

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155815	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/10/2015
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NAME OF PROVIDER OR SUPPLIER CLEARVISTA LAKE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00178902 and IN00179746.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to Complaint IN00175551 completed on 6/25/15.</p> <p>Complaint IN00178902- Substantiated. Deficiencies related to the allegations are cited at F279.</p> <p>Complaint IN00179746- Substantiated. Deficiencies related to the allegations are cited at F314.</p> <p>Survey dates: August 6, 7, and 10, 2015</p> <p>Facility number: 013019 Provider number: 155815 AIM number: 201251520</p> <p>Census bed type: SNF: 49 SNF/NF: 10 Total: 59</p> <p>Census payor type: Medicare: 32 Medicaid: 10 Other: 17</p>	F 0000		

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

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

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F 0279 SS=D Bldg. 00	<p>Total: 59</p> <p>Sample: 7</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2-3.1.</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 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 record review and interview, the facility failed to develop health care plans related to discharge planning for 3 residents who had been discharged from the facility (Residents B, C, and D) and for 1 resident (Resident F) who had</p>	F 0279	<p>F 279</p> <p>Corrective actions accomplished for those</p>	08/18/2015

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	<p>chosen Do Not Resuscitate code status. 4 of 6 residents reviewed for care plans.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 8/06/15 at 11:00 A.M. Diagnoses included, but were not limited to, atrial fibrillation, coronary artery disease, bronchitis, and hypertension.</p> <p>An admission Minimum Data Set (M.D.S.) assessment dated 7/08/15 indicated Resident B was cognitively impaired, required extensive assistance from staff for bed mobility, transfers, and activities of daily living, and did not ambulate. The M.D.S. also indicated Resident B was on anti-coagulation medication, and Resident B's expectation was to return to the community.</p> <p>Health care plans for Resident B indicated identified problems which included, but were not limited to, abnormal bleeding, altered cardiac output, coronary artery disease, atrial fibrillation with a risk for falls, and potential for pain.</p> <p>Resident B's record contained no discharge care plan, including, but not limited to, assessment of ongoing medical needs, assistance with arranging</p>		<p>residents found to be affected by the alleged deficient practice: Residents #B, C and D have been discharged. Resident #F's Care Plan was reviewed and revised to reflect the resident's individual discharge plan and code status.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: DHS or designee will review and revise all resident Care Plans revised to reflect the resident's individual discharge plan and code status.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Interdisciplinary Team on the following campus guidelines: Care Plans</p> <p>How the corrective measures will be monitored to ensure the alleged deficient practice does</p>	

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	<p>home health care or ongoing therapy, anticipation of ongoing needs for daily care and assistance, or the requirements for, and obtaining of, necessary durable medical equipment.</p> <p>The record of Resident C was reviewed on 8/07/15 at 3:15 P.M. Diagnoses included, but were not limited to, aspiration pneumonia, anemia, chronic obstructive pulmonary disease, prolapsed bladder, a history of urinary tract infection and sepsis, and hypertension.</p> <p>An admission Minimum Data Set (M.D.S.) assessment dated 6/03/15 indicated Resident C was mildly cognitively impaired, required extensive assistance from staff for bed mobility, transfers, and activities of daily living, did not ambulate, and had an indwelling urinary catheter. The M.D.S. also indicated Resident was on supplementary oxygen, and was in "almost constant" pain, and Resident C's expectation was to return to the community.</p> <p>Health care plans for Resident B indicated identified problems which included, but were not limited to, visual deficits, psychotropic medication use, hypertension, breathing problems, risk for falls, and potential for pain.</p>		<p>not recur: The following audits will be conducted by the DHS or designee on 5 residents 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: resident Care Plans reflect the resident's individual discharge plan and code status.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>	

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	<p>Resident C's record contained no discharge care plan, including, but not limited to, assessment of ongoing medical needs, assistance with arranging home health care or ongoing therapy, anticipation of ongoing needs for daily care and assistance, or the requirements for, and obtaining of, necessary durable medical equipment.</p> <p>The record of Resident D was reviewed on 8/07/15 at 2:00 P.M. Diagnoses included, but were not limited to, a history of falls, hypoxia, chronic obstructive pulmonary disease, leukocytosis, and acute systolic heart failure.</p> <p>An admission Minimum Data Set (M.D.S.) assessment dated 7/21/15 indicated Resident D required extensive assistance from staff for bed mobility, transfers, and activities of daily living, and ambulated with the assistance of staff. The M.D.S. also indicated Resident B's expectation was to return to the community.</p> <p>Health care plans for Resident D indicated identified problems which included, but were not limited to, complications from benign prostatic hypertrophy, altered breathing problems,</p>			

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	<p>altered cardiac output, diuretic medication use, osteoporosis, risk for falls, and potential for pain.</p> <p>Resident D's record contained no discharge care plan, including, but not limited to, assessment of ongoing medical needs, assistance with arranging home health care or ongoing therapy, anticipation of ongoing needs for daily care and assistance, or the requirements for, and obtaining of, necessary durable medical equipment.</p> <p>The record of Resident F was reviewed on 8/07/15 at 11:45 A.M. Diagnoses included, but were not limited to, dysphagia, hypertension, depression, hypothyroidism, aspiration pneumonia, and fever.</p> <p>An admission Minimum Data Set (M.D.S.) assessment dated 7/21/15 indicated Resident F was significantly cognitively impaired, required extensive assistance from staff for bed mobility, transfers, and activities of daily living, and used a wheelchair for ambulation.</p> <p>Resident F's record contained an "State of Indiana Out Of Hospital Do Not Resuscitate Declaration and Order" form dated 10/29/14. It indicated Resident F had a Do Not Resuscitate (DNR) code</p>			

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	<p>status.</p> <p>Resident F's record contained no Health Care Plan for a code status of Do Not Resuscitate including, but not limited to, identification of any special circumstances affecting code status, end of life care directions, family notification instructions, or funeral contact information.</p> <p>A facility policy titled "Interdisciplinary Team Care Plan Guideline" dated 1/08 obtained from the Director of Health Services on 08/07/15 at 2:35 P.M. indicated:</p> <p>Purpose: To ensure appropriateness of services and communication that will meet the resident's needs...</p> <p>Procedure...The initial plan of care included on the Admission Nursing Assessment will be initiated within 24 hours and completed within 72 hours of admission...Change in Condition' form may be utilized to reflect changes, additions, or discontinuation...or to reveal a new problem area."</p> <p>This Federal tag relates to Complaint IN00178902.</p>			

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F 0314 SS=G Bldg. 00	<p>3.1-35(a)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review and interview the facility failed to ensure a resident who was without pressure sores did not develop pressure sores, as evidenced by a resident who was admitted without pressure sores, and while in the facility developed pressure sores of the coccyx, right buttocks, left buttocks, left outer foot, left ankle, and right heel. 1 resident (Resident #H) of 3 reviewed for pressure sores in a population of 6.</p> <p>Findings include:</p> <p>The record of Resident H was reviewed on 8/10/15 at 9:15 A.M. Diagnoses included, but were not limited to, anemia, Alzheimer's dementia, chronic obstructive pulmonary disease, coronary artery disease, and congestive heart</p>	F 0314	<p>F 314 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #H has been discharged. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: Review of all residents skin condition to ensure the following: 1). Assessment of skin 2). Observation of pressure prevention interventions to ensure they are appropriate and implemented and the care plan reflects the resident's current status 3). If new skin impairment is observed, ensure the nurse completes the assessment, MD and family notification, treatment order received and interventions implemented Measures put in</p>	08/18/2015

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	<p>failure.</p> <p>An admission Minimum Data Set (MDS) assessment dated 5/12/15 indicated Resident H was severely cognitively impaired, required extensive staff assistance for bed mobility, transfers, and all activities of daily living, did not ambulate, had no pressure sores, and was at risk for developing pressure sores.</p> <p>Admission orders for Resident H dated 4/30/15 contained no diagnoses or treatment for any skin conditions, including but not limited to existing pressure sores.</p> <p>An admission "Nutrition Assessment and Data Collection" form dated 4/30/15 indicated "Skin: red area (symbol for "right") knee." This was noted to be related to the resident's habit of sitting with her legs crossed. The form contained no other indications of skin concerns.</p> <p>A "Resident First Conference Notes" form dated 5/05/15 indicated Resident H had no pressure areas, arterial/venous ulcers, or other areas of skin impairment.</p> <p>C.N.A. daily shower sheets for 5/05/15, 5/07/15, 5/11/15, 5/14/15, 5/18/15, 5/21/15, 5/25/15, 5/28/15, 6/01/15,</p>		<p>place and systemic changes made to ensure the alleged deficient practice does not recur: 1). DHS or designee will re-educate the Licensed Nurses on the following campus guidelines: A). Pressure prevention B). Weekly Assessment C). Wound Rounds D). Wound Risk E). Skin Impairment Circumstance Form (Investigation, Assessment, Intervention) 2). DHS or designee will re-educate the Certified Nursing Assistants on the following campus guideline: Care tracker skin training to include documentation on type of skin concern observed, location, nurse notification. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations for 5 residents will be conducted by the DHS or designee 2 times per week times 8 weeks, then monthly times 4 months to ensure compliance: 1). Assessment of skin 2). Observation of pressure prevention interventions to ensure they are appropriate and implemented and the care plan reflects the resident's current status 3). If new skin impairment is observed, ensure the nurse completes the assessment, MD and family notification, treatment order and interventions implemented 4). Review of CNA observation of skin</p>		

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	<p>6/04/15, 6/08/15, 6/11/15, 6/15/15, 6/18/15, 6/22/15, 6/25/15, 6/29/15, and 7/02/15 all indicated Resident H had no skin concerns, including open areas.</p> <p>During an interview on 8/10/15 at 11;10 A.M. the Director of Health Services (DHS) indicated Resident H had no pressure sores on admission to the facility. The DHS also indicated that Resident H had been seen twice by an outside wound consultant on 6/17/15 and 7/15/15, but otherwise the nursing unit manager was responsible for wound management.</p> <p>A "Pressure/Stasis/Arterial/Diabetic Ulcer Assessment" form dated 6/08/15 indicated:</p> <p>"Initial Identification: Date 6/08/15. Location: Lt (left) ankle. Present on admission: No. Pressure Stage/Thickness: I. Length: 1.0 Width 2.0 (centimeters)."</p> <p>A "Skin Impairment Circumstance, Assessment and Intervention" form dated 6/08/15 indicated:</p> <p>"Date of Impairment Discovery: 6/8/15 Location of Impairment: Lt. ankle. Stage: I"</p>		documentation to ensure it includes type of skin concern observed, location, nurse notification The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.	

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	<p>A nurse's progress note dated 6/13/15 at 7:00 P.M. indicated "Daughter came to nurse (sic) desk to show new area on resident's heel hard black area noted 4 1/2 X 1 cm (centimeter) Skin prep applied (symbol for "with") (unreadable) and Kerlix."</p> <p>A "Pressure/Stasis/Arterial/Diabetic Ulcer Assessment" form dated 6/13/15 indicated:</p> <p>"Initial Identification: Date 6/13/15. Location: Rt. (right) heel. Present on admission: No. Pressure. Stage/Thickness: (Not noted). Length: 4.1/2 Width 1.0 (centimeters)."</p> <p>A "Skin Impairment Circumstance, Assessment and Intervention" form dated 6/13/15 indicated:</p> <p>"Date of Impairment Discovery: 6/13/15. Location of Impairment: Rt. heel. Stage: (Not noted.)"</p> <p>A physician's office visit form, noted to be from an outside wound care practice, dated 6/17/15, indicated:</p> <p>"Location: (symbol for "right") heel. Length .4 Width .3 (centimeters) 100% red min (minimal) serous drainage. Cause: Friction/pressure."</p>			

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	<p>A "Clinically At Risk Individual Monitoring Sheet" dated 6/20/15 indicated:</p> <p>"Reason for discussion: Wound/skin issues. Current status: Friction wound to (right) heel measuring 0.4 x 0.3..."</p> <p>A "Skin Impairment Circumstance, Assessment and Intervention" form dated 7/03/15 indicated:</p> <p>"Date of Impairment Discovery: 7/03/15. Location of Impairment: (symbol for "left") buttocks. Type of impairment: Pressure. Stage: II."</p> <p>A "Clinically At Risk Individual Monitoring Sheet" dated 7/09/15 indicated:</p> <p>"Reason for discussion: Wound/skin issues. Current status: Stage II pressure wound to (symbol for "left") buttocks measuring 1.3 cm x 1.4 cm..."</p> <p>A physician's office visit form, noted to be from an outside wound care practice, dated 7/15/15, contained documentation of 2 wound sites, and indicated:</p> <p>"Location: (symbol for "right") heel Stage I. Length .(not noted) Width .(not noted).</p>			

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	<p>Cause: (Not noted)."</p> <p>"Location: (symbol for "left") isch (ischium). Length .7 Width .5 (centimeters) 100% red..."</p> <p>A nurse's progress note dated 7/21/15 at 2:00 P.M. indicated "(Name of doctor) called (symbol for "with") N.O. (new order) for optifoam to coccyx (symbol for "and") (symbol for "right") buttock Stage II- 100% granulated- recurring pressure ulcers noted..."</p> <p>A "Skin Impairment Circumstance, Assessment and Intervention" form dated 7/21/15 indicated:</p> <p>"Date of Impairment Discovery: 7/21/15. Location of Impairment: coccyx/ right buttocks. Type of impairment: P (Pressure). Stage: II."</p> <p>A "Pressure/Stasis/Arterial/Diabetic Ulcer Assessment" form dated 8/05/15 indicated:</p> <p>"Initial Identification: Date 8/05/15. Location: L (left) heel. Present on admission: No. Pressure. Stage/Thickness: U (unstageable). Length: 1.5 Width 1.5 (centimeters)."</p> <p>A "Pressure/Stasis/Arterial/Diabetic</p>			

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	<p>Ulcer Assessment" form dated 8/05/15 indicated:</p> <p>"Initial Identification: Date 8/05/15. Location: L. (left) ankle. Present on admission: No. Pressure. Stage/Thickness: 1. Length: .5 Width .5 (centimeters)."</p> <p>A "Pressure/Stasis/Arterial/Diabetic Ulcer Assessment" form dated 8/05/15 indicated:</p> <p>"Initial Identification: Date 8/05/15. Location: L. (left) outer foot. Present on admission: No. Pressure. Stage/Thickness: U (unstageable). Length: 3 Width 2.7 (centimeters)." Tunneling: Necrotic."</p> <p>A nurse's progress note dated 8/05/15 indicated "Skin assessment: (symbol for "right") buttock /ishium (sic) 6 x 4.5...area (symbol for "with") necrotic center...coccyx 5.5 cm x 3 cm x 2 cm (deep) black center (symbol for "with") macerated edges unstageable...(symbol for "left") outer foot 2 x 2.7 x 0- unstageable. Hard and black (symbol for "left") heel...(symbol for "left") outer ankle 0.5 x 0.5 x 0- Stage 1...notified (daughter) of wounds extremely upset..."</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155815	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/10/2015
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NAME OF PROVIDER OR SUPPLIER CLEARVISTA LAKE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 8405 CLEARVISTA PLACE INDIANAPOLIS, IN 46256
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	<p>An untimed nurse's progress note dated 8/05/15 indicated "(Name of doctor) called (symbol for "with") N.O. (new order) for promod (a dietary supplement); Keflex (an antibiotic) for wound healing..."</p> <p>Physician's orders dated 8/05/15 included a physical therapy evaluation for recommendations for positioning, and for a low air loss mattress. On 8/10/15 at 11:10 A.M. the Director of Health Services indicated that Resident H left the facility before these orders could be fulfilled, that no therapy evaluation for position had been performed, and that Resident H had been on the facility's standard pressure reducing mattress throughout her stay.</p> <p>A nurse's progress note dated 8/06/15 at 12:00 P.M. indicated "(Daughter) here-very upset...(Doctor) called with N.O. to send to ER (emergency room at (acute care hospital...(daughter) concerned resident may be septic..."</p> <p>A nurse's progress note dated 8/06/15 at 7:30 P.M. indicated "Resident left via ambulance to (acute care hospital..."</p> <p>A hospital "Physician's History and Physical" dictation for Resident H indicated:</p>			

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	<p>Admit Date: 8/06/15</p> <p>Chief complaint: Urinary tract infection, fever, and decubitus ulcers.</p> <p>History of Present Illness: (Resident H) is an (age) female with advanced dementia, who has been a resident of (name of facility)...The patient is wheelchair bound, and was noted to have some skin breakdown on the feet and buttock regions approximately 1 month ago. The patient's daughter continued to check in, assuming that the wounds had continually been managed; however, noted today that she has worsening skin breakdown and fever, which prompted her admission here to the emergency room.</p> <p>Skin: The patient has a large sacral wound, approximately 5 x 5 cm, which is unstageable due to it's size, as well as an additional wound on the anterior aspect of the left buttock region, which is, again, also unstageable. On the feet, the patient has areas both laterally and medially with pressure ulceration due to her immobility of the feet bilaterally. These are approximately stage II ulcerations. She also has some redness to the heels bilaterally.</p>			

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	<p>Plan: The patient is admitted to the (acute care hospital) team...given the extent of her sacral and foot wounds, she will need wound care and debridement during her hospitalization."</p> <p>An acute care hospital "Nursing Physical Assessment- Admission IP Status" documentation dated 10/06/15 at 10:30 P.M. indicated:</p> <p>Skin: Bil (bilateral) heels chafed; left lateral metatarsal necrotic area; left outer ankle decub (decubitis ulcer); left foot small scar present; left inner foot bruising noted; left ischial spine 4x4 (dressing) present (dressed in ER); sacral wound dressing present.</p> <p>An acute care hospital "Nursing Physical Assessment- Shift IP Status" documentation dated 10/07/15 at 6:00 A.M. indicated:</p> <p>"Wound assess (assessment):...</p> <p>Location: Sacrum, sacral. Type: Pressure ulcer. Bed: unobserved.</p> <p>Location: left fifth lateral metatarsal. Type: Pressure ulcer. Size: length 2 cm x width 1.5 cm x depth 0 cm. Bed: Black, necrotic.</p>			

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	<p>Location: Left ischial spine. Type: pressure ulcer. Size: length 6 cm x width 4 cm x depth 0cm Bed: darkened skin surrounding pink soft wound."</p> <p>An acute care hospital wound care physician's documentation dated 10/09/15 at 4:15 P.M. indicated:</p> <p>"WOC (wound care) here to see patient for open wound to coccyx...Noted coccyx with 2.5Lcm (length, centimeters) x 2.5Wcm (wide, centimeters) x 2.0 Dcm (deep, centimeters)...The right buttock adjacent to coccyx wound has a 6.0Lcm x 5.0Wcm x 0.2Dcm open wound...To the patients left foot there are two wounds: 1) L 5th metatarsal has a 1.5 diameter dark purplish black area. There is no open area...2) L ankle medial 0.5cm in diameter x 0.1cmD...A. The coccyx is consistent with an unstageable pressure ulcer...the right buttock wound is consistent with a shearing wound with a moisture component...the ankle is consistent with Stage II pressure ulcer...We will follow up for reevaluation of need for surgical debridement to the coccyx wound..."</p> <p>An undated facility document titled "Wound Round Guidelines" received from the Director of Health Services on 8/10/15 at 9: 10 A.M. indicated:</p>			

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	<p>"Purpose: To ensure treatment approaches and interventions are being followed through by resident care givers.</p> <p>Policy: The Director of Health Services or designee should make periodic walking rounds to visualize implementation and follow nthrough of individual resident care plan interventions, approaches and physician orders.</p> <p>Rounds should include inspection of the wound to ensure proper treatment is in place, applied properly, signed and dated...</p> <p>Discrepancies in implementing of care approaches and interventions should be corrected immediately by teaching, training and/or disciplinary action when warrented."</p> <p>This Federal tag relates to Complaint IN00179746.</p> <p>3.1-40(a)(1) 3.1-40 (a)(2)</p>			