

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155653	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/11/2016
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NAME OF PROVIDER OR SUPPLIER LAKE COUNTY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5025 MCCOOK AVE EAST CHICAGO, IN 46312
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F 0000 Bldg. 00	<p>The visit was for the Investigation of Complaints IN00205274 and IN00206564.</p> <p>This visit was done in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 6/20/16.</p> <p>Complaint IN00205274 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00206564 - Substantiated. Federal/State deficiencies related to the allegations are cited at F311, F312, and F353.</p> <p>Unrelated deficiencies are cited at F241.</p> <p>Survey dates: August 10 and 11, 2016.</p> <p>Facility number: 000108 Provider number: 155653 AIM number: 100267410</p> <p>Census bed type: SNF/NF: 64 Total: 64</p> <p>Census payor type:</p>	F 0000	<p>August 29, 2016</p> <p>Kim Rhoades, Director of Long Term Care Indiana State Department of Public Health 2 North Meridian St. Sec 4-B Indianapolis, In 46204-3006</p> <p>Dear Ms.Rhoades:</p> <p>Please reference the enclosed 2567L as "Plan of Correction" for the August 11, 2016 Complaint (IN00205274 & IN00206564) survey that was conducted at Lake County Nursing and Rehabilitation Center. I will submit signature sheets of the in-servicing, content of in-service</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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	<p>Medicare: 8 Medicaid: 52 Other: 4 Total: 64</p> <p>Sample: 17</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 32883 on 8/15/16.</p>		<p>and audit tools August 29, 2016. Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and / or executed solely because it is required by the provision of the Federal State Laws. This facility appreciates the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better our Elders in our community.</p> <p>The Plan of Correction submitted on August 29, 2016 serves as our allegation of compliance. The provider respectfully request a Desk review on or after September 10, 2016. Should you have any question or concerns regarding the Plan of Corrections, please contact me.</p> <p>Respectfully,</p>	

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F 0241 SS=D Bldg. 00	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, record review, and interview, the facility failed to maintain a resident's dignity related to assisting the resident with incontinence care for 1 of 1 residents observed for dignity. (Resident #41)</p> <p>Finding includes:</p> <p>On 8/10/16 at 4:48 a.m., LPN #2 was observed at her medication cart. At that time, Resident #41 was observed walking down the hall towards the nurse from her room. The resident indicated she needed help and for someone to change cause she had "flooded". LPN #2 did not acknowledge the resident and continued to look at the medication book on top of the med cart. The resident was now standing by the med cart and indicated she needed help. The resident stated "It's</p>	F 0241	<p>Neysa Stewart, HFA</p> <p>F 241</p> <p>PLAN OF CORRECTION</p> <p>Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p>	09/06/2016

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	<p>flooded in there". The nurse poured a liquid supplement into a cup and handed it to the resident to drink. The nurse left the resident standing by the med cart and walked behind the Nurse's station. LPN #2 picked up the phone and called the first floor. The LPN asked LPN #1 where her CNA was and she needed to come back upstairs. The resident was still standing by the med cart and indicated again that there was a flood and she needed help. The nurse hung up the telephone and took a sanitation wipe and wiped down the counter tops at the Nurse's station. LPN #2 still had not acknowledged or had spoken to the resident. The resident stated again, "I need help, help me." At 4:55 a.m., LPN #2 approached the resident and walked her back to her room.</p> <p>Interview with the Director of Nursing and the Administrator on 8/11/16 at 11:09 a.m., indicated the nurse should have stopped what she was doing and taken the resident back to her room to assist her.</p> <p>The record for Resident was reviewed on 8/11/16 at 2:57 p.m. The resident's diagnoses included but were not limited to, Alzheimer's disease, high blood pressure, insomnia, overactive bladder, and anxiety disorder.</p>		<p>1. The corrective action taken for the resident found to have been affected by the deficient practice:</p> <p>LPN #2 took R#41 in her room and provided incontinent care for her.</p> <p>2. The corrective action for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents that are incontinent are at risk for this alleged deficient practice.</p> <p>3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur:</p> <p>LPN#2 was immediately given</p>	

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	<p>The Quarterly Minimum Data Set (MDS) dated 7/12/16 indicated the resident was rarely understood/understands and was moderately impaired for decision making. The resident needs extensive assist with one person physical assist for toileting. The resident was always incontinent of bladder.</p> <p>The current and updated plan of care dated 7/20/16 indicated the resident was incontinent of bowel and bladder and had a history of overactive bladder. The Nursing approaches were to respond promptly to the resident's elimination request. Keep skin clean and dry, apply pads and briefs as necessary.</p> <p>3.1-3(t)</p>		<p>1:1 education and disciplinary action by the DON on 8/11/16. On 8/17/16 staff were educated regarding giving care with dignity. All nursing staff were educated on providing care with dignity on 8/23/16 & 8/24/16.</p> <p>4. To ensure the deficient practice does not reoccur, the monitoring system established is to:</p> <p>DON / Designee will monitor 10 staff members providing care weekly with dignity for four weeks alternating on all shifts, then 5 staff members providing care weekly for 3 months alternating on all shifts to ensure that dignity is maintained during care. Any issues identified or observed will be corrected immediately.</p> <p>The audits will be discussed during our monthly QA meeting.</p> <p>QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated.</p> <p>5. Completion date systemic changes will be completed:</p>	

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F 0311 SS=D Bldg. 00	<p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on observation, record review, and interview, the facility failed to ensure each resident who required assistance with Activities of Daily Living (ADLs) received incontinence care at least every two hours for 1 of 3 residents observed for incontinence. (Resident #D)</p> <p>Finding includes:</p> <p>On 8/10/16 at 4:18 a.m., CNA #2 was observed providing care for Resident #D. The CNA entered the resident's room to check him for incontinence. The resident's gown and brief were both observed to be saturated with urine. The CNA proceeded to provided incontinence care and provided the resident with a clean and dry gown. Interview with the CNA at the time indicated she had not checked and changed the resident since 12:00 a.m.</p>	F 0311	<p>9/6/16</p> <p>F 311 PLAN OF CORRECTION Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>1. The corrective action taken for the resident found to have been affected by the deficient practice: C.N.A #2 provided incontinent care for R# D. R#D was checked for any incontinence related concerns. No incontinent related concerns were observed.</p> <p>2. The corrective action for those residents having the potential to be affected by the same deficient practice: All residents that are incontinent are at risk for this alleged deficient practice. These residents were checked for incontinence and changed immediately. 3. The</p>	09/06/2016

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	<p>The record for Resident #D was reviewed on 8/10/16 at 10:50 a.m. The resident's diagnoses included, but were not limited to convulsions, hemiplegia, and heart failure.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 5/31/16 indicated the resident had a Brief Interview of Mental Status (BIMS) score of 99, indicating the resident was unable to complete the interview. The resident was always incontinent of bowel and bladder and required the physical assist of one person with personal hygiene.</p> <p>The current and updated care plan dated 5/28/16 indicated the resident was at risk for skin breakdown related to incontinence of bowel and bladder. The interventions included, but were not limited to, keep clean and dry as possible and provide incontinence care after every episode.</p> <p>Interview with the Director of Nursing on 8/11/16 at 11:15 a.m., indicated incontinent residents should be checked and changed at least every two hours.</p> <p>This Federal tag relates to Complaint IN00206564.</p>		<p>measures put into place and a systemic change made to ensure the deficient practice not reoccur: CNA#2 and CNA#1 were re-educated on 8/11/16 regarding issues cited. Nursing staff were re-educated on 8/11/16, 8/17/16, 8/23 & 8/24 regarding incontinent care.</p> <p>4. To ensure the deficient practice does not reoccur, the monitoring system established is to: DON / Designee will monitor 10 staff members weekly regarding timely /proper incontinent care for 4 weeks on alternating shifts, then 5 staff members weekly for 3 months to ensure incontinent care is provided timely on alternating shifts. Any identified issues will be addressed immediately. The audits will be discussed during our monthly QA meeting. QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated. 5.</p> <p>Completion date systemic changes will be completed: 9/6/16</p>	

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F 0312 SS=E Bldg. 00	<p>3.1-38(a)(2)(C)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, record review and interview, the facility failed to ensure incontinence care was provided in a timely manner for 3 of 3 dependent residents reviewed for activities of daily living. (Residents #B, #C and #D)</p> <p>Findings include:</p> <p>1. On 8/10/16 at 5:04 a.m., CNA #1 entered Resident #C's room to check the resident for incontinence. The resident was soiled with urine and stool. The resident's pants as well as the pad underneath the resident were wet. The CNA provided incontinence care for the resident at this time.</p> <p>Interview with the CNA at the time, indicated that she worked on the 2nd floor and then comes downstairs and works the back hall. She indicated that she was supposed to come down to the first floor around 2:00 a.m. to complete</p>	F 0312	<p>F 312 PLAN OF CORRECTION Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. 1. The corrective action taken for the resident found to have been affected by the deficient practice: Resident #B, #C and #D received incontinent care. 2. The corrective action for those residents having the potential to be affected by the same deficient practice: All residents that are incontinent are at risk for this alleged deficient practice. All these residents were immediately checked and any incontinent issues were addressed immediately. 3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur: CNA #1 was re-educated immediately regarding incontinent</p>	09/06/2016

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	<p>rounds but she got "hung up" on the second floor and didn't make it down to the first floor until 3:40 a.m. The CNA indicated this was the first time she had been able to check on the resident since her shift started.</p> <p>The record for Resident #C was reviewed on 8/11/16 at 1:11 p.m. The resident's diagnoses included, but were not limited to, cerebral palsy, history of falling and cellulitis of left and right lower limbs.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 5/12/16, indicated the resident was extensive assist with two person assist for toilet use. The MDS also indicated the resident was frequently incontinent of urine and bowel.</p> <p>The plan of care dated 6/14/16, indicated the resident was limited in functional status in regards to the ability to toilet self. The resident was incontinent of bowel and bladder and required the use of pads/briefs. The interventions included, but were not limited to, observe resident for incontinence as needed and provide incontinence care/toilet assistance as needed.</p> <p>Interview with the Director of Nursing on 8/11/16 at 11:19 a.m., indicated the</p>		<p>care on 8/11/16. Nursing staff were re-educated regarding incontinent care on 8/11/16, 8/17/16, 8/23/16 & 8/24/16. 4. To ensure the deficient practice does not reoccur, the monitoring system established is to: DON / Designee will monitor 15 residents weekly for 4 weeks, then 7 weekly for any incontinence issues to ensure incontinence care is provided timely on alternating shifts. Any issues will be addressed immediately. The audits will be discussed during our monthly QA meeting. QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated. 5. Completion date systemic changes will be completed: 9/6/16</p>	

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	<p>standard of practice was for the residents to be checked and changed every two hours.</p> <p>2. On 8/10/16 at 6:45 a.m., CNA #1 entered Resident #B's room to provide a complete bed bath. The CNA donned a pair of clean gloves to both of her hands and prepared the resident for her complete bed bath.</p> <p>At that time, the CNA indicated she had not been in the resident's room to provide incontinence care since 3:00 a.m. The CNA proceeded to give the resident her bed bath. At 7:20 a.m., she removed the resident's incontinent brief. The brief was saturated with urine.</p> <p>The record for Resident #B was reviewed on 8/11/16 at 10:27 a.m., The resident's diagnoses included, but were not limited to, quadriplegic, multiple sclerosis, muscle weakness, lupus, and urinary retention.</p> <p>The Annual Minimum Data Set (MDS) assessment dated 7/1/16 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was alert and oriented. The resident needed extensive assist with a 2 person physical assist with bed mobility, toilet use, and transfers. The resident had impairment in range of motion for both</p>			

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F 0353	<p>her upper and lower extremities. The resident was frequently incontinent of bowel and bladder.</p> <p>The current plan of care updated 7/20/16 indicated the resident was limited in functional status in regards to the ability to toilet self. The Nursing approaches were to keep the call light in reach, observe resident for incontinence as needed, provide assistance with toileting as needed, and provide incontinence care as needed.</p> <p>The current plan of care updated 7/21/16 indicated the resident had episodes of bowel and bladder incontinence with a diagnosis of urinary retention. The Nursing approaches were to provide pericare after incontinent episodes.</p> <p>Interview with the Director of Nursing on 8/11/16 at 11:09 a.m., indicated the resident should have been checked and/or changed at least every 2 hours for incontinence.</p> <p>This Federal tag relates to Complaint IN00206564.</p> <p>3.1-38(a)(2)(C)</p>			

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SS=E Bldg. 00	<p>SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on observation, record review, and interview, the facility failed to ensure there was sufficient nursing staff to provide incontinence care in a timely manner and answer call lights timely for 3 of 5 call lights observed, 3 of 3 residents observed for incontinence and for 2 of 2 floors. (Resident's #B, #C, #D, #E, and #F, First and Second Floors)</p> <p>Findings include:</p> <p>1. On 8/10/16 at 4:09 a.m., there was 1 LPN observed working on the first floor. There were 2 CNAs on the first floor as</p>	F 0353	<p>F 353 PLAN OF CORRECTION Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. 1. The corrective action taken for the resident found to have been affected by the deficient practice: Staff answered the call lights for Resident #F and #E. LPN #2 received 1:1 education regarding answering call lights timely and providing resident care. LPN #1 received 1:1</p>	09/06/2016

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	<p>well, however, CNA #1 indicated she was the CNA assigned to the second floor but also had an assignment on the first floor. CNA #1 indicated she did not come downstairs until 3:40 a.m., due to having to do a lot on the second floor. She further indicated she was supposed to be downstairs by 2:00 a.m.</p> <p>Interview with LPN #1 at that time, indicated there was another LPN on the second floor and there were only 2 CNAs scheduled for the midnight shift. He indicated the CNA from upstairs comes downstairs at certain times of the shift and does her portion of the checking and changing for incontinence care on her assigned residents. He further indicated there were 38 residents downstairs and 26 residents upstairs.</p> <p>2. On 8/10/16 at 4:15 a.m., there was no staff observed on the second floor. At 4:18 a.m., Resident #F's call light was observed on, again there was no staff observed. At 4:36 a.m., LPN #2 walked out of the med room, which was located behind the Nurse's station. The nurse had 7 medication punch cards in her hand and walked over to the med cart. At that time, she placed the punch cards in the cart under the correct resident's name. She then walked back to the Nurse's station and turned her head to the left</p>		<p>education regarding answering call lights timely. The bonus that the staff were paid when picking up shifts was increased to encourage staff to sign up for extra shifts. Two C.N.A's were hired on 8/19. Facility continues to actively hire staff. The facility continues to look at wage analysis and incentives to help with staffing concerns. 2. The corrective action for those residents having the potential to be affected by the same deficient practice: All residents that use their call light are at risk for this alleged practice. Rounds were completed and call lights were answered immediately.</p> <p>3. The measures put into place and a systemic change made to ensure the deficient practice not reoccur: On 8/23 & 8/24 Nursing Staff were re-educated on the policy for answering call lights and providing incontinent care timely. Staffing needs and resident care needs were reviewed and appropriate changes were made. 4. To ensure the deficient practice does not reoccur, the monitoring system established is to: DON / Designee will monitor 10 call lights/ incontinent residents weekly for 4 weeks then 7 call lights weekly for 3 months on alternating shifts, to ensure that call lights are answered timely and proper incontinent care is given. Any issues identified will be addressed immediately. The</p>	

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NAME OF PROVIDER OR SUPPLIER LAKE COUNTY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5025 MCCOOK AVE EAST CHICAGO, IN 46312
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	<p>(where the call light was on) but continued to walk behind the Nurse's station. At 4:37 a.m., Resident #E's call light was on. The nurse still had not acknowledged any of the call lights. At 4:40 a.m., (20 minutes later) she walked down to Resident #F's room and answered the call light. At 4:43 a.m., Resident #E's call light was answered. The LPN walked back to the medication cart and indicated Resident #E wanted a pain pill. At 4:48 a.m., LPN #2 picked up the phone and called the Nurse's station on the first floor. The LPN asked LPN #1 where her CNA was and she needed to come back upstairs. CNA #1 came back up to the second floor at 5:45 a.m., and proceeded to do her rounds and provide incontinence care. At 6:35 a.m., another call light was on. LPN #1 and LPN #2 were observed in the back hall by the medication cart talking to one another. CNA #1 was in a room providing incontinence care. Neither nurse left the area to answer the call light. At 6:45 a.m., the call light was answered by the Business Office Manager.</p> <p>3. The last two weeks on the Nurse staffing schedule was reviewed on 8/11/16 at 1:30 p.m. From 8/1-8/10/16 there were only 2 CNAs and 2 LPNs scheduled to work the midnight shift.</p>		<p>audits will be discussed during our monthly QA meeting. QA committee will determine if continued auditing is necessary once 100% compliance threshold is achieved for two consecutive months. This plan to be amended when indicated. 5. Completion date systemic changes will be completed: 9/6/16</p>	

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	<p>Interview with the Administrator and the Director of Nursing (DON) on 8/11/16 at 11:09 a.m., indicated that had been the normal staffing pattern on the midnight shift. The DON indicated they had a CNA who was off of work and would not be back until 8/15/16. She further indicated there should be 2 CNAs on the first floor and 1 CNA on the second floor, however, that had not been the case for the some time. The Administrator indicated she had not hired any Agency staff to cover the shift, nor had she had any of the facility's staff cover for the missing CNA.</p> <p>4. Interview with Resident #E on 8/11/16 at 1:10 p.m., indicated not only had she asked for the pain pill, she had told LPN #2 that she was wet and needed to be changed. The resident indicated the nurse did not change her, and she was not changed until after 6:00 a.m., that morning. Resident #E indicated she had told CNA #1 she had wondered why she had not come right away to change her and it was because the CNA was still downstairs doing her rounds.</p> <p>5. On 8/10/16 at 5:04 a.m., CNA #1 entered Resident #C's room to check the resident for incontinence. The resident was soiled with urine and stool. The resident's pants as well as the pad</p>						

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	<p>underneath the resident were wet. The CNA provided incontinence care for the resident at this time.</p> <p>Interview with the CNA at the time, indicated that she works on the 2nd floor and then comes downstairs and works the back hall. She indicated that she was supposed to come down to the first floor around 2:00 a.m. to complete rounds but she got "hung up" on the second floor and didn't make it down to the first floor until 3:40 a.m. The CNA indicated this was the first time she had been able to check on the resident since her shift started.</p> <p>The record for Resident #C was reviewed on 8/11/16 at 1:11 p.m. The resident's diagnoses included, but were not limited to, cerebral palsy, history of falling and cellulitis of left and right lower limbs.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 5/12/16, indicated the resident was extensive assist with two person assist for toilet use. The MDS also indicated the resident was frequently incontinent of urine and bowel.</p> <p>The plan of care dated 6/14/16, indicated the resident was limited in functional status in regards to the ability to toilet</p>			

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	<p>self. The resident was incontinent of bowel and bladder and required the use of pads/briefs. The interventions included, but were not limited to, observe resident for incontinence as needed and provide incontinence care/toilet assistance as needed.</p> <p>Interview with the Director of Nursing on 8/11/16 at 11:19 a.m., indicated the standard of practice was for the residents to be checked and changed every two hours.</p> <p>6. On 8/10/16 at 6:45 a.m., CNA #1 entered Resident #B's room to provide a complete bed bath. The CNA donned a pair of clean gloves to both of her hands and prepared the resident for her complete bed bath.</p> <p>At that time, the CNA indicated she had not been in the resident's room to provide incontinence care since 3:00 a.m. The CNA proceeded to give the resident her bed bath. At 7:20 a.m., she removed the resident's incontinent brief. The brief was saturated with urine.</p> <p>The record for Resident #B was reviewed on 8/11/16 at 10:27 a.m., The resident's diagnoses included, but were not limited to, quadriplegic, multiple sclerosis, muscle weakness, lupus, and urinary</p>			

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	<p>retention.</p> <p>The Annual Minimum Data Set (MDS) assessment dated 7/1/16 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating she was alert and oriented. The resident needed extensive assist with a 2 person physical assist with bed mobility, toilet use, and transfers. The resident had impairment in range of motion for both her upper and lower extremities. The resident was frequently incontinent of bowel and bladder.</p> <p>The current plan of care updated 7/20/16 indicated the resident was limited in functional status in regards to the ability to toilet self. The Nursing approaches were to keep the call light in reach, observe resident for incontinence as needed, provide assistance with toileting as needed, and provide incontinence care as needed.</p> <p>The current plan of care updated 7/21/16 indicated the resident had episodes of bowel and bladder incontinence with a diagnosis of urinary retention. The Nursing approaches were to provide peri care after incontinent episodes.</p> <p>Interview with the Director of Nursing on 8/11/16 at 11:09 a.m., indicated the</p>			

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	<p>resident should have been checked and/or changed at least every 2 hours for incontinence.</p> <p>This Federal tag relates to Complaint IN00206564</p> <p>3.1-17(a)</p>				