

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155126	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/30/2015
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NAME OF PROVIDER OR SUPPLIER  SPRINGS VALLEY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 457 S SR 145 FRENCH LICK, IN 47432
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 23, 24, 28, 29, 30, 2015</p> <p>Facility number: 000054 Provider number: 155126 AIM number: 100287850</p> <p>Census bed type: SNF/NF: 68 Total: 68</p> <p>Census payor type: Medicare: 12 Medicaid: 45 Other: 11 Total: 68</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed by #02748 on October 6, 2015</p>	F 0000	<p>"This Plan of Correction constitutes the facility's written allegation of compliance for the deficiencies cited This submission of this Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report"</p> <p>We would like to request a desk review, please feel free to contact Stacy Burton, Executive Director, should you need any additional information to support the desk review @ 812-936-9991</p> <p>Thank You for your consideration</p>	
F 0157 SS=D Bldg. 00	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform 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; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a family/responsible party was notified of wound changes, an unresponsive episode, and new orders for 1 of 1 residents who met the criteria for review of notification. (Resident #86)</p>	F 0157	<p>1. Resident #86's Physician Orders will be reviewed for the last 60 days as well as any change of condition family notification documentation by the Licensed Nursing Personnel. Daughter will be notified of any new orders / change of condition lacking family notification documentation. Notification of</p>	10/19/2015

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	<p>Findings include:</p> <p>Resident #86 was observed on 9/29/15 at 8:20 A.M., sitting in a common lounge, with no apparent distress.</p> <p>The clinical record of Resident #86 was reviewed on 9/29/15 at 8:54 A.M. The record indicated Resident #86 was admitted on 3/18/15 with diagnoses including, but not limited to, CVA (cerebrovascular accident).</p> <p>A Weekly Wound Assessment dated 8/28/15 indicated Resident #86 experienced a traumatic wound on the right foot measuring 5.4 cm (centimeters) length by 13.4 cm width, "...black with red beefy tissue underneath..scant serosanguinous drainage..."</p> <p>A Weekly Wound Assessment dated 9/6/15 indicated the wound had, "...slight odor, no drainage..." The assessment further indicated, "...Family notified:...Aware". The assessment lacked any documentation related to date, time, and name of family member notified in regards to the change in wound condition.</p> <p>A Weekly Wound Assessment dated 9/9/15 indicated the wound had, "...pink, moist wound bed...minimal drainage...no</p>		<p>daughter will be documented in Resident's medical record by the Licensed Nursing Personnel.</p> <p>2.All Residents have the potential to be affected. Complete 100% Chart Audit of anynew Physician orders / change of condition documentation for the last 30 daysfor family notification documentation to be completed by the IDT. Any family notifications will be documented in the Residents clinical record.</p> <p>3.All Licensed Nursing Personnel will be re-educated and in-serviced on the Change ofCondition Policy by the CEC or Designee. DNS or Designee will reviewall new Physician orders / change of condition notification documentation daily. Any further non compliance will result in disciplinary action up to and including termination as determined necessary.</p> <p>4.To ensure compliance, the DNS or Designeeis responsible for the completion of the Change of Condition CQI tool weeklytimes 4 weeks, monthly times 6 and then quarterly until continued compliance ismaintained for 2 consecutive quarters. The results of these audits will bereviewed by the CQI committee overseen by the Executive Director. If threshold of 95% is not achieved an actionplan will be developed to ensure compliance.</p>		

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	<p>odor..." The assessment indicated, "...Family notified:..Family aware-no change in wounds". The assessment lacked any documentation related to date, time, and name of family member notified in regards to the change in wound condition.</p> <p>A Weekly Wound Assessment dated 9/16/15 indicated the wound had increased in size, had no drainage, and slight odor. The assessment indicated, "...Family notified: Aware..." The assessment lacked any documentation related to date, time, and name of family member notified in regards to the change in wound condition.</p> <p>A Weekly Wound Assessment dated 9/23/15 indicated the wound had decreased in size. The assessment indicated, "...Family notified: no change, no n/o [new orders]..." The assessment lacked any documentation related to date, time, and name of family member notified in regards to the change in wound condition.</p> <p>A Nursing note dated 8/30/15 indicated Resident #86 experienced an unresponsive episode. The note lacked any documentation to indicate the family of Resident #86 had been notified of the unresponsive episode.</p>			

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	<p>The Physician's telephone orders from 8/19/15 at 3:00 P.M. through 9/29/15 at 3:00 A.M. were reviewed and the following was noted:</p> <p>8/19/15 at 3:30 P.M., a new order was received for, "Pt. [patient] may have 6 oz [ounces] of wine daily PRN [as needed]..." The order lacked any documentation the family of Resident #86 was notified.</p> <p>8/25/15 at (untimed), a new order was received for, "Silver nitrate Aplicator [sic] Apply to nosebleed PRN...Apply ice to the back of Res [Resident] neck..." The order lacked any documentation the family of Resident #86 was notified.</p> <p>8/28/15 (untimed), a new order was received for, "Clean wound to R [right] foot with ...soulation [sic]...mix normal saline et [and] crushed ...pill together et apply to wound..." The order lacked any documentation the family of Resident #86 was notified.</p> <p>9/8/15 at 11:30 A.M., a new order was received for "Wound Care to R foot as follows:..." The order lacked any documentation the family of Resident #86 was notified.</p>			

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	<p>9/29/15 at 3:00 A.M., a new order was received for, "D/C [discontinue] [name of anti-slip device] to W/C [wheel chair] cushion." The order lacked any documentation the family of Resident #86 was notified.</p> <p>The nursing notes from 8/19/15 through 9/29/15 were reviewed and lacked any documentation to indicate the family of Resident #86 was notified of the wound condition changes, the unresponsive event, or the identified new orders.</p> <p>During an interview on 9/29/15 at 12:00 P.M., the DON (Director of Nursing) indicated staff should notify family with change in condition, significant events, and new orders.</p> <p>During an interview on 9/29/15 at 12:30 P.M., the DON indicated no documentation could be provided to indicate the family of Resident #86 was notified of the wound condition changes, the unresponsive event, or the identified new orders.</p> <p>During an interview on 9/30/15 at 3:15 P.M., the DON indicated the facility had no policy for family notification.</p> <p>The Policy and Procedure for Resident Change in Condition provided by the</p>			

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F 0282 SS=D Bldg. 00	<p>DON on 9/30/15 at 3:22 P.M. indicated, "...It is the policy of this facility that all changes in resident condition will be communicated to the...family/responsible party...Routine medical change a. all symptoms and unusual signs...routine changes are a minor change...not life-threatening...b. The nurse in charge is responsible for notification of...family/responsible party prior to end of assigned shift when a significant change in the resident's condition is noted..."</p> <p>3.1-5(a)(1) 3.1-5(a)(3)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure restorative services were provided according to the care plan for 3 of 3 residents who met the criteria for review of range of motion. (Resident #86, Resident #18, Resident #2)</p>	F 0282	<p>1.The IDT Completed a review of Resident #'s 86, 18 and 2's Range of Motion CarePlans to ensure that they are reflective of the individual Residents. Care planshave been updated by the Restorative Champion or Designee based on physicianorders for range of motion. Resident's # 86, 18, and 2 are receiving range of motion</p>	10/19/2015			

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	<p>Findings include:</p> <p>1. During an interview on 9/23/15 at 3:18 P.M., the DON (Director of Nursing) indicated Resident #86 did not experience a contracture and did not receive range of motion services.</p> <p>Resident #86 was observed on 9/29/15 at 8:20 A.M., sitting in broda chair in a lounge with impairment to the right of the lower body. At that time, splints were observed to not be in use on the right side of the lower body.</p> <p>The clinical record of Resident #86 was reviewed on 9/29/15 at 8:54 A.M. The record indicated Resident #86 was admitted on 3/18/15 with diagnoses including, but not limited to, CVA (cerebrovascular accident), multiple emboli stroke, vascular dementia, right lower extremity edema, dementia, and debility.</p> <p>The most recent Quarterly MDS (Minimum Data Set ) assessment dated 6/25/15 indicated Resident #86 experienced severe cognitive impairment, functional impairment to one side of the lower body, and received AROM (Active Range of Motion) services daily.</p> <p>A Care Plan for, "Resident requires</p>		<p>per updated care plan.</p> <p>2.All Residents receiving Restorative Services have the potential to be affected. TheIDT completed a 100% Audit of all Resident's Range of Motion Care Plans toensure that they are reflective of each individual Resident and per Physician'sorders.</p> <p>3.1:1Re-education with the Restorative Aides on the Restorative Nursing ProgramPolicy. Re-education and in-service to allNursing and Therapy Personnel on the Restorative Nursing Program Policy providedby the CEC or Designee. RestorativeChampion or Designee to review Restorative documentation daily to ensurePhysician orders and Care Plans are followed.</p> <p>4.To ensure compliance, the Restorative Champion or Designee is responsible for thecompletion of the Restorative Nursing CQI tool weekly times 4 weeks, monthlytimes 6 months and then quarterly until continued compliance is maintained for2 consecutive quarters. The results of these audits will be reviewed by the CQIcommittee overseen by the ED. Ifthreshold of 95% is not achieved an action plan will be developed to ensurecompliance.</p>		

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	<p>active range of motion" dated 8/25/15 included, but was not limited to, an intervention of, "Active range of motion to upper and lower extremities 10-15 repetitions daily..."</p> <p>A Restorative Flowsheet for 8/1/15 through 8/31/15 lacked any documentation Resident #86 received AROM services on the following dates: 8/18/15 through 8/25/15, 8/28/15, and 8/29/15.</p> <p>A Restorative Flowsheet for 9/1/-9/30/15 lacked any documentation Resident #86 received AROM services on the following dates: 9/5/15 through 9/13/15, 9/15/15, 9/17/15 through 9/20/15, 9/22/15, and 9/24/15 through 9/27/15.</p> <p>A Point of Care Restorative Nursing Report for 8/26/15 through 9/29/15 lacked any documentation Resident #86 received AROM services on the following dates: 8/28/15, 8/29/15, and 9/5/15 through 9/29/15.</p> <p>During an interview on 9/30/15 at 10:00</p>			

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	<p>A.M. the MDS/Restorative Nurse indicated Resident #86 experienced limited range of motion to the lower extremities and should have received AROM services to maintain the current level of function. The MDS/Restorative Nurse then indicated the Restorative program had experienced multiple system changes in the previous 90 days and no documentation could be provided related to a Restorative Nursing Care Plan before 8/25/15 or to indicate Resident #86 received AROM services daily on the identified dates between 8/18/15 and 9/29/15.</p> <p>2. During an interview on 9/23/2015 at 2:55 P.M., the DON (Director of Nursing) indicated Resident #18 experienced a contracture of the right knee and received range of motion services.</p> <p>On 9/24/15 at 10:47 A.M., Resident #18 was observed in an activity room with a contracted right lower extremity.</p> <p>On 9/28/15 at 11:15 A.M., Resident #18 was observed in an activity room with a contracted right lower extremity.</p> <p>The clinical record of Resident #18 was reviewed on 9/28/15 at 11:20 A.M. The record indicated the diagnoses of</p>			

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	<p>Resident #18 included, but were not limited to, CVA (Cerebrovascular Accident).</p> <p>The most recent Annual MDS (Minimum Data Set) assessment dated 7/25/15 indicated Resident #18 experienced moderate cognitive impairment and limited range of motion to the bilateral lower extremities.</p> <p>A Care plan for, "Resident requires passive range of motion" dated 9/4/15 included, but was not limited to, an intervention of, "...passive range of motion program 7 days a week 10-15 repetitions upper and lower extremities daily..."</p> <p>A Restorative Flowsheet for 8/1/15 through 8/31/15 lacked any documentation Resident #18 received PROM (passive range of motion) services on the following dates:</p> <p>8/16/15, 8/21/15, 8/24/15 through 8/31/15.</p> <p>A Restorative Flowsheet for 9/1/15 through 9/30/15 lacked any documentation Resident #18 received PROM (passive range of motion) services on the following dates:</p>			

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F 0309 SS=D Bldg. 00	<p>9/4/15, 9/7/15, 9/12/15 through 9/13/15, 9/18/15, and 9/21/15, 9/26/15 through 9/27/15.</p> <p>During an interview on 9/30/15 at 10:10 A.M., the MDS/Restorative Nurse indicated Resident #18 experienced limited range of motion to the lower extremities and should have received PROM services to maintain the current level of function. The MDS/Restorative Nurse then indicated the Restorative program had experienced multiple system changes in the previous 90 days and no documentation could be provided related to a Restorative Nursing Care Plan before 9/4/15 or to indicate Resident #18 received PROM services daily on the identified dates between 8/16/15 and 9/27/15.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p>	F 0309	1. Interview and Assess Resident # 21 for current level of pain and	10/19/2015

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	<p>Based on observation, interview, and record review, the facility failed to ensure pain medication was provided in a timely manner for 1 of 1 resident who met the criteria for pain management. (Resident #21)</p> <p>Findings include:</p> <p>During a random observation on 9/24/15 at 9:43 A.M., Resident #21 was observed to be lying supine in bed, Resident #21 was crying out "help, help they won't help". During an interview with Resident #21 she indicated she was hurting and she had requested pain medication and staff kept telling her she had already had her medication and she would have to wait. Resident #21 turned on her call light and CNA #17 responded. CNA #17 told resident #21 "you have already had pain medication you cannot have anymore until 11:00 A.M."</p> <p>During an interview on 9/24/15 at 9:47 A.M., CNA #17 indicated she had notified the nurse Resident #21 was in pain and was told the resident had already had her pain medication.</p> <p>At 9:48 A.M., LPN #3 was interviewed. LPN #3 indicated two CNA's had told her Resident #21 was in pain and she had been unable to give her pain medication.</p>		<p>pain controleffectiveness. Review Resident #21's Pain Management Care Plan and current medication list in order to identifycurrent level of pain and effectiveness of pain control. Physician was notifiedto review resident's pain medication. Care plan was updated by the IDT toreflect any non-pharmacological interventions.</p> <p>2.All Residents have the potential to be effected. Interview all Residentsfor pain management and effectiveness to identify any Resident that may haveunrelieved pain. Any triggered ResidentsPain Management Care Plans will be reviewed by the IDT for appropriateness. Physicians to be notified of any Residentswith unrelieved pain and obtain new orders if necessary with updates to eachindividual Resident's Pain Management Care Plan.</p> <p>3.1:1 Re-education with LPN #3 on the Pain Management Policy. All Nursing Personnelwill be re-educated and in-serviced on the Pain Management Policy by the CEC orDesignee. DNSor Designee to review weekly summary pain documentation for changes in painstatus during daily clinical review.</p> <p>4.To ensure compliance, the DNS or Designee is responsible for the completion of thePain CQI tool weekly times 4 weeks, monthly times 6 months and then quarterlyuntil continued</p>				

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	<p>LPN #3 was observed administering Oxycodone HCL (a pain medication) 20 mg (milligrams) 1 ml (milliliters) sublingually to Resident #21.</p> <p>During an interview with CNA #5 on 9/24/15 9:58 A.M., she indicated she and CNA #17 had both told the nurse that Resident #21 was in pain and was requesting pain medication. She indicated LPN #3 had told them resident had received her medication already and she had nothing else to give her. She further indicated she and CNA #17 had attempted repositioning and comforting Resident #21 unsuccessfully.</p> <p>The clinical record for Resident #21 was reviewed on 9/24/15 10:00 A.M., the diagnoses included, but were not limited to, neuropathy, anxiety, chronic pain, and depression.</p> <p>The signed physician orders dated 9/1/15 included, but were not limited to, gabapentin 300 mg, give 1 tablet three times a day, Tylenol 500 mg 2 tabs, every 4 hours as needed for pain.</p> <p>The telephone orders were reviewed and included, but was not limited to 9/16/15 Oxycodone 100 mg in in 5 ml give 1 ml po for pain as needed.</p>		<p>compliance is maintained for 2 consecutive quarters. Ther results of these audits will be reviewed by the CQI committee overseen by the Executive Director. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>	

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	<p>An order dated 9/24/15 at 10:10 A.M., Oxycodone HCL 10 mg 1 x(time) dose for pain.</p> <p>During an observation on 9/24/15 at 11:15 A.M., Resident #21 was observed lying in bed, with her eyes closed, in no apparent distress.</p> <p>The nurses notes were reviewed and included, but was not limited to, 9/24/15 at 10:10 A.M., "Rsd [resident] crying et [stated] is in pain. Call placed to [name of physician] for a 1 x [time] extra dose of Oxycodone 10 mg. Order received et noted. Given to rsd at this time. 9/24/15 at 11:45 A.M., "Rsd denies any pain/discomfort at this time..."</p> <p>During an interview on 9/28/15 at 10:20 A.M., Resident #21's Power Of Attorney indicated, he would come in and find resident in pain and would have to alert staff.</p> <p>During an interview with LPN #15 on 9/30/15 at 1:50 P.M., she indicated when a resident is in pain she would assess them and ask them to rate their pain. She indicated Resident #21 was able to voice her needs appropriately and able to tell staff when she was in pain.</p> <p>The facility policy for pain management</p>			

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F 0318 SS=D Bldg. 00	<p>dated 3/2010 was provided on 9/29/15 at 11:15 A.M., by the Director of Nursing (DON). The policy included, but was not limited to," ...1. Residents are assessed for pain upon admission...and/or new onset of pain...Interviewable resident: The pain management program will be determined based upon the residents verbal response to the questions on the pain assessment...Non-interviewable resident: The pain management program will be determined based upon the staff observation of non-verbal signs of pain as follows: Non-Verbal Sounds (crying, whining, gasping, moaning, or groaning). Vocal complaints of pain (that hurts, ouch, stop), Facial expressions (grimaces, winces, wrinkled forehead, furrowed brow, clenching teeth)..."</p> <p>During an interview with the DON on 9/29/15 at 2:20 P.M., she indicated it was the policy of the facility to ensure residents received effective and timely pain relief.</p> <p>3.1-37(a)</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of</p>			

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	<p>a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>Based on observation, interview, and record review the facility failed to ensure restorative services were provided for 3 of 3 residents who met the criteria for review of range of motion services. (Resident #86, Resident #18, Resident #2)</p> <p>Findings include:</p> <p>1. During an interview on 9/23/15 at 3:18 P.M., the DON (Director of Nursing) indicated Resident #86 did not experience a contracture and did not receive range of motion services.</p> <p>Resident #86 was observed on 9/29/15 at 8:20 A.M., sitting in broda chair in a lounge with impairment to the right of the lower body. At that time, splints were observed to not be used on the right side of the lower body.</p> <p>The clinical record of Resident #86 was reviewed on 9/29/15 at 8:54 A.M. The record indicated Resident #86 was admitted on 3/18/15 with diagnoses including, but not limited to, CVA (cerebrovascular accident), multiple</p>	F 0318	<p>1.The IDT Completed a review of Resident #'s 86, 18 and 2's Range of Motion CarePlans to ensure that they are reflective of the individual Residents. . Care planshave been updated based on Physician orders for range of motion. Resident #'s86, 18, and 2 are receiving range of motion per updated care plan.</p> <p>2.All Residents receiving Restorative services have the potential to be affected. The IDT Completeda 100% Audit of all Resident's Range of Motion Care Plans to ensure that they are reflective of each individualResident and per Physicians orders.</p> <p>3.1:1Re-education with the Restorative Aides on the Restorative Nursing ProgramPolicy. Re-education and in-service toall Nursing and Therapy Personnel on the Restorative Nursing Program Policyprovided by the CEC or Designee. Restorative Champion or Designee to review Restorative documentation daily to ensure Physicians orders and Care Plans are being followed.</p> <p>4.To ensure compliance, the Restorative Champion or Designee is responsible for the completion of the Restorative Nursing CQI tool weekly times 4</p>	10/19/2015

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	<p>emboli stoke, vascular dementia, right lower extremity edema, dementia, and debility.</p> <p>The most recent Physician's Order Recap dated 9/4/15 lacked any orders related to range of motion.</p> <p>The most recent Quarterly MDS (Minimum Data Set ) assessment dated 6/25/15 indicated Resident #86 experienced severe cognitive impairment, required the extensive assistance of two staff for ADL's (Activities of Daily Living), impairment to one side of the lower body, and received AROM (Active Range of Motion) services daily.</p> <p>A Care Plan for, "Resident requires active range of motion" dated 8/25/15 included, but was not limited to, an intervention of, "Active range of motion to upper and lower extremities 10-15 repetitions daily..."</p> <p>A Restorative Flowsheet for 8/1/15 through 8/31/15 lacked any documentation Resident #86 received AROM services on the following dates: 8/18/15 through 8/25/15, 8/28/15, and 8/29/15.</p> <p>A Restorative Flowsheet for 9/1/-9/30/15</p>		<p>weeks, monthly times 6 and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>	

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	<p>lacked any documentation Resident #86 received AROM services on the following dates: 9/5/15 through 9/13/15, 9/15/15, 9/17/15 through 9/20/15, 9/22/15, and 9/24/15 through 9/27/15.</p> <p>A Point of Care Restorative Nursing Report for 8/26/15 through 9/29/15 lacked any documentation Resident #86 received AROM services on the following dates: 8/28/15, 8/29/15, and 9/5/15 through 9/29/15.</p> <p>During an interview on 9/30/15 at 10:00 A.M., the MDS/Restorative Nurse indicated Resident #86 experienced limited range of motion to the lower extremities and should have received AROM services to maintain the current level of function. The MDS/Restorative Nurse then indicated the Restorative program had experienced multiple system changes in the previous 90 days and no documentation could be provided related to a Restorative Nursing Care Plan before 8/25/15 or to indicate Resident #86 received AROM services daily on the identified dates between 8/18/15 and 9/29/15.</p>			

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	<p>2. During an interview on 9/23/2015 at 2:55 P.M., the DON (Director of Nursing) indicated Resident #18 experienced a contracture of the right knee and received range of motion services.</p> <p>On 9/24/15 at 10:47 A.M., Resident #18 was observed in an activity room with a contracted right lower extremity.</p> <p>On 9/28/15 at 11:15 A.M., Resident #18 was observed in an activity room with a contracted right lower extremity.</p> <p>The clinical record of Resident #18 was reviewed on 9/28/15 at 11:20 A.M. The record indicated the diagnoses of Resident #18 included, but were not limited to, CVA (Cerebrovascular Accident)</p> <p>The most recent Physician's Order Recap lacked any orders related to range of motion.</p> <p>The most recent Quarterly MDS (Minimum Data Set) assessment dated 4/26/15 indicated Resident #18 experienced moderate cognitive impairment, required the extensive assistance of two staff for bed mobility, transfers, and locomotion, and experienced limited range of motion to</p>			

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	<p>the bilateral lower extremities.</p> <p>The most recent Annual MDS dated 7/25/15 indicated Resident #18 experienced moderate cognitive impairment, required the extensive assistance of two staff for bed mobility, transfers, locomotion, and experienced limited range of motion to the bilateral lower extremities.</p> <p>A Care plan for, "Resident requires passive range of motion" dated 9/4/15 included, but was not limited to, an intervention of, "...passive range of motion program 7 days a week 10-15 repetitions upper and lower extremities daily..."</p> <p>A Restorative Flowsheet for 8/1/15 through 8/31/15 lacked any documentation Resident #18 received PROM (passive range of motion) services on the following dates: 8/16/15, 8/21/15, 8/24/15 through 8/31/15.</p> <p>A Restorative Flowsheet for 9/1/15 through 9/30/15 lacked any documentation Resident #18 received PROM (passive range of motion) services on the following dates:</p>			

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	<p>9/4/15, 9/7/15, 9/12/15 through 9/13/15, 9/18/15, and 9/21/15, 9/26/15 through 9/27/15.</p> <p>During an interview on 9/30/15 at 10:10 A.M., the MDS/Restorative Nurse indicated Resident #18 experienced limited range of motion to the lower extremities and should have received PROM services to maintain the current level of function. The MDS/Restorative Nurse then indicated the Restorative program had experienced multiple system changes in the previous 90 days and no documentation could be provided related to a Restorative Nursing Care Plan before 9/4/15 or to indicate Resident #18 received PROM services daily on the identified dates between 8/16/15 and 9/27/15.</p> <p>The Policy for Restorative Nursing Program provided by the DON on 9/29/15 at 3:51 P.M. indicated, "To provided a nursing program...to maintain the ability to function at his or her optimal level within the given environment...The program is coordinated, supervised and carried out by nursing staff preferably the MDS coordinator...Restorative nursing programs include: Active or Passive</p>				

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	range of motion..."				