure that the corrections are achieved and are permanent: All nursing staff have been re-educated on following the plan of care for pain for each Resident. A process has been put in place to check the compliance of staff following the plan of care utilizing the Care Plan updating/review CQI Tool for a time period of weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. DNS/Designee will monitor for compliance and report to the Quality Assurance Committee X2 quarters. If 95% threshold is not achieved an action plan will be developed. ED will monitor for compliance.</p>				

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	<p>She indicated pain assessments were done on an as needed basis (prn). When asked about pain assessments for Resident #15, she indicated "usually I wait for her to let me know, I figure if she needed something else she would ask." LPN # 5 indicated the dose of analgesic cream that was applied to Resident #15's knees this morning was the first dose the resident had received since it had been prescribed on 8/18/14.</p> <p>Resident #15 was observed to take her breakfast and lunch meals in her room on 8/27/14, 8/28/14 and 8/29/14 during the survey.</p> <p>A review of Resident #15's medical record's on 8/27/14 at 1:38 p.m., indicated she had diagnoses including but not limited to, Irritable Bowel Syndrome, Osteoarthritis, Fibromyalgia, Depression, Joint Pain, Spinal Stenosis, Urinary Insufficiency and TMJ (temporomandibular joint disorder).</p> <p>A review of Resident #15's Minimum Data Set (MDS), dated 6/14/14, on 8/27/14 at 1:54 p.m., indicated she had a Brief Interview for Mental Status (BIMS) score of 15/15.</p> <p>A document titled, "Care Plan," received from the DON on 8/29/14 at 10:13 a.m.,</p>			

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	<p>indicated, "The resident will be free from adverse effects of pain." The interventions indicated to accomplish this goal included but were not limited to, "Administer meds as ordered....Notify MD if pain is unrelieved and/or worsening...Observe for changes in day to day activities." The care plan did not include any interventions regarding how often the resident's pain should be assessed.</p> <p>A review of documents received from the DON on 8/29/14 at 11:30 a.m., titled, "PRN Medications Administration History," for the months of June, July and August indicated the resident did not receive analgesic rub or any other prn medication for uncontrolled pain during this time frame.</p> <p>A document titled, "Pain Management," received from the DON on 8/29/14 at 11:30 a.m., indicated, "It is the responsibility of the facility to ensure that each resident is assessed for pain, and the efficacy of pain medication, while keeping the resident as comfortable and pain free as possible....Residents receiving routine pain medication should be assessed each shift by the charge nurse during rounds and/or medication pass....The licensed nurse will monitor the efficacy of the analgesia and keep the</p>						

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F000280 SS=D	<p>physician informed of any indicators of drug or dosage change as it relates to the resident's pain management."</p> <p>3.1-35(a) 3.1-35(g)(1)</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were afforded the opportunity to</p>	F000280	F280 483.20(d)(3), 483.10(k)(2) (S/S=D) Right to Participate Planning Care- Revise CP---It is	09/19/2014			

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	<p>make choices regarding health care for 1 of 2 resident reviewed for participation in care and treatment.(Resident #8).</p> <p>Findings include:</p> <p>During an observation on 8/27/14 at 10:37 A.M., Resident #8 was observed seated in a recliner in her room. A chair pressure alarm was observed on the chair.</p> <p>During an interview on 8/27/14 at 1037 A.M., Resident #8 indicated she was not given an opportunity to make choices about her daily care in regards to the alarms the facility placed on her to prevent falls. She stated, "Last year when I was here I fell. I know I need help but I take a water pill and can't wait 20 to 25 minutes for them to answer the call light to take me to the bathroom. I have to go so I get up. They penalized me and put this alarm on me... I have figured out how to position myself just right at the side of the bed so the alarm will not go off..."</p> <p>Resident #8's record was reviewed on 8/27/14 at 12:14 P.M., Resident #8 had diagnoses which included, but were not limited to, muscle weakness, osteoarthritis, chronic airway obstruction, depressive disorder, abnormal gait, cardiomegaly, anxiety, hypertension, pain, dementia, history of</p>		<p>the policy of the facility that the facility will allow all Residents to participate in their plan of care and to make choices regarding their healthcare. 1. Corrective action(s) which will be accomplished with those residents found to have been affected by the deficient practice: R8 bed alarm and floor alarm were discontinued. Fall intervention care plan was updated. 2. How the facility will identify the residents having the potential to be affected by the deficient practice: All residents are at risk and have the potential to be affected. All nursing staff have been re-educated on the facility policy and procedure of following the Plan of Care for each Resident and allowing the Resident to participate in their own Plan of Care. All Residents will be quarried by social services regarding fall interventions to ensure Residents are allowed to make choices regarding their fall interventions. Care Plan will be updated accordingly. 3. The measures the facility will take or systems the facility will alter to assure that the problem will be corrected and not reoccur: All nursing staff have been re-educated on the facility policy and procedure of allowing the Resident to participate in their own Plan of Care. Care Plans will continue to be reviewed and updated upon admission, quarterly, annually, and upon</p>	

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	<p>fall, and congestive heart failure.</p> <p>A quarterly Minimum Data Assessment Tool (MDS) dated 8/10/14, indicated Resident #8 was cognitively intact with a Brief Interview Mental Status (BIMS) score of 15 out of 15. This MDS indicated Resident #8 did not exhibit verbal or physical behaviors, did not reject care, and required the physical help from staff for transfers, toileting, and personal hygiene.</p> <p>A care plan dated 7/29/14, indicated Resident #8 was at risk for falls. A goal indicated she would be free from fall related injuries. Approaches to meet this goal included an alarming floor mat and chair alarm.</p> <p>During an interview on 8/28/14 at 10:28 A.M., the Director of Nursing (DON) indicated the facility did not have a policy for placement of alarms. She indicated alarms were placed on residents at her discretion. She indicated she kept alarms on Resident #8 because she had a history of falls she was "afraid" she would fall again. She stated, "She will get up to go to the bathroom or attempt to get out of bed. She is alert and oriented but if she falls it will be our fault." The DON was queried regarding Resident #8's input regarding interventions for</p>		<p>significant changes and care plans will be discussed with the IDT team upon admission, quarterly, annually, and upon significant changes and the Resident will be invited to these meetings to allow them to participate in their Plan of Care. DNS/Designee will monitor to ensure that Residents are invited and attend the care plan meetings to allow residents input in their plan of care. Training will be provided by DNS/ Designee on or before September 19, 2014.</p> <p>4. Quality assurance plans to monitor facility's performance to make sure that the corrections are achieved and are permanent: All nursing staff have been re-educated on following the plan of care for each Resident. A process has been put in place to check the compliance of staff allowing the Residents to participate in their own Plan of Care by using the care plan CQI Tool for a time period of weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. DNS/ Designee will monitor for compliance and report to the Quality Assurance Committee X2 quarters. If 95% threshold is not achieved an action plan will be developed. ED will monitor for compliance.</p>				

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F000309 SS=D	<p>falls and toileting needs. The DON indicated because Resident #8 had a Power of Attorney (POA) she had not been asked her opinion regarding the alarms. She indicated she was not aware Resident #8 felt like she was being "punished."</p> <p>During review of the facility policy, dated 8/98, titled "Resident Right", received on 8/29/14 at 11:19 a.m., documentation indicated under "(d) Free choice. The resident has the right to, (3) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment."</p> <p>3.1-35(2)(B)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview, observation, and record review the facility failed to provide adequate pain control to ensure a</p>	F000309	F309 483.2 (S/S=D) Provide Care/Services for the Highest Well Being--- It is the policy of the facility that the facility will provide care and services to the highest	09/19/2014			

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	<p>resident maintained the highest practicable physical well being. This deficient practice affected 1 out of 35 sampled residents (Resident #15).</p> <p>During an interview on 08/26/2014 at 1:00 p.m., Resident #15 indicated, "They took the aspercream that I had to rub on my knees. It's kind of like being in jail. They used to rub stuff on my knee, (rubbing right knee), but now they say they are out."</p> <p>During an interview with Resident #15 on 8/27/14 at 2:15 p.m., she indicated rated the pain in her knees, back and shoulders at 5 of 10 if she did not move, however indicated her pain increased to an 8 or a 9 with movement.</p> <p>During an interview with Resident #15 on 08/28/2014 at 12:08 p.m., Resident #15 indicated her pain was 5 out of 10 in her back, knees and shoulders. She indicated she did not attempt to get up and move because the pain would be much worse.</p> <p>During an interview on 8/29/2014 at 10:22 a.m., Resident #15 indicated her pain was a 3 or 4 out of 10, she indicated, "It let's me know it is still there, as long as I don't move." She indicated the reason she did not attend activities or go the the</p>		<p>well being. 1. Corrective action(s) which will be accomplished with those residents found to have been affected by the deficient practice: R 15 is receiving pain medication per physician order and per Resident request.</p> <p>2. How the facility will identify the residents having the potential to be affected by the deficient practice: All residents are at risk and have the potential to be affected. All residents records were reviewed by DNS/Designee to ensure Residents are receiving pain medication as perscribed.</p> <p>3. The measures the facility willtake or systems the facility will alter to assure that the problem will be corrected and not reoccur: All nursing staff have been re-educated on the facility policy and procedure of following the plan of care for each Resident. Care Plans will continue to be reviewed and updated upon admission, quarterly, annually, and upon significant changes. DNS/Designee will conduct rounds each shift to ensure Residents are receiving their pain medication as prescribed by the physician. Training will be provided by DNS/ Designee on or before September 19, 2014.</p> <p>4. Quality assurance plans to monitor facilities performance to make sure that the corrections are achieved and are permanent: All nursing staff have been re-educated on following the plan of care for each Resident. A</p>				

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	<p>dining room for meals was related to her frequent urination and her pain. Resident indicated her pain was in her knees, shoulder, back and jaw. She indicated the nurse had just rubbed cream on her right knee. She indicated she had not had her joint cream rubbed on her knees in months. She indicated she was told by the nurse she would have to ask for the medication.</p> <p>During an interview on 8/29/2014 at 10:15 a.m., LPN # 5 indicated pain assessments were based on a scale of 1-10 to assess the resident's pain number. She indicated pain assessments were done on an as needed basis (prn). When asked about pain assessments for Resident #15, she indicated "usually I wait for her to let me know. I figure if she needed something else she would ask." LPN # 5 indicated the dose of analgesic cream that was applied to Resident # 15's knees this morning was the first dose the resident had received since it had been prescribed on 8/18/14.</p> <p>During an interview on 8/29/2014 at 9:06 a.m., the DON indicated, Resident #15's prn narcotic medications were discontinued because of, "the fear that she would not be able to take them on her own." She indicated the resident previously had an, "Altoid's box" which</p>		<p>process has been put in place to check the compliance of staff following the plan of care and utilizing the Pain CQI Tool for a time period of weekly times 4 weeks, bi-monthly times 2 months, monthly times 6 and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. DNS/ Designee will monitor for compliance and report to the Quality Assurance Committee X2 quarters. If 95% threshold is not achieved an action plan will be developed. ED will monitor for compliance.</p>				

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	<p>contents included but was not limited to narcotic pain medication.</p> <p>During an interview on 08/29/2014 at 10:00 a.m., the Social Services Director, indicated the facility did not perform a medication self administration assessment of Resident #15 to determine whether or not she was capable of administering her own medications.</p> <p>Resident #15 was observed to take her breakfast and lunch meals in her room on 8/27/14, 8/28/14 and 8/29/14 during the survey.</p> <p>A document received from the Director of Nursing Services, (DON), on 8/29/14 at 10:40 a.m., titled, "Resident Progress Notes," with an entry dated 4/2/14 indicated, "Upon room inspection Resident noted to have different medications in an Altoid box. Medications that she is not prescribed and some medications were narcotic. MD and POA made aware. MD gave order for no narcotics due to Resident continued non compliance with medication [sic] regimen."</p> <p>A review of a document entitled, "Physician Order Report," received from the DON on 8/29/14 at 11:30 a.m., indicated on 10/10/13 Resident #15 had</p>				

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	<p>been prescribed the narcotic drug, hydromorphone 4 mg (milligrams) every 6 hours. This medication was discontinued on 3/15/14.</p> <p>A review of documents entitled, "PT Daily Treatment Note," received from the Rehab Manager on 8/29/14 at 11:34 a.m., indicated on 4/18/14, during a physical therapy (PT) session the residents, "Standing time limited due to reported back pain." A PT note dated 5/13/14, indicated, "She reports low back, bilateral hip and bilateral knee pain 9/10 today." A PT note dated, 5/22/14, indicated, "Patient reported 8/10 generalized body pain today." A PT note dated, 6/26/14, indicated, "Pt states she hurts all over today possibly weather related."</p> <p>A review of Resident #15's medical record's on 8/27/14 at 1:38 p.m., indicated she had diagnoses including but not limited to, Irritable Bowel Syndrome, Osteoarthritis, Fibromyalgia, Depression, Joint Pain, Spinal Stenosis, Urinary Insufficiency and TMJ (temporomandibular joint disease).</p> <p>A review of Resident #15's Minimum Data Set (MDS), dated 6/14/14 on, 8/27/14 at 1:54 p.m. indicated she had a Brief Interview for Mental Status (BIMS) score of 15/15. The MDS also indicated</p>			

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	<p>the resident had not had any improvement in Section G of the mobility assessment regarding her ability to transfer and her ability to perform self care tasks independently.</p> <p>A document titled, "Care Plan," received from the DON on 8/29/14 at 10:13 a.m., indicated, "The resident will be free from adverse effects of pain." The interventions indicated to accomplish this goal included but were not limited to, "Administer meds as ordered....Notify MD if pain is unrelieved and/or worsening...Observe for changes in day to day activities." The care plan did not include any interventions regarding how often the residents pain should be assessed.</p> <p>A review of documents recieved from the DON on 8/29/14 at 11:30 a.m., titled, "PRN Medications Administration History," for the months of June, July and August indicated the resident did not recieve analgesic rub or any other prn medication for uncontrolled pain during this time frame.</p> <p>A document titled, "Pain Management," received from the DON on 8/29/14 at 11:30 a.m., indicated, "It is the responsibility of the facility to ensure that each resident is assessed for pain, and the</p>			

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	<p>efficacy of pain medication, while keeping the resident as comfortable and pain free as possible....Residents receiving routine pain medication should be assessed each shift by the charge nurse during rounds and/or medication pass....The licensed nurse will monitor the efficacy of the analgesia and keep the physician informed of any indicators of drug or dosage change as it relates to the resident's pain management."</p> <p>3.1-37(a)</p>				