STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155370	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 07/23/2015

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NEW HARMONIE HEALTHCARE CENTER	251 HWY 66 NEW HARMONY, IN 47631

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey Dates: July 19, 20, 21, 22, and 23, 2015. Facility Number: 000555 Provider Number: 155270 AIM Number: 100267530 Census Bed Type: SNF/NF: 73 Total: 73 Census Payor Type Medicare: 2 Medicaid: 54 Other: 17 Total: 73 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.	F 0000		
F 0246 SS=E Bldg. 00	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	would be endangered. Based on observation, interview, and record review, the facility failed to ensure 1 of 35 residents had the ability to request assistance as the call light was out of reach. (Resident #50) Findings include: During an observation on 7/21/15 at 8:44 a.m., Resident #50 was observed lying in bed. Resident #50 was attempting to signal someone to empty the urinal. The call light for Resident #50 was observed to be lying in a recliner under clothing and a brief. CNA #2 was observed to enter Resident #50's room, emptied the urinal and placed the call light within the resident's reach. CNA # 2 indicated she did not know why the call light was out of reach of the resident. During an interview with LPN #1 on 7/23/15 at 4:50 p.m., LPN #1 indicated when a resident is in bed, the call light should be located next to the resident. A policy titled, "Call Light," dated 11/30/14 and obtained from the Regional Dietician on 7/23/15 at 4:55 p.m., indicated all call lights would be answered promptly. The policy did not indicate whether or not the call light	F 0246	Please accept this POC as our allegation of compliance effective 8-14-2015 Due to low scope and severity we are requesting a paper compliance We will forward needed documentation per request F246: Resident #50 has been assessed with no negative outcomes noted and call light remains within reach The call light was placed within reach for Resident #50 on 7-21-2015 All residents have been viewed for proper call light placement Residents will be reviewed daily during mock survey rounds to ensure call lights are properly placed and within reach of residents All staff to be re-educated on proper call light placement and continued monitoring of such DCS and or designee will observe call light placement weekly times 8 weeks then monthly for 4 months to ensure compliance with findings brought to the Quality Improvement Committee for review and recommendations as warranted	08/14/2015

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	needed to be within the resident's reach. 3.1-3(v)(1)			
F 0250 SS=D Bldg. 00	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. Based on observation, record review, and interview, the facility failed to ensure 1 of 12 residents reviewed for behaviors, in a sample of 12 who met the criteria, received medically related social services for behaviors. (Resident #82) Findings include: The clinical record of Resident #82 was reviewed on 7/21/15 at 3:00 p.m. Diagnosis included, but was not limited to, dementia, IBS (irritable bowel syndrome), HTN (hypertension), flat foot, psychosis, and anxiety. Medications included, but were not limited to the following: Seroquel (an antipsychotic) 25 (twenty-five) mg (milligrams) 4 x (times) per day Lasix (a diuretic) 20 (twenty) mg per day	F 0250	F250: Resident #82 has been assessed by IDT to ensure appropriate interventions and medically related social services are in place 7-21-2015 On 7-21-2015 Resident #82 was reviewed for behaviors and psychological needs by Social Service Director (SSD) The Social Service Director will review residents with behaviors to ensure interventions and documentation by 8-13-2015 Residents with combative behaviors will be tracked using behavioral tracking Care plans will be updated to reflect and ensure accurate medically related Social Services, interventions and documentation Combative behaviors will be discussed, utilizing 24 hour report, in morning operations meeting, 5 times a week, with care plans and interventions updated as needed and medically related Social Services obtained timely The ED re-educated the SSD on	08/14/2015

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	Aricept (a medication used in the treatment of dementia) 10 (ten) mg per day Memantine HCL (hydrochloride) ER (extended release) 14 mg capsule q (every) 24 (twenty-four) hours, give 14 mg po (orally) qd (daily) Lyrica(an anti-epileptic medication) 25 mg in a.m. and 5 p.m. Ativan (antianxiety) 0.5 mg every 4 (four) hours as needed Ativan 0.5 mg IM (intramuscularly) q (every) 4 p.m. prn (as needed) if refuses orally Physician orders from 7/8/15 included the following: Start Seroquel 25 mg po qid (four times a day) Start prn Ativan 0.5 mg po q 4 hr prn q 4 hr, if refuses Start PRN Ativan 0.5 mg IM q 4 hr prn, if refuses orally U/A and C/S Physician's orders on 7/9/15 included the following: 15 min checks Psych service consultation Pharmacist consultation Labs: CBC (complete blood count), electrolytes, bun (blood urea nitrogen), lipid panel U/A The MAR (Medication Administration		F250 and how it pertains to her role 7-23-15 The nursing staff have been re-educated on behavioral tracking, documentation and necessity of timely medical interventions as it pertains to residents with combative behaviors ED and or designee along with Social Services will monitor behavioral tracking sheets, documentation and interventions as it pertains to residents with combative behaviors weekly x 8 weeks, them monthly x 4 months to ensure compliance with findings brought to the Quality Improvement Committee for review and recommendations as warranted	

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	Record) was reviewed. A handwritten note by the DON (Director of Nursing), dated 7/15/15, indicated Ativan 0.5 mg should be given 1-2 hours before showering the resident. The resident's shower days were listed as being on Wednesday and Saturday. Documentation on the MAR indicated the medication had been been given one time on 7/10/15. Review of nursing notes for Resident #82 on 7/21/15 at 3:00 p.m., indicated the following: On 3/18/15 at 7:45 p.m., Resident #82 refused medications and fluids. On 3/22/15 at 10:30 a.m.,during review of nurses notes, Resident #82 had been noted, by this nurse, having increased agitation and resisting care by staff. Resident had been noted telling staff to "shut up". Resident was given "redirection with snack, effective". Resident #82's physician notified and ordered a U/A (urinalysis) with a C&S (culture and sensitivity). The note furthered indicated the family was notified. On 5/2/15 at 10:00 a.m., Resident #82 was physically aggressive to staff during shower and dressing. The interventions included 1:1 and redirection which was			

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	helpful. On 5/5/15 Resident #82 was visited by the physician. On 5/9/15 at 9:45 a.m., after receiving a shower by a CNA, Resident #82 became combative and resistive to care. The CNA called the nurse and the nurse used a calm approach, reassurance, and a soft voice. The note indicated all attempts to decrease the behavior were not effective. The note indicated Resident #82 continued to hit, kick, and yell at the staff. The note indicated after the resident was dressed, the behaviors ceased. The note further indicated Resident #82 was upset and ambulating up and down hall. On 5/20/15 at 9:00 a.m., Resident #82 was physically aggressive with staff during shower. A 1:1 and comfort intervention were helpful. On 5/20/15, Resident #82's physician was notified of resident's behaviors. On 5/21/15 at 10:40 a.m., Resident #82 received a new order for Seroquel 25 mg po bid (twice a day). On 5/22/15 at 9:00 a.m., a CNA attempted to toilet Resident #82 to toilet.			

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	The resident became resistant to care and physically aggressive. The intervention included 1:1 care with reassurance and a calm approach and a soft voice to decrease behaviors. The note indicated the interventions were not effective with no new interventions documented. On 5/23/15 at 9:45 a.m., after receiving a shower, Resident #82 became resistive to care and physically aggressive. Resident #82 began striking out at staff and cursing. The intervention included 1:1 with reassurance and a calm approach with a soft voice. The nurses note indicated the behaviors ceased. On 5/27/15 at 5:20 a.m., Resident #82 became combative with staff during patient care. The interventions included 1:1, which was ineffective. The note indicated 3 (three) staff members were used to dress the resident. The note further indicated the resident was redirected to the bedroom, which was ineffective. No new interventions were documented. On 6/4/15, the note indicated the staff has observed Resident #82 with an increase in inappropriate self-touching over clothes and breasts and perineal area in front of others. No interventions were documented.			

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	On 6/20/15 at 10:00 a.m., the note indicated a CNA had given Resident #82 a shower. The note indicated when the CNA attempted to dress the resident, the resident became physically aggressive, striking out at staff. The interventions included 1:1 assurance, a soft voice, and calm approach. The note indicated the behaviors ceased. On 6/24/14 at 3:15 p.m., Resident #82 was toileted twice with assist. Resident #82 became resistive to care and physically aggressive when given pericare. Interventions included 1:1 assurance and a calm soft voice. The note indicated the behaviors ceased. On 6/27/15 1:00 p.m., while receiving a shower, Resident #82 became physically aggressive with staff by hitting and pushing the staff. The note indicated the resident became calm after being dressed. On 7/1/15 at 10:00 a.m., Resident #82 became physically aggressive with staff during a shower. The interventions were 1:1 and a calm voice. The interventions were not effective. The note further indicated Resident #82 continued to be aggressive until being dressed and removed from the shower room.			

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	On 7/4/15 at 9:30 a.m., a CNA was giving Resident #82 a shower when the resident became physically aggressive toward staff and resistive to care. The interventions included 1:1 care with assurance and a calm voice and approach. The interventions were not effective. A new intervention included having another CNA approach the resident. The note indicated the resident was still physically aggressive. No new interventions were noted. On 7/4/15 at 2:00 p.m., Resident #82's physician was notified of the behaviors. On 7/5/15 at 11:50 a.m., Resident #82's family was notified of the increase in the resident's behaviors. The family indicated the behaviors were the reason the resident was in the facility. On 7/6/15 at 2:30 p.m., Resident #82 received a new physician's order to increased the Seroquel 50 (fifty) mg bid for psychosis. On 7/8/15 at 10:00 a.m., Resident #82 became resistive and hit at the staff during the shower. Interventions included 1:1 with reassurance and a calm approach with soft voice. The interventions were ineffective. The note further indicated all attempts to decrease			

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	behaviors were ineffective. On 7/8/15 at 5:00 p.m., the note indicated Resident #82 was observed to be incontinent in the dining room. Two CNAs assisted the resident to the shower room for care. Resident #82 became combative toward staff. The resident hit, kicked, bit, "??" and shoved the 2 CNAs. Resident #82 was observed to be yelling and screaming out, "Get away from me, you devils, leave me alone. I hate you!" The note indicated the CNAs left the shower room and the nurse approached the agitated resident, who continued to be upset, yelling and screaming. The note indicated Resident #82 had an agitated facial expression, throwing their arms up in air, and had an incoherent speech. The note indicated the nurse attempted 1:1. The note indicated the resident continued to be agitated and pushed the nurse and stated, "Get away from me." A CNA and the nurse attempted to redirect resident to her room and bed. The note indicated the resident ambulated down the hall and entered the dining room. The note indicated the resident was still agitated, talking incoherently. The note further indicated Resident #82 approached another resident and "punched:" the other resident with a closed hand to the right deltoid. The note indicated the incident was witnessed by			

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	the nurse. The note indicated the nurse intervened between the two residents at that time. Resident #82 walked around table and slapped another resident in the cheek. Neither of the two residents reacted back to Resident #82. The note indicated the nurse and a CNA directed Resident #82 out of the dining room and ambulated the resident down the hall. The note indicated the resident continued to be agitated with incoherent speech. The note indicated while ambulating the resident down the hall, the nurse spoke to another resident at which time Resident #82 walked up behind the nurse and attempted to choke the nurse. The note further indicated Resident #82 clawed her fingernails into the back of the nurse's neck. On 7/9/15 at 9:00 a.m., during an IDT (intradepartmental team) meeting, interventions included the following: request a consultation with a psychiatrist and a pharmacy review of the resident's medications. The interventions also indicated 15 (fifteen) minute checks would continue and the facility would attempt to obtain an order for labs including an U/A C&S. On 7/10/15 8:45 a.m., the nurses notes indicated Resident #82 was experiencing			

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	increased agitation when the CNAs attempted care. The note further indicated Ativan 0.5 mg was administered. On 7/12/15 at 3:00 p.m., the note indicated Resident #82 became combative with hitting and kicking of staff during care. The note indicated the resident was redirected and the behaviors ceased. On 7/14/15, 7/17/15, and 7/22/15, the notes indicated Resident #82 had no behaviors during care given by the activity manager and the unit nurse. Review of care plans on 7/22/15 included, but were not limited to the following: Dementia with behaviors: Resident with occasional intolerance of activities due to dementia would attend 2-3 activities per week Approaches: provide reminders of activities of choice provide resident with any materials needed for self directed activities residents choice of little or no activities as desired. Resident #82 exhibiting symptoms of psychosis-combative with staff during bathing and clothing changes			

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	7/8/15 resident at risk for side effects from use of Seroquel Goal: resident has no injury related to medication usage Approaches: administer med as ordered observe for side effects observe behaviors maintain clutter free environment pharmacy GDR (Gradual Dose Reduction) observe for signs of tremor, document, and report to doctor Added on 7/8/15: Resident #82 required assistance from staff with ADLs - combative with clothing changes and bathing Goal: Resident would allow staff to assist with ADLs without combative behaviors Approaches: give verbal cues to help prompt break tasks up into smaller steps assist to sink to perform hygiene and grooming task dependent of staff for bathing PT (physical therapy)/OT (occupational therapy) evaluations quarterly and prn resident required limited to extensive assist with toileting, dressing, personal hygiene/grooming, and eating. Added on 7/8/15 Resident #82 is exhibiting symptoms of			

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	psychosis-combative with staff during bathing and clothing changes Goal: Behaviors will not interfere or injure others Approaches: administer medications as ordered observe behaviors obtain labs as ordered medication reviews by pharmacy quarterly and PRN request U/A and C&S as indicated to rule out UTI trial intervention by activity staff (2 CNAs) to shower on shower days psychiatrist consultation PRN 15 minute checks Record review indicated no doctors progress notes since 3/30/15. The review of Social Service notes indicated: 5/2/15: Nurses notes recorded Resident #82 was aggressive during shower and dressing 5/10/15: On 5/9/15, Resident #82 had an episode of being combative during shower 6/18/15: Resident had incident, aggressive with staff during care. Became calm after staff completed care 7/9/15: Evening of 7/8/15, resident had been combative during care. Staff			

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	redirected, 1:1, not effective, Resident #82 was walking to room by staff, then went to Main Dining Room on the Cardinal unit (a secured unit) and struck out at 2 residents, neither resident was injured or acknowledged by the residents. Added: will refer for psychiatric evaluation The last Social Service Progress Review was 4/28/15, which indicated Resident #82 was sociable and friendly. No mood/behavior/emotional status issues were marked. Review of the Activity Director (AD) notes indicated: Activity Director assisted with shower on 7/14/15. The AD approached the resident calmly and noticed that 1:1 was going to work best. The writer noticed that being soft spoken and reassuring had been successful with the 1:1 intervention. On 7/21/15 per activity: Staff gave resident shower that a.m. Attempt was successful. Resident showed a little agitation during shower but was easily talked to and redirected. On 7/21/2015 at 3:03 p.m., during an interview with the DON (Director of Nursing) and the SS (Social Services) regarding Resident #82 aggressive			

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	behaviors, the DON indicated resident would have the psychiatric evaluation on 7/22/15. The DON indicated the resident had hit two residents on 7/9/15 and had hit many staff members . The DON indicated she recognized the resident had been combative and probably should have been sent out for the psychiatric evaluation. The DON indicated Resident #82 should have been sent out immediately for the psych evaluation, but the facility was waiting to see if something else happened after having the new interventions put into place. The DON further indicated an intervention for showering had been to have the Activity Director (AD) to assist with the showers and for the staff to do 15 minute checks on the resident. The SS indicated the resident had not had another incident since 7/9/15. SS indicated she thought the behaviors were the result of the resident not wanting to be showered. During an observation on 7/22/15 at 11:57 a.m., Resident #82 was observed in dining room and in the hallway. The resident was noted to be pleasant but confused. On 7/22/15 at 2:00 p.m., an interview with LPN #1 indicated she has not worked with Resident #82 much but			

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	knew her behaviors were with showering. LPN #1 indicated the resident did not have any aggressiveness when the resident received a bed bath. On 7/22/15 at 2:28 p.m., during an interview, CNA #1 indicated she had taken care of Resident #82 when the resident had gotten aggressive with care. She had found if she could redirect the resident, the resident would remain calm. On 7/22/15 at 2:30 p.m., interview with LPN #2 indicated when she had cared for Resident #82, she would become aggressive during care and/or showering. LPN #2 indicated she found if the facility limited the number of people caring for Resident #82 and talk calmly, the resident reacted better. LPN #2 indicated she had not noticed any aggressive behaviors for the past week. Interview with Social Service (SS) on 7/22/15 at 2:20 p.m., indicated the only documentation she had on resident's behaviors were in her SS notes. She also indicated the psychiatric evaluation was to be done today. The SS indicated the psychiatrist comes from another city. The SS indicated the psychiatrist would come in and speak to the resident a few minutes and review the medications. The SS indicated prior to the visit, a nurse			

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	who was employed by the psychiatrist would obtain a copy of the chart. The SS further indicated she does not know what time the psychiatrist would arrive at the facility. The SS indicated it was difficult to locate a psychiatrist to see Medicare residents because of non-payment. The SS indicated she would remain at the facility until the psychiatrist arrived. On 7/22/15 at 3:29 p.m., the psychiatric evaluation was completed. During an observation on 7/23/15 at 9:00 a.m., LPN #1 was observed to assist Resident #82 to the bathroom. Resident #82 was observed to need repeated commands regarding toileting and was resistive with lowering the pants. The Behavior Symptom Monitoring Flow Record was received from LPN #1 which indicated the resident's behaviors on 7/12/15 at 3:00 p.m., were "resistive to care and physical aggression due to care, moved to quiet place, given food/fluid, redirected and calming voice". Interview with Activity Director on 7/23/15 at 11:01 a.m., indicated she volunteered to try to give the resident's bath and use a calming, unhurried, distractive approach while bathing the resident. The AD indicated this approach			

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	had been successful the two times she has done bath. The AD indicated the AA (Activity Assistant) has assisted the resident when the AD was not working. On 7/23/15, the psychiatric consultation indicated Lyrica (an anti-epileptic medication) 25 mg po in the a.m. (morning) and 5 p.m. was ordered. The psychiatric evaluation indicated the resident had improved with behaviors and was at a moderate risk. The evaluation further indicated Resident #82 could be managed with prescription drugs, in which Lyrica was Lyrica. A copy of the Social Services job description indicated, but was not limited to, the SS Director job was to assure that the medically related emotional and social needs of the resident would be met/maintained on an individual basis. Conduct and document a social service evaluation, including identification of resident problems/needs. 3.1-34(a)			
F 0280 SS=D Bldg. 00	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be			

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	incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. 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.			
	Based on observation, interview and record review, the facility failed to ensure the care plan was reviewed and updated to include interventions for behaviors in 1 of 1 resident reviewed in a total sample of 12 residents who met the criteria for behaviors. (Resident #82) Findings include: The clinical record for Resident #82 was reviewed on 7/21/15 at 3:00 p.m. Diagnoses included, but not limited to, dementia, IBS (irritable bowel syndrome), HTN (hypertension), flat foot, psychosis, and anxiety Review of nursing notes on 7/21/15 at 3:00 p.m. indicated the following:	F 0280	F280: Resident #82 care plan has been updated On 7-21-15 the care plans for Resident #82 were reviewed and revised, as indicated, by the IDT Care plan, of residents exhibiting combative behaviors, will be reviewed and revised by IDT to ensure accurate updates, interventions and documentation Twenty four hour shift reports will be reviewed in morning meeting, 5 times per week, with care plan being updated as needed IDT has been re-educated by the ED on care plan revision as it related to combative behaviors DCS and/or SSD will monitor behavior tracking sheets, documentation and revisions weekly time 8 weeks and monthly for 4 months to ensure compliance with findings brought to the Quality Improvement Committee for review and	08/14/2015

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			recommendations as warranted	
	On 5/9/15 at 9:45 a.m., after having a shower by the CNA, Resident #82 became combative and resistive to care. The note indicated all attempts to decrease the resident's behavior had not been effective. The note indicated the resident continued hitting, kicking, and yelling at the staff. The note further Resident #82 continued to be upset and ambulated up and down the hall On 5/22/15 at 9:00 a.m., a CNA assisted Resident #82 to the bathroom. The note indicated the resident became resistive to care and physically aggressive. On 5/27/15 at 5:20 a.m., Resident #82 became combative with staff during personal care. The note indicated 3 (three) staff members were required to assist in dressing the resident. On 6/4/15, the note indicated staff has observed Resident #82 with an increase in inappropriate self touching over their clothes, breasts, and perineal area in front of others. On 7/1/15 at 10:00 a.m., Resident #82 became physically aggressive with staff during a shower. On 7/4/15 at 9:30 a.m., the note indicated			

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	a CNA was giving Resident #82 a shower when the resident became physically aggressive toward staff and resisted care. A different CNA approached the resident and the resident continued to be physically aggressive. On 7/8/15 at 10:00 a.m., Resident #82 became resistive to care, hitting at staff while receiving a shower. The note further indicated all attempts to decrease the behaviors not effective. On 7/8/15 at 5:00 p.m., Resident #82 was observed in the dining room and had been incontinent. After two (2) CNAs had assisted the resident to the bathroom, the resident became combative toward the staff. Resident #82 hit, kicked, bit, "??" and shoved the 2 CNAs and was yelling and screaming out. The resident stated "get away from me, you devils, leave me alone. I hate you!" The CNAs left the shower room and the nurse approached the resident. The resident was still upset, yelling, screaming, throwing their arms up in the air, and had an agitated facial expression. The resident also had incoherent speech. The nurse attempted an 1:1 intervention. The resident continued to be agitated, pushing the nurse and stating "get away from me." A CNA and the nurse attempted to direct resident to the bedroom and into bed to			

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	calm down. The resident continued ambulating down hall and entered the dining room. The resident continued to be agitated and was talking incoherently. Resident #82 approached a resident in a wheelchair and "punched" the resident with a closed hand to the right deltoid. The incident was witnessed by the nurse. The nurse intervened between the two residents. Resident #82 ambulated around a table and slapped another resident on the cheek. Neither of the two involved residents reacted back to Resident #82. The nurse and CNA directed the resident out of the dining room. The resident ambulated down the hall and continued to be agitated with incoherent speech. The nurse attempted to speak to another resident when Resident #82 attempted to choke nurse from behind. Resident #82 also clawed her fingernails into the back of nurse's neck. The clinical record lacked documentation the care plans had been reviewed or revised prior to 7/8/15. On 7/9/15 at 9:00 a.m., during an IDT (intradepartmental team) meeting, interventions included the following: request a consultation with a psychiatrist and a pharmacy review of the resident's medications. The interventions also			

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	indicated 15 (fifteen) minute checks would continue and the facility would attempt to obtain an order for labs including an U/A C&S. On 7/21/2015 at 3:03 p.m., during an interview with the DON (Director of Nursing) and the SS (Social Services) regarding Resident #82 aggressive behaviors, the DON indicated resident would have the psychiatric evaluation on 7/22/15. The DON indicated the resident had hit two residents on 7/9/15 and had hit many staff members . The DON indicated she recognized the resident had been combative and probably should have been sent out for the psychiatric evaluation. The DON indicated Resident #82 should have been sent out immediately for the psych evaluation, but the facility was waiting to see if something else happened after having the new interventions put into place. The DON further indicated an intervention for showering had been to have the Activity Director (AD) to assist with the showers and for the staff to do 15 minute checks on the resident. During an observation on 7/23/15 at 9:00 a.m., LPN #1 was observed to assist Resident #82 to the bathroom. Resident #82 was observed to need repeated commands regarding toileting and was			

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	resistive with lowering the pants. A policy on Care Plan was obtained on 7/23/15 at 2:46 p.m. from the DON (Director of Nursing) included, but not limited to, the Comprehensive Care Plan is reviewed and updated at least every 90 days by the interdisciplinary team. In cases of a significant change in the residents condition, the Care Plan must be updated within 7 (seven) days of the new full MDS (Minimum Data Set) assessment. 3.1-35(c)(2)(e)			
F 0323 SS=E Bldg. 00	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure hot water temperatures were maintained at less than 120 degrees for 11 of 21 rooms observed during stage 1 sample review. (Rooms 304, 308, 310, 312, 314, 315, 316,406, 407, 408, 411.) Findings include:	F 0323	F323 Head to Toe assessments have been completed on in-house residents with no negative outcomes noted due to excessive water temperatures Water temperature has been taken in all resident care areas with temperature being within acceptable parameters New thermometer was purchased by Maintenance Director Temperatures will continue to be taken daily and logged to ensure	08/14/2015

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	On 7/21/14 from 9:00 a.m., through 10:00 a.m., the water temperatures were measured: Room #304 122.5 F (Fahrenheit) Room #308 128.5 F Room #310 127.2 F Room #312 128.8 F Room #314 126.5 F Room #315 126.3 F Room #316 123 F Room #406 125.1 F Room #407 128.7 F Room #408 125.8 F Room #411 127.4 F On 7/21/15 at 10:15 a.m., the Administrator was notified of hot water temperatures in resident rooms. On 7/21/15 at 10:16 a.m., the Maintenance Director was notified of hot water temperatures. The Maintenance Director checked Room #411's water temperature and obtained 110 degrees F (Fahrenheit) with the surveyor's thermometer reading 127 degrees F. Room # 408 was checked and the Maintenance Director obtained 110 degrees with this surveyor obtaining 126 degrees F. The Maintenance Director indicated he had just gotten the thermometer and checked room temperatures yesterday.		100-110 degrees in patient care areas Maintenance will continue to monitor water temperatures daily to ensure compliance with findings brought monthly to the Quality Improvement Committee for review and recommendations as warranted for 12 months	

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	The temperature in boiler room on the hot water tank read 130 degrees F and was confirmed by the Maintenance Director. The Maintenance Director indicated he would lower the hot water temperature; On 7/23/15 a copy of the Maintenance Director's water temperature log was obtained. The log indicated all temperatures on all units on the dates of 7/13, 7/14, 7/15, 7/16, and 7/17/2015 were 110 degrees. On 7/23/15 at 2:46 p.m. a Policy and Procedure, received from the Director of Nursing, included, but was not limited to, hot water temperatures will by checked daily within the facility by the Maintenance or staff and documented on Facility Water Temperature Log. The temperature for hot water drawn for bathing or whirlpool usage must be between 100-110 degrees F. 3.1-19(r)(2)			
F 0364 SS=F Bldg. 00	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable,			

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	attractive, and at the proper temperature. Based on observation, interview, and record review, the facility failed to ensure food was served at the proper temperature during 1 of 2 meal observations. This had the potential to affect 70 of 73 residents of the facility. Findings include: During an observation of the kitchen, on 7/22/15 at 10:00 a.m., Cook #1 was observed to obtain the temperature of the turkey prior to pureeing the meat. The turkey was temped at 197 degrees Fahrenheit (F). Cook #1 was observed to place the pureed turkey into a pan and cover it with aluminum foil. Cook #1 was observed to place the pan into the oven. During an observation on 7/22/15 at 11:23 a.m., Cook #1 was observed to plate the lunch meal for the residents in the facility. The temperature was not obtained for the mashed potatoes, pureed carrots, turkey, pureed turkey, ground turkey, corn, and gravy. Upon query, Cook #1 indicated all of the food temps had not been obtained. Cook #1 indicated she had obtained the temperatures prior to serving the food as	F 0364	F364: Residents being served from the kitchen have the potential to be affected by this alleged deficient practice, head to toe skin assessments have been completed on in-house residents with no negative outcomes noted Food temperature logs are in place and being utilized by cook with all food items being temped prior to food service, Additional space has been added for cook to document temperatures of every food item on steamtable to include all textures Dietary staff to be educated on updates to daily food temperature log Dietary Manager and or designee will monitor food temperature logs 5 times a week for 4 weeks and then monthly for four months to ensure accuracy and make revisions as needed, Results will be brought to monthly Quality Assurance Committee meeting for further review and recommendations	08/14/2015

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	followed: Turkey: 197 degrees F Ground Turkey: 210.5 F Puree Turkey: 201 F Pureed Carrots: 198.6 F Upon query, the District Manager indicated he would retemp the food. The temperatures were as followed: Mashed potatoes: 163.4 F Pureed Carrots:174 F Turkey 181.4 F Corn: 177.8 F Gravy: 171.1 F Mechanical Turkey: 185.7 F Pureed Turkey: 170.2 F Upon query regarding the temperatures, the Dietary Manager indicated she was from another state and did not know what the range for the food temperatures should be. The Dietary Manager indicated she had never heard of anyone having too hot of food. A policy titled, "Food Temperatures" dated 11/30/14 and obtained from the Adm (Administrator) on 7/23/15 at 5: 45 p.m., indicated the cook is responsible for checking food temperatures prior to the beginning of service.			

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	3.1-21(a)(2) 3.1-21(i)(2)			
F 0371 SS=F Bldg. 00	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food under sanitary conditions. This had the potential to affect 70 of 73 residents in the facility. During the initial tour of the kitchen on 7/19/15 at 3:50 p.m., the following was observed: 1. Flies were observed in the dining room and the kitchen. 2. The kitchen floor had dirt, debris, and paper on it, as well as, a soiled towel lying in front of the table with coffee and juice on it. 3. The back splash on the back of the stove was stained with a brownish-black	F 0371	F371 Residents being served from the kitchen have the potential to be affected by this alleged deficient practice have been assessed with no negative outcomes noted Additional pest control applications have been made to inside and outer parameter of department The kitchen floor will be swept and mopped following each meal service per cleaning matrix and daily Quality Control Indicator Inspection Log The back splash, on stove has been cleaned and will be cleaned following each meal per Cleaning Matrix and daily Quality Control indication Inspection log Walk in freezer, reach in refrigerator have been checked with unmarked items removed and disposed of, Daily monitoring using Quality Control Indicator Inspection Logs The bread rack will be checked	08/14/2015

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	substance. 4. The free-standing refrigerator had a container of mayonnaise which had no open date on it. 5. The walk-in freezer had an open bag of frozen carrots with no date on them. 6. A box, containing foil with an empty box on top of it, was observed sitting on top of the bread rack smashing several loaves of bread. The bread rack underneath the top rack also had several loaves of smashed bread. 7. Empty boxes were observed sitting outside of the dry storage area on the floor. During a tour on 7/22/15 at 10:00 a.m., the kitchen was as followed: 1. The floor had dirt and debris present. 2. Flies were observed in the kitchen while the food was being cooked, pureed, and served. 3. The back splash on the back of the stove was observed to be stained with a brownish-black substance. On 7/22/15 at 1:37 a.m., the Dietary		daily to ensure items not resting on bread Empty boxes have been removed and will be disposed of daily Sanitizing buckets have been placed in area away from food items and prep table Dietary manager and all dietary staff to be re-educated on proper hand washing techniques Dietary department to be re-educated on cleaning of stove, floors, and overall sanitation of kitchen utilizing the Daily Quality Control Indicator Inspection Log Dietary Manager and or designee will monitor cleaning and sanitation Quality Control Indicator logs five times a week for 4 weeks, then monthly for 4 months to ensure accuracy and make revisions as needed, Results will be brought to monthly Quality Assurance Committee meeting for review and recommendations warranted	

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	Manager was observed to obtain a wet cloth and clean off the prep table. The Dietary Manager was observed to toss the wet cloth into a bucket which was underneath the prep table. The cloth caused dirty water to be splashed out onto the bottom of the prep table and splattered a box of bread mix. On 7/22/15 at 11:43 a.m., the Dietary Manager was observed to move a cart into the hallway. Upon returning from moving the cart, the Dietary Manager was observed to wash her hands for approximately 5 seconds before moving tray carts and obtaining sandwiches from the refrigerator to be served to the residents. During an interview on 7/22/15 at 11:50, the Dietary Manager indicated the kitchen staff is responsible for the cleaning of the kitchen. During an interview on 7/23/15 at 3:05 p.m., the Regional Director of Dietary indicated the Dietary Manager should have washed her hands for longer than 5 seconds. A policy titled, "Cleaning Schedules," dated 11/30/14 and obtained from the Regional Director of Dietary on 7/23/15 at 6:27 p.m., indicated the dietary			

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	department would adhere to cleaning schedules to maintain a clean and sanitary department and prevent the growth of bacteria. 3.1-21(i)(2) 3.1-21(i)(3)			
F 0465 SS=E Bldg. 00	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for 14 of 21 rooms observed during stage 1. (Room 302, 304, 308, 309, 310, 311, 312, 314, 315, 316, 401, 406, 407, 411) Findings include: 1. On 7/20/15 at 10:01 a.m., Room #302 was observed to have dirt and debris along the edges and in the corners of the cove base, and debris in the heating/ac unit. The same was observed on 7/22/15 at 11:05 a.m. 2. On 7/20/15 at 10:26 a.m., Room #304	F 0465	F465: Room 302 and HVAC unit cleaned, Room 304 and HVAC cleaned and nail removed, Room 308 cleaned, 309 cleaned and HVAC control panel cover replaced, HVAC cleaned, 310 wall repaired under sink, floor buffed and cleaned, found no part of HVAC missing, just bent and that was repaired, 311 cleaned, 312 HVAC unit cleaned, brown marked cleaned from wall, 314 nail holes were patched and painted, cove base re-guled, HVAC unit cleaned, room cleaned, 315 cleaned, 316 mini blind was replaced prior to surveyor exit, HVAC cleaned, 401 black marks have been painted, call light cord replaced, overbed cord replaced and room cleaned, 406 caulking repaired, room cleaned and toilet extender replaced, 407 room cleaned	08/14/2015

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	was observed to have dirt and debris along the edges and in the corners of the cove base. The caulking around the sink was cracked, a nail was sticking out of the wall above the television, and the heating/ac unit had dirt and debris in it. The same was observed on 7/23/15 at 9:20 a.m. except the cracked caulking had been repaired. 3. On 7/21/15 at 9:21 a.m., Room #308 was observed to have dirt and debris along the edges and in the corners of the cove base. The same was observed on 7/23/15 at 8:21 a.m. 4. On 7/20/15 at 10:41 a.m., Room #309 was observed to have dirt and debris along the edges and in the corners of the cove base. The cover over the controls to the heating/ac unit was missing, and the heating/ac unit had dirt and debris in it. The same was observed on 7/23/15 at 9:10 a.m. 5. On 7/20/15 at 10:51 a.m., Room #310 was observed to have gouges in the wall in the bathroom under the sink, the caulking around the base of the commode was dirty with a brown substance on it, the for was dirty and scuffed, a piece of the heating/ac unit was missing from the front and dirt and debris was along the edges and in the corners of the cove base.		HVAC cleaned, 411 cleaned No negative outcomes to the residents residing in these rooms have been noted Resident rooms will be assessed for cleanliness by 8-13-15 Maint staff and HSK staff to be re-educated on proper cleaning and environmental upkeeps as needed The facility staff will be re-educated on usage and placement of maint request forms The department managers will conduct mock survey rounds regarding the cleanliness of rooms 5 times a week and the results will be discussed in morning operations meeting, The deep cleaning schedule will be given to the administrator monthly by HSK supervisor The ED and or designee will visually inspect five rooms weeks for 8 weeks then monthly for 4 months with findings brought to Quality Improvement Committee for review and recommendations as warranted	

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	The same was observed on 7/23/15 at 9:08 a.m., except the caulking around the base of the commode was clean. 6. On 7/21/15 at 9:59 a.m., Room #311 was observed to have dirt and debris along the edges and in the corners of the cove base. The same was observed on 7/23/15 at 12:10 p.m. 7. On 7/20/15 at 11:19 a.m., Room #312 was observed to have debris in the heating/ac unit, brown marks on the wall behind the bed and next to the light switch, and dirt and debris along the base and in the corners of the cove base. The same was observed on 7/22/15 at 2:45 p.m. 8. On 7/20/15 at 3:21 p.m., Room #314 was observed to have 6 (six) screw holes in the wall, the cove base was loose in the bathroom, the heating/ac unit had debris in it, and dirt and debris was along the edges and in the corners of the cove base. The same was observed on 7/22/15 at 11:07 a.m. 9. On 7/20/15 at 3:30 p.m., Room #315 was observed to have candy paper in the floor and dirt and debris along the edges and in the corners of the cove base. The same was observed on 7/22/15 at 1:55 p.m., except the candy paper had been			

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	removed. 10. On 7/20/15 at 10:57 a.m., Room #316 was observed to have dirt on the floor, the mini-blinds in the window were bowed, and dirt and debris was observed in the heating/ac (air conditioner) unit. The same was observed on 7/23/15 at 9:05 a.m. 11. On 7/20/15 at 8:59 a.m., Room #401 was observed to have black marks on the the wall, the call light cord was dirty with a black substance, dirt and debris was along the edges and in the corners of the cove base, and the overbed cord was missing. The same was observed on 7/22/15 at 3:32 p.m. 12. On 7/20/15 at 8:42 a.m., Room #406 was observed to have cracked caulking behind the sink, dirt and debris along the edges and in the corners of the cove base, and the commode extender had a brown substance on it. On 7/22/15 at 1:50 p.m., the cove base had dirt and debris along the edges and in the corners. 13. On 7/20/15 at 8:45 a.m., Room #407 was observed to have the dirt and debris in the heating/ac unit, a brown substance around the edge of the commode and a black substance toward the back of the commode. Dirt and debris were observed			

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	along the edges and in the corners of the cove base. The same was observed on 7/23/15 at 10:37 a.m., except the the brown and black substances were gone. 14. On 7/20/15 at 1:48 p.m., Room #411 was observed to have dirt and debris along the edges and in the corners of the cove base and the commode extender had a black substance on it. The same was observed on 7/23/15 at 8:15 a.m., except the commode extender was clean. During an interview with the Housekeeping Director on 7/23/15 at 11:30 a.m., the Housekeeping Director indicated resident's rooms are deep cleaned on a rotating schedule. The Director indicated she tracks the room cleaning daily and checks the rooms herself. The Director further indicated if something is broke and defective, the maintenance department would be notified. A policy title, "Housekeeping/Cleaning Schedule" dated 1/99 and obtained from the Adm (Administrator) on 7/23/15 at 7:58 p.m., indicated the rooms would applicable areas would be dry mopped and dusted daily. The policy further indicated any defective equipments would be reported to the maintenance			

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	department for action. 3.1-19(f)			
F 0469 SS=E Bldg. 00	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. Based on observation and interview, the facility failed to ensure it was free of flies during 2 of 2 kitchen observations during meal preparation and 3 of 3 residents in a total sample of 35 residents observed during stage 1. (evening Meal, Lunch Meal, Resident #6, Resident #51, Resident #83) Findings include: 1. During and observation of the kitchen on 7/19/15 at 3:50 p.m., the kitchen was observed to have flies during the supper preparation and serving. 2. During an observation on 7/20/15 at 10:01 a.m., Resident #83 was observed to be lying in bed. Flies were observed flying in the room and landing on the	F 0469	F469: Residents #83 and #51 have been assessed with no negative outcomes noted Head to toe skin assessments have been completed on in-house residents with no negative outcomes noted The pest control company has applied additional treatments to exterior and interior areas of facility, New front door closure has been ordered to inhibit front door from staying open extended periods of time The ED and or designee will monitor daily for 4 weeks and then monthly for 4 months with pest control company being called as needed for additional applications of fly control, Findings will be brought before the monthly Quality Improvement Committee for review and further recommendations for 3 months	08/14/2015

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	resident. The same was observed on 7/22/15 at 10:15 a.m. 3. During an observation on 7/20/15 at 10:26 a.m., flies were observed to flying around the Resident #51 who was sleeping in bed. The same was observed on 7/22/15 at 8:54 a.m. 4. During an observation on 7/20/15 at 10:41 a.m., Resident #6 was observed sleeping in a recliner in her room. Flies were observed flying around the resident and landing on her while she slept. The same was observed on 7/22/15 at 9:05 a.m. 5. During an observation on 7/22/15 at 10:00 a.m., Cook #1 was observed to be pureeing carrots. Flies were observed to be flying around the prep table. During an interview with the Maintenance Director on 7/22/15 at 3:00 p.m., he indicated the facility had a problem with flies and the facility had been treated for them. The Maintenance Director indicated the Pest Control Company had "ran out of" the pesticide for flies and the company was waiting for more to arrive. A policy titled, "Pest Control" dated 11/30/14 and obtained from the			

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	Maintenance Director on 7/22/15 at 3:00 p.m., indicated treatment would be "rendered as required to control insects and vermin". 3.1-19(f)(4)			
F 0514 SS=D Bldg. 00	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. Based on record review and interview, the facility failed to ensure physicians orders were being followed for I & O (intake and output). This affected 1 of 1 resident reviewed in a total stage 1 sample of 35 residents whose charts were reviewed. (Resident #32) Findings include: The clinical record for Resident #32 was	F 0514	F514: Clinical record of resident #32 reviewed with no negative outcomes noted I&O sheets of residents currently on I&O reviewed for accuracy and completion Residents currently on I&O had their physician orders reviewed for implementation The licensed nursing staff have been re-educated on completing and implementing physician orders The new telephone orders will be brought to the daily operations	08/14/2015

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	reviewed on 7/21/15 at 3:00 p.m. The diagnoses for Resident #32 included, but were not limited to, hypertension and cerebral vascular accident On 7/22/15 at 8:47 a.m., on record review, a physician's order, dated 6/4/15, indicated intake and output was to be recorded every shift x (times) two months. On 7/22/15 at 2:00 p.m., the ADON (Assistant Director of Nursing), provided I&O monthly flow sheet and indicated the I&O's were recorded for each shift on the form. On 7/22/15 at 2:15 p.m., during review of I&O monthly flow sheet, 8 of 30 days in June 2015, were not accurately recorded. On 7/22/15 at 2:45 p.m., Resident #32's care plan was reviewed. The care plan indicated there was a potential for fluid volume deficit related to diuretic use, to observe fluid intake, and to observe for signs and symptoms of dehydration. On 7/23/15 at 8:40 a.m., during interview with LPN # 1 (Licensed Practical Nurse), she indicated Resident #32 was on I&O due to diuretic use, edema, and weight gain.		meeting to be reviewed for accuracy and completions 5 times per week DCS, ADCS and or designee will monitor the physician orders daily for 4 weeks and then monthly for 4 months to ensure accuracy and implementation, Tracking and trending will be brought to Quality Improvement Committee monthly for 6 months for further review and further recommendations as warranted	

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	On 7/23/15 at 10:05 a.m., DON (Director of Nursing), provided Policies and Procedures for Physician Orders dated 11/30/15. The policy indicated the Clinical Nurse shall transcribe and review all physicians orders in order to effect their implementation. 3.1-50(a)(2)			