

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 08/30/2012
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NAME OF PROVIDER OR SUPPLIER  SETTLERS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3304 MONROE ST LA PORTE, IN 46350
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R0000	<p>This visit was for a State Licensure Survey. This visit also included the Investigation of Complaint IN00108339.</p> <p>Complaint IN00108339 - Substantiated. State residential findings related to the allegation are cited at R349.</p> <p>Survey Dates: August 29 &amp; 30, 2012</p> <p>Facility Number: 004458 Provider Number: 004458 AIM Number: N/A</p> <p>Survey Team: Heather Tuttle, R.N., T.C. Lara Richards, R.N. Kathleen Vargas, R.N.</p> <p>Census Bed Type: 31 Residential 31 Total</p> <p>Census Payer Type: 31 Other 31 Total</p> <p>Sample: 9</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2.</p>	R0000	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</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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	Quality review 9/04/12 by Suzanne Williams, RN			

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R0036	<p>410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights- Deficiency (k) The facility must immediately consult the resident ' s physician and the resident ' s legal representative when the facility has noticed: (1) a significant decline in the resident ' s physical, mental, or psychosocial status; or (2) a need to alter treatment significantly, that is, a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment.</p> <p>Based on record review and interview, the facility failed to ensure the resident's physician was promptly notified for clarification of an antidepressant medication order for 1 of 9 sampled residents. (Resident #B)</p> <p>Findings include:</p> <p>The closed record for Resident #B was reviewed on 8/29/12 at 10:47 a.m. The resident's diagnoses included, but were not limited to, stroke, high blood pressure, short term memory problem, depression, and diabetes. The resident was admitted to the facility on 1/14/12.</p> <p>Review of Physician Orders dated 1/14/12, indicated the resident was receiving Celexa (an antidepressant medication) 20 milligrams (mg) once a day.</p>	R0036	<p><b>Citation #1 R 036 410 IAC 16.2-5-1.2(k)(1-2) Residents' Rights-Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Resident B no longer resides at the community. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. A review of physician order was conducted by the Wellness Director and/or Designee with no other findings noted. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> Settlers House licensed staff were re-educated to our policy and procedure regarding</p>	09/30/2012			

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	<p>Review of the Physician Fax Transmission form dated 3/14/12, indicated "Please review med sheets on Celexa 20 mg one everyday for depression. Any other thoughts related to resident refusal to get out of bed or get dressed." On that same Fax Transmission form, documentation from the Physician indicated "(arrow pointing upward) to 40 mg. a day."</p> <p>Review of the 3/12 Medication Administration Record (MAR) indicated the resident received the Celexa 20 mg from 3/1-3/31/12 with no change in the dose. Review of the 4/12 MAR indicated the resident received 20 mg of Celexa from 4/1-4/10/12.</p> <p>Interview with the Wellness Director on 8/30/12 at 10:00 a.m., indicated she did not see the dose was increased to 40 mg daily. She further indicated that the documentation the Physician provided on the fax form did not look like it was supposed to be increased to 40 mg daily. She further indicated that she did not call the Physician to clarify the order or the transcription on the fax form.</p>		<p>obtaining physician orders and medication errors. The Wellness Director and/or Designee will be responsible to ensure continued compliance with the above referenced citation. Settlers House licensed staff were re-educated to our policy and procedure regarding obtaining physician orders and medication errors. The Wellness Director and/or Designee will be responsible to ensure continued compliance with the above referenced citation. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Wellness Director and/or Designee will perform a random weekly review of current physician orders and the Medication Administration Record for a period of six months to ensure continued compliance with Indiana state residential regulation R 036 410 IAC 16.2-5-1.2(k) (1-2) Residents' Rights. Findings will be reviewed through our QA process to determine the need for continued monitoring. Findings suggestive of compliance will result in cessation of the monitoring plan. <b>By what date will the systemic changes be completed?</b> 9/30/12</p>				

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R0123	<p>410 IAC 16.2-5-1.4(h)(1-10) Personnel - Nonconformance (h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following: (1) The name and address of the employee. (2) Social Security number. (3) Date of beginning employment. (4) Past employment, experience, and education, if applicable. (5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable. (6) Position in the facility and job description. (7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills. (8) Signed acknowledgement of orientation to residents' rights. (9) Performance evaluations in accordance with facility policy. (10) Date and reason for separation. Based on record review and interviews, the facility failed to ensure employee personnel files were complete related to resident rights, and general and job specific orientation, for 4 of 5 employee files reviewed. (Dietary Cook #2, QMA #1, CNA #1 and CNA #2)</p> <p>Findings include:  Review of the employee files on 8/30/12 at 9:40 a.m., indicated the following:  A. Dietary Cook #2 was hired on 7/20/12 and she did not have any general or job</p>	R0123	<p><b>IA C 16.2-5-1.4(h) (1-10) Person Citation #2 R 123 410nel -Nonconformance What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Dietary Cook #2, QMA #1, CNA #1, and CNA #2 were re-educated to their job specific and general orientation as well as Resident Rights. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be</b></p>	09/30/2012			

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	<p>specific orientation in her personnel file.</p> <p>B. QMA #1 was hired on 3/27/12 and she did not have any documentation that she was informed of the Resident Rights.</p> <p>C. CNA #1 was hired on 4/26/12 and her general and job specific orientation was incomplete. Further review indicated she did not have any documentation that she was informed of the Resident Rights.</p> <p>D. CNA #2 was hired on 6/25/12 and she did not have any general or job specific orientation in her personnel file. Further review indicated she did have any documentation that she was informed of the Resident Rights.</p> <p>Interview with the Resident Director at the time, indicated the above employees were lacking the above information in their personnel files.</p>		<p><b>taken?</b> No other residents were found to be affected. The Residence Director and/or Designee reviewed current employee files to ensure staff had documented training as to their job specific and general orientations as well as Resident Rights documented training. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Residence Director and Wellness Director were re-educated by the Regional Director of Operations as to the Indiana state regulation R 123 410 IAC 16.2-5-1.4(h) (1-10) Personnel and our policy and procedure regarding employee job specific and general orientation as well as Resident Rights. The Residence Director and/or Designee will be responsible to ensure continued compliance with the above referenced citation. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director and/or Designee will perform random weekly audits of personnel files to ensure continued compliance with employee job specific and general orientation as well as Resident Rights training for a period of six months. Findings will be reviewed through our QA</p>				

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			process after six months in order to determine the need ongoing monitoring. Findings suggestive of compliance will result in cessation of the monitoring plan. <b>By what date will the systemic changes be completed?</b> 9/30/12		

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R0144	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to maintain a clean and orderly environment, which was in a state of good repair, related to stained carpeting, marred walls, doors and cabinets, torn furniture, and urine odors for 5 of 6 rooms observed and for 1 of 1 beauty shop. This had the potential to affect the 31 residents residing in the facility. (Rooms 101, 106, 122, 126, and 133, the beauty shop)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. During the Environmental tour on 8/30/12 at 11:55 a.m., with the Maintenance Supervisor, the following was observed: <ol style="list-style-type: none"> <li>a. There were numerous stains in the carpet in the foyer area as well as in front of the couch in the library.</li> <li>b. The door to the break room was scuffed and marred at the bottom.</li> <li>c. The bathroom door frame in Room 101 was scratched and marred. There were stains in the carpet by the resident's</li> </ol> </li> </ol>	R0144	<p><b>Citation #3 R 144 410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards – Deficiency</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> No residents were found to be affected. Areas referenced within the citation were addressed and corrected by the Residence Director. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Regional Director of Operations re-educated the Residence Director and Maintenance Director as to the Indiana state regulation R 144 410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards .The Residence Director and/or Designee will be responsible to ensure continued compliance with the above referenced citation<b>How will the corrective action(s) will</b></p>	09/30/2012			

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	<p>recliner. One resident resided in this room.</p> <p>d. The cabinets beneath the sink in Room 106 were scratched and marred. One resident resided in this room.</p> <p>e. The bathroom door frame in Room 122 was scratched and marred. There were stains in the carpet in front of the kitchen sink. One resident resided in this room.</p> <p>f. There were stains in the carpet around the resident's recliner chair in Room 126. Interview with the Maintenance Supervisor at the time, indicated the stains looked like dried chewing gum.</p> <p>g. The edge of the wall by the bathroom sink in Room 133 was chipped and marred. The closet doors were marred at the base. There was also a stale urine odor noted in the room.</p> <p>h. The soiled utility room door was marred at the base.</p> <p>i. The tan leather chair located in the beauty shop was torn along the top edge and exposing the foam material.</p> <p>Interview with the Maintenance Supervisor at the time, indicated all of the</p>		<p><b>be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director and/or Designee will perform random weekly walking rounds of Settlers House to ensure the community is clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents for a period of six months. Findings will be reviewed through our QA process after six months in order to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. <b>By what date will the systemic changes be completed?</b> 9/30/12</p>				

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	above areas were in need of cleaning and/or repair.				

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R0154	<p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24.</p> <p>Based on observation and interview, the facility failed to ensure food was prepared under sanitary conditions related to soiled ceiling vents, soiled and marred cabinet shelves, soiled cabinet doors, soiled oven door, soiled and marred door and door frame and staff touching food with no gloves. This had the potential to affect 31 of the 31 residents who consumed food prepared in the facility kitchen.</p> <p>Findings include:</p> <p>1. During the Kitchen Tour on 8/29/12 at 9:30 a.m., the following was observed:</p> <p>A. 7 of 7 ceiling vents were observed with an accumulation of dust, rust areas and/or food splatter.</p> <p>B. The exhaust vent above the dishwasher had areas of rust.</p> <p>C. The white cabinet doors were soiled with food spillage and were discolored on the the inside and the outside of the doors.</p> <p>D. The handles on the cabinet doors were</p>	R0154	<p><b>Citation #4 R 154 410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards – Deficiency</b> <b>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> No residents were found to be affected. The areas referenced within the above referenced citation were addressed and corrected by the Residence Director and/or Designee. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> No other residents were found to be affected. The Residence Director developed and implemented a kitchen cleaning schedule to ensure continued compliance with appropriate sanitation and safety standards within the kitchen and dining room areas. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> The Dining Service Coordinator and cooking staff were re-educated to the glove</p>	09/30/2012			

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	<p>sticky to the touch and were in need of cleaning.</p> <p>E. The white shelves in the cabinets were soiled with food debris and had areas where the paint had been marred.</p> <p>F. The oven door and the knobs on the oven were soiled with food debris.</p> <p>G. The door to the dining room had mars and soiled areas.</p> <p>H. The door frame around the door to the dining room had chipped paint areas.</p> <p>Interview with Dietary Cook #1 at the time of the tour, indicated all of the above areas were in need of cleaning and/or repair.</p> <p>2. Dietary Cook #1 was observed on 8/29/12 at 11:55 a.m. She was obtaining the food temperatures prior to the lunch meal. She was observed touching a piece of ham with her bare hands. She picked up the meat and moved it in the pan. She did not have gloves on.</p>		<p>usage, Indiana state regulation R 154 410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards as well as our cleaning expectation per the kitchen cleaning schedule. The third shift staff were re-educated as to their cleaning expectation regarding the dining room. The Residence Director and/or Designee will be responsible to ensure continued compliance with sanitation and safety standards. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director and/or Designee will perform random weekly rounds of the kitchen and dining room to ensure continued compliance with our sanitation and safety expectation as assigned by our kitchen and dining room cleaning schedules for a period of six months. Findings will be reviewed through our QA process after six months in order to determine the need for ongoing monitoring. Findings suggestive of compliance will result in cessation of the monitoring plan. <b>By what date will the systemic changes be completed?</b> 9/30/12</p>				

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R0349	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interviews, the facility failed to ensure the resident's clinical record was complete and accurate, related to documentation of an assessment of the resident after a change in condition and the documentation of interventions tried first before the administration of an as needed antianxiety medication for 2 of 9 sampled residents. (Resident #B and #C)</p> <p>Findings include:</p> <p>1. The closed record for Resident #B was reviewed on 8/29/12 at 10:47 a.m. The resident's diagnoses included, but were not limited to, stroke, high blood pressure, short term memory problem, depression, and diabetes. The resident was admitted to the facility on 1/14/12.</p> <p>Review of Resident Service Notes, dated 4/10/12, indicated at 2:05 p.m., nursing staff were called to the resident's room.</p>	R0349	<p><b>Citation #5 R 349 410 IAC 16.2-5-8.1(a)(1-4) Clinical Records –Noncompliance What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. Resident B no longer resides at the community. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected. The Wellness Director and/or Designee reviewed resident service notes, service plans, and the Medication Administration Records to ensure appropriate interventions were documented with residents who were found to experience a change of condition. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient</b></p>	09/30/2012			

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	<p>The resident was found on the bathroom floor on her buttocks. The resident stated she turned and fell. She had complaints of pain to her right ankle/foot area. She was able to move her right ankle. She was assisted by two people, up to the recliner chair and her legs were elevated. Her vital signs were obtained at the time. The resident's Physician was faxed to request an X-ray of her right ankle. A message was also left for the resident's daughter.</p> <p>There was no further assessment of the resident's ankle at that time. There was also no documentation of any interventions besides the elevation of the right foot for the resident.</p> <p>The next documented entry in Resident Service Notes was on 4/10/12 at 3:15 p.m., which indicated an order for an X-ray to the right ankle. The order was faxed to Mobile X-ray. At that time, the resident remained in the recliner and safety issues were reviewed. Again, there was no documentation of an assessment or interventions done for the resident regarding the right ankle.</p> <p>The next documented entry in Resident Service Notes was on 4/10/12 at 3:30 p.m., indicating Mobile X-ray would not be able to come in tonight to do the X-ray.</p>		<p><b>practice does not recur?</b> Settlers House staff were re-educated to our policy and procedure regarding change of condition, and documentation within the service notes as well as the Medication Administration Record. The Wellness Director and/or Designee will be responsible to ensure continued compliance with the following policies and procedures. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</b>The Wellness Director and/or Designee will perform random weekly reviews of the service notes, Medication Administration Record, and Service plans to ensure appropriate interventions are documented within the residents record upon a resident change of condition for a period of six months. Findings will be reviewed through our QA process after six months in order to determine the need for ongoing monitoring. Findings suggestive of compliance will result in cessation of the monitoring plan. <b>By what date will the systemic changes be completed?</b> 9/30/12</p>				

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	<p>Staff were waiting a call back from the daughter to see if she wanted her to go to the hospital for the X-ray. At 4:00 p.m., Mobile X-ray called back and informed staff that they would be able to the X-ray later on tonight.</p> <p>On 4/10/12 at 4:10 p.m., the resident had complaints of pain to the right ankle. The resident was given Tylenol 325 milligrams two tabs for pain. Again, there was no assessment of the resident's ankle at this time.</p> <p>On 4/10/12 at 7:00 p.m., the resident's daughter had come to the facility. The daughter indicated that she wanted the resident sent to the hospital due to not wanting to move the ankle. The resident was transferred to the hospital at 7:30 p.m. by ambulance. The Mobile X-ray company still had not been out to do the X-ray of the ankle.</p> <p>Review of the Resident Service Notes dated 4/10/12 at 7:30 p.m., completed by the Wellness Director indicated "...Noted right ankle swollen and hematoma green-purple in color had began. Note Mobile X-ray did not make it here to do X-ray prior to resident being transferred to the hospital...." This was the first documented assessment of the resident's right ankle since she had been found on</p>						

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	<p>the floor in her bathroom at 2:05 p.m.</p> <p>Review of the Emergency Room Progress notes dated 4/10/12 indicated the resident's ankle was ecchymotic and edema noted to the right leg and ankle. The diagnosis was dislocated right ankle fracture at distal fibula and lateral tibia.</p> <p>Review of the Physician Fax Transmission form dated 4/10/12 at 2:05 p.m., indicated the message, "Staff call to room, found resident on floor in bathroom on buttock. Resident complained of pain to right ankle area. Able to move, right ankle elevated. Resident made aware to ask for assistance before she gets up." The Physician's response at 3:15 p.m., on 4/10/12 was to X-ray the right ankle.</p> <p>Review of the Physician Fax Transmission form dated 4/10/12 at 4:14 p.m., indicated non weight-bearing to right foot, elevate and apply ice as needed. The Physician responded with "As above, may send for X-ray if pain persists."</p> <p>There was no documentation the facility applied ice to the resident's ankle. There was also no assessment of the resident's ankle after she was found on the floor.</p> <p>Interview with the Wellness Director on</p>						

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	<p>8/30/12 at 10:30 a.m., indicated there was no documented assessment of the resident's right ankle after the fall. She further indicated there was no documentation of ice being applied to the ankle.</p> <p>2. The record for Resident #C was reviewed on 8/29/12 at 2:10 p.m. The resident had diagnoses that included, but were not limited to, dementia, hypertension and congestive heart failure.</p> <p>The resident had a Physician's order, dated 12/7/11, for lorazepam (an antianxiety medication) 0.5 mg (milligrams) three times a day as needed for agitation.</p> <p>Review of the May 2012 Medication Administration (MAR) indicated the resident received the lorazepam on 5/19/12, 5/24/12 and 5/30/12. There was documentation on the MAR that the medication was given due to increased agitation. Review of the "Resident Service Notes," dated 5/14/12 through 5/30/12, indicated there was no documentation of approaches or interventions attempted prior to the use of the antianxiety medication.</p> <p>The June 2012 MAR was reviewed. It indicated the resident received lorazepam on 6/21/12 and 6/23/12 due to increased</p>						

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	<p>agitation. Review of the "Resident Service Notes," dated 6/19/12 through 6/24/12, indicated there was no documentation of approaches or interventions attempted prior to the use of the antianxiety medication.</p> <p>Review of the July 2012 MAR indicated the resident received the lorazepam on 7/14/12, 7/19/12, 7/25/12 and 7/28/12. There was documentation on the MAR that the lorazepam was given due to increased agitation. Review of the "Resident Service Notes," dated 7/14/12 through 7/30/12, indicated there was no documentation of approaches or interventions attempted prior to the use of the antianxiety medication on 7/14/12, 7/19/12, 7/25/12 and 7/28/12.</p> <p>The August 2012 MAR was reviewed. There was documentation the resident received the lorazepam on 8/19/12 and 8/22/12 for increased agitation. The "Resident Service Notes," dated 8/16/12 through 8/22/12, were reviewed. There was no documentation of approaches or interventions attempted prior to the use of the antianxiety medication.</p> <p>Interview with LPN #1 on 8/30/12 at 11:05 a.m. indicated interventions were to be attempted prior to the use of an antianxiety medication. She indicated the</p>						

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	<p>facility did not have a specific form to document the interventions. She indicated interventions were attempted, but they were not always documented.</p> <p>The policy titled "PRN (as needed) Medications" that was dated 6/2008, was provided by the Wellness Director on 8/30/12. The policy indicated:</p> <p>PRN medication should not be used for behavioral issues unless so ordered by there resident's physician and unless other approaches have been tried (e.g. behavior strategy techniques) as described on the resident's Negotiated Service Plan. Staff should document the approaches tried and the corresponding results in the Resident Service notes.</p> <p>Interview with the Wellness Director on 8/30/12 at 1:00 p.m., indicated staff should have documented the interventions attempted prior to the use of an antianxiety medication for Resident #C.</p> <p>This State Residential Finding relates to Complaint IN00108339.</p>						