

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155699	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/09/2013
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NAME OF PROVIDER OR SUPPLIER  BRIDGEWATER REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 N MILL ST HARTFORD CITY, IN 47348
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 2, 3, 4, 6, 7, &amp; 9, 2013</p> <p>Facility number: 000290 Provider number: 155699 AIM number: 100379970</p> <p>Survey team: Shelley Reed, RN, TC Linn Mackey, RN Toni Maley, BSW</p> <p>Census bed type: SNF/NF: 41 Total: 41</p> <p>Census payor type: Medicare: 3 Medicaid: 31 Other: 7 Total: 41</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed by Debora Barth, RN.</p>	F0000	<p>Submission of this plan of correction shall not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirements under state and federal laws. Please accept this plan of correction as our credible allegation of compliance.</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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F0241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to ensure dependent residents were dressed in a manner to promote dignity and dependent residents were assisted to eat in a manner to promote dignity. These deficient practices impacted 4 of the facility's 40 residents reviewed for the provision of care and services in a dignified manor (Residents #1, #47, #6 and #37).</p> <p>Findings include:</p> <p>1. During an 1/3/13, 8:40 a.m. observation, Resident #1 was seated in a wheelchair in the Therapeutic Dining Room consuming her meal. Her top was off her shoulder exposing her bare shoulder. Her name was written in her top and showed through the front at the neck.</p> <p>During an 1/3/13, 10:08 a.m. observation, Resident #1 was in her wheelchair in the hallway awaiting an</p>	F0241	<p>1. Resident # 1 is currently being dressed in a manner to promote dignity. The resident's clothing has been checked and if noted to be ill fitting or with the name in clear view, it has been sent home with the family. Residents # 47, 6, and 37 are currently being assisted to eat in a manner to promote dignity. Resident # 6 is currently being seated with other residents during meals. Residents # 47 and 37 are being assisted with meals when the trays are served. CNA # 5 and RN # 6 have been re-educated on assisting residents at meals in a manner to promote dignity. 2. All residents have the potential to be affected. Each resident has had their clothing checked and sent home with the family if noted to be ill fitting or their name was in clear view. The residents have also been observed at meal services and are being assisted to eat as indicated in a manner to promote dignity. 3. The facility's procedure for feeding of dependent residents has been reviewed, no changes are indicated at this time (See Attachment A). The facility staff</p>	01/21/2013			

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	<p>activity. Her top was off her shoulders exposing her bare shoulders. Her name was written inside her top and showed through the front of her top across the neck.</p> <p>Resident #1's record was reviewed on 1/8/13 at 9:40 a.m.</p> <p>Resident #1's current diagnoses included, but were not limited to, contractors of the upper extremities and quadriplegia.</p> <p>Resident #1 had a current, 11/3/12, quarterly, Minimum Data Set assessment which indicated the resident was totally dependent on staff assistance for dressing, was highly visually impaired and was cognitively impaired and had poor decision making skills requiring supervision and cueing for decision making.</p> <p>Resident #1 had a current, 11/15/12, care plan problem/need which indicated she required the assistance of two staff for activities of daily living. An approach for this problem was to ensure the resident was dressed in clothing that were clean, in good repair and seasonally appropriate.</p> <p>2. During a 1/2/12 11:55 a.m.</p>		<p>have been re-educated on resident rights with an emphasis on dignity with dressing and meal times (See Attachment B). A Dignity Monitoring form has been implemented (See Attachment C). 4. The Social Service Director or designee will complete the dignity monitoring form on scheduled work days as follows: daily for 2 weeks, 2 times per week for 2 weeks, weekly for one month, one time monthly for 3 months then quarterly thereafter for a minimum of 6 months to ensure dressing and assisting residents with meals is being completed in a manner to promote dignity. Should concern(s) be observed, re-education will be provided. Results of the observations will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly, as warranted. 5. Correction date: 1/21/2013</p>				

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	<p>through 12:45 p.m., observation of the lunch meal service in the Therapeutic Dining Room, the following was observed:</p> <p>Resident #6 was seated at an over bed table away from other residents.</p> <p>Residents #47 and #37 where seated at an assisted dining table.</p> <p>Two employees where present in the room CNA #5 and RN #6.</p> <p>During an interview at 12:02 p.m., CNA #5 indicated she did not know why Resident #6 was seated away from the other residents at the over bed table.</p> <p>At 12:08 p.m., Resident #6 was served her meal on the over bed table away from all the other residents. She had adaptive equipment of a plate guard and specialized utensils. An unidentified staff member woke Resident #6 and told her her meal was here and instructed her to eat. The staff member ensured all the food was uncovered and ready to eat then walked away leaving Resident #6 to feed herself. Resident #6 ate her complete meal without any direct interaction with staff or other residents. She ate in a slow and</p>			

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	<p>steady manner. Her manner was calm.</p> <p>At 12:08 p.m., Resident #37's food tray was placed in front of her. Her meal tray was set up and she was instructed to eat her meal.</p> <p>At 12:09 p.m., Resident #47's food tray was placed in front of the resident. The tray was set up and the resident was instructed to eat her meal</p> <p>Approximately every 3 to 5 minutes from the time their meal was placed in front of them, CNA #5 verbally prompted Residents #37 and #47 to eat. The CNA did not offer any assistance to the residents. She only offered verbal cueing. Resident #37 sat with her head back and her mouth opened. Resident #47 sat with her head down almost on her lap. By 12:20 p.m. neither Resident #37 or #47 had taken a bite and both appeared to be asleep.</p> <p>At 12:25 p.m., CNA #5 offered Resident #37 her first bite of food (17 minutes after her food was placed in front of her). Resident #37 consumed the bite that was offered to her. Following the bite to Resident #37, CNA #5 offered a bite to Resident</p>			

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	<p>#47 (16 minutes after her food was placed in front of her). Resident #47 consumed the bite offered to her.</p> <p>CNA #5 then waited until 12:27 p.m. to offer both Residents #37 and #47 one more bite each. Both residents ate the bite they were offered.</p> <p>At 12:28 p.m. CNA #7 moved to the table and began to feed Resident #37. From 12:08 p.m. to 12:28 p.m. Resident #37 was offered two bites of food (a 20 minute period). Resident #37 began to eat as soon as she was fed by CNA #7.</p> <p>At 12:30 p.m., Resident #47 was given her bread and she ate 4 or 5 bites. She then stuck her bread in her glass of water. At 12:32 p.m., CNA #5 removed the glass of bread and water and placed it off the table. Resident #47 began to stick her fingers in her food and licked some food off her fingers. She picked up potatoes and carrots with her fingers taking approximately 4 bites. At 12:35 p.m., CNA #5 offered Resident #47 a bite and she ate it without difficulty. This was the first bite she had been offered by staff since 12:30 p.m. when she was handed bread.</p> <p>At 12:40 p.m., the CNA who had been</p>						

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	<p>feeding Resident #37 left the room to take another resident to his room. No one fed Resident #37 while the CNA was gone and she sat in her chair. Resident #37 had been eating slow and steady when being fed by CNA #7 at 12:28 p.m.</p> <p>At 12:42 p.m., CNA #5 offered Resident #37 a bite. CNA #5 then offered Residents #47 and #37 each one bite every 2 to 5 minutes for the rest of the meal. Each resident would eat each bite offered and would not be offered another bite for a period of time up to 5 minutes.</p> <p>During the meal observation from 11:55 a.m. to 12:45 p.m., RN #6 was in the Therapeutic Dining Room. She did not offer direction or assistance to CNA #5 or encourage her to feed Residents #37 and #47.</p> <p>During an 1/2/13 12:45 p.m. interview, CNA #5 indicated there were no written instructions or plans regarding the residents in the Therapeutic Dining Room's feeding assistance need. She indicated she offered assistance based on "observation."</p> <p>During a 1/2/12, 12:46 p.m., interview RN #6 indicated people who assisted</p>			

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	<p>residents needed to read the residents previous ADL (activities of daily living) record before they fed a resident. She indicated she had not read any record before she had come to the Therapeutic Dining Room to assist that day. She indicated she did not normally work in the area and did not know each residents individualized need.</p> <p>3. During a 1/3/13 8:06 a.m. through 8:55 a.m., breakfast meal observation in the Therapeutic Dining Room, the following was observed:</p> <p>Resident #6 sat at a dining room table with other residents and had no negative behaviors and showed no emotional distress.</p> <p>Residents #37 and #47 were seated at an assisted dining table where CNA #5 was seated to assist residents.</p> <p>At 8:07 a.m., Resident #47 was drinking by herself, but was not feeding herself any food items.</p> <p>At 8:08 a.m., Resident #37 took a bite when cued.</p> <p>From 8:08 a.m. until 8:25 a.m., CNA #5 interacted with another resident</p>			

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	<p>seated at the assisted dining table. She did not converse with Residents #37 or #47. She did not cue residents #37 and #47. Both Resident #37 and #47 took a few bites or drinks but did not focus on their meals.</p> <p>At 8:38 a.m., the Nurse Consultant, who had been watching the meal, quietly instructed CNA #5 to interact with all the residents at her table and not focus on one resident.</p> <p>At 8:40 a.m., CNA #5 began to interact with Residents #37. When Resident #37 was offered a bite, she began to eat. Resident #47 continued to drink liquids but did not eat her food.</p> <p>At 8:41 a.m., CNA #5 offered Resident #47 a bite of food and she ate it without difficulty.</p> <p>When fed from 8:41 a.m. to 8:55 a.m., both residents #37 and #47 then ate the majority of their meals.</p> <p>4. During an 1/8/13 1:22 p.m., interview, the Director of Nursing indicated CNAs have instruction regarding the amount of feeding assistance a resident requires on their CNA assignment sheets. She</p>			

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	<p>additionally indicated the staff who were assisting in the Therapeutic Dining Room should have had knowledge of the assistance each resident in the dining room required.</p> <p>5. Resident #6's record was reviewed on 1/8/13 at 2:45 p.m.</p> <p>Resident #6's current diagnoses included, but were not limited to, dementia, anxiety with agitation and depression</p> <p>Resident #6 had a current, 10/8/12, quarterly, Minimum Data Set assessment which indicated the resident was cognitively impaired and required cueing and supervision for decision making and required extensive assistance for eating.</p> <p>Resident #6 had a current 12/26/12, care plan problem/need regarding the potential for alteration in nutrition due to dementia, anxiety and depression. An approach to this problem was to encourage the resident to consume 50% or greater of each meal.</p> <p>Resident #6's record did not contain a care plan or approach that indicated the resident could not dine with other residents and needed to be seated separately.</p>				

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	<p>During an 1/3/13, 9:03 a.m. interview, the Administrator indicated Resident #6 did not need to consume meals while seated away from others. He indicated Resident #6 should be seated at a table with her peers.</p> <p>6. Resident #47's record was reviewed on 1/8/13 at 10:10 a.m.</p> <p>Resident #47's current diagnoses included, but were not limited to, Alzheimer's disease, anxiety and debility.</p> <p>Resident #47 had a 10/5/12, current, quarterly, Minimum Data Set assessment which indicated the resident sometimes understood others, was rarely/never understood others and required extensive assistance to eat.</p> <p>Resident #47 had a current, 1/4/13 care plan problem/need regarding her inability to independently feed herself due to Alzheimer's disease. This care plan problem originated 6/18/12. An approach to this problem was "Give verbal direction as needed. Assist resident as needed to avoid potential weight loss."</p> <p>Resident #47 had a current, 1/4/13,</p>						

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	<p>care plan problem/need regarding being at nutritional risk due to anxiety and dementia. This problem originated 5/24/12. An approach to this problem was to encourage the resident to consume 75% of meals.</p> <p>Resident #47 had a 3/14/12, Restorative Program note which indicated "Resident is being enrolled in the following program eating/swallowing. Resident's Current Status: Resident requires assistance of one staff and cueing for eating."</p> <p>7. Resident #37's record was reviewed on 1/8/13 at 9:53 a.m.</p> <p>Resident #37's current diagnoses included, but were not limited to, dementia with behavioral disturbances, depression and anxiety.</p> <p>Resident #37 had a current, 11/14/12, Annual, Minimum Data Set assessment which indicated the resident rarely understood others, had poor decision making, required cueing and supervision for decision making and required extensive assistance to eat.</p> <p>Resident #37 had a current, 12/4/12, care plan problem/need regarding a potential for alteration in nutrition due</p>			

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	<p>to dementia. This problem originated 1/2/12. An approach to this problem was to encourage the resident to consume 50% of meals.</p> <p>Resident #37 had a current, 12/4/12, care plan problem/need regarding progressive cognitive and communication deficits due to Alzheimer's disease and decreased hearing and vision.</p> <p>Resident #37 had a current, 11/14/12, care plan problem/need which indicated the resident was unable to independently feed herself due to dementia and arthritis. An approach to this problem was for one person to provide cues, set up, encourage and physically assist as needed.</p> <p>Resident #37 had an, 1/26/12, Restorative Program note which indicated the "Resident is being enrolled in the following program eating/swallowing. Resident Current Status: Resident requires extensive assist with intakes due to decreased mobility, impaired cognition. Unable to feed self a complete meal independently."</p> <p>3.1-3(m) 3.1-3(t)</p>			

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F0247 SS=A	<p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on interview and record review, the facility failed to ensure notice of roommate change was provided prior to the change for 1 of 22 resident who met the criteria for room transfers. (Resident #61)</p> <p>Findings include:</p> <p>During an interview on 1/3/13 at 8:50 a.m., Resident #61 indicated she had a roommate change in the past nine months. She indicated she was not informed that her roommate was moving out until her roommate told her at lunch that she was moving out that day.</p> <p>During record review on 1/4/13 at 2:30 p.m., the Minimum Data Set (MDS) dated 12/24/12, Resident #61 scored a 15 of 15 for the Brief Interview Mental Status (BIMS). A BIMS score of 13-15 indicated the resident was cognitively intact. Resident #61's diagnoses included, but not limited to, hypertension, depression, chronic anemia, osteomyelitis of left foot and diabetes mellitus.</p>	F0247	<p>1. Resident # 61 suffered no negative outcomes. See corrective actions below. 2. All residents have the potential to be affected. See corrective actions below. 3. The facility's policy for Intra-Facility Transfers has been reviewed and no changes are indicated at this time (See Attachment D). An Intra-facility Transfer form has been revised to include notification of roommate change for the resident remaining in the room. (See Attachment E). The Social Service Director has been educated on the revised form. (See Attachment B). A Room Change Monitoring form has been implemented (See Attachment F). 4. The SSD or designee will complete the Room Change Monitoring form on a weekly basis for a minimum of 6 months to ensure notification is being completed. Should concern(s) be observed, re-education will be provided. Results of the observations will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly, as warranted.5. Correction date: 1/21/2013</p>	01/21/2013			

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	<p>Social service progress notes, dated 12/21/12, were reviewed on 1/4/13 at 3:40 p.m. No documentation indicated Resident #61 was informed her roommate was moving to another room. The note dated 12/21/12 at 1:30 p.m., stated "residents roommate moved out this day."</p> <p>During an interview on 1/7/13 at 10:30 a.m., the Social Service Designee indicated there was no documentation in the resident's record indicating Resident #61 was informed her roommate was moving to another room.</p> <p>During an interview on 1/8/13 at 3:10 p.m., the Administrator and Director of Nursing indicated the facility provided only the resident who moved out with an intra-facility relocation plan form and the roommate was not informed prior to the relocation.</p> <p>Review of a current facility form titled "Intra-Facility Relocation Plan," which was provided by the Administrator on 1/8/13 at 3:10 p.m., indicated only the resident being relocated was informed or a resident is receiving a new roommate is informed within 24 hours of receiving a new roommate.</p>			

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F0325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who were identified as being at nutritional risk received the services needed to prevent potential weight loss for 3 of 5 residents reviewed for nutritional risk (Residents #14, #37 and #47).</p> <p>Findings include:</p> <p>1. Resident #14's record was reviewed on 1/4/13 at 10:35 a.m.</p> <p>Resident #14's diagnoses included, but were not limited to, diabetes, depression with behavioral disturbances, bilateral below the knee amputations and dementia.</p> <p>Resident #14's weight record indicated the following:</p> <p>a. 10/1/12 -161 b. 11/16/12- 164.5 (a 3.5 pound gain)</p>	F0325	<p>1. Residents # 14, 37, and 47 are receiving services needed to prevent potential weight loss. Resident # 14 is receiving nutritional supplements as ordered by the primary physician. Residents # 37 and 47 are being assisted with meals when the trays are served. 2. Any resident who is identified as nutritionally at risk have the potential to be affected. The residents and their clinical records have been reviewed and they are currently receiving nutritional supplements as ordered by the physician and/or assist with meals as indicated 3. The facility's policies for Nutrition and Weight Loss Management (See Attachment G) and Feeding Dependent Residents (See Attachment A) have been reviewed and no changes are indicated at this time. The facility's staff have been re-educated on these policies. (See Attachment B) A Nutritional At-Risk Monitoring form has been</p>	01/21/2013	

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	<p>c. 12/7/12-160.5 (a 4 pound weight loss)</p> <p>Resident #14's daily weights for January 2013 indicated:</p> <p>a. 1/1-146 b. 1/2-150 c. 1/3-152 d. 1/4-152 e. 1/5-151 f. 1/6-151</p> <p>Resident #14 had a current, 12/26/12, care plan problem/need which indicated the resident was at nutritional risk due to dementia, depression and diabetes. An approach to this problem was to serve mighty shakes three times a day with meals.</p> <p>Resident #14 had a 12/10/12 Registered Dietitians note which indicated he may need three Mighty Shakes (a high protein high calorie supplement) a day.</p> <p>Resident #14 had a 12/26/12 Nutritional Assessment form which indicated the resident had a significant weight decrease in six months and the family had requested the Mighty Shakes be served at meals.</p>		<p>implemented (See Attachment H). 4. The Dietary Manager or designee will complete the Nutritional At-Risk Monitoring form on scheduled work days at alternating times as follows: daily for 2 weeks, 2 times weekly for 2 weeks, weekly for one month, once monthly for 3 months then quarterly thereafter for a minimum of 6 months. Should concern(s) be observed, re-education will be provided. Results of the observations will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly, as warranted.5. Correction date: 1/21/2013</p>	

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	<p>Resident #14 had a 12/14/12 SWAT (skin, weight and therapy) note which indicated he had lost 4 pounds in a week . He continued to have poor intake at most meals. He usually ate only 25-50% of meals and often refused substitutes. He received Mighty Shakes daily with meals.</p> <p>During an 1/8/13 8:30 a.m., breakfast observation, Resident #14 was served his breakfast without a Mighty Shake. During an interview at this time, the Assistant Director of Nursing indicated Resident #14 had not been served a Mighty Shake with his meal.</p> <p>During an 1/8/13 8:45 a.m. interview, the Administrator indicated Resident #14 should be served a Mighty Shake with each meal as part of the facility's approach to weight loss.</p> <p>2. Resident #37's record was reviewed on 1/8/13 at 9:53 a.m.</p> <p>Resident #37's current diagnoses included, but were not limited to, dementia with behavioral disturbances, depression and anxiety.</p> <p>Resident #37's weight record indicated the following: a. 12/6/12- 177.8 (loss of 6.2 pounds)</p>			

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	<p>b. 11/7/12- 184 (3 pound gain) c. 10/2/12-181 (2.5 pound loss) d. 9/1/12-183.5</p> <p>Resident #37 had a current, 11/14/12, Annual, Minimum Data Set assessment which indicated the resident rarely understood, had poor decision making skills, required cueing and supervision for decision making and required extensive assistance to eat.</p> <p>Resident #37 had a current, 12/4/12, care plan problem/need regarding a potential for alteration in nutrition due to dementia. This problem originated 1/2/12. An approach to this problem was to encourage the resident to consume 50% of meals.</p> <p>Resident #37 had a current, 12/4/12, care plan problem/need regarding progressive cognitive and communication deficits due to Alzheimer's disease and decreased hearing and vision.</p> <p>Resident #37 had a current, 11/14/12, care plan problem/need which indicated the resident was unable to independently feed herself due to dementia and arthritis. An approach to this problem was for one person to provide cues, set up, encouragement</p>						

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	<p>and physical assistance as needed.</p> <p>Resident #37 had an, 1/26/12, Restorative Program note which indicated the "Resident is being enrolled in the following program eating/swallowing. Resident Current Status: Resident requires extensive assist with intakes due to decreased mobility, impaired cognition. Unable to feed self a complete meal independently."</p> <p>3. Resident #47's record was reviewed on 1/8/13 at 10:10 a.m.</p> <p>Resident #47's current diagnoses included, but were not limited to, Alzheimer's disease, anxiety and debility.</p> <p>Resident #47's weight record indicated the following:</p> <ul style="list-style-type: none"> <li>a. 12/5/12- 128.5 (8 lb loss in a month)</li> <li>b. 11/12 (no day)- 136.5 (3 lb gain)</li> <li>c. 10/2/12- 133.5 (3 lb loss)</li> <li>d. 9/12-136.5 (4 lb loss)</li> <li>e. 8/12-140.5 (4 lb loss)</li> </ul> <p>Resident #47 had a 10/5/12, current, quarterly, Minimum Data Set assessment which indicated the resident sometimes understood</p>			

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	<p>others, was rarely/never understood by others and required extensive assistance to eat.</p> <p>Resident #47 had a current, 1/4/13 care plan problem/need regarding her inability to independently feed herself due to Alzheimer's disease. This care plan problem originated 6/18/12. An approach to this problem was "Give verbal direction as needed. Assist resident as needed to avoid potential weight loss."</p> <p>Resident #47 had a current, 1/4/13, care plan problem/need regarding being at nutritional risk due to anxiety and dementia. This problem originated 5/24/12. An approach to this problem was to encourage the resident to consume 75% of meals.</p> <p>Resident #47 had a 3/14/12, Restorative Program note which indicated "Resident is being enrolled in the following program eating/swallowing. Resident's Current Status: Resident requires assistance of one staff and cueing for eating."</p> <p>Resident #47's, 12/27/12, Dietary Progress Note indicated the resident had a December 2012 weight of 128.5 pounds with a 12/11/12 reweight of 127 pounds and a</p>						

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	<p>November 2012 weight of 136.5 pound which resulted in a 5.9% weight loss in one month. The note indicated the Dietitian wanted the resident "added to SWAT."</p> <p>During a 1/8/13 1:22 p.m. interview, the Director of Nursing indicated Resident #47 was on SWAT. The SWAT team had reviewed consumption and felt Resident #47's weight issues were associated with varying weighing techniques. The facility had assigned the same person to regularly obtain weights to ensure consistency. The consistent person had been assigned at the end of November 2012.</p> <p>4. During a 1/2/12, 11:55 a.m. through 12:45 p.m. observation of the lunch meal service in the Therapeutic Dining Room, the following was observed:</p> <p>At 12:08 p.m., Resident #37's food tray was placed in front of her. Her meal tray was set up and she was instructed to eat her meal.</p> <p>At 12:09 p.m., Resident #47's food tray was placed in front of the resident. The tray was set up and the resident was instructed to eat her meal</p>			

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	<p>Approximately every 3 to 5 minutes from the time their meal was placed in front of them CNA #5 verbally prompted Residents #37 and #47 to eat. The CNA did not offer any assistance to the residents. She only offered verbal cueing. Resident #37 sat with her head back and her mouth opened. Resident #47 sat with her head down almost on her lap. By 12:20 p.m. neither Resident #37 or #47 had taken a bite and both appeared to be asleep.</p> <p>At 12:25 p.m., CNA #5 offered Resident #37 her first bite of food (17 minutes after her food was placed in front of her). Resident #37 consumed the bite that was offered to her. Following the bite to Resident #37, CNA #5 offered a bite to Resident #47 (16 minutes after her food was placed in front of her). Resident #47 consumed the bite offered to her.</p> <p>CNA #5 then waited until 12:27 p.m. to offer both Residents #37 and #47 one more bite each. Both residents ate the bite they were offered.</p> <p>At 12:28 p.m. CNA #7 moved to the table and began to feed Resident #37. From 12:08 p.m. to 12:28 p.m. Resident #37 was offered two bites of</p>			

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	<p>food (a 20 minute period). Resident #37 began to eat as soon as she was fed by CNA #7.</p> <p>At 12:30 p.m., Resident #47 was given her bread and she ate 4 or 5 bites. She then stuck her bread in her glass of water. At 12:32 p.m., CNA #5 removed the glass of bread and water and placed it away from the table. Resident #47 began to stick her fingers in her food and licked some food off her fingers. She picked up potatoes and carrots with her fingers taking approximately 4 bites. At 12:35 p.m., CNA #5 offered Resident #47 a bite and she ate it without difficulty. This was the first bite she had been offered by staff since 12:30 p.m. when she was handed bread.</p> <p>At 12:40 p.m., the CNA who had been feeding Resident #37 left the room to take another resident to his room. No one fed Resident #37 and she sat in her chair while the CNA was gone. Resident #37 had been eating slow and steadily since being fed by CNA #7 at 12:28 p.m.</p> <p>At 12:42 p.m., CNA #5 offered Resident #37 a bite. CNA #5 then offered Residents #47 and #37 each one bite every 2 to 5 minutes for the</p>						

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	<p>rest of the meal. Each resident would eat each bite offered and would not be offered another bite for a period of time up to 5 minutes.</p> <p>During the meal observation from 11:55 a.m. to 12:45 p.m., RN #6 was in the Therapeutic Dining Room. She did not offer direction or assistance to CNA #5 or encourage her to feed Residents #37 and #47.</p> <p>During an 1/2/13, 12:45 p.m. interview, CNA #5 indicated there were no written instructions or plans regarding the residents in the therapeutic dining rooms feeding assistance need. She stated she based what she did to assist the residents by "observation."</p> <p>During a 1/2/12, 12:46 p.m. interview, RN #6 indicated people who assisted residents needed to read the resident's previous ADL (activities of daily living) record before they fed a resident. She indicated she had not read any record before she had come to the Therapeutic Dining Room to assist that day. She indicated she did not normally work in the area and did not know each resident's individualized need.</p> <p>5. During a 1/3/13, 8:06 a.m. through</p>			

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	<p>8:55 a.m. breakfast meal observation in the Therapeutic Dining Room the following was observed:</p> <p>Resident #6 sat at a dining room table with other residents and had no negative behaviors and showed no emotional distress.</p> <p>Residents #37 and #47 were seated at an assisted dining table where CNA #5 was seated to assist residents.</p> <p>At 8:07 a.m., Resident #47 was drinking by herself but was not feeding herself any food items</p> <p>At 8:08 a.m., Resident #37 took a bite when cued.</p> <p>From 8:08 a.m. until 8:25 a.m., CNA #5 interacting with another resident seated at the assisted dining table. She did not converse with Residents #37 or #47. She did not cue residents #37 and #47. Both Resident #37 and #47 took a few bites or drinks but did not focus on their meals.</p> <p>At 8:38 a.m., the Nurse Consultant, who had been watching the meal, quietly instructed CNA #5 to interact with all the residents at her table and</p>			

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	<p>not focus on one resident.</p> <p>At 8:40 a.m., CNA #5 began to interact with Residents #37. When Resident #37 was offered a bite, she began to eat. Resident #47 continued to drink liquids but did not eat her food. Although the resident was not focusing on feeding herself, the resident was not fed for a period of 32 minutes.</p> <p>At 8:41 a.m., CNA #5 offered Resident #47 a bite of food and she ate it without difficulty. Although Resident #47 was only drinking liquids, the resident was not fed for a period of 33 minutes.</p> <p>When fed from 8:41 a.m. to 8:55 a.m., both residents #37 and #47 then ate the majority of their meals.</p> <p>During a 1/8/13, 1:22 p.m. interview, the Director of Nursing indicated CNAs have instruction regarding the amount of feeding assistance a resident requires on their CNA assignment sheets and the staff who were assisting in the Therapeutic Dining room should have had knowledge of the assistance each resident dining in the dining room required.</p>			

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NAME OF PROVIDER OR SUPPLIER  BRIDGEWATER REHABILITATION CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 715 N MILL ST HARTFORD CITY, IN 47348		
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	3.1-46(a)(1)				

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F0329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident did not have an increase in anti-anxiety medications without documented behavioral indicators for use for 1 of 10 residents reviewed for unnecessary medications (Resident #39).</p> <p>Findings include:</p> <p>During observation on 1/2/13 at 2:00 p.m., 1/3/13 at 12:15 p.m., 1/3/13 at</p>	F0329	Based on observation, interview, and record review, the facility failed to ensure a resident did not have an increase in anti-anxiety medications without documented behavioral indicators for use for 1 of 10 residents reviewed for unnecessary medications (Resident #39). 1. Resident # 39 did not experience any negative outcomes associated with receiving an anti-anxiety medication as ordered by the physician. Documented behavioral indicators are currently being completed as indicated.	01/21/2013	

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	<p>2:00 p.m. and 1/8/13 at 10:30 a.m. Resident #39 was asleep.</p> <p>Resident #39's record was reviewed on 1/7/13 at 12:25 p.m.</p> <p>Resident #39's current diagnoses included, but were not limited to, dementia, depression and anxiety.</p> <p>Resident #39 had a 12/29/12 physician's order for Buspar 5 mg (an anti-anxiety medication) three times daily for anxiety.</p> <p>Resident #39's Behavioral Flow Record for November 2012, December 2012 and January 2013 indicated the resident had 3 behavioral episodes in the 3 month period (12/13/12, 12/15/12 and 12/16/12) which indicated the resident was tearful.</p> <p>During an interview on 1/9/13 at 10:30 a.m., the Director of Nursing indicated other than the three tearful episodes above the facility did not have any documentation of resident behaviors prior to the addition of the medication Buspar on 12/29/12.</p> <p>3.1-48(a)(4)</p>		<p>2. All residents receiving psychotropic medications have the potential to be affected. Their clinical records have been reviewed and documented behavioral indicators are currently being completed as indicated. 3. The facility's policy for behavior management has been reviewed and no changes are indicated at this time (See Attachment I). The facility's staff have been re-educated regarding behavior management (See Attachment B). A Physician's Order Monitoring Form has been implemented (See Attachment J). 4. The DON or designee will complete the Physician's Order Review form daily on scheduled work days to ensure any increase in psychotropic medication orders has documentation present to support the increase. These reviews will be completed for a minimum of 6 months. Should concern(s) be observed, re-education will be provided. Results of the observations will be discussed during the facility's quarterly QA meetings and the plan adjusted accordingly, as warranted.5. Correction date: 1/21/2013</p>		

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