

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2021
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 45 BEACHWAY DR INDIANAPOLIS, IN 46224
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00365995 and IN00366036.</p> <p>Complaint IN00365995 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684, F689, and F919.</p> <p>Complaint IN00366036 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684 and F842.</p> <p>Survey dates: November 4 and 5, 2021.</p> <p>Facility number: 000032 Provider number: 155077 AIM number: 100273330</p> <p>Census Bed Type: SNF/NF: 87 Total: 87</p> <p>Census Payor Type: Medicare: 8 Medicaid: 79 Total: 87</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 15, 2021.</p>	F 0000		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to</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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	<p>facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview, and record review, the facility failed to ensure neurological check assessments were completed after an unwitnessed fall for a resident who had a history of fall with injury for 1 of 3 residents reviewed for falls (Resident G).</p> <p>Findings include:</p> <p>On 11/4/21 at 11:10 a.m., Resident G indicated her bathroom call light and room call lights did not work. She often had to go into the hall and call for someone to come help her. Resident G indicated she had fallen before and was afraid water on the floor would cause her to fall again. Resident G indicated she was supposed to use the call light when she wanted to get in and out of bed, or needed help to get ready for the morning, but it did not work.</p> <p>On 11/5/21 at 10:00 a.m., Resident G's medical record was reviewed. The most recent comprehensive assessment was a quarterly Minimum Data Set (MDS) assessment dated 7/20/21. The MDS indicated Resident G was cognitively intact, required minimum assistance for her activities of daily living (ADLS) and was always continent of her bowel and bladder. She had active diagnoses which included, but were not limited to, anxiety, depression, unsteadiness on feet, and muscle weakness.</p> <p>She had a comprehensive care initiated on 3/4/21</p>	F 0684	<p>F684 Quality of Care SS=D</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The resident identified was immediately assessed and no new findings were noted</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents have the potential to be affected. All falls moving forward any fall will be reported to DON/On Call Nurse to ensure fall policy/process is followed.</p> <p>What Measures will be put into place and what systemic</p>	11/12/2021

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	<p>and revised 9/8/21. The care plan indicated Resident G was at risk for falls due to weakness, decreased mobility, and Alzheimer's. Interventions for the plan of care included, but were not limited to, provide adequate lighting, resident should wear non-skid footwear, and to keep frequently used items within reach.</p> <p>A nursing progress note dated 9/8/21 at 8:15 a.m., indicated Resident G had a fall earlier in the shift.</p> <p>A corresponding Accident and Incident Report and Investigation, dated 9/8/21 at 6:30 a.m., indicated Resident G was heard yelling out for help. She was found on the floor, laying on her side at the foot of her bed. No injuries were noted, bathroom care was provided, and the potential cause indicated, "tries to [be] independent."</p> <p>There was no corresponding Neurological Check assessment (neuro checks).</p> <p>During an interview on 11/5/21 at 12:14 p.m., the Vice President of Clinical Services (VPCS) indicated, neuro checks were not initiated after the fall on 9/8/21. When the VPCS asked about the fall follow up, she was told, because the patient said she did not hit her head, they took her at her word for it and did not complete neuro checks. However, it was her expectation that neuro checks should always be initiated for residents after an unwitnessed fall.</p> <p>On 11/5/21 at 12:40 p.m., the VPCS provided a copy of current facility policy titled, "Neurological Assessment," dated 10/2014, which indicated, "...Neurological assessment, is to be completed in all cases of head injury to the</p>		<p>changes will be made to ensure that the deficient practice does not recur:</p> <p>All Licensed staff will be educated on reporting all falls to DON/On Call Nurse, complete fall packet, initiative neuros if fall unwitnessed, make nurse note. DON/Designee will bring all fall packets to Clinical Meeting next business day</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>DON/Designee will audit all fall log (Mon- Fri) for four (4) weeks; then three times (3x) a week for the following four (4) weeks; two-time (2x) a week for the following four (4) weeks; once a week (1x) for the following four (4) weeks; and two times (2x) per month for the following eight (8) weeks. The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends and continued recommendations for process monitoring and improvement until 100% compliance is achieved</p> <p>By what date the systemic changes by completed:</p>	

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F 0689 SS=D Bldg. 00	<p>resident (when suspected or known)...."</p> <p>This Federal tag relates to Complaints IN00365995 and IN00366036.</p> <p>3.1-37(a)</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the environment for a resident, who had a history of falls with injury, was free from the potential for accidents when her bathroom toilet was left leaking for an extended period of time for 1 of 8 residents reviewed for environment (Resident G).</p> <p>Findings include:</p> <p>During a confidential interview, it was indicated the facility had a lot of plumbing issues that would never get fixed. There were several resident bathrooms with water that leaked from the sink or toilet and dripped down the walls.</p> <p>On 11/4/21 at 11:10 a.m., Resident G was observed in her room and indicated she was concerned about the condition of her bathroom.</p>	F 0689	<p>November 12, 2021</p> <p>F689 Free of Accidents/Hazards/Supervision /Devices SS=D</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The resident's room had toilet and call light fixed immediately.</p> <p>How other residents having the potential to be affected by the</p>	11/12/2021

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	<p>She opened the bathroom door and pointed to the toilet. She indicated the toilet always leaked, so the staff had to put a bucket under the tank to catch the water, but never wanted to empty it. She had to go in the hall and call for help for someone to come empty the bucket to keep it from overflowing because neither her bathroom call light, nor room call light worked. At this time, her bathroom was observed. There was a pink, rectangle, bed-bath basin on the floor that sat under the tank of the toilet. Resident G flushed her toilet, and water was observed as it sprayed out from under the lid and dripped down the tank of the toilet, into the catch of the buckets, but also splashed on the surrounding floor. The bathroom call light pull-chord was observed, it hung through a metal loop-hook that was secured into the wall but was not attached to the metal call light flip-switch which would activate the bathroom call light. Resident G indicated she had fallen before and was afraid the water would cause her to fall again. Resident G walked to her bed and pushed the call room call light. The light bulb above the door was observed and did not illuminate. Resident G indicated, she was supposed to use the call light when she wanted to get in and out of bed, or needed help to get ready for the morning, but it did not work.</p> <p>During an interview on 11/4/21 at 11:15 a.m., Certified Nursing Assistant (CNA) 8 entered Resident G's room with fresh ice water. CNA 8 indicated she did not know Resident G's call light did not work, but she did know the toilet leaked. CNA 8 indicated the toilet had been leaking for at least several weeks, as long as CNA 8 had worked in the building, it had been that way. At least all the aids knew about it because they were the ones who put the bucket down to collect the water.</p>		<p>same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents have the potential to be affected. 100% audit will be completed on each resident bathroom/toilet to ensure there are no leaks and a 100% call light audit will be completed to ensure all call lights are functioning properly.</p> <p>What Measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>All staff will be educated on reporting leaks immediately to Executive Director along with education on how to complete a work order form and whom to turn them into.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p>	

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	<p>On 11/4/21 at 11:16 a.m., Resident G's roommate indicated she often pushed her own call light to request assistance for Resident G when she needed help since Resident G's call light did not work. She was not sure how long the call light had been broken. Resident G's roommate indicated she did not use the room bathroom because she was paralyzed and used briefs, but the toilet had been broken for a long time too.</p> <p>During an interview on 11/4/21 at 2:30 p.m., the Maintenance Director indicated he was a new employee, and had been at the facility for a little over a month. When he got there, the biggest concerns that needed to be addressed immediately were the roof, which leaked in several places, and plumbing issues throughout the facility. Anyone could file a maintenance request form and place it in his mailbox for review/repair. Because there were so many requests and he was the only maintenance staff member, he had to prioritize the work orders. Orders that would be prioritized would be issues that directly impact a resident's health and safety, such as call lights that did not work, bed rails that were loose, and any plumbing issues that left water on the floor etc.</p> <p>On 11/4/21 at 2:47 p.m., Resident G's bathroom was observed with the Maintenance Director and the Administrator. The Maintenance Director indicated the bathroom call light pull-chord just needed to be tied to the right mechanism. He threaded the chord through the metal flip-switch and secured the knot. When he pulled the chord to test the light, the red bathroom light illuminated over the resident's door. Next, he flushed the toilet and observed the water that</p>		<p>The Executive Director/designee will audit all work orders to ensure they are triaged and completed timely. (Mon- Fri) for four (4) weeks; then three times (3x) a week for the following four (4) weeks; two-time (2x) a week for the following four (4) weeks; once a week (1x) for the following four (4) weeks; and two times (2x) per month for the following eight (8) weeks. The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends and continued recommendations for process monitoring and improvement until 100% compliance is achieved</p> <p>By what date the systemic changes by completed:</p> <p>November 12,2021</p>	

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	<p>leaked out from under the lid. Then he attempted to engage the room call light, but when the button was pushed, the light over the door only flicked on briefly, and did not stay illuminated. He indicated there may be something wrong with the electrical panel at the wall where the chord was attached, or in the panel above the door, or it may be that the bulb needed to be replaced. He would try to replace the bulb first and left to gather his supplies.</p> <p>During an interview on 11/4/21 at 2:58 p.m., the Maintenance Director returned to Resident G's room with supplies and began to work on her toilet and call light. He indicated, maintenance orders for issues like the call light and leaking toilet were definitely a priority because, "you don't want water on the floor of an elderly patient's room, that's a big fall risk."</p> <p>On 11/4/21 at 3:00 p.m., the Maintenance Director provided a large 3-ring binder of work orders and the stack of current outstanding work orders. He indicated there were some incomplete work orders left from the previous Maintenance Director in the 3-ring binder and he was working through them as best as he could to organize, prioritize and complete all outstanding orders.</p> <p>There was a work order, dated 7/21/21 at 10:00 a.m. which requested the repair of a leaking sink in room B-9 (Resident G's room). The order was placed by Nursing Staff 10 but had not been completed.</p> <p>A second work order, dated 7/22/21 at 3:15 p.m., requested the repair of a leaking sink or toilet. The order was placed by a different staff member, although the signature was illegible.</p>		<p>F689 Free of Accidents/Hazards/Supervision/Devices</p> <p>p paraid="39899059" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{122}" >Date of work order</p> <p>p paraid="2031827687" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{129}" >Was original</p> <p>given to Maintenance and copy to ED</p> <p>(Y/N)</p> <p>p paraid="353485554" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{154}" >Was work order for leaks</p> <p>(Y/N)</p>	

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	<p>The order had also not been completed.</p> <p>On 11/5/21 at 10:00 a.m., Resident G's medical rerecord was reviewed. The most recent comprehensive assessment was a quarterly Minimum Data Set (MDS) assessment dated 7/20/21. The MDS indicated Resident G was cognitively intact, required minimum assistance for her activities of daily living (ADLS) and was always continent of her bowel and bladder. She had active diagnoses which included, but were not limited to, anxiety, depression, unsteadiness on feet, and muscle weakness.</p> <p>She had a comprehensive care initiated on 3/4/21 and revised 9/8/21. The care plan indicated Resident G was at risk for falls due to weakness, decreased mobility, and Alzheimer's. Interventions for the plan of care included, but were not limited to, provide adequate lighting, resident should wear non-skid footwear, and to keep frequently used items within reach.</p> <p>A nursing progress note, dated 8/31/21 at 11:10 a.m., indicated, Resident G fell in her room when she tried to get herself into bed. She sustained a skin tear to her left hand and also complained of pain in her lower back.</p> <p>A corresponding "Accident and Incident Report and Investigation," dated 8/31/2,1 indicated Resident G fell when she tried to get into bed. She sustained a skin tear and complained of pain in her back, so she was immediately sent to the emergency room (ER).</p> <p>A nursing progress note dated 9/8/21 at 8:15 a.m., indicated Resident G had a fall earlier in the shift.</p>		<p>p paraid="718949073" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{165}" >If for leaks was ED notified immediately</p> <p>(Y/N)</p> <p>p paraid="1511311970" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{180}" >What was done to protect resident until leak resolved or N/A</p> <p>p paraid="1190925767" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{195}" >Has leak been fixed?</p> <p>(Y/N)</p> <p>p paraid="443472365" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{206}" >Any negative outcome from any leak</p> <p>(Y/N)</p>	

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	<p>A corresponding Accident and Incident Report and Investigation, dated 9/8/21 at 6:30 a.m., indicated Resident G was heard yelling out for help. She was found on the floor, laying on her side at the foot of her bed. No injuries were noted, bathroom care was provided, and the potential cause indicated, "tries to [be] independent."</p> <p>On 11/5/21 at 12:40 p.m., the VPCS provided a copy of current facility policy titled, "Call Light," dated 10/2014 which indicated, "...Residents will have a call light to summon facility personnel to ensure the resident's needs will be met. Equipment: functioning call light... if call light is defective, report to maintenance... call lights must remain functional and within reach of each resident...."</p> <p>On 11/5/21 at 12:40 p.m., the VPCS provided a copy of current facility policy titled, "Resident Rights," dated 11/2016 which indicated, "This facility shall treat each resident with respect and dignity and care for each resident in a manner an in an environment that promotes maintenance or enhancement of his or her quality of life...."</p> <p>This Federal tag relates to Complaint IN00365995.</p> <p>3.1-14(a)(1) 3.1-45(a)(1) 3.1-45(a)(2)</p>		<p>p paraid="1446127512" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{217}" >Work order completed timely and signed by ED</p> <p>p paraid="104313530" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{223}" ></p> <p>p paraid="567299829" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{226}" ></p> <p>p paraid="1332856863" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{229}" ></p> <p>p paraid="1528247082" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{232}" ></p> <p>p paraid="605203788" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{235}" ></p> <p>p paraid="2072971950" paraeid="{c3839496-570e-4958-b14d-1f62c1d2ba44}{238}" ></p> <p>p paraid="966377409" paraeid="{c3839496-570e-4958-b</p>	

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			<p>14d-1f62c1d2ba44}{241}" ></p> <p>p paraid="485992601" paraeid="{c3839496-570e-4958-b 14d-1f62c1d2ba44}{244}" ></p> <p>p paraid="1753297889" paraeid="{c3839496-570e-4958-b 14d-1f62c1d2ba44}{248}" ></p> <p>p paraid="1068514443" paraeid="{c3839496-570e-4958-b 14d-1f62c1d2ba44}{251}" ></p> <p>p paraid="1729067356" paraeid="{c3839496-570e-4958-b 14d-1f62c1d2ba44}{254}" ></p> <p>p paraid="1471129752" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{2}" ></p> <p>p paraid="149141459" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{5}" ></p> <p>p paraid="588233893" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{8}" ></p> <p>p paraid="767875357" paraeid="{ba9cd05d-691b-4944-9</p>	

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NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 45 BEACHWAY DR INDIANAPOLIS, IN 46224
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			<p>756-a67c98964f37}{11}" ></p> <p>p paraid="139344489" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{14}" ></p> <p>p paraid="643569827" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{18}" ></p> <p>p paraid="908720246" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{21}" ></p> <p>p paraid="53319972" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{24}" ></p> <p>p paraid="123256446" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{27}" ></p> <p>p paraid="1922077960" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{30}" ></p> <p>p paraid="800209319" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{33}" ></p> <p>p paraid="1666873762" paraeid="{ba9cd05d-691b-4944-9</p>	

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			<p>756-a67c98964f37}{36}" ></p> <p>p paraid="882577177" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{39}" ></p> <p>p paraid="268503711" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{43}" ></p> <p>p paraid="318843831" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{46}" ></p> <p>p paraid="787920529" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{49}" ></p> <p>p paraid="1237753129" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{52}" ></p> <p>p paraid="1669859451" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{55}" ></p> <p>p paraid="1958365100" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{58}" ></p> <p>p paraid="693931620" paraeid="{ba9cd05d-691b-4944-9</p>	

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F 0842 SS=D Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information.</p> <p>(i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p>		<p>756-a67c98964f37}{61}" ></p> <p>p paraid="48317791" paraeid="{ba9cd05d-691b-4944-9 756-a67c98964f37}{64}" ></p> <p>Name of Person completing audit _____ _____</p> <p>Date of Audit _____ _____</p>	

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	<p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p>			

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	<p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. <p>Based on interview and record review, the facility failed to ensure documentation of narcotic pain medication was accurate for a resident for 1 of 4 residents reviewed for pharmaceutical services (Resident C).</p> <p>Findings include:</p> <p>During a confidential interview, Resident C indicated, he often went without pain medication, and when he asked for pain medication, the nurses would say they already gave it.</p> <p>On 11/4/21 at 2:58 p.m., Resident C medical record was reviewed. He had diagnoses which included, but were not limited to, Chronic pain syndrome and embolism and thrombosis (thrombosis occurs when a blood clot, develops in a blood vessel and reduces the flow of blood through the vessel, embolism occurs when a piece of a blood clot, foreign object, or other bodily substance becomes stuck in a blood vessel and largely obstructs the flow of blood).</p>	F 0842	<p>F842 Resident Records</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The resident involved was immediately assessed for pain by Nurse manager and at that time denied any pain</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective</p>	11/12/2021

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	<p>He had a current physician order for hydrocodone-acetaminophen (a controlled, narcotic pain medication, also known as Norco) 5-325 mg (milligrams) to be given on a schedule every 6 hours.</p> <p>Resident C's Medication Administration Record (MAR) for his Norco was reviewed in tandem with his "Control Drug Record" (CDR). The following was noted from 9/22/21 through 11/4/21:</p> <p>On 9/24/21, the 6:00 a.m. dose was neither initialed as administered on the MAR, or recorded on the CDR, which would indicate the medication was not administered as Resident C alleged.</p> <p>On 10/24/21, the 6:00 a.m. dose was neither initialed as administered on the MAR, or recorded on the CDR, which would indicate the medication was not administered as Resident C alleged.</p> <p>On 10/25/21, the 12:00 p.m. dose was neither initialed as administered on the MAR, or recorded on the CDR, which would indicate the medication was not administered as Resident C alleged.</p> <p>On 10/26/21, the 12:00 a.m. dose was neither initialed as administered on the MAR, or recorded on the CDR, which would indicate the medication was not administered as Resident C alleged.</p> <p>On 10/30/21, both the 12:00 a.m., and 6:00 a.m. doses were neither initialed as administered on the MAR or recorded on the CDR, which would indicate the medication was not administered as</p>		<p>action(s) will be taken:</p> <p>All residents have the potential to be affected. A 100% audit will be conducted and if issues are found the resident will be assessed for pain and all appropriate parties will be notified.</p> <p>What Measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>All Licensed staff and QMA's will be educated on Five rights of medication and appropriate documentation for medication administration.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p>	

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	<p>Resident C alleged.</p> <p>September 22-30</p> <p>a. On 9/22/21 there was one discrepancy: the 12:00 p.m. dose was initialed as administered on the MAR, but the dose was not recorded on the CDR.</p> <p>b. On 9/23/21, there was one discrepancy: the 6:00 .m. dose was not initialed as administered on the MAR, but the dose was counted recorded on the CDR.</p> <p>c. On 9/24/21, there was one discrepancy: the 12:00 a.m. dose was not initialed as administered on the MAR, but the dose was recorded on the CDR.</p> <p>d. On 9/25/21, there was one discrepancy: the 6:00 p.m. dose was initialed as administered on the MAR, but the dose was not recorded on the CDR.</p> <p>e. On 9/26/21, there were three discrepancies: the 12:00 a.m. dose was not initialed as administered on the MAR, but the dose was recorded on the CDR. The 12:00 p.m. dose was not initialed as administered on the MAR, but was recorded on the CDR, and the 6:00 p.m. dose was initialed as administered on the MAR, but not recorded on the CDR.</p> <p>f. On 9/30/21, there was one discrepancy: the 12:00 p.m. dose was not initialed as administered on the MAR, but was recorded on the CDR.</p> <p>October 1-31</p> <p>a. On 10/3/21 there were two discrepancies: both the 12:00 a.m., and the 12:00 p.m. doses were initialed as administered on the MAR, but not recorded on the CDR.</p> <p>b. On 10/5/21 there was one discrepancy: the 12:00 a.m. dose was initialed as administered on the MAR, but was not recorded on the CDR.</p> <p>c. On 10/9/21 there was one discrepancy: the</p>		<p>DON/Designee will audit all Control Drug Record. (Mon-Fri) for four (4) weeks; then three times (3x) a week for the following four (4) weeks; two-time (2x) a week for the following four (4) weeks; once a week (1x) for the following four (4) weeks; and two times (2x) per month for the following eight (8) weeks. The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends and continued recommendations for process monitoring and improvement until 100% compliance is achieved</p> <p>By what date the systemic changes by completed:</p> <p>November 12, 2021</p>	

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	<p>6:00 p.m. dose was initialed as administered on the MAR, but was not recorded on the CDR.</p> <p>d. On 10/16/21 there were three discrepancies: both the 12:00 a.m., and 12:00 p.m. doses were not initialed as administered on the MAR, but were recorded on the CDR, and the 6:00 p.m. dose was initialed as administered on the MAR, but was not recorded on the CDR.</p> <p>e. On 10/21/21 there were two discrepancies: both the 12:00 a.m., and 6:00 a.m. doses were initialed as administered on the MAR, but were not recorded on the CDR.</p> <p>f. On 10/24/21 there was one discrepancy: the 6:00 p.m. dose was initialed as administered on the MAR, but was not recorded on the CDR.</p> <p>g. On 10/25/21 there were two discrepancies: both the 12:00 a.m., and 6:00 a.m. doses were initialed as administered on the MAR, but were not recorded on the CDR.</p> <p>h. On 10/31/21 there was one discrepancy: the 12:00 p.m. dose was not initialed as administered on the MAR, but was recorded on the CDR.</p> <p>November 1-4</p> <p>On 11/4/21 there was one discrepancy: the 6:00 a.m. dose was initialed as administered on the MAR, but was not recorded on the CDR.</p> <p>During an interview on 11/5/21 at 9:47 a.m., the above findings were reviewed with the Vice President of Clinical Services (VPCS). In total, 5 of 176 doses were missed, and there were 22 documentation discrepancies out of 176 opportunities, the VPCS indicated she saw the same concern upon review and indicated, controlled substances should be counted accurately, both on the MAR and CDR to avoid the potential for missed doses, and miscounted drugs.</p>		<p>F842 Resident Record</p> <p>p paraid="39899059" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{140}" >Res Initials</p> <p>p paraid="1460450101" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{147}" >Name of Narcotic</p> <p>p paraid="60239861" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{154}" >How often is Narcotic to be</p> <p>Given</p> <p>p paraid="1990770212" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{169}" >Is narcotic signed off in MAR</p> <p>(Y/N)</p> <p>p paraid="1094499190" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{178}" >Is narcotic signed off on CDR</p> <p>(Y/N)</p>				

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	<p>On 11/5/21 at 10:00 a.m., the VPCS provided a copy of current, but undated, facility policy titled, "Medication Administration and General Guidelines." the policy indicated, "...Medications are administered as prescribed, in accordance with State Regulation using good nursing principles and practices... medications are prepared, administered, and recorded by licensed nursing, medical, pharmacy, or other personnel authorized by state laws and regulations to administer medications... the residents MAR is initialed by the person administering a medication, in the space provided under the date and on the line for that specific medication dose administration...."</p> <p>This Federal tag related to Complaint IN00366036.</p> <p>3.1-50(a)(2)</p>		<p>p paraid="501813616" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{187}" >Was Narcotic given as ordered</p> <p>(Y/N)</p> <p>p paraid="963096347" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{198}" >Was action needed</p> <p>(Y/N)</p> <p>p paraid="1038686255" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{209}" >Is Narcotic count correct</p> <p>(Y/N)</p> <p>p paraid="104313530" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{219}" ></p> <p>p paraid="567299829" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{222}" ></p> <p>p paraid="1332856863"</p>	

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			<p>paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{225}" ></p> <p>p paraid="1528247082" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{228}" ></p> <p>p paraid="605203788" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{231}" ></p> <p>p paraid="2072971950" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{234}" ></p> <p>p paraid="966377409" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{237}" ></p> <p>p paraid="485992601" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{240}" ></p> <p>p paraid="1753297889" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{244}" ></p> <p>p paraid="1068514443" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{247}" ></p> <p>p paraid="1729067356"</p>	

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			<p>paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{250}" ></p> <p>p paraid="1471129752" paraeid="{37c1eb7a-ad96-4a0c-9d1a-ab81de9754f0}{253}" ></p> <p>p paraid="149141459" paraeid="{dff2b46a-b00e-408b-b114-601d72875b2f}{1}" ></p> <p>p paraid="588233893" paraeid="{dff2b46a-b00e-408b-b114-601d72875b2f}{4}" ></p> <p>p paraid="767875357" paraeid="{dff2b46a-b00e-408b-b114-601d72875b2f}{7}" ></p> <p>p paraid="139344489" paraeid="{dff2b46a-b00e-408b-b114-601d72875b2f}{10}" ></p> <p>p paraid="643569827" paraeid="{dff2b46a-b00e-408b-b114-601d72875b2f}{14}" ></p> <p>p paraid="908720246" paraeid="{dff2b46a-b00e-408b-b114-601d72875b2f}{17}" ></p> <p>p paraid="53319972"</p>	

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			<p>paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{20}" ></p> <p>p paraid="123256446" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{23}" ></p> <p>p paraid="1922077960" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{26}" ></p> <p>p paraid="800209319" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{29}" ></p> <p>p paraid="1666873762" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{32}" ></p> <p>p paraid="882577177" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{35}" ></p> <p>p paraid="1621387883" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{39}" ></p> <p>p paraid="512982787" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{42}" ></p> <p>p paraid="461135462"</p>	

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			<p>paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{45}" ></p> <p>p paraid="222178662" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{48}" ></p> <p>p paraid="627071572" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{51}" ></p> <p>p paraid="2088111052" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{54}" ></p> <p>p paraid="1471124904" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{57}" ></p> <p>p paraid="101528656" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{60}" ></p> <p>p paraid="2098318978" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{64}" ></p> <p>p paraid="791429976" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{67}" ></p> <p>p paraid="1344295685"</p>	

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			<p>paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{70}" ></p> <p>p paraid="52285100" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{73}" ></p> <p>p paraid="697190021" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{76}" ></p> <p>p paraid="1379152470" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{79}" ></p> <p>p paraid="930868173" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{82}" ></p> <p>p paraid="672266792" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{85}" ></p> <p>p paraid="953014441" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{89}" ></p> <p>p paraid="1274912573" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{92}" ></p> <p>p paraid="1540541136"</p>	

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			<p>paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{95}" ></p> <p>p paraid="1086029243" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{98}" ></p> <p>p paraid="1943225740" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{101}" ></p> <p>p paraid="186649387" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{104}" ></p> <p>p paraid="1733891356" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{107}" ></p> <p>p paraid="1602993822" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{110}" ></p> <p>p paraid="202957416" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{114}" ></p> <p>p paraid="833770853" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{117}" ></p> <p>p paraid="562226323"</p>	

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			<p>paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{120}" ></p> <p>p paraid="898084844" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{123}" ></p> <p>p paraid="829736545" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{126}" ></p> <p>p paraid="1743471184" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{129}" ></p> <p>p paraid="1197209450" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{132}" ></p> <p>p paraid="774864158" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{135}" ></p> <p>p paraid="92890436" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{139}" ></p> <p>p paraid="50242718" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{142}" ></p> <p>p paraid="2113797309"</p>	

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			<p>paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{145}" ></p> <p>p paraid="332781945" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{148}" ></p> <p>p paraid="235189830" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{151}" ></p> <p>p paraid="1708220816" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{154}" ></p> <p>p paraid="748202945" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{157}" ></p> <p>p paraid="2013382605" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{160}" ></p> <p>p paraid="1548516559" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{164}" ></p> <p>p paraid="2103240886" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{167}" ></p> <p>p paraid="1884853328"</p>	

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			<p>paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{170}" ></p> <p>p paraid="289318705" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{173}" ></p> <p>p paraid="731958389" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{176}" ></p> <p>p paraid="1389391151" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{179}" ></p> <p>p paraid="553223490" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{182}" ></p> <p>p paraid="528088834" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{185}" ></p> <p>p paraid="268503711" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{189}" ></p> <p>p paraid="318843831" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{192}" ></p> <p>p paraid="787920529"</p>	

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			<p>paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{195}" ></p> <p>p paraid="1237753129" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{198}" ></p> <p>p paraid="1669859451" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{201}" ></p> <p>p paraid="1958365100" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{204}" ></p> <p>p paraid="693931620" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{207}" ></p> <p>p paraid="48317791" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{210}" ></p> <p>p paraid="924002340" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{214}" ></p> <p>p paraid="1962390172" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{217}" ></p> <p>p paraid="1569454615"</p>	

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			<p>paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{220}" ></p> <p>p paraid="1577460247" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{223}" ></p> <p>p paraid="743878429" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{226}" ></p> <p>p paraid="344501875" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{229}" ></p> <p>p paraid="1519987999" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{232}" ></p> <p>p paraid="1097126581" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{235}" ></p> <p>p paraid="1265210286" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{239}" ></p> <p>p paraid="743657320" paraeid="{dff2b46a-b00e-408b-b1 14-601d72875b2f}{242}" ></p> <p>p paraid="320475242"</p>	

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			<p>paraeid="{dff2b46a-b00e-408b-b114-601d72875b2f}{245}" ></p> <p>p paraid="1777630940" paraeid="{dff2b46a-b00e-408b-b114-601d72875b2f}{248}" ></p> <p>p paraid="1672715080" paraeid="{dff2b46a-b00e-408b-b114-601d72875b2f}{251}" ></p> <p>p paraid="2086207342" paraeid="{dff2b46a-b00e-408b-b114-601d72875b2f}{254}" ></p> <p>p paraid="2102140118" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{2}" ></p> <p>p paraid="1811629040" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{5}" ></p> <p>p paraid="1855126289" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{9}" ></p> <p>p paraid="397848727" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{12}" ></p> <p>p paraid="1453415579"</p>	

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			<p>paraid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{15}" ></p> <p>p paraid="124426407" paraid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{18}" ></p> <p>p paraid="527366448" paraid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{21}" ></p> <p>p paraid="2136636148" paraid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{24}" ></p> <p>p paraid="1294720677" paraid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{27}" ></p> <p>p paraid="654922102" paraid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{30}" ></p> <p>p paraid="538043990" paraid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{34}" ></p> <p>p paraid="1774069073" paraid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{37}" ></p> <p>p paraid="1051359099"</p>	

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			<p>paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{40}" ></p> <p>p paraid="75015992" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{43}" ></p> <p>p paraid="1906193616" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{46}" ></p> <p>p paraid="1566378974" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{49}" ></p> <p>p paraid="1436363437" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{52}" ></p> <p>p paraid="159055699" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{55}" ></p> <p>p paraid="853500068" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{59}" ></p> <p>p paraid="1049315295" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{62}" ></p> <p>p paraid="5315870"</p>	

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			<p>paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{65}" ></p> <p>p paraid="1121368314" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{68}" ></p> <p>p paraid="1115891632" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{71}" ></p> <p>p paraid="1016487202" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{74}" ></p> <p>p paraid="1870644519" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{77}" ></p> <p>p paraid="331048774" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{80}" ></p> <p>p paraid="1703374003" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{84}" ></p> <p>p paraid="392296142" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{87}" ></p> <p>p paraid="608568901"</p>	

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			<p>paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{90}" ></p> <p>p paraid="762001624" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{93}" ></p> <p>p paraid="91258280" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{96}" ></p> <p>p paraid="1200699539" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{99}" ></p> <p>p paraid="691285793" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{102}" ></p> <p>p paraid="1375781543" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{105}" ></p> <p>p paraid="246378453" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{109}" ></p> <p>p paraid="2070014076" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{112}" ></p> <p>p paraid="1981866085"</p>	

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			<p>paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{115}" ></p> <p>p paraid="1716350096" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{118}" ></p> <p>p paraid="1128973178" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{121}" ></p> <p>p paraid="641335329" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{124}" ></p> <p>p paraid="438550411" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{127}" ></p> <p>p paraid="1752689381" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{130}" ></p> <p>p paraid="1435830610" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{134}" ></p> <p>p paraid="1368616530" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{137}" ></p> <p>p paraid="536621141"</p>	

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			<p>paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{140}" ></p> <p>p paraid="685178874" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{143}" ></p> <p>p paraid="1529273895" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{146}" ></p> <p>p paraid="2099605806" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{149}" ></p> <p>p paraid="544467698" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{152}" ></p> <p>p paraid="436804572" paraeid="{ede2fc44-e9e5-4347-a7bd-eabdaabfb1d1}{155}" ></p> <p>Name of Person completing audit _____ _____</p> <p>Date of Audit _____ _____</p>	

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F 0919 SS=D Bldg. 00	<p>483.90(g)(2) Resident Call System §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area.</p> <p>§483.90(g)(2) Toilet and bathing facilities. Based on observation, interview, and record review, the facility failed to ensure a bathroom call light, and room call light functioned properly for a resident who had a history of falls with injury, so that she could summon staff for assistance as needed for 1 of 8 residents reviewed for environment (Resident G).</p> <p>Findings include:</p> <p>On 11/4/21 at 11:10 a.m., Resident G indicated her bathroom call light and room call lights did not work. She often had to go into the hall and call for someone to come help her. The bathroom call light pull-chord was observed, it hung through a metal loop-hook that was secured into the wall but was not attached to the metal call light flip-switch which would activate the bathroom call light. Resident G indicated she had fallen before and was afraid water on the floor would cause her to fall again. Resident G walked to her bed and pushed the call room call light. The light bulb above the door was observed and did not illuminate. Resident G indicated she was supposed to use the call light when she wanted to get in and out of bed, or needed help to get ready for the morning, but it did not work.</p>	F 0919	<p>F919 Resident Call System SS=D</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The residents call light was immediately fixed</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p>	11/12/2021

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	<p>On 11/4/21 at 11:16 a.m., Resident G's roommate indicated she often pushed her own call light to request assistance for Resident G when she needed help since her call light did not work. She was not sure how long the call light had been broken. Resident G's roommate indicated she did not use the room bathroom because she was paralyzed and used briefs, but the toilet had been broken for a long time too.</p> <p>During an interview on 11/4/21 at 2:30 p.m., the Maintenance Director indicated he was a new employee, and had been at the facility for a little over a month. Anyone could file a maintenance request form and place it in his mailbox for review/repair. Since he was the only maintenance staff member and there were so many requests, he had to prioritize the work orders. Orders that would be prioritized would be issues that directly impact a resident's health and safety, such as call lights that did not work, bed rails that were loose, any plumbing issues that left water on the floor.</p> <p>On 11/4/21 at 2:47 p.m., Resident G's bathroom was observed with the Maintenance Director and the Administrator (ADM). The Maintenance Director indicated the bathroom call light pull-chord just needed to be tied to the right mechanism. He threaded the chord through the metal flip-switch and secured the knot. Then he attempted to engage the room call light, but when the button was pushed, the light over the door only flicked on briefly, and did not stay illuminated. He indicated there may be something wrong with the electrical panel at the wall where the chord was attached, in the panel above the door, or it may be that the bulb needed to be replaced. He would try to replace the bulb first and left to gather his supplies.</p>		<p>All residents have the potential to be affected. 100% call light audit will be completed to ensure all call lights are functioning properly.</p> <p>What Measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>All staff will be educated on reporting broken call lights immediately to Executive Director along with education on how to complete a work order form and whom to turn them into.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p>	

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	<p>During an interview on 11/4/21 at 2:58 p.m., the Maintenance Director returned to Resident G's room with supplies and began to work on her toilet and call light. He indicated maintenance orders for issues like the call light and leaking toilet, were priorities because "you don't want water on the floor of an elderly patient's room, that's a big fall risk."</p> <p>On 11/5/21 at 10:00 a.m., Resident G's medical rerecord was reviewed. The most recent comprehensive assessment was a quarterly Minimum Data Set (MDS) assessment dated 7/20/21. The MDS indicated Resident G was cognitively intact, required minimum assistance for her activities of daily living (ADLS) and was always continent of her bowel and bladder. She had active diagnoses which included, but were not limited to, anxiety, depression, unsteadiness on feet, and muscle weakness.</p> <p>She had a comprehensive care initiated on 3/4/21 and revised 9/8/21. The care plan indicated Resident G was at risk for falls due to weakness, decreased mobility, and Alzheimer's. Interventions for the plan of care included, but were not limited to, provide adequate lighting, resident should wear non-skid footwear, and to keep frequently used items within reach.</p> <p>A nursing progress note, dated 8/31/21 at 11:10 a.m., indicated, Resident G fell in her room when she tried to get herself into bed. She sustained a skin tear to her left hand and also complained of pain in her lower back.</p> <p>A corresponding "Accident and Incident Report and Investigation," dated 8/31/21, indicated Resident G fell when she tried to get into bed.</p>		<p>DON/Designee will audit all Control Drug Record. (Mon-Fri) for four (4) weeks; then three times (3x) a week for the following four (4) weeks; two-time (2x) a week for the following four (4) weeks; once a week (1x) for the following four (4) weeks; and two times (2x) per month for the following eight (8) weeks. The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends and continued recommendations for process monitoring and improvement until 100% compliance is achieved</p> <p>By what date the systemic changes by completed:</p>	

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	<p>She sustained a skin tear and complained of pain in her back, so she was immediately sent to the emergency room (ER).</p> <p>A nursing progress note, dated 9/8/21 at 8:15 a.m., indicated Resident G had a fall earlier in the shift.</p> <p>A corresponding Accident and Incident Report and Investigation, dated 9/8/21 at 6:30 a.m., indicated Resident G was heard yelling out for help. She was found on the floor, laying on her side at the foot of her bed. No injuries were noted, bathroom care was provided, and the potential cause indicated, "tries to [be] independent."</p> <p>On 11/5/21 at 12:40 p.m., the VPCS provided a copy of current facility policy titled, "Call Light," dated 10/2014 which indicated, "...Residents will have a call light to summon facility personnel to ensure the resident's needs will be met. Equipment: functioning call light... if call light is defective, report to maintenance... call lights must remain functional and within reach of each resident...."</p> <p>On 11/5/21 at 12:40 p.m., the VPCS provided a copy of current facility policy titled, "Resident Rights," dated 11/2016 which indicated, "This facility shall treat each resident with respect and dignity and care for each resident in a manner an in an environment that promotes maintenance or enhancement of his or her quality of life...."</p> <p>This Federal tag relates to Complaint IN00365995.</p> <p>3.1-19(u)(1) 3.1-19(u)(2)</p>		<p>F842 Resident Record</p> <p>p paraid="39899059" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{108}" >Date of work order</p> <p>p paraid="521998999" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{113}" >Was original</p> <p>given to Maintenance and copy to ED</p> <p>(Y/N)</p> <p>p paraid="1017583369" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{130}" >Was work order for broken call light issues</p> <p>(Y/N)</p>	

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			<p>p paraid="392668376" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{143}" >If for call light was ED notified immediately</p> <p>(Y/N)</p>	
			<p>p paraid="1511311970" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{154}" >What was done to protect resident until call light resolved or N/A</p> <p>(Y/N)</p>	
			<p>p paraid="445886255" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{159}" >Has call light been fixed?</p> <p>(Y/N)</p>	
			<p>p paraid="1178207144" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{170}" >Any negative outcome from broken call light</p> <p>(Y/N)</p>	

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			<p>p paraid="1306288081" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{179}" >Was work order completed timely and signed by ED</p> <p>(Y/N)</p> <p>p paraid="104313530" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{189}" ></p> <p>p paraid="567299829" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{192}" ></p> <p>p paraid="1332856863" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{195}" ></p> <p>p paraid="1528247082" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{198}" ></p> <p>p paraid="605203788" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{201}" ></p> <p>p paraid="2072971950" paraeid="{c7c0db01-76bc-4ff2-ac 24-29dc85b7b718}{204}" ></p>	

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			<p>p paraid="966377409" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{207}" ></p> <p>p paraid="485992601" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{210}" ></p> <p>p paraid="1753297889" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{214}" ></p> <p>p paraid="1068514443" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{217}" ></p> <p>p paraid="1729067356" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{220}" ></p> <p>p paraid="1471129752" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{223}" ></p> <p>p paraid="149141459" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{226}" ></p> <p>p paraid="588233893" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{229}" ></p>	

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			<p>p paraid="767875357" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{232}" ></p> <p>p paraid="139344489" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{235}" ></p> <p>p paraid="643569827" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{239}" ></p> <p>p paraid="908720246" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{242}" ></p> <p>p paraid="53319972" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{245}" ></p> <p>p paraid="123256446" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{248}" ></p> <p>p paraid="1922077960" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{251}" ></p> <p>p paraid="800209319" paraeid="{c7c0db01-76bc-4ff2-ac24-29dc85b7b718}{254}" ></p>	

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			<p>p paraid="1666873762" paraeid="{e9878e3f-bf7f-415d-aa05-277d5ad15396}{2}" ></p> <p>p paraid="882577177" paraeid="{e9878e3f-bf7f-415d-aa05-277d5ad15396}{5}" ></p> <p>p paraid="268503711" paraeid="{e9878e3f-bf7f-415d-aa05-277d5ad15396}{9}" ></p> <p>p paraid="318843831" paraeid="{e9878e3f-bf7f-415d-aa05-277d5ad15396}{12}" ></p> <p>p paraid="787920529" paraeid="{e9878e3f-bf7f-415d-aa05-277d5ad15396}{15}" ></p> <p>p paraid="1237753129" paraeid="{e9878e3f-bf7f-415d-aa05-277d5ad15396}{18}" ></p> <p>p paraid="1669859451" paraeid="{e9878e3f-bf7f-415d-aa05-277d5ad15396}{21}" ></p> <p>p paraid="1958365100" paraeid="{e9878e3f-bf7f-415d-aa05-277d5ad15396}{24}" ></p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2021
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 45 BEACHWAY DR INDIANAPOLIS, IN 46224
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			<p>p paraid="693931620" paraeid="{e9878e3f-bf7f-415d-aa05-277d5ad15396}{27}" ></p> <p>p paraid="48317791" paraeid="{e9878e3f-bf7f-415d-aa05-277d5ad15396}{30}" ></p> <p>Name of Person completing audit _____</p> <p>Date of Audit _____</p>	