

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155333	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/02/2015
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NAME OF PROVIDER OR SUPPLIER PAOLI HEALTH AND LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 559 W LONGEST ST PAOLI, IN 47454
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 26, 27, 31, and September 1, and 2, 2015</p> <p>Facility number: 000226 Provider number: 155333 AIM number: 100267730</p> <p>Census bed type: SNF: 15 SNF/NF: 91 Total: 106</p> <p>Census payor type: Medicare: 20 Medicaid: 67 Other: 19 Total: 106</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by #02748 on September 4, 2015.</p>	F 0000	<p>This plan of correction is to serve as Paoli Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Paoli Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. The facility respectfully requests a desk review be completed.</p>	
F 0159 SS=E Bldg. 00	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the</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>resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other</p>			

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	<p>nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on interview and record review, the facility failed to ensure checks made out to and mailed to residents residing in the facility were deposited in the residents' accounts in a timely manner and failed to ensure quarterly statements accurately reflected the amount of money that was in the residents accounts for 9 of 57 residents with a personal fund account managed by the facility.</p> <p>(Resident #99, Resident #25, Resident #29, Resident #2, Resident #41, Resident #19, Resident #89, Resident #48, Resident #88)</p> <p>Findings include:</p> <p>During a review of the residents' personal fund account balances, provided by the Area Business Office Manager (ABOM), on 9/1/15 at 2:23 P.M., Resident #41 was noted to have a current balance of \$4625.31. At that time, the ABOM indicated the balance was over the Medicaid limit because she had just deposited 7 checks into Resident #41's account on 8/28/15.</p> <p>The dates and dollar amount of the 4 social security checks were as follows: 5/22/15 for \$1762.00, 6/4/15 for \$881.00,</p>	F 0159	<p>This plan of correction is to serve as Paoli Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Paoli Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. The facility respectfully requests a desk review be completed.</p> <p>F 159 483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Residents #99, 25, 29, 2, 41, 19, 89, 48 and 88 have checks made out to them deposited in their account with an accurate quarterly statement reflecting the amount of money that is in the account.</p> <p>All residents who receive checks made out to them, over the last 30</p>	09/25/2015

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	<p>7/1/15 for \$881.00, and 8/1/15 for \$881.00.</p> <p>The dates and dollar amount of the 3 pension checks were as follows: 6/3/15 for \$71.62, 6/30/15 for \$71.62, and 7/31/15 for \$73.05. The ABOM further indicated the former Business Office Manager did not deposit Resident #41's checks in the bank, but instead placed the checks in a safe located in her office at the facility. The checks were discovered in the safe when a new Business Office Manager was hired.</p> <p>The ABOM indicated the following residents also had checks that were not deposited:</p> <p>Resident #99 had 2 checks, both dated 6/1/15, and both written for \$204.63. Both checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #25 had 8 checks dated 1/1/15, 2/1/15, 3/1/15, 4/1/15, 5/1/15, 6/1/15, 7/1/15, and 8/1/15. Each check was written for \$100.25. The 8 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #29 had 1 check dated 6/9/15, written for \$100.00. The check was deposited into the resident's account on</p>		<p>days, have had their individual accounts audited for timely deposit of any checks and an accurate quarterly statement reflecting the amount of money that is in the account. No other un-deposited checks were found.</p> <p>The systemic change includes:</p> <ul style="list-style-type: none"> · Deposits and withdrawals will be entered into the Resident Trust Account weekly, after the check is deposited in the bank. Statements will be provided each quarter. · Deposits for the Resident's trust account will be accumulated through the week and deposited on Friday of each week regardless of the amount of the check. · The Business Office Manager will log any checks put into the facility safe for Friday deposit on a daily basis (Monday through Friday), and audit that all checks in the safe on Fridays match the log prior to depositing the funds in the bank. <p>Education will be provided to any Business Office personnel regarding the systemic change. This education will be provided for any newly hired business office personnel on an ongoing basis.</p> <p>The Administrator or designee will complete a QA tool monitoring that all deposits and withdrawals are</p>	

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	<p>8/28/15.</p> <p>Resident #2 had 8 checks dated 1/2/15, 2/4/15, 3/3/15, 4/1/15, 5/4/15, 6/1/15, 7/9/15, and 8/4/15. Each check was written for \$22.00. The 8 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #19 had 2 checks, one was dated 6/3/15, with a value of \$7.18, and the other one was dated 7/2/15, with a value of \$82.75. The 2 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #89 had 4 checks dated 3/3/15, 4/1/15, 5/4/15, 6/1/15. Each check was written for \$22.00. The 4 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #48 had 4 checks dated 3/3/15, 4/1/15, 5/4/15, 6/1/15. Each check was written for \$22.00. The 4 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #88 had 2 checks, one was dated 8/11/15 and was written for \$2.30, and the other check was dated 8/1/15 and was written for \$196.43. Both checks were deposited into the resident's account on 8/28/15.</p>		<p>entered into the Resident Trust Account weekly; statements are provided quarterly; the log is completed for any checks put into the facility safe; and that all checks are deposited every Friday. This audit tool will be completed 5 days a week (Monday through Friday) for 4 weeks, then weekly thereafter for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p>Compliance date 09/25/15</p>	

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	<p>The facility's policy for "Resident Rights" was provided by the corporate Nurse Consultant on 9/2/15 at 11:02 A.M., and it read as follows: "...(1)...we must deposit your personal funds in excess of \$50 in an interest bearing account that credits all interest earned on your funds to your account...(2) Accounting and records. Our community has established and maintains a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf."</p> <p>The facility's policy and procedure for "Accounts Receivable - Resident Trust Policy and Procedures" was provided by the Business Office Manager on 9/2/15 at 9:50 A.M, and was reviewed at that time. It read as follows: "PROCEDURE...<u>Accounting</u>...Deposits and withdrawals are entered into the Resident Trust accounting software...on a daily basis to keep the balances as current as possible. Statements are provided...each quarter and these statements are to be distributed...each quarter...<u>Deposits</u>. All deposits for residents trust are accumulated through the week and deposited when...b. It's Friday (all cash/checks should be</p>			

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	<p>deposited on Friday of the week if any on hand.) c...The cash and checks are to be put into the bank bag with a receipt (if cash) and deposited into the bank even if it's .10 cents."</p> <p>The job description for the "Business Office Manager" was provided by Business Office Manager on 9/2/15 at 9:50 A,M, and was reviewed at that time. It read as follows: "...Prepares and does banking deposits daily and forwards related reports to corporate office...Resident funds and Petty Cash: Reconciles resident funds accounts monthly and mails out quarterly statements as required..."</p> <p>During an interview on 9/2/15 at 10:51 A.M., the Regional Business Office Supervisor (RBOS) indicated this was not an acceptable accounting practice and it should not have happened. She further indicated that the 9 residents whose checks were placed in the safe were issued quarterly statements that did not reflect the accurate amount of money in the resident's accounts. The RBOS indicated this was very unusual and had never happened before at one of their facilities.</p> <p>During an interview on 9/2/15 at 2:30 P.M., the Area Business Office Manager</p>			

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F 0225 SS=E Bldg. 00	<p>indicated that when she found the checks in July 2015 she did not tell the Health Care Administrator. She indicated she told the corporate office about the checks and was instructed to hold the checks until an online account could be opened. The ABOM further indicated that finding residents' 7 month old checks in the safe was not a common occurrence.</p> <p>During an interview on 9/2/15 at 12:07 P.M., the Health Care Administrator (HCA) indicated she was unaware until the previous Friday that some residents' Social Security checks and pension checks had not been deposited into their accounts. The HCA further indicated she should have been told in July as soon as it was discovered.</p> <p>3.1-6(f)(1)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report</p>			

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	<p>any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to ensure the Business Office staff had immediately reported to the Administrator that 9 residents had uncashed checks in a safe, some of which were 7 months old and the Administrator failed to report the incident to the state agency for 9 of 57 residents who had personal funds accounts managed by the</p>	F 0225	<p>F225 483.13(c)(1)(ii)-(iii), (c)(2) – (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The Administrator was informed during the survey process that 9 residents had un-cashed checks in a safe and the Administrator completed reporting, during the survey process, to the state agency</p>	09/25/2015

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	<p>facility. (Resident #99, Resident #25, Resident #29, Resident #2, Resident #41, Resident #19, Resident #89, Resident #48, Resident #88)</p> <p>Findings include:</p> <p>During a review of the residents' personal funds account balances, provided by the Area Business Office Manager (ABOM), on 9/1/15 at 2:23 P.M., Resident #41 was noted to have a current balance of \$4625.31. At that time, the ABOM indicated the balance was over the SSI (Supplemental Security Income) limit because she had just deposited 7 checks into Resident #41's account on 8/28/15. The dates and dollar amount of the 4 social security checks were as follows: 5/22/15 for \$1762.00, 6/4/15 for \$881.00, 7/1/15 for \$881.00, and 8/1/15 for \$881.00.</p> <p>The dates and dollar amount of the 3 pension checks were as follows: 6/3/15 for \$71.62, 6/30/15 for \$71.62, and 7/31/15 for \$73.05. The ABOM further indicated the former Business Office Manager did not deposit Resident #41's checks in the bank, but instead placed the checks in a safe located in her office at the facility. The checks were discovered in the safe when a new Business Office Manager was hired.</p>		<p>for Residents #99, 25, 29, 2, 41, 19, 89, 48 and 88.</p> <p>All residents who receive checks made out to them, for the last 30 days, have had their individual accounts audited for timely deposit of any checks and an accurate quarterly statement reflecting the amount of money that is in the account. No other untimely delay in deposited checks were found.</p> <p>The systemic change includes:</p> <ul style="list-style-type: none"> · Deposits and withdrawals will be entered into the Resident Trust Account weekly, after the check is deposited in the bank. Statements will be provided each quarter. · Deposits for the Resident's trust account will be accumulated through the week and deposited on Friday of each week regardless of the amount of the check. · The Business Office Manager will log any checks put into the facility safe for Friday deposit on a daily basis (Monday through Friday), and audit that all checks in the safe on Fridays match the log prior to depositing the funds in the bank. · The Business Office Manager will report to the Facility Administrator after the daily 				

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	<p>The ABOM indicated the following residents also had checks that were not deposited:</p> <p>Resident #99 had 2 checks, both dated 6/1/15, and both written for \$204.63. Both checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #25 had 8 checks dated 1/1/15, 2/1/15, 3/1/15, 4/1/15, 5/1/15, 6/1/15, 7/1/15, and 8/1/15. Each check was written for \$100.25. The 8 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #29 had 1 check dated 6/9/15, written for \$100.00. The check was deposited into the resident's account on 8/28/15.</p> <p>Resident #2 had 8 checks dated 1/2/15, 2/4/15, 3/3/15, 4/1/15, 5/4/15, 6/1/15, 7/9/15, and 8/4/15. Each check was written for \$22.00. The 8 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #19 had 2 checks, one was dated 6/3/15, with a value of \$7.18, and the other one was dated 7/2/15, with a value of \$82.75. The 2 checks were deposited into the resident's account on</p>		<p>Administrative Meeting (Monday through Friday), any delay in timely depositing of the resident's checks. The Administrator will then immediately report to the state agency.</p> <p>Education will be provided to any Business Office personnel regarding the systemic change. This will include a review of the facility's Abuse Policy and Reportable Policy and Procedure. This education will be provided quarterly and for any newly hired business office personnel on an ongoing basis.</p> <p>The Administrator or designee will complete a QA tool monitoring that all deposits and withdrawals are entered into the Resident Trust Account weekly; statements are provided quarterly; the log is completed for any checks put into the facility safe; that all checks are deposited every Friday and the Administrator was immediately informed of any untimely deposit of any resident's check. This audit tool will be completed 5 days a week (Monday through Friday) for 4 weeks, then weekly thereafter for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and</p>	

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	<p>8/28/15.</p> <p>Resident #89 had 4 checks dated 3/3/15, 4/1/15, 5/4/15, 6/1/15. Each check was written for \$22.00. The 4 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #48 had 4 checks dated 3/3/15, 4/1/15, 5/4/15, 6/1/15. Each check was written for \$22.00. The 4 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #88 had 2 checks, one was dated 8/11/15 and was written for \$2.30, and the other check was dated 8/1/15 and was written for \$196.43. Both checks were deposited into the resident's account on 8/28/15.</p> <p>The facility's policy for "Resident Rights" was provided by the corporate Nurse Consultant on 9/2/15 at 11:02 A.M., and it read as follows: "...(1)...we must deposit your personal funds in excess of \$50 in an interest bearing account that credits all interest earned on your funds to your account...(2) Accounting and records. Our community has established and maintains a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's</p>		<p>then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p>Compliance date 09/25/15</p>		

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	<p>personal funds entrusted to the facility on the resident's behalf."</p> <p>The facility's policy and procedure for "Abuse Prevention" was provided by the Health Care Administrator on 9/2/15 at 12:15 P.M., and was reviewed at that time. It read as follows: "...It is the responsibility of our employees, facility consultants...to immediately report any incident of...misappropriation of resident property to the administrator...and then notify the following...The State licensing/certification agency responsible for surveying/licensing the facility...Misappropriation of resident property is defined as deliberate misplacement..."</p> <p>The facility's policy and procedure for "Reportable Policy and Procedure" was provided by the Health Care Administrator on 9/2/15 at 12:15 P.M., and was reviewed at that time. It read as follows: "...expect that employees will immediately report the following incidents to their administrative staff and administrative staff will immediately report the following incident to the Indiana Department of Health...Reportable events...3. MISAPPROPRIATION OF RESIDENT FUNDS OR PROPERTY (federal and State Mandate) is defined as deliberate</p>			

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	<p>misplacement...temporary or permanent use of a resident's belongings or money without the resident's consent."</p> <p>During an interview on 9/2/15 at 10:51 A.M., the Regional Business Office Supervisor (RBOS) indicated this was not an acceptable accounting practice and it should not have happened. She further indicated that the 9 residents whose checks were placed in the safe were issued quarterly statements that did not reflect the accurate amount of money in the resident's accounts. The RBOS indicated this was very unusual and had never happened before at one of their facilities.</p> <p>During an interview on 9/2/15 at 2:30 P.M., the Area Business Office Manager indicated that when she found the checks in July 2015 she did not tell the Health Care Administrator. She indicated she told the corporate office about the checks and was instructed to hold the checks until an online account could be opened. The ABOM further indicated that finding residents' 7 month old checks in the safe was not a common occurrence.</p> <p>During an interview on 9/2/15 at 12:07 P.M., the Health Care Administrator (HCA) indicated she was unaware until the previous Friday that some residents'</p>			

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F 0226 SS=E Bldg. 00	<p>Social Security checks and pension checks had not been deposited into their accounts. The HCA further indicated she should have been told in July as soon as it was discovered. The HCA did not report the misappropriation of the residents' checks to the state when she was informed about it on Friday, 8/31/15.</p> <p>3.1-28(c)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to ensure the facility abuse policy was followed in regard to the Business Office staff had not immediately reported to the administrator that 9 residents had uncashed checks in a safe, some of which were 7 months old and the administrator had also failed to report the incident to the state agency for 9 of 57 residents who had personal funds accounts managed by the facility. (Resident #99, Resident #25, Resident #29, Resident #2, Resident #41, Resident #19, Resident #89, Resident #48, Resident #88)</p>	F 0226	<p>F226 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The Administrator was informed during the survey process that 9 residents had un-cashed checks in a safe and the Administrator completed reporting, during the survey process, to the state agency for Residents #99, 25, 29, 2, 41, 19, 89, 48 and 88.</p> <p>All residents who receive checks made out to them have had their individual accounts audited for timely deposit of any checks and an</p>	09/25/2015

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	<p>Findings include:</p> <p>During a review of the residents' personal fund account balances, provided by the Area Business Office Manager (ABOM), on 9/1/15 at 2:23 P.M., Resident #41 was noted to have a current balance of \$4625.31. At that time, the ABOM indicated the balance was over the Medicaid limit because she had just deposited 7 checks into Resident #41's account on 8/28/15.</p> <p>The dates and dollar amount of the 4 social security checks were as follows: 5/22/15 for \$1762.00, 6/4/15 for \$881.00, 7/1/15 for \$881.00, and 8/1/15 for \$881.00.</p> <p>The dates and dollar amount of the 3 pension checks were as follows: 6/3/15 for \$71.62, 6/30/15 for \$71.62, and 7/31/15 for \$73.05. The ABOM further indicated the former Business Office Manager did not deposit Resident #41's checks in the bank, but instead placed the checks in a safe located in her office at the facility. The checks were discovered in the safe when a new Business Office Manager was hired.</p> <p>The ABOM indicated the following</p>		<p>accurate quarterly statement reflecting the amount of money that is in the account. No other untimely delay in deposited checks were found.</p> <p>The systemic change includes:</p> <ul style="list-style-type: none"> · Deposits and withdrawals will be entered into the Resident Trust Account weekly, after the check is deposited in the bank. Statements will be provided each quarter. · Deposits for the Resident's trust account will be accumulated through the week and deposited on Friday of each week regardless of the amount of the check. · The Business Office Manager will log any checks put into the facility safe for Friday deposit on a daily basis (Monday through Friday), and audit that all checks in the safe on Fridays match the log prior to depositing the funds in the bank. · The Business Office Manager will report to the Facility Administrator after the daily Administrative Meeting (Monday through Friday), any delay in timely depositing of the resident's checks. The Administrator will then immediately report to the state agency. 	

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	<p>residents also had checks that were not deposited:</p> <p>Resident #99 had 2 checks, both dated 6/1/15, and both written for \$204.63. Both checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #25 had 8 checks dated 1/1/15, 2/1/15, 3/1/15, 4/1/15, 5/1/15, 6/1/15, 7/1/15, and 8/1/15. Each check was written for \$100.25. The 8 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #29 had 1 check dated 6/9/15, written for \$100.00. The check was deposited into the resident's account on 8/28/15.</p> <p>Resident #2 had 8 checks dated 1/2/15, 2/4/15, 3/3/15, 4/1/15, 5/4/15, 6/1/15, 7/9/15, and 8/4/15. Each check was written for \$22.00. The 8 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #19 had 2 checks, one was dated 6/3/15, with a value of \$7.18, and the other one was dated 7/2/15, with a value of \$82.75. The 2 checks were deposited into the resident's account on 8/28/15.</p>		<p>Education will be provided to any Business Office personnel regarding the systemic change. This will include a review of the facility's Abuse Policy and Reportable Policy and Procedure. This education will be provided quarterly and for any newly hired business office personnel on an ongoing basis.</p> <p>The Administrator or designee will complete a QA tool monitoring that all deposits and withdrawals are entered into the Resident Trust Account weekly; statements are provided quarterly; the log is completed for any checks put into the facility safe; that all checks are deposited every Friday and the Administrator was immediately informed of any untimely deposit of any resident's check. This audit tool will be completed 5 days a week (Monday through Friday) for 4 weeks, then weekly thereafter for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p>Compliance date 09/25/15</p>	

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	<p>Resident #89 had 4 checks dated 3/3/15, 4/1/15, 5/4/15, 6/1/15. Each check was written for \$22.00. The 4 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #48 had 4 checks dated 3/3/15, 4/1/15, 5/4/15, 6/1/15. Each check was written for \$22.00. The 4 checks were deposited into the resident's account on 8/28/15.</p> <p>Resident #88 had 2 checks, one was dated 8/11/15 and was written for \$2.30, and the other check was dated 8/1/15 and was written for \$196.43. Both checks were deposited into the resident's account on 8/28/15.</p> <p>The facility's policy for "Resident Rights" was provided by the corporate Nurse Consultant on 9/2/15 at 11:02 A.M., and it read as follows: "...(1)...we must deposit your personal funds in excess of \$50 in an interest bearing account that credits all interest earned on your funds to your account...(2) Accounting and records. Our community has established and maintains a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf."</p>			

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	<p>The facility's policy and procedure for "Abuse Prevention" was provided by the Health Care Administrator on 9/2/15 at 12:15 P,M, and was reviewed at that time. It read as follows: "...It is the responsibility of our employees, facility consultants...to immediately report any incident of...misappropriation of resident property to the administrator...and then notify the following...The State licensing/certification agency responsible for surveying/licensing the facility...Misappropriation of resident property is defined as deliberate misplacement..."</p> <p>The facility's policy and procedure for "Reportable Policy and Procedure" was provided by the Health Care Administrator on 9/2/15 at 12:15 P.M., and was reviewed at that time. It read as follows: "...expect that employees will immediately report the following incidents to their administrative staff and administrative staff will immediately report the following incident to the Indiana Department of Health...Reportable events...3. MISAPPROPRIATION OF RESIDENT FUNDS OR PROPERTY (federal and State Mandate) is defined as deliberate misplacement...temporary or permanent use of a resident's belongings or money</p>			

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	<p>without the resident's consent."</p> <p>During an interview on 9/2/15 at 10:51 A.M., the Regional Business Office Supervisor (RBOS) indicated this was not an acceptable accounting practice and it should not have happened. She further indicated that the 9 residents whose checks were placed in the safe were issued quarterly statements that did not reflect the accurate amount of money in the resident's accounts. The RBOS indicated this was very unusual and had never happened before at one of their facilities.</p> <p>During an interview on 9/2/15 at 2:30 P.M., the Area Business Office Manager indicated that when she found the checks in July 2015 she did not tell the Health Care Administrator. She indicated she told the corporate office about the checks and was instructed to hold the checks until an online account could be opened. The ABOM further indicated that finding residents' 7 month old checks in the safe was not a common occurrence.</p> <p>During an interview on 9/2/15 at 12:07 P.M., the Health Care Administrator (HCA) indicated she was unaware until the previous Friday that some residents' Social Security checks and pension checks had not been deposited into their</p>			

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F 0250 SS=D Bldg. 00	<p>accounts. The HCA further indicated she should have been told in July as soon as it was discovered. The HCA did not report the misappropriation of the residents' checks to the state when she was informed about it on Friday, 8/31/15.</p> <p>3.1-28(a)</p> <p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview, and record, the facility failed to ensure effective behavior management were provided to a resident who experienced anxiety for 1 of 1 resident who met the criteria for review of social services. (Resident #131)</p> <p>Finding include:</p> <p>During an interview on 8/26/15 at 4:19</p>	F 0250	<p>F250 483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>Resident #131 has had his plan of care reviewed and updated, as well as his use of prn anti-anxiety medication. As a result of this review with his attending physician, his prn Ativan has been discontinued.</p> <p>All residents with anxiety have been</p>	09/25/2015			

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	<p>P.M., Resident #131 was observed sitting in a wheelchair in no apparent distress and indicated he/she did not wish to participate in activities, did not like to listen to music, and enjoyed spending time alone.</p> <p>The clinical record of Resident #131 was reviewed on 9/1/15 at 10:39 A.M. The record indicated the diagnoses of Resident #131 included, but were not limited to, dementia with behavioral disturbance. schizoaffective bipolar disorder and anxiety.</p> <p>The most recent MDS (Minimum Data Set) assessment dated 7/13/15 indicated Resident #131 experienced delusions, rejected care, and received anti-anxiety medication daily. The Brief Interview for Mental Status (BIMS) score was 15 of 15, indicated cognitively intact.</p> <p>The August 2015 Physicians Order Recap included, but was not limited to orders for, "...Ativan [an anti-anxiety medication] 0.5 mg [milligrams] every 4 hours PRN [as needed] for anxiety and agitation...DX [diagnosis]: anxiety..."</p> <p>A Care Plan dated 7/1/15 for, "...has anxiety that requires the use of anxiolytic medication. Outburst of yelling and cursing.." included, but was not limited</p>		<p>identified, and the plan of care as well as the residents' anti-anxiety medications have been reviewed and updated, as appropriate, to reflect appropriate behavior management.</p> <p>The systemic change includes:</p> <ul style="list-style-type: none"> All progress notes and new orders for a prn anti-anxiety agent will be reviewed at the daily (Monday through Friday) clinical meeting. Any unresolved or repetitive behavior or ineffective and/or refused interventions will be communicated to the Social Services Director and the behavioral care plan will be updated as necessary. The Social Services Director or designee will be present at the clinical meeting. Any resident with a prn anti-anxiety agent or with unresolved and/or repetitive anxiety behaviors or ineffective/refused behavioral interventions will be included in the weekly Interdisciplinary Team meeting and the behavior management log will be reviewed for these areas. These meetings will be documented in the Medical Record. The plan of care for the anxiety will be reviewed and updated as appropriate. <p>Education will be provided to licensed nurses and Social Service staff regarding the system change.</p>	

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	<p>to, interventions of, "Monitor resident with anxiolytic use for targeted behaviors...new or worsening behaviors will be monitored and new interventions will be considered..."</p> <p>A Care Plan dated 07/09/15 for, "...Receiving antianxiety [sic] medication..." included interventions of, "Assess if the resident's behavioral/mood symptoms present a danger to the resident and/or others. Intervene as needed...Monitor for drug use effectiveness and adverse consequences...Monitor resident's mood and response to medication...Pharmacy Consultant review PRN..."</p> <p>A Psychological Progress Note dated 7/3/15 indicated Resident #131 had refused psychological services, but would be available on an as needed basis.</p> <p>The August 2015 MAR (Medication Administration Record) indicated Resident #131 was administered Ativan (an anti-anxiety medication) 0.5 mg (milligrams) as 25 of 31 days for anxiety or agitation. The MAR further indicated the behavioral interventions were ineffective or refused.</p> <p>The August 2015 Behavior Management log indicated Resident #131 experienced</p>		<p>Education will also be provided to all staff regarding the facility's behavior program and policy and procedure.</p> <p>The Director of Nursing or designee will complete a QA audit tool to reflect a review of the progress notes and new orders for a prn anti-anxiety agent daily (Monday through Friday) for any unresolved or repetitive behaviors or ineffective and/or refused interventions as well as communication to the Social Services Director. This review will also include a review of the documented usage of any prn anti-anxiety medication as well as refusal or ineffective interventions for the same. These reviews will be communicated to the Social Services Director. These reviews will be completed daily (Monday through Friday) for 30 days, and then weekly thereafter for a total of 12 months of monitoring.</p> <p>The Social Services Director or designee will complete a QA audit tool reflecting awareness of any new orders for a prn anti-anxiety agent as well as progress notes reflecting unresolved or repetitive behaviors or ineffective or reused interventions as well as updating the plan of care for anxiety. This audit will also include that a weekly Interdisciplinary Team meeting was completed and the behavioral management log was reviewed during this meeting and the plan of</p>	

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	<p>no behaviors during August 2015.</p> <p>The Nursing Progress notes dated 8/1/15 at 11:04 A.M. through 8/31/15 at 3:52 P.M. were reviewed and indicated the following:</p> <p>"...8/2/15 at 2:41 P.M...No behavioral [sic] problems noted..."</p> <p>"...8/4/15 at 5:39 A.M...Did request ATIVAN at 1230 [sic] for feeling anxious didn't know why, resident refused non-medication interventions..."</p> <p>"...8/5/15 at 11:33 P.M...Resident asking almost daily for...prn Ativan after lunch, sees [name of psychologist] resident refuses non-medication interventions..."</p> <p>"...8/7/15 at 4:56 P.M...No behaviors noted at this time...Resident asking almost daily for...prn Ativan after lunch, sees [name of psychologist], resident refuses non-medication interventions..."</p> <p>"...8/11/15 at 3:18 P.M...Resident asking almost daily for...prn Ativan after lunch, sees [name of psychologist] resident refuses non-medication interventions..."</p> <p>"...8/12/15 at 1:08 P.M...Resident asking daily for...prn Ativan after lunch, sees [name of psychologist]"</p>		<p>care updated as appropriate. These reviews will be completed daily (Monday through Friday) for 30 days, and then weekly thereafter for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p>Compliance date 09/25/15</p>	

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	<p>...no...behavioral symptoms present at this time, behaviors have become stable with medication regimen at this time..."</p> <p>The Social Service Progress notes from 8/1/15 through 8/31/15 were reviewed and lacked any documentation Resident #131 experienced anxiety.</p> <p>The Interdisciplinary Event Reports from 8/1/15 through 8/31/15 lacked any documentation Resident #131 experienced behaviors.</p> <p>The Interdisciplinary Observations Reports dated 8/1/15 through 8/31/15 lacked any documentation Resident #131 experienced behaviors.</p> <p>During an interview on 9/1/15 at 11:23 A.M., the Nurse Consultant indicated if Resident #131 experienced a new or worsening behavior it would be documented in the Event report. The Nurse Consultant further indicated if Resident #131 experienced an unresolved, repetitive behavior it would be documented in the Observations report or a Progress note.</p> <p>During an interview on 9/1/15 at 11:30 A.M., the Nurse Consultant indicated Resident #131 did not always experience behaviors, but would ask the nursing staff</p>			

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	<p>to administer the PRN Ativan. The Nurse Consultant further indicated no documentation could be provided to indicate Resident #131 experienced behaviors, and behaviors were effectively managed during August 2015.</p> <p>During an interview on 9/2/15 at 2:20 P.M., the SSD (Social Services Designee) indicated the Social Service staff was responsible to develop the behavior plan, the behavior interventions were the same for all residents, and the care plan for Resident #131 had not been revised.</p> <p>During an interview on 9/2/15 at 3:05 P.M. the Nursing Consultant indicated the behaviors of Resident #131 had not been effectively managed and the current behavior management system was ineffective and would need to be changed.</p> <p>The Policy and Procedure for Behavior Management Program provided by the Nurse Consultant on 9/2/15 at 3:20 P.M. indicated, "...will have a behavior program that: identifies, monitors, manages...all behavioral events...each individual resident will receive services according to their needs..."</p> <p>3.1-34(a)(1)</p>			

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F 0280 SS=D Bldg. 00	<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 care plans were revised with new or effective interventions for 1 of 5 residents who met the criteria for review of unnecessary medications (Resident #131)</p> <p>Finding include:</p> <p>During an interview on 8/26/15 at 4:19 P.M., Resident #131 was observed sitting</p>	F 0280	<p>F280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE – REVISE CP</p> <p>Resident #131's care plan was revised with new or effective interventions regarding his anxiety.</p> <p>All residents with anxiety have been identified, and the plan of care will be reviewed and updated to reflect any new or effective interventions, as appropriate.</p>	09/25/2015

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	<p>in a wheelchair in no apparent distress.</p> <p>The clinical record of Resident #131 was reviewed on 9/1/15 at 10:39 A.M. The record indicated the diagnoses of Resident #131 included, but were not limited to, dementia with behavioral disturbance. schizoaffective bipolar disorder, anxiety.</p> <p>The most recent MDS (Minimum Data Set) assessment dated 7/13/15 indicated Resident #131 experienced delusions, rejected care, and received anti-anxiety medication daily. The Brief Interview for Mental Status (BIMS) score was 15 of 15, indicated cognitively intact.</p> <p>The August 2015 Physicians Order Recap included, but was not limited to orders for, "...Ativan [an anti-anxiety medication] 0.5 mg [milligrams] every 4 hours PRN [as needed] for anxiety and agitation...DX [diagnosis]: anxiety,</p> <p>A Care Plan dated 07/09/15 for, "...Receiving antianxiety [sic] medication..." included interventions of, "Assess if the resident's behavioral/mood symptoms present a danger to the resident and/or others. Intervene as needed...Monitor for drug use effectiveness and adverse</p>		<p>The systemic change includes:</p> <ul style="list-style-type: none"> All progress notes will be reviewed at the daily (Monday through Friday) clinical meeting. Any unresolved or repetitive behavior or ineffective and/or refused interventions will be communicated to the Social Services Director and the behavioral care plan will be updated to reflect any new or effective interventions, as appropriate. The Social Services Director or designee will be present at the clinical meeting. Any resident with unresolved and/or repetitive anxiety behaviors or ineffective/refused behavioral interventions will be included in the weekly Interdisciplinary Team meeting and the behavior management log will be reviewed for these areas. These meetings will be documented in the Medical Record. The plan of care for the anxiety will be reviewed and updated as appropriate. <p>Education will be provided to licensed nurses and Social Service staff regarding the system change. Education will also be provided to all staff regarding the facility's behavior program and policy and procedure.</p> <p>The Director of Nursing or designee will complete a QA audit tool to reflect a review of the progress</p>	

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	<p>consequences...Monitor resident's mood and response to medication...Pharmacy Consultant review PRN..." The plan of care lacked any documentation the care plan had been revised between 7/1/15 and 8/31/15.</p> <p>A Care Plan dated 7/1/15 for, "...has anxiety that requires the use of anxiolytic medication. Outburst of yelling and cursing.." included, but was not limited to, interventions of,"...Monitor resident with anxiolytic use for targeted behaviors...new or worsening behaviors will be monitored and new interventions will be considered..." The plan of care lacked any documentation the care plan had been revised between 7/1/15 and 8/31/15.</p> <p>The August 2015 MAR (Medication Administration Record) indicated Resident #131 was administered Ativan 0.5 mg as 25 of 31 days after identified behavior interventions were ineffective or refused. The MAR lacked any documentation new non-pharmacological interventions were attempted or initiated after each administration of the anti-anxiety medication.</p> <p>The August 2015 Behavior Management log indicated Resident #131 experienced no behaviors during August 2015.</p>		<p>notes daily (Monday through Friday) for any unresolved or repetitive behaviors or ineffective and/or refused interventions as well as communication to the Social Services Director. This review will also include a review of the documented usage of any prn anti-anxiety medication as well as refusal or ineffective interventions for the same. These reviews will be communicated to the Social Services Director. These reviews will be completed daily (Monday through Friday) for 30 days, and then weekly thereafter for a total of 12 months of monitoring.</p> <p>The Social Services Director or designee will complete a QA audit tool reflecting awareness of any progress notes reflecting unresolved or repetitive behaviors or ineffective or reused interventions as well as updating the plan of care for anxiety. This audit will also include that a weekly Interdisciplinary Team meeting was completed and the behavioral management log was reviewed during this meeting and the plan of care updated as appropriate. These reviews will be completed daily (Monday through Friday) for 30 days, and then weekly thereafter for a total of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee</p>	

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F 0314 SS=D Bldg. 00	<p>The Social Service Progress notes from 8/1/15 through 8/31/15 were reviewed and lacked any documentation the behavior care plan had been revised.</p> <p>During an interview on 9/2/15 at 2:20 P.M., the SSD (Social Services Designee) indicated the behavior interventions were the same for all of the residents for consistency, the interventions used for Resident #131 were not effective, and the behavior care plan had not been revised.</p> <p>The Policy and Procedure for Behavior Management Program provided by the Nurse Consultant on 9/2/15 at 3:20 P.M. indicated, "...will have a behavior program that: identifies, monitors, manages, and disseminates (whenever possible) all behavioral events..."</p> <p>3.1-35(d)(2)(b)</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES 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</p>		<p>meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p>Compliance date 09/25/15</p>		

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	<p>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 observation, interview, and record review, the facility failed to ensure care was provided to a resident admitted with a Stage 2 pressure ulcer, which deteriorated to an unstageable pressure ulcer to the coccyx and developed an Unstageable pressure wound to the left heel, for 1 of 3 residents who met the criteria for pressure ulcers. (Resident #168)</p> <p>Findings include:</p> <p>During an interview on 08/26/2015 at 12:51 P.M., LPN #5 indicated Resident #168 was admitted to the facility with a Stage 2 pressure wound to the coccyx that was currently a Stage 3 pressure wound. LPN #5 further indicated, at that time, Resident #168 developed a Stage 1 wound on the left inner heel after admission to the facility. LPN #5 then indicated Resident #168 was not interviewable and required the extensive assistance of two staff for positioning and transfers.</p> <p>During an observation on 8/26/15 at</p>	F 0314	<p>F314 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Care is being provided to resident #168 to prevent and/or resolve pressure ulcers. The treatment was changed to the coccyx and heel, during the survey process, due to development of slough on the coccyx wound. All residents with pressure ulcers were identified and care is being provided to prevent and/or resolve the identified pressure areas. A skin sweep on all residents will be completed to review for any new pressure areas. The systemic change includes: · All residents will be identified as at risk for skin breakdown upon admission/re-admission, weekly for 4 weeks after admission/readmission, quarterly and with a significant change. Any at risk areas will be addressed though the care plan process with interventions added to individualize the care plan to prevent development of a new area, promote the healing of an existing wound and/or prevent the worsening of a wound, based on the individual's assessment. These individualized interventions</p>	09/25/2015

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	<p>10:00 A.M., Resident #168 was observed sitting in wheel chair with a pressure relief boot to the left lower extremity.</p> <p>The clinical record of Resident #168 was reviewed on 8/26/15 at 2:29 P.M. The record indicated Resident #168 was admitted to the facility from and acute care hospital on 8/18/15 with diagnoses including, but not limited to, difficulty in walking, muscle weakness, pressure ulcer to buttock, and diabetes mellitus.</p> <p>An Admission Nursing Assessment dated 8/18/15 indicated Resident #168 was admitted with, "...left upper coccyx 1 cm [centimeter] X [by] 0.5 red area with some dry skin..." The assessment lacked any documentation of skin impairment to the left inner heel.</p> <p>A Skin Condition Assessment Tool dated 8/20/15 indicated Resident #168 experienced a Stage 2 pressure with pink epithelial tissue to the coccyx which measured 1 cm in length by 0.5 cm in width.</p> <p>A Skin Condition Assessment Tool dated 8/27/15 indicated Resident #168 experienced a pressure ulcer with red epithelial tissue to the coccyx which measured 0.5 cm in length by 0.5 cm in width. The tool lacked any</p>		<p>will also be reflected on the C.N.A. assignment sheet. Any resident with an existing pressure ulcer will have wound rounds completed at least weekly with the wound care team, to include the Director of Nursing, Unit Manager and any designated wound nurse. All existing pressure areas will be assessed at this time and the plan of care will be reviewed for efficacy of the current treatment and interventions. New skin conditions will be evaluated for root cause analysis to put individualized prevention in place in response to the root cause of the area involved. The C.N.A. assignment sheet will also be updated with the current interventions. Education will be provided to nursing staff regarding the facility policy and procedure on Skin at Risk as well as wound management. This education will include preventative measures and root cause analysis of a new pressure ulcer. A QA audit tool will be completed by the Director of Nursing or designee. This audit tool will include completion of the skin at risk assessment tool upon admission/readmission, then weekly for 4 weeks, and quarterly or with significant change and updating of the plan of care and C.N.A. assignment sheet for any newly identified risk. This tool will also include monitoring of weekly assessment of any new pressure</p>		

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	<p>documentation related to the stage of the wound.</p> <p>A Skin Condition Assessment Tool dated 9/01/15 indicated Resident #168 experienced an Unstageable pressure ulcer with 100% slough on the coccyx which measured 0.6 cm in length by 0.4 cm in width and a Suspected Deep Tissue Injury to the left heel.</p> <p>A Nursing Progress Note dated 08/22/15 at 7:28 A.M. indicated, "...notes...a small red area to L [left] heel. Skin intact. Area non blanchable..."</p> <p>A Care Plan dated 8/18/15 for "areas to...coccyx..." included interventions of, "...turn and reposition at least every 2 hours and prn [as needed]..."</p> <p>A Care Plan dated 8/23/15 for "Area to Left heel" included interventions of, "Relieve pressure on heels with pillows as tolerated..."</p> <p>A Nursing Progress Note dated 8/27/15 at 11:08 A.M. indicated, "...Resident had MD [physician] apt [sic]...yesterday was in w/c [wheel chair] for apt [sic] foe [sic] one in the afternoon until approximately 6 P.M. last evening..."</p> <p>A Nursing Progress note dated 8/31/15 at</p>		<p>ulcer and updating of the plan of care and C.N.A. assignment sheet for treatment and/or prevention of worsening of the wound, as well as completion of a root cause analysis of the wound. This audit will be completed daily (seven days a week) for 30 days, then weekly for 60 days and then monthly for a duration of 12 months of monitoring. In addition, the Director of Nursing or designee will audit 2 random residents at risk for breakdown, or with a current pressure ulcer on each hallway daily on random shifts for having the planned interventions in place daily (seven days a week) for 30 days, then weekly for 60 days and every other week for a duration of 12 months of monitoring. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date 09/25/15</p>				

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	<p>1:18 A.M. indicated Resident #168 was sent to the emergency room.</p> <p>A Nursing Progress note dated 8/31/15 at 2:20 A.M., indicated Resident #168 returned from the emergency room.</p> <p>The Nursing Progress notes from 8/31/15 at 9:00 A.M. through 12:42 P.M., indicated Resident #168 was transported to a hospital in another county and returned at 12:42 P.M.</p> <p>During an observation on 9/1/15 at 3:15 P.M. Resident #168 was observed to have an Unstagable wound to the coccyx and an SDTI to the left heel.</p> <p>A Policy and Procedure for Pressure Ulcer Staging provided by the Nurse Consultant on 09/02/15 at 3:05 P.M. indicated, "Suspected Deep Tissue Injury...purple or maroon localized area of discolored intact skin.....Stage 1... Intact skin with non-blanchable redness of a localized area usually over a bony prominence...Stage 2...Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough...Stage 3...Full thickness tissue loss...slough may be present but does not obscure the depth of tissue loss...Unstageable: Full thickness tissue loss in which the base of the ulcer is</p>			

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F 0329 SS=D Bldg. 00	<p>covered by slough..."</p> <p>A Policy and Procedure for Pressure Ulcer Prevention was requested of the Nurse Consultant on 09/02/15 at 3:05 P.M. and not provided.</p> <p>3.1-40(a)(1)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic</p>			

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	<p>drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an anti-anxiety medication was clinically indicated for 1 of 5 residents who met the criteria for review of unnecessary medications. (Resident #131)</p> <p>Finding include:</p> <p>During an interview on 8/26/15 at 4:19 P.M., Resident #131 was observed sitting in a wheelchair in no apparent distress.</p> <p>The clinical record of Resident #131 was reviewed on 9/1/15 at 10:39 A.M. The record indicated the diagnoses of Resident #131 included, but were not limited to, dementia with behavioral disturbance, schizoaffective bipolar disorder, anxiety.</p> <p>The most recent MDS (Minimum Data Set) assessment dated 7/13/15 indicated Resident #131 experienced delusions, rejected care, and received anti-anxiety medication daily. The Brief Interview for</p>	F 0329	<p>F329 483.25(1) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Resident #131 is no longer receiving prn Ativan.</p> <p>All residents receiving anti-anxiety medication have been identified and reviewed for clinical indications for use. Any resident receiving prn anti-anxiety agents will have the usage reviewed and the attending physician updated with the current usage. The prn anti-anxiety usage will be changed to routine if appropriate or discontinued. All new orders for prn anti-anxiety agents will be reviewed in no greater than 10 days, and the medications will then be reviewed with the physician for either routine use or discontinued.</p> <p>The systemic change includes:</p> <ul style="list-style-type: none"> All new orders (including new admissions to the facility) will be reviewed at the clinical meeting daily (Monday through Friday). Any new order for a prn anti-anxiety 	09/25/2015

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	<p>Mental Status (BIMS) score was 15 of 15, indicated cognitively intact.</p> <p>The August 2015 Physicians Order Recap included, but was not limited to orders for, "...Ativan [an anti-anxiety medication] 0.5 mg [milligrams] every 4 hours PRN [as needed] for anxiety and agitation...DX [diagnosis]: anxiety,</p> <p>A Care Plan dated 07/09/15 for, "...Receiving antianxiety [sic] medication..." included interventions of "Assess if the resident's behavioral/mood symptoms present a danger to the resident and/or others. Intervene as needed...Monitor for drug use effectiveness and adverse consequences...Monitor resident's mood and response to medication...Pharmacy Consultant review PRN..." The care plan lacked any documentation related to the attempt of non-pharmacologic interventions prior to the administration of the prn anti-anxiety medication.</p> <p>A Care Plan dated 7/1/15 for, "...has anxiety that requires the use of anxiolytic medication. Outburst of yelling and cursing.." included, but was not limited to, interventions of, "Monitor resident with anxiolytic use for targeted behaviors...new or worsening behaviors will be monitored and new interventions</p>		<p>agent will be posted on the clinical board for review for usage after no > 10 days. This posting will remain on the clinical board until the review is completed and the physician updated for either making the medication routine or discontinued. The plan of care will be updated during the clinical meeting to reflect the reason for the use of the medication and be updated as needed and at the time of the review of the medication.</p> <p>Education will be provided to licensed nurses and Social Services regarding the systemic change. This education will include a review of the Policy and Procedure for Behavior Management Program.</p> <p>The Director of Nursing or designee will complete a QA audit tool reflecting that all new orders (including new admissions to the facility) have been reviewed at the clinical meeting daily (Monday through Friday), that the prn anti-anxiety agent is posted on the clinical board. This audit will include that the usage was reviewed within 10 days of the order and that the physician was updated, and the medication either made routine or discontinued as appropriate, as well as the plan of care updated during the clinical meeting. This audit will be completed daily (Monday through Friday) for 30 days, and then weekly thereafter for a total of</p>	

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	<p>will be considered..." The plan of care lacked any documentation related to the attempt of non-pharmacological interventions prior to the administration of the prn anti-anxiety medication.</p> <p>A Non-Med (Medication) and Behavior Intervention Legend provided by the Nurse Consultant on 9/1/15 at 11:05 A.M. indicated, the following interventions should be attempted before administration of an anti-anxiety medication, "...cold pack with direction from RN/LPN, distraction, exercise, expressive therapy, talking with resident, heat dry/moist with MD [physician] order, positioning, relaxation/music, spiritual care, other...redirect, one on one, refer to nurse notes, activities, return to room, toilet, give food, give fluids, change positions, adjust temp [temperature] back rub, other..."</p> <p>The August 2015 MAR (Medication Administration Record) indicated Resident #131 was administered Ativan 0.5 mg as 25 of 31 days as follows:</p> <p>"...8/3/15...1:33 P.M...anxious" A medication note indicated interventions of, "redirect... activities" were unsuccessfully attempted prior to administration.</p>		<p>12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p> <p>Compliance date 09/25/15</p>		

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	"...8/4/15...12:38 P.M...c/o [complaint of] increasing agitation..." A medication note indicated interventions of, "one on one...redirect...give fluids" were unsuccessfully attempted. "...8/5/15...12:56 P.M...anxious/agitation..." A medication note indicated interventions were refused by Resident #131. "...8/6/15...12:51 P.M...anxiety..." A medication note indicated interventions of, "one on one...give fluids" were unsuccessfully attempted. "...8/7/15...2:02 P.M...voiced increase in anxiety..." A medication note indicated interventions were refused by Resident #131. "...8/10/15...1:48 P.M...increase anxiety..." A medication note indicated interventions were refused by Resident #131. "...8/11/15...1:256 P.M...anxiety [sic]..." A medication note indicated interventions were refused by Resident #131. "...8/13/15...1:57 P.M...anxiety..." A medication note indicated interventions were refused by Resident #131.			

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	<p>"...8/14/15...2:02 P.M...anxiety..." A medication note indicated interventions were refused by Resident #131.</p> <p>"...8/15/15...8:33 P.M...anxiety..." A medication note indicated an intervention of one on one was unsuccessfully attempted.</p> <p>"...8/16/15..5:22 P.M...anxiety..." A medication note indicated interventions of, "positioning...relaxation/music" were unsuccessfully attempted.</p> <p>"...8/17/15...3:02 P.M...anxiety..." A medication note indicated an intervention of, "expressive therapy, talking with resident" was unsuccessfully attempted.</p> <p>"...8/18/15/...1:30 P.M...anxious..." A medication note indicated interventions were refused by Resident #131.</p> <p>"...8/19/15...1:46 P.M...anxiety increasing..." A medication note indicated interventions were refused by Resident #131.</p> <p>"...8/20/15...12:41 P.M...agitation and anxiety..." A medication note indicated interventions were refused by Resident #131.</p>			

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	<p>"...8/21/15...1:38 P.M...anxious..." A medication note indicated interventions were refused by Resident #131.</p> <p>"...8/22/15...3:11 P.M...anxiety..." A medication note indicated interventions of, "positioning...relaxation/music" were unsuccessfully attempted.</p> <p>"...8/23/15...2:56 P.M...anxiety..." A medication note indicated interventions of, "positioning...relaxation/music" were unsuccessfully attempted.</p> <p>"...8/24/15...1:35 P.M...anxiety..." A medication note indicated an intervention of, "expressive therapy, talking with resident" was unsuccessfully attempted.</p> <p>"...8/25/15...4:28 P.M...anxiety..." A medication note indicated an intervention of, "distract" was unsuccessfully attempted.</p> <p>"...8/26/15...2:17 P.M...anxiety..." A medication note indicated interventions of, "relaxation/Music...distraction" were unsuccessfully attempted.</p> <p>"...8/27/15...1:41 P.M...anxiety..." A medication note indicated interventions of, "relaxation/Music...distraction" were unsuccessfully attempted.</p>			

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	<p>"...8/28/15...2:21 P.M...agitation [sic]..." A medication note indicated interventions of, "positioning...relaxation/Music..." were unsuccessfully attempted.</p> <p>"...8/29/15...2:09 P.M...anxiety..." A medication note indicated an intervention of, "distract" was unsuccessfully attempted.</p> <p>"...8/31/15...12:46 P.M...anxiety..." A medication note indicated interventions of, "relaxation/Music...distraction" were unsuccessfully attempted.</p> <p>The August 2015 Behavior Management log indicated Resident #131 experienced no behaviors during August 2015.</p> <p>During an interview on 9/1/15 at 11:00 A.M. the Nurse Consultant indicated Resident #131 had been re-admitted to their facility from a Behavior Unit on 6/30/15 and further indicated no changes had been made to the medication regimen since the resident returned to the facility. The Nurse Consultant then presented a Medication Management Minutes log for August 2015. The log lacked any documentation the indicated the use of PRN Ativan during August 2015 had been effectively monitored.</p> <p>The Nursing Progress notes date 8/1/15 at</p>						

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	<p>11:04 A.M. through 8/31/15 at 3:52 P.M. were reviewed and indicated the following:</p> <p>"...8/2/15 at 2:41 P.M...No behavioral [sic] problems noted..."</p> <p>"...8/4/15 at 5:39 A.M...Did request ATIVAN at 1230 [sic] for feeling anxious didn't know why, resident refused non-medication interventions..."</p> <p>"...8/5/15 at 11:23 P.M...Resident asking almost daily for...prn Ativan after lunch, sees [name of psychologist] resident refuses non-medication interventions..."</p> <p>"...8/7/15 at 4:56 P.M...No behaviors noted at this time...Resident asking almost daily for...prn Ativan after lunch, sees [name of psychologist], resident refuses non-medication interventions..."</p> <p>"...8/11/15 at 3:18 P.M...Resident asking almost daily for...prn Ativan after lunch, sees [name of psychologist] resident refuses non-medication interventions..."</p> <p>"...8/12/15 at 1:08 P.M...Resident asking daily for...prn Ativan after lunch, sees [name of psychologist] ...no...behavioral symptoms present at this time, behaviors have become stable with medication</p>			

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	<p>regimen at this time..."</p> <p>The Social Service Progress notes from 8/1/15 through 8/31/15 were reviewed and lacked any documentation behaviors were effectively managed or the behavior care plan had been revised.</p> <p>The Interdisciplinary Event Reports from 8/1/15 through 8/31/15 lacked any documentation Resident #131 experienced behaviors.</p> <p>The Interdisciplinary Observations Reports dated 8/1/15 through 8/31/15 lacked any documentation Resident #131 experienced behaviors.</p> <p>During an interview on 9/1/15 at 11:30 A.M., the Nurse Consultant indicated Resident #131 did not always experience behaviors, but would ask the nursing staff to administer the PRN Ativan. The Nurse Consultant further indicated, no documentation could be provided to indicate Resident #131 experienced behaviors or new interventions had been attempted. The Nurse Consultant then indicated, no documentation could be provided to indicate the use of prn Ativan was clinically indicated during August 2015.</p> <p>During an interview on 9/1/15 at 11:23</p>			

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	<p>A.M., the Nurse Consultant indicated if Resident #131 experienced a new or worsening behavior it would be documented in the Event report. The Nurse Consultant further indicated, if Resident #131 experienced an unresolved, repetitive behavior it would be documented in the Observations report or Progress note.</p> <p>During an interview on 9/2/15 at 2:20 P.M., the SSD (Social Services Designee) indicated she was not aware Resident #131 was experiencing episodes of anxiety or agitation during August 2015.</p> <p>During an interview on 9/2/15 at 3:05 P.M., the Nurse Consultant indicated it was the usual practice of the facility to administer prn anti-anxiety medication only when clinically indicated.</p> <p>The Policy and Procedure for Behavior Management Program provided by the Nurse Consultant on 9/2/15 at 3:20 P.M. indicated, "...will have a behavior program that: identifies, monitors, manages, and disseminates(whenever possible) all behavioral events by utilizing the least invasive approach..."</p> <p>3.1-48(a)(4) 3.1-48(a)(2)</p>						

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