

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/02/2013
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN 47660
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F000000	<p>This visit was for the Investigation of Complaint IN00129981 and Complaint IN00131239.</p> <p>Complaint IN00129981 Unsubstantiated - due to lack of evidence.</p> <p>Complaint IN00131239 Substantiated - Federal/State deficiencies related to the allegations are cited at F248, F250 and F323.</p> <p>Survey dates: June 28, July 1 and 2, 2013</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Survey team: Anne Marie Crays RN TC (July 1 and 2, 2013) Jodi Meyer RN (June 28, 2013) Diana Perry RN (July 1 and 2, 2013)</p> <p>Census bed type: SNF/NF: 89 Total: 89</p>	F000000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and in lieu of on sight we respectfully request a desk review on or after 8/01/2013.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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	<p>Census payor type: Medicare: 12 Medicaid: 59 Other: 18 Total: 89</p> <p>Sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 9, 2013, by Jodi Meyer, RN</p>			

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F000248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to provide an ongoing activity program for 1 of 4 residents reviewed for activities, in a sample of 8. Resident B</p> <p>Findings include:</p> <p>1. On 7/1/13 at 10:15 A.M., Resident B was observed sitting on his bed in his room. The resident was awake, and was not observed to be involved in any activity.</p> <p>On 7/1/13 at 10:25 A.M., 7 residents were observed in the dining room, participating in throwing a ball to a staff member.</p> <p>On 7/1/13 at 12:25 P.M., Resident B was observed lying in his bed, awake.</p> <p>On 7/1/13 at 3:15 P.M., Resident B was observed lying in his bed, awake.</p>	F000248	<p>F 248 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <ul style="list-style-type: none"> ·Resident B was interviewed regarding his activity preferences (both past and current). ·A new activity plan of care was developed that incorporates these preferences. ·Staff were in-serviced regarding Resident B's activity plan of care. ·The Activity calendar on the Cottage was revised to reflect more opportunities for engagement and resident preferences ·All residents will have an Activity Assessment (which assesses past and current activity preferences) completed upon admission, annually and upon significant change by the Memory Care Facilitator. ·All residents will have a Quarterly Activity Assessment completed on a quarterly basis which includes an interview with the resident to assess the level of satisfaction with their current activity pursuits as well as a 	08/01/2013			

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	<p>On 7/1/13 at 2:10 P.M., during interview with the Activity Director (AD), she indicated she did not take care of the activities on the Cottage (Alzheimer's Unit). The AD indicated the Memory Care Facilitator provided the activity program on the Cottage. The AD indicated she did print out the Activity Calendar for July, by looking at the calendar for June and reprinting that. The AD indicated she thought it was company policy to include "Hydration & Snack," "Lunch," and "Supper" on the calendar as activities.</p> <p>On 7/1/13 at 2:15 P.M., during interview with the Memory Care Facilitator, she indicated that she had just started being the facilitator, and had not gone through the training yet. She indicated she was unsure who provided the activities on the cottage.</p> <p>The clinical record of Resident B was reviewed on 7/1/13 at 3:25 P.M. Diagnoses included, but were not limited to, dementia.</p> <p>A Minimum Data Set (MDS) assessment, dated 5/1/13, indicated Resident B scored a 6 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of two+</p>		<p>review of the past quarter's activity participation. These assessments will be completed by the Memory Care Facilitator.</p> <p>·Each residents activity plan of care will be updated at least quarterly with the most current preferences and modified with results of activity assessments.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>·All resident residing on the Cottage have the potential to be affected.</p> <p>·A complete Activity Assessment which includes resident preferences for activity participation will be conducted. From this assessment, activity care plans will be modified as appropriate and communicated to direct care/activity staff.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <p>·Memory Care Facilitator was trained by home office consultants on July 15 th and July 18 th regarding the Cottage activity program including but not limited to calendar components, obtaining activity preferences, activity plans of care, and activity assessments.</p> <p>·Interdisciplinary Team was</p>		

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	<p>for transfer, and extensive assistance of one for ambulation.</p> <p>A Care Plan, dated 8/12/12 and with a goal target date of 8/8/13, indicated a problem of "Resident enjoys sensory stimulation secondary to having the inability to participate in daily programming due to having low functional status." Approaches included: "Assist with TV programs of interest. Assist with w/c [wheelchair] ride. Provide aromatherapy. Provide music therapy. Provide tactile stimuli; ie. hand lotions, back rubs, etc. Take outdoors weather permitting and resident wants to go outside."</p> <p>On 7/2/13 at 8:50 A.M., Resident B was observed sitting in his bed, awake.</p> <p>On 7/2/13 at 9:50 A.M., during interview with the Memory Care Facilitator, she indicated the AD informed her that Resident B "was typically a loner, didn't do groups, and likes movies." She indicated she was unsure what the activity care plan was for Resident B.</p> <p>On 7/2/13 at 10:10 A.M., the Memory Care Facilitator provided an activity participation calendar, dated June 2013. The calendar indicated the</p>		<p>trained by home office consultant on July 15th regarding the Cottage activity program including but not limited to calendar components, activity preferences, and Cottage programming.</p> <p>·All Cottage direct care/activity staff were inserviced by the Memory Care Facilitator regarding Cottage programming including but not limited to calendar components, following the activity</p> <p>·Memory Care Facility/designee will round daily to ensure residents are engaged in activities</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>To ensure compliance, the ED/Designee is responsible for completion of the Cottage Activities CQI audit tool daily x 4 weeks, weekly x 2 months and then quarterly thereafter. If threshold of 90% is not achieved, an action plan will be developed to ensure compliance.</p> <p>What is the date by which the systemic changes will be completed: August 1, 2013</p>		

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	<p>resident participated in the following activities: June 12, Lunch; June 13, Afternoon snack, Reach and Stretch, 3-3:30 Blissful Relaxation; June 15, Supper Preparation, Supper; June 23, Lunchtime Prep, Lunch, Afternoon Snack, Supper Preparation, Supper; June 24, Hydration & Snack, Lunchtime Prep, Lunch, Afternoon Snack, Supper Preparation, Supper; June 25, Hydration & Snack, Lunch, Supper & Preparation, Supper; June 27, Hydration & Snack, Lotion Potion, Lunchtime Prep, Lunch, Afternoon Snack, Supper Preparation, Supper, June 29, Supper. The activities on June 28 were coded as the resident was unavailable. The activites on the remaining dates were coded as the resident refused.</p> <p>On 7/2/13 at 10:25 A.M., the Administrator provided an Indiana State Department of Health Incident Report Form, dated 6/24/13. The form included: "...Will trial [Resident B] in a regular unit versus a dementia unit for more appropriate placement to prevent further incidents. Also encourage resident to participate more in activity programming...."</p> <p>On 7/2/13 at 11:10 A.M., the Administrator indicated the prior Memory Care Facilitator had been</p>			

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	<p>gone for approximately 3 weeks. She indicated she would assign the Activity Director to the Cottage until further notice to oversee the activity program.</p> <p>This federal tag relates to Complaint IN00131239.</p> <p>3.1-33(a)</p>			

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F000250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement interventions to manage a resident's behavior, resulting in multiple resident to resident altercations, for 1 of 4 residents reviewed with behaviors, in a sample of 8. Resident A</p> <p>Findings include:</p> <p>1. On 7/1/13 at 3:15 P.M., Resident A was observed to be sitting in a wheelchair, wheeling himself into the doorway of another resident. RN # 2 intervened, and moved the resident out of the doorway.</p> <p>On 7/2/13 at 8:55 A.M., during interview with LPN # 1, she indicated Resident A did have behaviors. LPN # 1 indicated it seemed as if the resident had increasing behaviors if he was constipated, or if he was really hungry. She indicated, "He doesn ' t like to be awakened." LPN # 1 indicated although Resident A had had altercations with his roommate,</p>	F000250	<p>F250</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>·Resident A and Resident B are no longer residing in the same room.</p> <p>·Resident A was evaluated by the interdisciplinary team as well as primary care physician and psychiatrist. In conjunction with the family, determined that resident required inpatient psychiatric treatment to stabilize behaviors. Resident A was admitted to this setting on July 16 th .</p> <p>·Resident A's behavior care plans were revised under the guidance of the home office consultant on July 18 th to reflect behavioral plans.</p>	08/01/2013	

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	<p>the residents were not together in their room together very much except for sleeping. Resident A was observed at that time sitting in the dining room at a table with another resident.</p> <p>The clinical record of Resident A was reviewed on 7/2/13 at 9:40 A.M. Diagnoses included, but were not limited to, nonorganic psychosis.</p> <p>A Minimum Data Set (MDS) assessment, dated 3/7/13, indicated Resident A scored a 3 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated the resident had exhibited no behavior symptoms in the previous 7 days.</p> <p>Progress Notes included the following notations:</p> <p>5/19/13 at 9:49 P.M.: "Resident hit nurse when attempting to give p.o. [oral] medication on 3 separate occasions and hit CNA x 2. Denied pain, was cursing at staff and swinging fists. Nurse hit in L. [left] breast, abdomen and chin with resident fist...still swinging at staff when attempting to give care...."</p> <p>5/20/13 at 10:40 A.M.: "IDT</p>		<p>·F3 Upon return to facility resident A care plan will be reviewed and updated to include any recommendations made by inpatient psychiatric unit.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>·Other residents with behavioral issues have the potential to be affected.</p> <p>·Home office consultant reviewed the last 30 days of New/Worsening behaviors; ensured that there was an appropriate interdisciplinary response and behavior care plans in place for each resident to resident incident.</p>		

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	<p>[interdisciplinary team] met and reviewed res [resident] behavior of cursing, yelling, and hitting at staff during care...Root cause was resident needed own space...."</p> <p>5/25/13 at 2:54 P.M.: "Res frustrated with staff et [and] other residents. Res cursing et yelling times one hour. Res refuses to be redirected...Will cont [continue] to monitor."</p> <p>5/28/13 at 9:18 P.M.: "CNA from station 1 entered Cottage [locked Alzheimer's unit] and observed resident holding [Resident G's] shirt with L hand and made open handed contact with L. side face of [Resident G]. Staff immediately separated two residents and kept separated throughout shift...."</p> <p>An Indiana State Department of Health Incident Report Form, dated 5/28/13, indicated, "...[Resident A] reached over and grabbed [Resident G] and made open hand contact with her in the face...[Resident A] put one on one until we could make sure he was exhibiting no more aggressive behaviors...Residents were immediately separated and will remain separated in common areas and in the dining room during meals...."</p>		<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> ·Memory Care Facilitator and Social Services Director were trained by home office consultants on July 18 th regarding the Behavior Management program including but not limited to Interdisciplinary reviews of New/Worsening behaviors, addressing/ruling out treatable medical/physical needs, developing a behavior care plan and individualized interventions, and behavior monitoring. ·The interdisciplinary team was trained by home office consultants on July 18 th regarding the Behavior Management program including but not limited to Interdisciplinary reviews of New/Worsening behaviors, addressing/ruling out treatable medical/physical needs, developing a behavior care plan and interventions, appropriate responses to resident to resident altercations, and communicating behavior interventions to direct care staff. ·An all staff inservice will be held by the Social Services Director and Memory Care 		

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	<p>Progress Notes continued:</p> <p>5/29/13 at 9:34 A.M.: "IDT met...Root cause is believed to be this resident has past hx [history] of behaviors when needing bowel movement...."</p> <p>6/2/13 at 2:10 P.M.: "Resident pushed dining table toward [Resident B] who got upset and pushed table back and bumped [Resident A] who got upset and yelled at [Resident B]. Then resident yelled at [Resident A] and made open handed contact with [Resident A's] face which upset [Resident A] more, [Resident A] then made open handed contact with resident's face approx. 6 times quickly. Activities aid separated residents immediately...."</p> <p>6/3/13 at 9:50 A.M.: "IDT met reviewed residents [sic] behavior dated 6/2/13...Root cause is believed to be DX [diagnosis] of Dementia. New interventions are that tables will be moved around in dining room and residents placement will be more comparable with other residents...."</p> <p>6/19/13 at 5:47 P.M.: "Another resident yelled out stated this res made contact with her. No redness no markings, no witness. Staff will be</p>		<p>Facilitator regarding the Behavior Management program by July 26th .</p> <p>·Any resident who exhibits new or worsening behavior will have interventions in place immediately and reviewed by IDT next business day to ensure effectiveness of interventions</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>·To ensure compliance, the ED/Designee is responsible for completion of the Behavior Management CQI audit tool weekly x 4 weeks, monthly x 2 months and then quarterly thereafter. If threshold of 90% is not achieved, an action plan will be developed to ensure compliance</p> <p>What is the date by which the systemic changes will be completed August 1, 2013</p>				

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	<p>keeping this res separated [sic] from other resident...."</p> <p>6/27/13 at 8:31 P.M.: "[Name of physician] here this afternoon and informed of resident swinging hands toward staff members. New order received for Ativan [anti-anxiety medication]...Continue to assess."</p> <p>7/1/13 at 1:34 P.M.: "Resident combative toward staff when toileting and when walking with restorative. Resident attempting to hit staff and grabbing staff by the shirt when walking by. Also, displaying some sexually inappropriate behavior toward staff...."</p> <p>A care plan, initially dated 10/16/12 and with a target goal date of 9/26/13, indicated a problem of "Behavior: resident has episodes of physical aggression toward others. (During care, during periods of anxiety, during pain, etc.)." The approaches included: "Give resident own space to calm, allow to propel in hallway as long as safe. Remove resident from over-stimulation...Offer resident toileting, fluid/snack, activity...."</p> <p>An additional care plan, dated 5/29/13, indicated a problem of "Altercation with another resident."</p>			

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	<p>Approaches included: "...Give resident own space to calm...."</p> <p>Approaches which indicated the resident's behaviors would escalate if he was constipated were not documented.</p> <p>On 7/2/13 at 10:20 A.M., during interview with the Director of Nursing (DON) and Administrator, the Administrator indicated she had only been at the facility for 2 weeks. The DON indicated that the SSD had "been trying to cover" the Cottage since there had not been a Memory Care Facilitator. The SSD was unable to be interviewed.</p> <p>At that time, the Administrator indicated that she was unsure why Resident B and Resident A were still roommates, when they had had previous altercations. The Administrator indicated she would have the staff contact Resident A's physician regarding medication review and a possible outside psychiatric stay.</p> <p>The Resident A and Resident B remained in the room, there were no plans for relocation of either resident at the time of the survey.</p>						

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	<p>2. On 7/2/13 at 11:25 A.M., the Director of Nursing provided the current "Behavior Management Policy & Procedure," undated. The policy included: "It is the policy...to provide behavior interventions and monitoring for residents with problematic or distressing behaviors. Interventions provided are both individualized and non pharmacological and...is directed toward preventing, relieving and/or accommodating a resident's distressed behavior...The IDT review should be a discussion with the team as to the behavior event, an evaluation of interventions, presentation of new interventions if applicable and an assessment of any underlying causes of the distressed behavior...."</p> <p>This federal tag relates to Complaint IN00131239.</p> <p>3.1-34(a)</p>			

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F000323 SS=D	<p>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.</p> <p>Based on observation, interview, and record review, the facility failed to provide supervision to prevent falls for a cognitively impaired resident residing in the Alzheimer's unit, for 1 of 3 residents reviewed for falls in a sample of 8. Resident B</p> <p>Findings include:</p> <p>1. On 7/1/13 at 10:15 A.M., Resident B was observed sitting on his bed in his room. The room was located farthest from the nursing station.</p> <p>On 7/1/13 at 12:25 P.M., Resident B was observed lying in his bed, awake.</p> <p>On 7/1/13 at 3:15 P.M., Resident B was observed lying in his bed, awake.</p> <p>The clinical record of Resident B was reviewed on 7/1/13 at 3:25 P.M. Diagnoses included, but were not limited to, dementia.</p>	F000323	<p>F323</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</p> <p>-Resident B was relocated to a room closer to the nurse station. -Resident B assessed by PT and currently receiving PT services. -Medication review was requested from pharmacy for Resident B to identify potential risk for falls.</p> <p>How will you identify other</p>	08/01/2013

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	<p>A Minimum Data Set (MDS) assessment, dated 5/1/13, indicated Resident B scored a 6 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of two+ for transfer, extensive assistance of one for ambulation, and had 2 or more falls since the previous assessment. A test for balance for moving on and off of the toilet, and surface-to-surface transfer indicated, "Not steady, only able to stabilize with staff assistance."</p> <p>Progress Notes included the following notations:</p> <p>5/3/13 at 10:26 A.M.: "...Alert to self with intermittant [sic] confusion...Extensive assist with ADL's [activities of daily living] and transfers. Gait is unsteady but ambulates with shoes or gripper socks. Hipsters worn when resident will allow...."</p> <p>5/12/13 at 11:46 A.M.: "Resident was found on floor in bathroom, laying on his back. He did not have any clothes on, he stated that he was going to the bathroom to use the toilet...Two assist to standing position...resident refuses to have an alarm, hipsters d/c'd due to refusal, nurse instructed resident to</p>		<p>residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <ul style="list-style-type: none"> -All residents with impaired gait have the potential for injury related to alleged deficient practice. All staff will be re-educated related to fall program by 8/01/13. -Residents are screened no less than quarterly for therapies. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> -Charge nurse will call DNS /designee after each fall for implementation for new interventions. CNA assignment sheet updated. -All falls are reviewed for IDT the following business day to determine root cause and care plans are updated to reflect current status. 	

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	<p>call for assistance and call light placed within reach."</p> <p>5/13/13 at 10:03 A.M.: "Fall review per IDT [interdisciplinary team]. Res [resident] experienced an unwitnessed [sic] fall on 5/12/13 at 1146. Res was found lying on floor of bathroom, unclothed. Res was incontinent at time of fall. Res is currently on toileting schedule, but often refuses to go when asked...IDT recommends: continue to offer to toilet upon rising, monitor for safety...."</p> <p>5/22/13 at 2:45 P.M.: "Resident walking down hallway towards room holding on to hand rail when his 'legs gave out' on him and he fell to his knees. CNA close by and assisted resident with RN to feet after examined for injuries...."</p> <p>5/23/13 at 10:17 A.M.: "IDT met to review fall that occurred on 5/22/13...Resident was educated to ask for assistance with transfers and ambulation. IDT suspects root cause of fall was: fatigue from prolonged ambulation. IDT recommends to continue to monitor for safety when up in hallways...."</p> <p>5/28/13 at 2:10 A.M.: "Resident was</p>		<p>·Fall risk assessments are completed upon admission, quarterly, annually and with any significant change.</p> <p>·Charge nurse will round to monitor each shift to ensure fall interventions are in place and to monitor for unsafe transfers.</p> <p>·All new residents are considered fall risk related to new living arrangements and his/her reason for admission to facility.</p> <p>·Nursing staff will assess resident's environmental conditions for the first 72 hours of admission to identify potential fall risk.</p> <p>·Charge nurse will communicate specific care related to each resident to assigned care giver on each unit.</p> <p>·Each unit will be provided a fall box with tools for fall prevention.</p> <p>·Any resident experiencing a fall will be assessed immediately per charge nurse for injuries and if any treatment will be provide.</p> <p>·If any resident receives injury from fall, DNS/designee will be contacted to discuss immediate intervention.</p>				

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	<p>observed ambulating into room across the hall. Resident gait unsteady and lost balance and fell. CNA observed resident during incident...Assisted off floor with assist x 2. Resident stated he was looking for a bathroom."</p> <p>5/29/13 at 1:41 P.M.: "...Gait is unsteady and feet continue to shuffle at times...."</p> <p>5/30/13 at 9:46 P.M.: "Resident remains on fall follow up. Has abrasion to L [left] knee and small abrasion to forehead, both beginning to heal...."</p> <p>6/4/13 at 9:33 A.M.: "IDT met to review multiple falls experienced in the month of May...suspects root cause of fall is shuffled gait, decreased balance related to RUE [right upper extremity] amputation, and poor safety awareness. Inappropriate footwear combined with shuffled gait both contributed to falls...IDT recommends staff assisting with ambulation, as allowed by the resident."</p> <p>6/7/13 at 3:50 P.M.: "Resident found on bathroom floor by staff member when staff member attempting to toilet other resident. Residen [sic] was</p>		<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>·A fall CQI tool will be utilized weekly x4, monthly x2, and quarterly thereafter, if threshold of 95% is not met an action plan will be completed to ensure compliance.</p> <p>·DNS/designee will monitor for compliance.</p> <p>What is the date by which the systemic changes will be completed August 1, 2013</p>	

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	<p>laying on right side with head against door frame and feet out of door on other side of bathroom. Small abrasion to right shoulder...."</p> <p>6/10/13 at 9:30 A.M.: "Fall review per IDT...IDT suspects root cause of fall is hx [history] of alcoholic dementia, non compliance with safety measures, and decreased safety awareness. IDT recommends to continue to monitor for safety and to prevent injury from falling, and to continue to cue resident when needing assistance. IDT also recommends trialling [sic] a laser bed alarm in order to cue staff that resident is up and to provide increased supervision...Will continue to monitor."</p> <p>6/19/13 at 6:32 A.M.: "Resident alert to self with intermittant [sic] confusion...Call light in reach. Will continue to monitor."</p> <p>A care plan, dated 9/12/12 and with a goal target date of 8/8/13, indicated a problem of "Resident is at risk for fall due to: Dementia, Depression, HTN [hypertension], Psych medications, decreased mobility and weakness." The Approaches included: "6/10/13 Laser alarm, 6/10/13 Trialing laser alarm, 5/13/13 Continue to offer</p>			

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	<p>toileting upon rising from bed in a.m...Call light in reach...."</p> <p>On 7/2/13 at 8:55 A.M., during interview with RN # 1, she indicated Resident B "will not allow alarms, it upsets him." RN # 1 indicated they had tried floor alarms. RN # 1 indicated Resident B did come out of his room occasionally, but usually ate in his room.</p> <p>On 7/2/13 at 10:20 A.M., during interview with the Director of Nursing (DON) and Administrator, she indicated the staff attempted to keep Resident B occupied while up and make sure he was wearing the right footwear. The DON indicated the resident refused hipsters, and refused alarms, including a laser alarm. The Administrator indicated it might be beneficial to move the resident closer to the nursing station to increase supervision.</p> <p>2. On 7/2/13 at 11:25 A.M., the Director of Nursing provided the current facility policy on "Fall Management Program," revised 6/12. The policy included: "It is the policy...to ensure residents residing within the facility will maintain maximum physical functioning through the establishment of physical,</p>			

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	<p>environmental, and psychosocial, guidelines to prevent injury related to falls...A care plan will be developed at time of admission specific to each resident based upon the results of the fall risk assessment...All falls will be discussed by the interdisciplinary team the next business day morning after the day of the fall to determine other possible interventions to prevent future falls...."</p> <p>This federal tag relates to Complaint IN00131239.</p> <p>3.1-45(a)(1)</p>				