

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155283	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2016
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NAME OF PROVIDER OR SUPPLIER WINTERSONG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00195884.</p> <p>Complaint IN00195884 - Substantiated. Federal/State deficiencies related to the allegations are cited at F282, F312, and F314.</p> <p>Survey dates: March 28 & 29, 2016</p> <p>Facility number: 000181 Provider number: 155283 AIM number: 100266860</p> <p>Census bed type: SNF/NF: 40 Total: 40</p> <p>Census payor type: Medicare: 6 Medicaid: 27 Other: 7 Total: 40</p> <p>Sample: 24</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed by 32883</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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F 0282 SS=E Bldg. 00	<p>on 3/31/16.</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to follow Physicians' orders and care plans related to dressings for non-pressure skin areas, geri-sleeves (skin protectors), showers and facial shaving for 10 of 24 residents reviewed for Physicians' Orders and care plans in a total sample of 24. (Residents #E, #F, #G, #H, #J, #K, #P, #U, #X, and #Z)</p> <p>Findings include:</p> <p>1. During an observation on 03/28/16 at 8:35 a.m., Resident #G was sitting in a geri-chair (recliner) in his room. The resident had elbow pads and a short sleeve shirt on, the rest of his arms were uncovered. The resident had facial hair growth.</p>	F 0282	<p>1. Resident # G has been routinely shaven to prevent an overgrowth of facial hair. Resident# G is wearing geri-sleeves as indicated by the Physician order and is receiving treatments to the area on the left outer foot as prescribed by the physician. Resident #P is receiving the treatment to the left foot as prescribed by the Physician. Resident is routinely shaven to prevent the overgrowth of facial hair and is receiving showers per preference and according to shower schedules. Resident #E is receiving showers per preference and the shower schedule. Resident # F has been routinely shaven to prevent an overgrowth of facial hair. The treatment for Resident #F is being followed as prescribed by the physician. Resident #F is receiving showers as per</p>	04/28/2016			

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	<p>During an observation on 03/28/16 at 9:21 a.m., CNA #2 and CNA #3 transferred Resident #G into the bed. The resident had elbow pads and a short sleeve shirt on, the rest of his arms were uncovered, had facial hair growth, and had a dressing on the outer left foot with the date of 03/24/16 marked on the dressing. At the time of the observation, CNA #2 indicated the date on the dressing was 03/24/16.</p> <p>During an observation on 03/28/16 at 9:33 a.m., LPN #2 indicated the dressing on the resident's left outer foot was dated 03/24/16.</p> <p>During an observation on 03/28/16 at 12:05 p.m., Resident #G had elbow protectors and a short sleeve shirt on, the rest of his arms were exposed and he had facial hair growth.</p> <p>During an observation on 03/28/16 at 2:08 p.m., Resident #G had elbow protectors and a short sleeve shirt on, the rest of his arms were exposed and he had facial hair growth.</p> <p>During an observation on 03/28/16 at 2:42 p.m., Resident #G had geri-sleeves on both arms. LPN #1 indicated she had just applied the geri-sleeves. LPN #1</p>		<p>preference and shower schedule. Resident #K had been routinely shaven to prevent an overgrowth of facial hair. Resident # K is receiving showers as per preference and shower schedule. Resident # H has been routinely shaven to prevent an overgrowth of facial hair. Resident #H is receiving showers per preference and shower schedule. Resident # J is receiving showers as per preference and shower schedule. Resident #X has been routinely shaven to prevent an overgrowth of facial hair. Resident #Z has been routinely shaven to prevent an overgrowth of facial hair. Resident #U is receiving showers per preference and shower schedules Resident #E treatment is being completed as ordered by the physician to the area on right buttock. Resident #W treatment to the coccyx isbeing completed as ordered by the physician. Resident #C treatment to the rightbuttock is being completed as ordered by the physician, Resident #N areas on right and left buttock have been assessed and the treatments are being followed as prescribed by the physician. 2. All Residents with ordered treatments have been observed to ensure that each resident is getting the treatment as prescribed by the physician. All residents' skin has been checked to ensure that each area of alteration has been thoroughly</p>	

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	<p>began to administer the treatment ordered for the resident's left outer foot. LPN #1 removed the dressing with the date of 03/24/16. LPN #1 indicated the dressing was an , "island gauze dressing" (gauze dressing). LPN #1 indicated the Physician's Order was for a foam dressing.</p> <p>Resident #G's record was reviewed on 03/28/16 at 1:25 p.m. The resident's diagnoses included, but were not limited to, dementia and coronary artery disease.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 01/22/16, indicated the resident's cognition was impaired, he required extensive assistance with transfers and bed mobility and was dependent on staff for hygiene and bathing.</p> <p>A care plan, dated 01/28/16, indicated the resident was at risk for pressure ulcers. The interventions included, geri sleeves to bilateral arms and apply preventative topical medication as ordered.</p> <p>A care plan, dated 01/28/16, indicated the resident required assistance with ADL's (activity of daily living). The interventions included provide assistance with ADL's as the resident requires and shave facial hair as needed.</p>		<p>assessed. Any discrepancies noted have been corrected. 3. The nursing staff has been re-educated on following all physician's orders with a special focus on completing treatments as ordered by the physician. The nursing staff has also be re-educated on following all plans of care for residents with a special focus on shaving residents and providing showers per resident's plan of care. A monitoring form has been implemented. 4. The DON or designee will be responsible for completing the monitoring tool to ensure physicians orders and residents care plans are followed. The monitoring will becompleted on five different residents on scheduled work days as follows: Daily for two weeks, weekly for two weeks, then monthly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective actions will be discussed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted accordingly.</p>		

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	<p>A Podiatry Exam, dated 01/18/16 indicated the resident had a heloma durum (corn) on the left foot.</p> <p>The Physician's Recapitulation Orders, dated 03/2016, indicated an order dated 03/16/15 for geri sleeves to bilateral arms daily and an order dated 01/23/16 for hydrogel (hydration of a dressing) and optifoam to the left foot daily.</p> <p>2. During an observation on 03/28/16 at 10:13 a.m., Resident #P had a dressing on his left foot with the date of 03/24/16 marked on the dressing. LPN #2 indicated the dressing was dated 03/24/16. The resident also had a large amount of facial hair growth.</p> <p>During an interview with the resident at the time of the observation, Resident #P indicated the staff would not shave him. He indicated he needed clippers.</p> <p>During an observation on 03/28/16 at 12:05 p.m., Resident #P had a large amount of facial hair growth.</p> <p>During an observation on 03/28/16 at 12:18 p.m., LPN #3 completed the a dressing change on Resident #P's left foot.</p>			

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	<p>During an observation on 03/29/16 at 6:45 a.m., Resident #P had a large amount of facial hair growth.</p> <p>During an interview on 03/29/16 at 8:03 a.m., Resident #P indicated he was not trying to grow a beard, he indicated he received a shower one time a week and the staff do not shave him because they don't have anything to shave him with and he needed clippers.</p> <p>Resident #P's record was reviewed on 03/29/16 at 7 a.m. The resident's diagnoses included, but were not limited to, dementia and heart failure.</p> <p>A Quarterly MDS assessment, dated 02/18/16, indicated the resident's cognition was intact, and he required extensive assistance with transfers, bed mobility, hygiene and bathing.</p> <p>A care plan, dated 12/03/15, indicated the resident required assistance with ADL's. The interventions included, provide assistance with ADL's, shave facial hair as needed, showers/baths per schedule and as requested.</p> <p>A care plan, dated 02/08/16, indicated the resident had a stasis ulcer on the left lateral foot. The interventions included, treatment as ordered.</p>			

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	<p>A care plan, dated 12/8/15, indicated the resident may refuse showers at times. The interventions included, re-approach and change care giver.</p> <p>A care plan, dated 02/19/16, indicated the resident preferred to have a shower 2-3 times a week.</p> <p>A Non-pressure Skin Assessment form, dated 02/08/16 indicated the resident had an arterial ulcer on the outer left foot.</p> <p>A Physician's Order, dated 02/08/16, indicated to apply Santyl (debridement agent), hydrogel, and collagen (absorbent) to the wound on the lateral left foot and cover with an optifoam dressing daily.</p> <p>The Shower Schedule indicated the resident's showers were scheduled for Monday and Thursday evenings.</p> <p>The Resident Care Records and shower skin sheets, dated 02/2016 and 03/2016, indicated the resident's shower had not been given on February 4, 8, 11, 15, 18, 22, and 25, 2016 and March 3, 7, 10, and 28, 2016.</p> <p>During an interview on 03/29/16 at 7:12 a.m., the DON (Director of Nursing)</p>			

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	<p>indicated sometimes the resident refused the shower. She indicated if the resident refused a shower, a refusal form or behavior sheet would be filled out. The DON provided a shower refusal sheet for 12/2015. She indicated she would look for behavior sheets to see if the resident had refused showers.</p> <p>During an interview on 03/29/16 at 10:36 a.m., CNA #5 indicated showers had not been completed on 03/28/16 evening.</p> <p>During an interview on 03/29/16 at 10:55 a.m., the DON indicated the resident had not been shaved and the "closest" thing to shaving would be to trim his beard.</p> <p>The DON had no further information on the showers as of the Exit Conference on 03/29/16 at 3 p.m.</p> <p>3. During an interview on 03/28/16 at 12:05 p.m., Resident #E indicated he sometimes received his shower.</p> <p>Resident #E's record was reviewed on 03/28/16 at 5:37 p.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes mellitus.</p> <p>A Quarterly MDS assessment, dated 02/11/16, indicated the resident's cognition was intact, and required</p>			

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	<p>extensive assistance with transfers, bed mobility, hygiene, and bathing.</p> <p>A care plan, dated 03/17/16, indicated the resident required 1-2 person assistance with ADL's. The interventions included showers per schedule.</p> <p>The shower schedule indicated the resident was scheduled for a shower on Wednesday and Saturday evenings.</p> <p>The Resident Care Records and shower skin sheets, dated 02/2016 and 03/2016, indicated the resident's shower had not been given on February 6, 10, 13, 2016 and March 2, 9, 23, and 26, 2016. The records indicated the resident refused a shower on February 20, 2016.</p> <p>4. During an observation on 03/28/16 at 9:43 a.m., CNA #2 and CNA #3 transferred resident #F into bed from the chair. The resident had a foam dressing, dated 03/28/16 on his coccyx. The resident was incontinent of bowel movement and the CNA's provided incontinent care. CNA #2 indicated the dressing on the coccyx was soiled and the Nurse would need to be informed so the dressing could be changed. CNA #2 then took the foam dressing off. There was no open area on the resident's coccyx. CNA #2 indicated there was no open area and</p>			

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	<p>the dressing was for protection due to redness.</p> <p>During the observation, the resident was also observed with facial hair growth.</p> <p>During an interview on 03/28/16 at 10:04 a.m., LPN #2 indicated there was no Physician's Order for a dressing on the resident's coccyx. LPN #2 indicated the only Physician's Order the resident had was for a barrier cream.</p> <p>During an observation on 03/28/16 at 11:57 a.m., Resident #F was observed facial hair growth.</p> <p>During an observation on 03/29/16 at 6:25 a.m., Resident #F was observed with facial hair growth.</p> <p>During an observation on 03/29/16 at 10:55 a.m., Resident #F was observed with facial hair growth.</p> <p>Resident #F's record was reviewed on 03/29/16 at 10:32 a.m. The resident's diagnoses included, but were not limited to, dementia and hypertension.</p> <p>A Significant Change MDS assessment, dated 01/11/16, indicated the resident's cognition was impaired, was dependent on staff for transfers, bed mobility,</p>			

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	<p>hygiene, bathing, and was always incontinent of bowel and bladder.</p> <p>A care plan, dated 01/20/16 indicated the resident required assistance of two staff members for ADL's. The interventions included, provide assistance with ADL's.</p> <p>The Physician Recapitulation Order, dated 03/2016, indicated an order for a barrier cream to the buttocks three times daily and as needed for skin irritation. There was no Physician's Order for a foam dressing.</p> <p>The Shower Schedule indicated the resident was scheduled for showers on Monday and Thursday evenings.</p> <p>The Resident Care Record, dated 03/2016, indicated the resident had not received a shower on 03/28/16.</p> <p>During an interview on 03/29/16 at 10:46 a.m., CNA #5 indicated she had worked 03/28/16 on the evening shift and resident had not received a shower on 03/28/16 during the evening.</p> <p>During an interview on 03/29/16 at 10:50 a.m., the DON indicated she was unable to find out why the resident had a dressing on his coccyx without an order.</p>			

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	<p>During an interview on 03/29/16 at 10:55 a.m., the DON acknowledged the resident had not been shaved. She indicated the residents are to be shaved every 2-3 days and as needed.</p> <p>During an interview on 03/29/16 at 11:34 a.m., the DON indicated the resident should have received a shower on the evening shift on 03/28/16.</p> <p>5. During observations on 03/28/16 at 10:21 a.m. ,11:57 a.m., and 03/29/16 at 6:45 a.m. and 10:55 a.m., Resident #K was observed with a large amount of facial hair growth.</p> <p>During an interview on 03/28/16 at 10:55 a.m., the DON indicated the resident had not been shaved.</p> <p>Resident #K's record was reviewed on 03/29/16 at 7:35 a.m. The resident's diagnoses included, but were not limited to, dementia and stroke.</p> <p>A Significant Change MDS assessment, dated 12/25/15, indicated the resident's cognition was moderately impaired, was dependent for hygiene and required extensive assistance for bathing.</p> <p>A care plan, dated 01/08/16, indicated the resident required assistance with ADL's.</p>			

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	<p>The interventions included, provide assistance with ADL's, shave facial hair as needed, showers and baths as scheduled, and as requested.</p> <p>The Shower Schedule indicated the resident's showers were scheduled for Monday and Thursday evenings.</p> <p>The Resident Care Records and shower skin sheets, dated 02/2016 and 03/2016, indicated the resident's shower had not been given on February 1 and 29, 2016 and March 28, 2016.</p> <p>6. During observations on 03/28/16 at 11:57 a.m. and 3/29/16 at 6:45 a.m. and 10:55 a.m., Resident #H was observed with facial hair growth.</p> <p>During an interview on 03/29/16 at 10:55 a.m., the DON indicated the resident looked like he had been shaved everywhere except on his chin and upper lip. The DON indicated the resident may have become agitated while the staff attempted to shave him.</p> <p>Resident #H's record was reviewed on 03/29/16 at 11:51 a.m. The resident's diagnoses included, but were not limited to, dementia and osteoarthritis.</p> <p>A Quarterly MDS assessment, dated</p>			

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	<p>12/18/15 indicated the resident's cognition could not be assessed, had no behaviors, and was dependent for hygiene and bathing.</p> <p>A care plan, dated 12/24/15, indicated the resident required assistance with ADL's. The interventions included, showers per schedule and shave facial hair as needed.</p> <p>A care plan, dated 01/07/16, indicated the resident preferred a shower two times a week.</p> <p>The Nurses' Progress Notes indicated the resident had no refusals of showers or shaves from 02/08/16 through 03/28/16.</p> <p>The Shower Schedule indicated the resident's shower was scheduled for Wednesday and Saturday days.</p> <p>The Resident Care Records and shower skin sheets, dated 02/2016 and 03/2016, indicated the resident's shower had not been given on February 20 and 27, 2016 and March 2, 12, 16, 23, and 26, 2016.</p> <p>7. Resident #J's record was reviewed on 03/29/16 at 12:07 p.m. The resident's diagnoses included, but were not limited to, dementia and hypertension.</p> <p>A Quarterly MDS assessment, dated</p>			

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	<p>02/12/16, indicated the resident's cognitive status could not be assessed and was dependent on staff for hygiene and bathing.</p> <p>A care plan, dated 02/22/16 indicated the resident required assistance with ADL's. The interventions included, showers per schedule and as needed.</p> <p>A care plan, dated 02/12/16, indicated the resident preferred showers twice a week.</p> <p>The Shower Schedule indicated the resident's showers were scheduled for Wednesday and Saturday days.</p> <p>The Resident Care Record and shower skin sheet, dated 02/2016, indicated the resident's shower had not been given on February 3, 6, 11, 13, 20, 24, and 27, 2016.</p> <p>The Nurses' Progress Notes, dated 02/02/16 through 03/29/16, indicated the resident had no refusals of showers.</p> <p>8. During observations on 03/28/16 at 10:42 a.m. and 11:57 a.m. and 03/29/16 at 6:45 a.m. and 10:55 a.m., Resident #X was observed with facial hair growth.</p> <p>During an interview on 03/29/16 at 8:01 a.m., the resident indicated he was not</p>			

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	<p>trying to grow a beard. He stated, "they don't shave me."</p> <p>During an interview on 03/29/16 at 10:55 a.m., the DON indicated the resident had not been shaved.</p> <p>Resident #X's record was reviewed on 03/29/16 at 12:20 p.m. The resident's diagnoses included, but were not limited to, peripheral vascular disease and hypertension.</p> <p>A Quarterly MDS assessment, dated 02/23/16, indicated the resident's cognition was moderately impaired, and required extensive assistance with hygiene and bathing.</p> <p>A care plan, dated 12/03/15, indicated the resident required assistance with ADL's. The interventions included shave facial hair as needed.</p> <p>9. During observations on 03/28/16 at 11:57 a.m. and 03/29/16 at 6:45 a.m. and 10:55 a.m., Resident #Z was observed with facial hair growth.</p> <p>During an interview on 03/29/16 at 10:55 a.m., the DON indicated the resident had not been shaved.</p> <p>Resident #Z's record was reviewed on</p>			

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	<p>03/29/16 at 12:24 p.m. The resident's diagnoses included, but were not limited to, stroke and dementia.</p> <p>A care plan, dated 03/08/16, indicated the resident required assistance with ADL's. The interventions included, shave facial hair as needed.</p> <p>10. Resident #U's record was reviewed on 03/29/16 at 11:25 a.m. The resident's diagnoses included, but were not limited to, traumatic brain injury and respiratory failure.</p> <p>A 30-Day MDS assessment, dated 03/03/16, indicated the resident was dependent on staff for bathing.</p> <p>A care plan, dated 02/16/16, indicated the resident required assistance with ADL's. The interventions included, showers per schedule and as requested.</p> <p>A care plan, dated 02/11/16, indicated the resident preferred showers twice a week.</p> <p>The Shower Schedule indicated the resident's shower was scheduled for Monday and Thursday evening.</p> <p>The Resident Care Records and shower skin sheets, dated 02/2016 and 03/2016, indicated the resident's shower had not</p>			

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F 0312 SS=E Bldg. 00	<p>been given on February 11, 15, 18, 2016 and March 28, 2016.</p> <p>The DON was informed of the residents who had not received showers as scheduled on 03/29/16 at 12:02 p.m., no further information was provided at Exit Conference on 03/29/16 at 3 p.m.</p> <p>This Federal Tag relates to Complaint IN00195884.</p> <p>3.1-35(g)(2)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral</p>			

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	<p>hygiene.</p> <p>Based on observation, interview, and record review, the facility failed to provide necessary services to residents who required extensive to dependent assistance with activities of daily living (ADL's), related to showers and shaving, for 10 of 13 residents reviewed for activities of daily living in a total sample of 24. (Residents #E, #F, #G, #H, #J, #K, #P, #U, #X, and #Z)</p> <p>Findings include:</p> <p>1. During an interview on 03/28/16 at 12:05 p.m., Resident #E indicated he sometimes received his shower.</p> <p>Resident #E's record was reviewed on 03/28/16 at 5:37 p.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes mellitus.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 02/11/16, indicated the resident's cognition was intact, and required extensive assistance with transfers, bed mobility, hygiene, and bathing.</p> <p>The shower schedule indicated the resident was scheduled for a shower on Wednesday and Saturday evening.</p>	F 0312	<p>1. Resident #E is receiving showers as preferred and according to schedule. Resident# F is being routinely shaven to prevent overgrowth of facial hair and is receiving showers as preferred and according to schedule. Resident #G and # H are routinely shaved to prevent the overgrowth of facial hair and Resident #H is receiving showers according to preference and shower schedules. Resident #J is receiving showers per preference and according to shower schedules. Resident #K and Resident# P have been routinely shaven to prevent an overgrowth of facial hair and Resident #K and Resident #P are receiving showers according to their preference and shower schedule. Resident #U is receiving showers per preference and shower schedules. Resident #X has been routinely shaven to prevent an overgrowth of facial hair. Resident #Z has been routinely shaven to prevent an overgrowth of facial hair.</p> <p>2. All residents have the potential to be affected. All of the residents were observed and their shower schedules reviewed to ensure that each resident is being routinely shaved and are obtaining their showers per their preference and according to shower schedules. Any discrepancies noted have been corrected.</p>	04/28/2016	

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	<p>The Resident Care Records and shower skin sheets, dated 02/2016 and 03/2016, indicated the resident's shower had not been given on February 6, 10, 13, 2016 and March 2, 9, 23, and 26, 2016. The records indicated the resident refused a shower on February 20, 2016.</p> <p>2. During an observation on 03/28/16 at 9:43 a.m., Resident #F was observed with facial hair growth.</p> <p>During an observation on 03/28/16 at 11:57 a.m., Resident #F was observed facial hair growth.</p> <p>During an observation on 03/29/16 at 6:25 a.m., Resident #F was observed with facial hair growth.</p> <p>During an observation on 03/29/16 at 10:55 a.m., Resident #F was observed with facial hair growth.</p> <p>Resident #F's record was reviewed on 03/29/16 at 10:32 a.m. The resident's diagnoses included, but were not limited to, dementia and hypertension.</p> <p>A Significant Change MDS assessment, dated 01/11/16, indicated the resident's cognition was impaired, was dependent on staff for hygiene and bathing.</p>		<p>1. The nursing staff have been re-educated on completing showers as preferred by the residents and according to the shower schedules, and routinely shaving resident that do not desire to grow facial hair. A monitoring form has been implemented.</p> <p>2. The DON or designee will be responsible for reviewing residents and completing the monitoring form daily on scheduled workdays as follows: daily for two weeks, weekly for two weeks, then monthly thereafter to ensure residents are receiving their showers as preferred and scheduled, and each resident is routinely shaved to prevent an overgrowth of facial hair, unless they desire a beard. Should a concern be noted, immediate corrective action will occur. Results of these reviews and any corrective actions will be discussed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted if indicated.</p>	

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	<p>The Shower Schedule indicated the resident was scheduled for showers on Monday and Thursday evenings.</p> <p>The Resident Care Record, dated 03/2016, indicated the resident had not received a shower on 03/28/16.</p> <p>During an interview on 03/29/16 at 10:46 a.m., CNA #5 indicated she had worked 03/28/16 on the evening shift and Resident #F had not received a shower on 03/28/16.</p> <p>During an interview on 03/29/16 at 10:55 a.m., the DON (Director of Nursing)acknowledged the resident had not been shaved. She indicated the residents were to be shaved every 2-3 days and as needed.</p> <p>During an interview on 03/29/16 at 11:34 a.m., the DON indicated the resident should have received a shower on the evening shift on 03/28/16.</p> <p>3. During an observation on 03/28/16 at 8:35 a.m., 9:21 a.m., 12:05 p.m. and 2:08 p.m., Resident #G had facial hair growth.</p> <p>Resident #G's record was reviewed on 03/28/16 at 1:25 p.m. The resident's diagnoses included, but were not limited to, dementia and coronary artery disease.</p>			

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	<p>A Quarterly MDS assessment, dated 01/22/16, indicated the resident was dependent on staff for hygiene and bathing.</p> <p>4. 6. During an observations on 03/28/16 at 11:57 a.m. and 3/29/16 at 6:45 a.m. and 10:55 a.m., Resident #H was observed with facial hair growth.</p> <p>During an interview on 03/29/16 at 10:55 a.m., the DON indicated the resident looked like he had been shaved everywhere except on his chin and upper lip. The DON indicated the resident may have become agitated while the staff attempted to shave him.</p> <p>Resident #H's record was reviewed on 03/29/16 at 11:51 a.m. The resident's diagnoses included, but were not limited to, dementia and osteoarthritis.</p> <p>A Quarterly MDS assessment, dated 12/18/15 indicated the resident's cognition could not be assessed, had no behaviors, and was dependent for hygiene and bathing.</p> <p>The Nurses' Progress Notes indicated the resident had no refusals of showers or shaves from 02/08/16 through 03/28/16.</p>			

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	<p>The Shower Schedule indicated the resident's shower was scheduled for Wednesday and Saturday days.</p> <p>The Resident Care Records and shower skin sheets, dated 02/2016 and 03/2016, indicated the resident's shower had not been given on February 20 and 27, 2016 and March 2, 12, 16, 23, and 26, 2016.</p> <p>5. Resident #J's record was reviewed on 03/29/16 at 12:07 p.m. The resident's diagnoses included, but were not limited to, dementia and hypertension.</p> <p>A Quarterly MDS assessment, dated 02/12/16, indicated the resident's cognitive status could not be assessed and was dependent on staff for hygiene and bathing.</p> <p>The Shower Schedule indicated the resident's showers were scheduled for Wednesday and Saturday days.</p> <p>The Resident Care Record and shower skin sheet, dated 02/2016, indicated the resident's shower had not been given on February 3, 6, 11, 13, 20, 24, and 27, 2016.</p> <p>The Nurses' Progress Notes, dated 02/02/16 through 03/29/16, indicated the resident had no refusals of showers.</p>						

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	<p>6. During observations on 03/28/16 at 10:21 a.m. and 11:57 a.m., and 03/29/16 at 6:45 a.m. and 10:55 a.m., Resident #K was observed with a large amount of facial hair growth.</p> <p>During an interview on 03/28/16 at 10:55 a.m., the DON indicated the resident had not been shaved.</p> <p>Resident #K's record was reviewed on 03/29/16 at 7:35 a.m. The resident's diagnoses included, but were not limited to, dementia and stroke.</p> <p>A Significant Change MDS assessment, dated 12/25/15, indicated the resident's cognition was moderately impaired, was dependent for hygiene and required extensive assistance for bathing.</p> <p>The Shower Schedule indicated the resident's showers were scheduled for Monday and Thursday evenings.</p> <p>The Resident Care Records and shower skin sheets, dated 02/2016 and 03/2016, indicated the resident's shower had not been given on February 1 and 29, 2016 and March 28, 2016.</p> <p>7. During an observation on 03/28/16 at 10:13 a.m., Resident #P had a large</p>			

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	<p>amount of facial hair growth.</p> <p>During an interview with the resident at the time of the observation, Resident #P indicated the staff would not shave him.</p> <p>During an observation on 03/28/16 at 12:05 p.m., Resident #P had a large amount of facial hair growth.</p> <p>During an observation on 03/29/16 at 6:45 a.m., Resident #P had a large amount of facial hair growth.</p> <p>During an interview on 03/29/16 at 8:03 a.m., Resident #P indicated he was not trying to grow a beard, he indicated he received a shower one time a week and the staff do not shave him because they don't have anything to shave him with and he needed clippers.</p> <p>Resident #P's record was reviewed on 03/29/16 at 7 a.m. The resident's diagnoses included, but were not limited to, dementia and heart failure.</p> <p>A Quarterly MDS assessment, dated 02/18/16, indicated the resident's cognition was intact, and required extensive assistance with transfers, bed mobility, hygiene and bathing.</p> <p>A care plan, dated 02/19/16, indicated the</p>				

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	<p>resident preferred to have a shower 2-3 times a week.</p> <p>The Shower Schedule indicated the resident's showers were scheduled for Monday and Thursday evenings.</p> <p>The Resident Care Records and shower skin sheets, dated 02/2016 and 03/2016, indicated the resident's shower had not been given on February 4, 8, 11, 15, 18, 22, and 25, 2016 and March 3, 7, 10, and 28, 2016.</p> <p>During an interview on 03/29/16 at 7:12 a.m., the DON indicated sometimes the resident refused the shower. She indicated if the resident refused a shower, a refusal form or behavior sheet would be filled out. The DON provided a shower refusal sheet for 12/2015. She indicated she would look for behavior sheets to see if the resident had refused showers.</p> <p>During an interview on 03/29/16 at 10:36 a.m., CNA #5 indicated showers had not been completed on 03/28/16 evening.</p> <p>During an interview on 03/29/16 at 10:55 a.m., the DON indicated the resident had not been shaved and the "closest" thing to shaving would be to trim his beard.</p> <p>The DON had no further information on</p>				

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	<p>the showers as of the Exit Conference on 03/29/16 at 3 p.m.</p> <p>8. Resident #U's record was reviewed on 03/29/16 at 11:25 a.m. The resident's diagnoses included, but were not limited to, traumatic brain injury and respiratory failure.</p> <p>A 30-Day MDS assessment, dated 03/03/16, indicated the resident was dependent on staff for bathing.</p> <p>A care plan, dated 02/11/16, indicated the resident preferred showers twice a week.</p> <p>The Shower Schedule indicated the resident's shower was scheduled for Monday and Thursday evening.</p> <p>The Resident Care Records and shower skin sheets, dated 02/2016 and 03/2016, indicated the resident's shower had not been given on February 11, 15, 18, 2016 and March 28, 2016.</p> <p>9. During observations on 03/28/16 at 10:42 a.m. and 11:57 a.m. and 03/29/16 at 6:45 a.m. and 10:55 a.m., Resident #X was observed with facial hair growth.</p> <p>During an interview on 03/29/16 at 8:01 a.m., the resident indicated he was not trying to grow a beard. He stated, "they</p>			

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	<p>don't shave me."</p> <p>During an interview on 03/29/16 at 10:55 a.m., the DON indicated the resident had not been shaved.</p> <p>Resident #X's record was reviewed on 03/29/16 at 12:20 p.m. The resident's diagnoses included, but were not limited to, peripheral vascular disease and hypertension.</p> <p>A Quarterly MDS assessment, dated 02/23/16, indicated the resident's cognition was moderately impaired, and required extensive assistance with hygiene and bathing.</p> <p>10. During observations on 03/28/16 at 11:57 a.m. and 03/29/16 at 6:45 a.m. and 10:55 a.m., Resident #Z was observed with facial hair growth.</p> <p>During an interview on 03/29/16 at 10:55 a.m., the DON indicated the resident had not been shaved.</p> <p>Resident #Z's record was reviewed on 03/29/16 at 12:24 p.m. The resident's diagnoses included, but were not limited to, stroke and dementia.</p> <p>A facility policy, titled, "Shaving Male", dated 10/2014, and received as current</p>				

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	<p>from the Corporate RN Consultant, indicated, "PURPOSE: To remove facial hair and improve sense of well-being...personnel will assist residents to shave with an electric or safety razor, as indicated or requested..."</p> <p>A facility policy, titled, "Showering a Resident", dated 10/2014, and received as current from the Corporate RN Consultant, indicated, "...Resident will receive a shower at least twice weekly unless condition warrants otherwise or resident refuses..."</p> <p>The DON was informed of the residents who had not received showers as scheduled on 03/29/16 at 12:02 p.m., no further information was provided at Exit Conference on 03/29/16 at 3 p.m.</p> <p>This Federal Tag relates to Complaint IN00195884.</p> <p>3.1-38(a)(2)(A)</p>			

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F 0314 SS=E Bldg. 00	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents with pressure ulcers received necessary treatment and services to promote healing, related to pressure areas observed without dressings and treatments applied as ordered by the Physician, and failed to thoroughly assess pressure areas for 4 of 13 residents reviewed for pressure ulcers in a total sample of 24. (Residents #C, #E, #N, and #W)</p> <p>Findings include:</p>	F 0314	<p>1. The pressure areas for Residents #C, E, N, and W are currently being thoroughly assessed and they are receiving necessary treatments and services to promote healing of pressure areas as ordered by the physician. Full body assessments were completed to ensure any skin alteration was thoroughly assessed and the physician was updated for new or changed treatment orders if indicated, the POA was then updated. 2. All residents with pressure areas have the potential to be affected. Fullbody assessments have been</p>	04/28/2016			

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	<p>1. During an observation on 03/28/16 at 1:39 p.m., Resident #E was transferred to bed from the wheelchair. There was no dressing on a pressure area on the resident's right buttock.</p> <p>During an interview at the time of the observation, LPN #1 indicated the resident had an order for a dressing for the pressure area on his right buttock and the dressing was not on as ordered. LPN #1 indicated the pressure sore was a stage two (shallow opened ulcer).</p> <p>During an interview on 03/28/16 at 1:57 p.m., CNA #2 indicated she had provided incontinent care before lunch (12:30 p.m.) and the dressing was not on. CNA #2 indicated the resident's dressing fell off, "around 10:30" (a.m.) and she informed the Nurse.</p> <p>During an interview on 03/28/16 at 2:01 p.m., LPN #2 indicated she was not informed the dressing had come off.</p> <p>Resident #E's record was reviewed on 03/28/16 at 5:37 p.m. The resident's diagnoses included, but were not limited to, hypertension and diabetes mellitus.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 02/11/16, indicated the resident's cognition was intact, required</p>		<p>completed. If a skin alteration was noted, it was thoroughly assessed and the physician was updated for new or changed treatment orders if indicated, the POA was then updated. 3. The nurses have been re-educated on the skin management program with a special focus on thoroughly assessing skin alterations and documenting the assessment. The nurses have also been re-educated on following physician's orders with a special focus on completing treatments has ordered by the physician. A monitoring tool has been implemented. 4. The DON or designee will be responsible for observing the nurses complete treatments and will complete the monitoring tool to ensure skin alterations are thoroughly assessed and treatments are completed as ordered by the physician. The monitoring will occur for all residents with pressure areas on scheduled work days on alternating shifts as follows: Daily for two weeks, then weekly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective action will be discussed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan adjusted if indicated.</p>		

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	<p>extensive assistance with transfers, bed mobility, and had one stage two pressure area.</p> <p>A care plan, dated 01/27/16, indicated the resident had a pressure ulcer on the right buttock. The interventions included, treatments as ordered.</p> <p>An Ongoing Assessment of Pressure Ulcer form, dated 03/23/16 indicated the resident had a stage two area on the right buttock, which measured 0.1 cm (centimeter) by 0.5 cm with a depth of less than 0.1 cm.</p> <p>A Physician's Order, dated 03/01/16, indicated to apply collagen (wound treatment to assist in healing) to the area on the right buttock and cover with an adhesive foam daily.</p> <p>2. During an observation on 03/28/16 at 1:45 p.m., Resident # W was lying in bed. There was no dressing on the resident's coccyx.</p> <p>During an interview at the time of the observation, the Resident's wife indicated she did not think the facility always put a dressing on the resident's coccyx.</p> <p>During an interview at the time of the observation, CNA #4 indicated the</p>						

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	<p>resident was checked for incontinence at 9 a.m. and 11:30 a.m. and there was no dressing on the resident's coccyx.</p> <p>Resident #W's record was reviewed on 03/29/16 at 9:39 a.m. The resident's diagnoses included, but were not limited to stroke and diabetes mellitus.</p> <p>A Skin Sheet, dated 03/15/16, indicated the resident was admitted with a, "split/shear" to the coccyx, which measured 4 cm by 2 cm and no depth, with a dark red color. On 03/23/16, the area measured 1.2 cm by 5.5 cm and was 0.1 cm deep with 100% granulation.</p> <p>A Physician's Order, dated 03/15/16, indicated Mepilex (foam dressing) to the coccyx daily.</p> <p>A Physician's Order, dated 03/28/16, indicated to discontinue the Mepilex and start hydrogel (wound hydration) and optifoam (foam dressing) to the coccyx daily.</p> <p>3. During an observation on 03/28/16 at 11:02 a.m., LPN #3 was completed a dressing change on Resident #C's pressure area on the right buttock. The dressing on the resident was dated 03/26/16. LPN #3 indicated the dressing was ordered to be changed daily. LPN #3</p>			

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	<p>indicated the order was for an optifoam dressing not the Mepilex dressing which was on the resident's right buttock. LPN #3 indicated the resident's pressure area on the right buttock was, "healed scar tissue."</p> <p>Resident #C's record was reviewed on 03/28/16 at 5:16 p.m. The resident's diagnoses included, but were not limited to, stroke and dementia.</p> <p>The weekly skin assessment, dated 03/23/16, indicated the area on the right buttock measured 0.3 cm by 0.4 cm and was 0.1 in depth with scant drainage and hypergranulated scar tissue.</p> <p>A Physician's Order, dated 02/02/16, indicated, Puracol (absorbent material) and optifoam to right buttock dressing daily.</p> <p>4. During an observation with DON (Director of Nursing) present, on 03/28/16 at 1:58 p.m., Resident #N was in bed and had four dressings located on the right and left buttock and duoderm (foam dressing) on the coccyx area. The dressings were marked with a 3/28/16 date.</p> <p>Resident #N's record was reviewed on 03/28/16 at 3:07 p.m. The resident's</p>				

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	<p>diagnoses included, but were not limited to, dementia and chronic obstructive pulmonary disease.</p> <p>Physician's Orders, dated 03/24/16, indicated to apply hydrogel with a border dressing to the coccyx daily, and hydrogel with optifoam to the two areas on the right buttock and the area on the left buttock daily.</p> <p>The Weekly Pressure Ulcer Assessment forms, dated 03/23/16, indicated the resident had a stage two area on the coccyx, which measured 4 cm by 4 cm and was less than 0.1 cm in depth and a stage two area on the crease of the right buttock, which measured 4 cm by 3 cm with no depth.</p> <p>During an interview on 03/28/16 at 3:20 p.m., the DON indicated the coccyx and area on the crease of the right buttock had been assessed. She indicated the area on the right buttock and left buttock had not been thoroughly assessed.</p> <p>A facility policy, titled, "Skin Management Program", dated 10/2013, and received from the RN Corporate Consultant as current, indicated, "...A resident with a newly identified skin condition will have the appropriate assessment ongoing monitoring form</p>			

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	<p>initiated on the basis of the 'type' of skin condition..."</p> <p>This Federal Tag relates to Complaint IN00195884.</p> <p>3.1-40(a)(2)</p>				