

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155070	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/19/2014
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NAME OF PROVIDER OR SUPPLIER GREEN VALLEY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3118 GREEN VALLEY RD NEW ALBANY, IN 47150
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F000000	<p>This visit was for the Investigation of Complaints IN00146850 and IN00146515.</p> <p>Complaint IN00146850-Substantiated. Federal/state deficiencies related to the allegations are cited at F250 and F514.</p> <p>Complaint IN00146515-Substantiated. Federal/state deficiencies related to the allegations are cited at F225, F226, F157 and F282.</p> <p>Survey date: June 16,17, 18, and 19, 2014</p> <p>Facility Number: 000028 Provider Number: 155070 AIM Number: 100275370</p> <p>Survey team: Gwen Pumphrey, RN-TC Gloria Reisert, MSW</p> <p>Census bed type: SNF/NF: 102 Total: 102</p> <p>Census Payor type: Medicare: 13 Medicaid: 84 Other: 5</p>	F000000	<p>Allegation of Compliance Please accept the following plan of correction for the complaint survey on June 16th through June 19th. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws. This facility appreciated the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better the quality of care provided to the residents in our community. We respectfully request consideration for a desk review and paper 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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F000157 SS=D	<p>Total: 102</p> <p>Sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on June 27, 2014, by Brenda Meredith, R.N.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the</p>			

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	<p>resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interviews, the facility failed to notify the resident's physician to update and obtain a possible change in treatment for a resident who had sustained several second-degree burns that had changes in the color and wound bed integrity. This deficient practice affected 1 of 1 residents reviewed for burns. (Resident #Y)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident</p>	F000157	<p>1.Resident #Y discharged from facility on 1/31/2014.</p> <p>2.On 7/8/2014, an audit was completed by Nursing Administration dating back to June 1, 2014 of the residents currently residing in the facility with wounds. The audit was to ensure adequate physician notification for resident's identified with wounds that had changes in the color and/or wound bed integrity.</p> <p>3.Licensed Nursing staff were educated by the Staff Development Coordinator by 7/11//2014 on the required</p>	07/11/2014

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	<p>#Y on 6/17/14 at 2:00 p.m., indicated the resident had diagnoses which included, but were not limited to: second degree burns to thighs, dementia with behavioral disturbance, diabetes mellitus, and venous insufficiency.</p> <p>The 12/23/13 Admission Minimum Data Set (MDS) Assessment and the 45 day Assessment indicated the resident required set up help with supervision to 1 assist with eating and had bilaterally limitations in Range Of Motion only in his legs - upper extremities had no issues. The resident scored an 8 out of 15 on the Brief Interview Mental Status exam which indicated he had modified cognitive impairment in decision making skills with some long and short term memory issues.</p> <p>A 1/15/14 nursing note written at 8:22 p.m., indicated the following: "Resident was up in dining room in wheelchair for lunch, was given some coffee per resident request, resident accidentally spilled his coffee on bilateral upper extremities [sic], staff immediately put ice and cold compress on affected extremity and returned resident to room for further assessment. resident was noted to have burns to bilateral upper thigh, left thigh measuring 14 x [by] 6 and 6.5 x 3 cm [centimeters], right thigh measures 15</p>		<p>notification of the attending physician for resident's identified with wounds that had changes in color and/or wound bed integrity.</p> <p>4. Director of Nursing or designee will audit to ensure required physician notification has occurred if a resident's identified with wounds that had changes in color and/or wound bed integrity at least three (3) times per week for (4) weeks and continue weekly for no less than two (2) additional months. The results of these audits will be presented to the monthly Performance Improvement Committee. The Performance Improvement Committee will reevaluate the continued need of audits; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated.</p> <p>5. July 11, 2014</p>	

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	<p>x 8 and 4 x 1 cm. Resident complains of pain, Hydrocodone [narcotic pain medication] 5/325 mg [milligram] per MD PRN [as needed] order, effective. Called placed to [name physician], new order obtained for cold compress and Silvadene [cream used to prevent or treat infections in burns] twice daily until resolved...."</p> <p>A physician's order, with conflicting dates of 1/14 and 1/15/14, indicated the order for the resident's burns to be "1. Apply cold compress to redness on bilateral thighs. 2. Apply thin layer of Silvadene ointment to bilateral thighs once every shift and as needed until resolved. Leave open to air."</p> <p>A new physician's order was received on 1/16/14 to "Place 16 Fr [French] [size of catheter] Foley cath [catheter] - to bedside drainage until groin areas healed...."</p> <p>Review of the nursing notes between 1/15 and 1/31/14, indicated the following descriptions of the resident's burns: - "1/17/14 at 4:08 a.m. - ...treatment continues to areas bilateral thighs. left inner thigh deep red in color. no skin to area right inner thigh worse than left. Left inner thigh discolored area with skin over area Silvadene applied to areas. resident</p>			

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	<p>stated that was cold when applied...."</p> <p>- "1/18/14 at 3:19 a.m. - ...treatments continues to inner thighs, with right worse than left...."</p> <p>- "1/19/14 at 8:08 p.m. - ...Given PRN pain meds prior to wound treatment.. Resident denies pain to left foot but states burn areas are tender. Serous drainage noted from burns, skin peeling but no signs of infection...."</p> <p>- " 1/20/14 at 3:02 a.m. - ...Treatment as ordered. Blisters remain intact. No signs or symptoms of infection are noted...."</p> <p>- "1/21/14 at 10:45 a.m. - ...Resident groin area cleansed with Silvadene applied....Areas noted to have moderate amount of yellow slough and darken areas to right inner groin near scrotum. Scrotum is not affected skin remains intact...."</p> <p>- "1/22/14 at 7:27 a.m. - ...treatment continues to areas to bilateral inner thighs, area are tender to the touch...."</p> <p>- "1/22/14 at 1:48 p.m. ...treatment continues to areas inner thighs as ordered. Areas remain tender to the touch. PRN Hydrocodone given earlier in shift as ordered with good results...."</p>			

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	<p>- "1/23/14 at 6:47 a.m. - ...treatment done to inner thighs., wound nurse took Silvadene off to measure, treatment redone...."</p> <p>- Nursing notes between 1/23 and 1/27/14 indicated the burn areas appear healing and without infection.</p> <p>- "1/28/14 at 3:19 a.m. - ...Silvadene continues to burns on bilateral thighs. Improvement seen. The area on the left thigh is shrinking in size. There is a small area that is yellow in color, and a larger pink area around it. The area on the right thigh is also noted to be shrinking. A moderate amount of yellow slough remains as well as drainage. Both areas remain tender to the touch. PRN pain medication is being given 30 to 45 minutes before treatment and is noted effective...."</p> <p>- "1/29/14 at 6:43 a.m. - ...Treatment to bilateral inner thighs continues as ordered. No signs or symptoms of infection are noted. Area on left inner thigh is improving. No signs or symptoms of infection are noted. Area is dry, yellow and flaky. The area on the left inner thigh is also improving. The section closer to the scrotum remains moist, and yellow in colors. Both areas are tender to</p>			

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	<p>the touch. PRN pain medication was given 30 minutes prior to treatment and noted effective...."</p> <p>- "1/29/14 at 6:41 p.m. - ...burns to groin and upper thigh showing greenish slough with red peripheral tissue. Area cleaned and Silvadene applied then covered with dsd [dry sterile dressing]...." (Slough, a necrotic/avascular tissue in the process of separating from the viable portions of the body)</p> <p>- "1/30/14 at 2:34 a.m. - ...Treatments done per order. Left inner thigh 5.8 x 6.5 cm reddened without s/s [signs/symptoms] of infection, and right inner thigh 6 x 8 cm with yellowish and green slough, wounds appear to be decreasing in size since last week, explained to resident we will need to continue for some time to get his wounds healed...."</p> <p>- "1/31/14 at 4:22 a.m. - ...inner thighs has yellowish slough in center...."</p> <p>- "1/31/14 at 3:33 p.m. - ...Resident inner groin area cleansed with Silvadene applied yellow slough noted to area."</p> <p>A 1/15/14 Care Plan was developed which indicated: - "Problem: Impaired skin integrity r/t</p>			

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	<p>[related to] 2nd degree burn areas to bilateral inner thighs due to spilling coffee on self." - "Approaches included, but were not limited to: Observe for sign/symptoms to bilateral inner thighs every shift and report changes to MD."</p> <p>Review of the Wound Center notes between 1/15/15 and 1/31/14, indicated the resident was being treated by the center for decubitus ulcers on his left foot and toes. Documentation was lacking of the Wound Center having been notified the resident now had 2nd degree burns to his bilateral thighs.</p> <p>During an interview with the Director of Nursing (DoN) on 6/18/14 at 8:45 a.m., she initially indicated that the Wound center was aware of the resident's burns but did not treat them.</p> <p>During a second interview on 6/18/14 at 9:00 a.m., the DoN indicated the resident's wounds were healing just fine and that initially they were just blisters until 1/20/14 when they popped and thought the treatment had been changed. She indicated that the Medical Director was aware and was treating the resident's burns and was making all kinds of documentation on their progress in his notes, therefore there was no need to</p>			

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	<p>involve the Wound Center in looking at and treating the burns as they were only superficial. When queried regarding the yellowish and greenish slough in the resident's burns that was being documented by the nurses on occasion, she indicated that she did not remember there being any of that occurring.</p> <p>During an interview with the Medical Director on 6/18/14 at 3:45 p.m., he indicated that the yellow and green slough noted in the resident's burns was from the Silvadene cream and would naturally occur when the burns were covered. When told that his orders were to keep the burns open to air and not be covered, he indicated that the nurses told him the burns were healing and nothing was wrong with them.</p> <p>No documentation by the physician other than on 1/15/14 when the injury occurred, or by nursing notifying the physician of the appearance changes occurring in the resident's burns could be located.</p> <p>During the final exit meeting with the Administrator, DoN and Assistant DoN on 6/19/14 at 11:30 a.m., the DoN again indicated that the physician was monitoring the resident's burns and that the 1/15/14 physician progress note was the documentation of his monitoring. She</p>			

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	<p>also indicated that the yellowish and greenish slough in the resident's burns was normal to appear as this was fibrous tissue and was not of any concern.</p> <p>On 6/18/14 at 1:45 p.m., the DoN presented a copy of the facility's current policy titled "Changes in Resident's Condition or Status." Review of this policy at this time included, but was not limited: "Policy: The facility will notify the resident, his/her attending physician, and representative of changes in the resident's condition or status. The following will outline the process. Procedure: 1. Nursing services will be responsible for notifying the resident's attending physician when:...b. There is significant change in the resident's physical,...status....d. There is a need to alter the resident's treatment or medications significantly....2. Nursing services will be responsible for notifying the resident, his /her next of kin...when:...b. There is a significant change in the resident's physical...status...5. All changes in the resident's medical condition must be properly recorded in the resident's medical record in accordance with our documentation policies and procedures...."</p> <p>This Federal tag is related to Complaint</p>			

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F000225 SS=D	<p>IN00146515.</p> <p>3.1-5(a)(3)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further</p>				

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	<p>potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure an allegation of neglect, in which a foreign object (a rubber glove) was discovered inside the resident's abdomen/intestine requiring surgical intervention, was thoroughly investigated and reported immediately along with the results of the investigations within 5 working days to the Administrator and to other officials in accordance with State law (including the State survey and certification agency) for 1 of 8 State reportable's reviewed for neglect. (Resident #Z).</p> <p>Finding included:</p> <p>Review of the clinical record for Resident #Z on 6/18/14 at 1:00 p.m. indicated the resident had diagnoses which included , but were not limited to: small bowel ileus, chronic constipation, cerebral palsy, severe mental retardation and irritable bowel syndrome.</p>	F000225	<p>1. Resident #Z discharged from the facility on 11/9/13. Facility was made aware of an allegation of potential neglect on 3/13/2014 and submitted an initial and follow-up incident report to ISDH on 3/14/2014.</p> <p>2. On 7/9/2014, the Executive Director, Director of Nursing and Medical Director reviewed residents that had discharged to the hospital since June 1st, 2014 without returning to facility to ensure potential reportable incidents were thoroughly investigated and reported immediately along with the results of the investigations within 5 working days to officials in accordance to state law.</p> <p>3. On 7/9/2014, the Executive Director provided education to the Medical Director regarding the guidelines for reporting potential incidents to the Executive Director and Director of Nursing immediately. On 7/10/2014, the Regional Vice President provided education to the Executive Director and Director of Nursing</p>	07/11/2014			

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	<p>A nursing note dated 11/9/13 at 10:45 p.m., indicated Resident #Z was transferred to (name of hospital) due to abnormal labs.</p> <p>A 11/10/13 Gastroenterologist (GI) consultation note indicated he was requested to see the resident due to questionable ileus or small bowel obstruction on CT (Computed Tomography Scan). Recommendations included considering placement of a PEG (feeding tube placed into the stomach through the abdomen).</p> <p>On 11/11/13, the Gastroenterologist had attempted to place a PEG tube with no success. During the procedure, the physician noted: "...Within the stomach, there was what appeared to be a rubbery or plastic foreign body...I then attempted to transilluminate the stomach. Unfortunately, this was completely unsuccessful...I felt that the patient's stomach was clearly up in the chest. By retroflexed exam it was difficult to tell whether the patient had a hiatal hernia...I was unable to indent the stomach through the abdominal wall. Therefore, it was clear to me that the patient would require a surgical g-tube. I did pass a snare in an attempt to remove the foreign body, but it appeared somewhat rubbery or plastic. I</p>		<p>on reviewing residents that had discharged to the hospital and did not return to ensure potential reportable incidents were thoroughly investigated and reported immediately along with the results of the investigations within 5 working days to officials in accordance to state law.</p> <p>4. Director of Nursing or designee will review residents that had discharged to the hospital to ensure potential reportable incidents were thoroughly investigated and reported immediately along with the results of the investigations within 5 working days to officials in accordance to state law; these audits will be completed daily Monday thru Friday for four (4) weeks and continue weekly for no less than two (2) additional months. The results of these audits will be presented to the monthly Performance Improvement Committee. The Performance Improvement Committee will reevaluate the continued need of audits; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated.</p> <p>5. July 11, 2014</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155070	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/19/2014
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NAME OF PROVIDER OR SUPPLIER GREEN VALLEY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3118 GREEN VALLEY RD NEW ALBANY, IN 47150
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	<p>felt that perhaps it was a balloon of some sort. However, when the snare was passed around the foreign body, it was somewhat stiff and hard and I was unable to pull the foreign body up across the GE [gastroesophageal] junction...."</p> <p>On 11/11/13, the resident was seen by the Surgeon who indicated the resident had undergone a KUB (kidney, urinary and bowel) scan which noted a dilated colon and small bowel with a dilated stomach also. CT stone protocol on 11/10/13 indicated "Massive air distention in the stomach and marked air distention of the colon and to a lesser extent the small bowel suggestive of a diffuse ileus. 6 centimeters area of heterogeneous density which could reflect a gastric bezoer (a ball of swallowed foreign material -usually hair or fiber - that collects in the stomach and fails to pass through the intestines) The patient had a PEG tube attempted today. The findings included a foreign body in the stomach which could not be removed. The stomach was in the chest and could not be transilluminated...".</p> <p>On 12/14/13, the resident's primary physician and facility Medical Director dictated his Discharge Summary which indicated "...A GI consult was obtained, and the patient subsequently underwent</p>			

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	<p>EGD [esophageal dilatation] on the next hospital day. EGD showed foreign body in the stomach which could not be removed. Also noted was that the stomach was in the chest, so GI was unable to transilluminate and perform PEG. General Surgery was subsequently consulted for an open G tube placement. The patient's [family names] however requested that she be transferred to [name of hospital] where her further work and open placement of gastrostomy tube be done in that hospital. The patient was subsequently transferred to [name of hospital] on 11/13/13...."</p> <p>During an interview with the Medical Director (the resident's physician) on 6/18/14 at 3:45 p.m., he indicated that he knew the resident had a foreign object in her stomach/intestine but that it had not been identified before she left to go to the other hospital. He also indicated that he had not followed up with the physicians at the second hospital to determine exactly what had been found in the resident during surgery.</p> <p>During an meeting with the Director of Nursing (DoN) and the Administrator on 6/19/14 at 9:40 a.m., they indicated that when the facility saw in the hospital records a day or two after the resident was sent to the hospital that family was</p>			

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	<p>considering placement elsewhere, they did not see the need to follow up any further on the resident's condition. The Administrator also indicated that although other staff may indicate it was not until 11/19 that the facility was notified of the resident not returning, he indicated it was sooner due to the notation of family considering looking elsewhere.</p> <p>He also indicated that the facility was never made aware of the resident having problems and that a foreign object was detected in her stomach until another State agency had come in in March 2014 to look at her records. The Administrator indicated that it was after that agency's visit that the facility reported the incident to the required entities.</p> <p>During the final exit meeting with the Administrator, the DoN and the Assistant DoN on 6/19/14 at 11:30 a.m., the Administrator again repeated that there was no need to report anything to the State agencies and that the facility never knew the resident swallowed anything until March when another State agency came in.</p> <p>On 6/16/14 at 11:15 a.m., the Administrator presented a copy of the facility's current policy titled: "Reporting</p>			

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	<p>Alleged Abuse". Review of this policy at this time included, but was not limited to: "Policy: This facility does not condone resident abuse and/or neglect by anyone. This includes, but is not limited to: staff members, other residents, consultants, volunteers, staff from other agencies serving our residents, family members, the responsible party, sponsors, friends, or other individuals. All personnel will immediately report any incident or suspected incident of resident abuse and/or neglect, including injuries of unknown origin to the Executive Director...2. All alleged or suspected violations involving mi treatment, abuse, neglect, injuries of unknown origins will be immediately reported to the Executive Director...4. The person observing an incident or resident abuse or suspecting resident abuse will immediately report it to the Executive Director...11. federal requirements mandate that facilities must ensure all allegations of abuse are reported immediately to their state survey agency. Facilities must satisfy the immediate requirements by notifying the appropbate field office of an incident...The immediate reports should be submitted as soon as possible, but no later than 24 hours of a facility learning of the allegation. Failure to do so will mean that the facility is not in compliance with the federal regulations. The 5 day report:</p>			

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F000226 SS=D	<p>Facilities must satisfy the federal requirement to report the results of an investigation within 5 working days from the incident. Any report after that time will be considered out of compliance...."</p> <p>This Federal tag was related to Complaint IN00146515.</p> <p>3.1-28(c)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to implement their Policy and Procedure on "Reporting Alleged Abuse" to ensure an allegation of neglect in which a foreign object (a rubber glove) was discovered inside the resident's abdomen/intestine requiring surgical intervention, was thoroughly</p>	F000226	<p>1. Resident #Z discharged from the facility on 11/9/13. Facility was made aware of an allegation of potential neglect on 3/13/2014 and submitted an initial and follow-up incident report to ISDH on 3/14/2014.</p> <p>2. On 7/9/2014, the Executive Director, Director of Nursing and Medical Director reviewed</p>	07/11/2014

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	<p>investigated and reported immediately along with the results of the investigations within 5 working days to the Administrator and to other officials in accordance with State law (including the State survey and certification agency) for 1 of 8 State reportable's reviewed for neglect. (Resident #Z).</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #Z on 6/18/14 at 1:00 p.m. indicated the resident had diagnoses which included , but were not limited to: small bowel ileus, chronic constipation, cerebral palsy, severe mental retardation and irritable bowel syndrome.</p> <p>A nursing note dated 11/9/13 at 10:45 p.m., indicated Resident #Z was transferred to (name of hospital) due to abnormal labs.</p> <p>A 11/10/13 Gastroenterologist (GI) consultation note indicated he was requested to see the resident due to questionable ileus or small bowel obstruction on CT (Computed Tomography scan). Recommendations included considering placement of a PEG (feeding tube placed into the stomach through the abdomen).</p>		<p>residents that had discharged to the hospital since June 1st, 2014 without returning to facility to ensure potential reportable incidents were thoroughly investigated and reported immediately along with the results of the investigations within 5 working days to officials in accordance to state law.</p> <p>3. On 7/9/2014, the Executive Director provided education to the Medical Director regarding the guidelines for reporting potential incidents to the Executive Director and Director of Nursing immediately. On 7/10/2014, the Regional Vice President provided education to the Executive Director and Director of Nursing on reviewing residents that had discharged to the hospital and did not return to ensure potential reportable incidents were thoroughly investigated and reported immediately along with the results of the investigations within 5 working days to officials in accordance to state law.</p> <p>4. Director of Nursing or designee will review residents that had discharged to the hospital to ensure potential reportable incidents were thoroughly investigated and reported immediately along with the results of the investigations within 5 working days to officials in accordance to state law; these audits will be completed daily Monday thru Friday for four (4) weeks and continue weekly for no</p>				

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	<p>On 11/11/13, the Gastroenterologist had attempted to place a PEG tube with no success. During the procedure, the physician noted: "...Within the stomach, there was what appeared to be a rubbery or plastic foreign body...I then attempted to transilluminate the stomach. Unfortunately, this was completely unsuccessful...I felt that the patient's stomach was clearly up in the chest. By retroflexed exam it was difficult to tell whether the patient had a hiatal hernia...I was unable to indent the stomach through the abdominal wall. Therefore, it was clear to me that the patient would require a surgical g-tube. I did pass a snare in an attempt to remove the foreign body, but it appeared somewhat rubbery or plastic. I felt that perhaps it was a balloon of some sort. However, when the snare was passed around the foreign body, it was somewhat stiff and hard and I was unable to pull the foreign body up across the GE [gastroesophageal] junction...."</p> <p>On 11/11/13, the resident was seen by the Surgeon who indicated the resident had undergone a KUB (kidney, urinary and bowel) scan which noted a dilated colon and small bowel with a dilated stomach also. CT stone protocol on 11/10/13 indicated "Massive air distention in the stomach and marked air distention of the colon and to a lesser extent the small</p>		<p>less than two (2) additional months. The results of these audits will be presented to the monthly Performance Improvement Committee. The Performance Improvement Committee will reevaluate the continued need of audits; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated.</p> <p>5.July 11, 2014</p>				

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	<p>bowel suggestive of a diffuse ileus. 6 centimeters area of heterogeneous density which could reflect a gastric bezoer [a ball of swallowed foreign material -usually hair or fiber - that collects in the stomach and fails to pass through the intestines] The patient had a PEG tube attempted today. The findings included a foreign body in the stomach which could not be removed. The stomach was in the chest and could not be transilluminated...."</p> <p>On 12/14/13, the resident's primary physician and facility Medical Director dictated his Discharge Summary which indicated "...A GI consult was obtained, and the patient subsequently underwent EGD [esophageal dilatation] on the next hospital day. EGD showed foreign body in the stomach which could not be removed. Also noted was that the stomach was in the chest, so GI was unable to transilluminate and perform PEG. General Surgery was subsequently consulted for an open G tube placement. The patient's [family names] however requested that she be transferred to [name of hospital] where her further work and open placement of gastrostomy tube be done in that hospital. The patient was subsequently transferred to [name of hospital] on 11/13/13...."</p>			

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	<p>During an interview with the Medical Director (the resident's physician) on 6/18/14 at 3:45 p.m., he indicated that he knew the resident had a foreign object in her stomach/intestine but that it had not been identified before she left to go to the other hospital. He also indicated that he had not followed up with the physicians at the second hospital to determine exactly what had been found in the resident's intestine/abdomen during surgery since she went somewhere else.</p> <p>During an meeting with the Director of Nursing (DoN) and the Administrator on 6/19/14 at 9:40 a.m., they indicated that when the facility saw in the hospital records a day or two after the resident was sent to the hospital that family was considering placement elsewhere, they did not see the need to follow up any further on the resident's condition. The Administrator also indicated that although other staff may indicate it was not until 11/19 that the facility was notified of the resident not returning, he indicated it was sooner due to the notation of family considering looking elsewhere. He also indicated that the facility was never made aware of the resident having problems and that a foreign object was detected in her stomach until another State agency had come in in March 2014 to look at her</p>			

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	<p>records. The Administrator indicated that it was after that agency's visit that the facility reported the incident to the required entities.</p> <p>During the final exit meeting with the Administrator, the DoN and the Assistant DoN on 6/19/14 at 11:30 a.m., the Administrator again repeated that there was no need to report anything to the State agencies and that the facility never knew the resident swallowed anything until March when another State agency came in.</p> <p>On 6/16/14 at 11:15 a.m., the Administrator presented a copy of the facility's current policy titled: "Reporting Alleged Abuse". Review of this policy at this time included, but was not limited to: "Policy: This facility does not condone resident abuse and/or neglect by anyone. This includes, but is not limited to: staff members, other residents, consultants, volunteers, staff from other agencies serving our residents, family members, the responsible party, sponsors, friends, or other individuals. All personnel will immediately report any incident or suspected incident of resident abuse and/or neglect, including injuries of unknown origin to the Executive Director...2. All alleged or suspected violations involving mi treatment, abuse,</p>			

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	<p>neglect, injuries of unknown origins will be immediately reported to the Executive Director...4. The person observing an incident or resident abuse or suspecting resident abuse will immediately report it to the Executive Director...11. federal requirements mandate that facilities must ensure all allegations of abuse are reported immediately to their state survey agency. Facilities must satisfy the immediate requirements by notifying the appropriate field office of an incident...The immediate reports should be submitted as soon as possible, but no later than 24 hours of a facility learning of the allegation. Failure to do so will mean that the facility is not in compliance with the federal regulations. The 5 day report: Facilities must satisfy the federal requirement to report the results of an investigation within 5 working days from the incident. Any report after that time will be considered out of compliance...."</p> <p>This Federal tag was related to Complaint IN00146515.</p> <p>3.1-28(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. Based on interview and record review, the facility failed to ensure residents received adequate discharge planning. This deficient practice affected 1 of 1 residents reviewed (Resident C).</p> <p>Finding includes:</p> <p>On 6/16/14 at 10:10 a.m. the administrator provided a copy of the policy titled, "Discharge/Transfer of the Resident." This policy indicated the resident should be included in the care planning.</p> <p>On 6/16/14 at 11:00 a.m., Resident C's clinical record was reviewed. He had diagnoses including but not limited to paraplegia, obesity, reflux, and COPD (Chronic Obstructive Pulmonary Disease). Review of the social services notes lacked documentation of Resident C's participation in the discharge planning process.</p> <p>On 6/16/14 at 12:44 p.m., the reportable's for the facility was reviewed. A reportable dated 5/27/14 indicated</p>	F000250	<p>1. On 6/26/2014, resident #C was revisited by the Social Services Designee to actively involve the resident in making recommendation of facilities or areas that he would like to discharge and discussion was documented in the social services notes.</p> <p>2. Residents that are provided a 30 day discharge notice for violating facility policies have the potential to be affected by the same alleged deficient practice.</p> <p>3. On 6/27/2014, the Social Services Designee was provided education by the Social Services Director regarding actively involving residents in the discharge process after receiving a 30 day discharge notice.</p> <p>4. Social Services Director or designee will audit on a weekly basis for four (4) weeks and continue weekly for no less than two (2) additional months to ensure that residents who have received a 30 day discharge notice are actively involved in choosing where they would like to move. The results of these audits will be presented to the monthly Performance Improvement Committee. The Performance Improvement Committee will</p>	07/11/2014

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	<p>Resident C was issued a 30 day notice for violation of the smoking policy.</p> <p>On 6/17/14 at 2:30 p.m., Resident C indicated he was issued a 30 day notice to discharge. He expressed concern of being "thrown out" by the end of the month because he didn't have anywhere to go. He stated he requested updates from social services and she only stated she would get back to him. Resident C indicated he wanted to have some choice in where he was discharged to. He indicated (named facility) would be an option he would consider if he could not stay in the current facility.</p> <p>On 6/18/14 3:15 p.m., the Social Services Director (SSD) indicated Resident C received a 30 day notice to discharge. She indicated the resident understood the 30 day notice. She indicated Resident C had indicated he wanted to discharge to a facility close to his family. She was unable to provide any other information regarding Resident C's wishes. She was unable to indicate which facility Resident C preferred and "I would have to refer to my notes for more details." The SSD indicated, several facilities were contacted, with two scheduled to interview the resident. When asked if the resident was aware of the updates, she indicated no. She indicated she did not</p>		<p>reevaluate the continued need of audits; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated.</p> <p>5.July 11, 2014</p>				

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F000282 SS=D	<p>tell the resident because she wanted to wait until she had definite information.</p> <p>On 6/19/14 at 11:20 a.m., Resident C stated, " When they gave me the notice, they told me they would help me find somewhere to go. I didn't know I could appeal the notice. I would like a second chance."</p> <p>This Federal tag is related to Complaint IN00146850.</p> <p>3.1-34(a)</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 record review and interviews, the facility failed to ensure physician's orders were following related to wound care treatment for a resident who had sustained several second-degree burns that had changes in the color and wound bed integrity. This deficient practice</p>	F000282	<p>1.Resident #Y discharged from facility on 1/31/2014.</p> <p>2.On 7/8/2014, an audit was completed by Nursing Administration dating back to June 1, 2014 of the residents currently residing in the facility with wounds. The audit was to ensure physician orders were followed related to wound care treatment.</p>	07/11/2014

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	<p>affected 1 of 1 residents reviewed for burns. (Resident #Y)</p> <p>Finding includes:</p> <p>Review of the clinical record for Resident #Y on 6/17/14 at 2:00 p.m., indicated the resident had diagnoses which included, but were not limited to: second degree burns to thighs, dementia with behavioral disturbance, diabetes mellitus, and venous insufficiency.</p> <p>The 12/23/13 Admission Minimum Data Set (MDS) Assessment and the 45 day Assessment indicated the resident required set up help with supervision to 1 assist with eating and had bilaterally limitations in Range Of Motion only in his legs - upper extremities had no issues. The resident scored an 8 out of 15 on the Brief Interview Mental Status exam which indicated he had modified cognitive impairment in decision making skills with some long and short term memory issues.</p> <p>A 1/15/14 nursing note written at 8:22 p.m., indicated the following: "Resident was up in dining room in wheelchair for lunch, was given some coffee per resident request, resident accidentally spilled his coffee on bilateral upper extremities [sic], staff immediately</p>		<p>3.Licensed Nursing staff were educated by the Staff Development Coordinator by 7/11//2014 on following physician's orders and accuracy of order related to wound care treatment.</p> <p>4.Director of Nursing or designee will audit to ensure physician orders are being followed and are accurate related to wound care treatments at least three (3) times per week for (4) weeks and continue weekly for no less than two (2) additional months. The results of these audits will be presented to the monthly Performance Improvement Committee. The Performance Improvement Committee will reevaluate the continued need of audits; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated.</p> <p>5.July 11, 2014</p>				

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	<p>put ice and cold compress on affected extremity and returned resident to room for further assessment. resident was noted to have burns to bilateral upper thigh, left thigh measuring 14 x [by] 6 and 6.5 x 3 cm [centimeters], right thigh measures 15 x 8 and 4 x 1 cm. Resident complains of pain, Hydrocodone [narcotic pain medication] 5/325 mg [milligram] per MD PRN [as needed] order, effective. Called placed to [name physician], new order obtained for cold compress and Silvadene [cream used to prevent or treat infections in burns] twice daily until resolved...."</p> <p>A physician's order, with conflicting dates of 1/14 and 1/15/14, indicated the order for the resident's burns to be "1. Apply cold compress to redness on bilateral thighs. 2. Apply thin layer of Silvadene ointment to bilateral thighs once every shift and as needed until resolved. Leave open to air."</p> <p>A new physician's order was received on 1/16/14 to "Place 16 Fr [French] [size of catheter] Foley cath [catheter] - to bedside drainage until groin areas healed...."</p> <p>Review of the nursing notes between 1/15 and 1/31/14, indicated the following descriptions of the resident's burns:</p>			

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	<p>- "1/17/14 at 4:08 a.m. - ...treatment continues to areas bilateral thighs. left inner thigh deep red in color. no skin to area right inner thigh worse than left. Left inner thigh discolored area with skin over area Silvadene applied to areas. resident stated that was cold when applied...."</p> <p>- "1/18/14 at 3:19 a.m. - ...treatments continues to inner thighs, with right worse than left...."</p> <p>- "1/19/14 at 8:08 p.m. - ...Given PRN pain meds prior to wound treatment.. Resident denies pain to left foot but states burn areas are tender. Serous drainage noted from burns, skin peeling but no signs of infection...."</p> <p>- " 1/20/14 at 3:02 a.m. - ...Treatment as ordered. Blisters remain intact. No signs or symptoms of infection are noted...."</p> <p>- "1/21/14 at 10:45 a.m. - ...Resident groin area cleansed with Silvadene applied....Areas noted to have moderate amount of yellow slough and darken areas to right inner groin near scrotum. Scrotum is not affected skin remains intact...."</p> <p>- "1/22/14 at 7:27 a.m. - ...treatment continues to areas to bilateral inner thighs, area are tender to the touch...."</p>						

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	<p>- "1/22/14 at 1:48 p.m. ...treatment continues to areas inner thighs as ordered. Areas remain tender to the touch. PRN Hydrocodone given earlier in shift as ordered with good results...."</p> <p>- "1/23/14 at 6:47 a.m. - ...treatment done to inner thighs., wound nurse took Silvadene off to measure, treatment redone...."</p> <p>- Nursing notes between 1/23 and 1/27/14 indicated the burn areas appear healing and without infection.</p> <p>- "1/28/14 at 3:19 a.m. - ...Silvadene continues to burns on bilateral thighs. Improvement seen. The area on the left thigh is shrinking in size. There is a small area that is yellow in color, and a larger pink area around it. The area on the right thigh is also noted to be shrinking. A moderate amount of yellow slough remains as well as drainage. Both areas remain tender to the touch. PRN pain medication is being given 30 to 45 minutes before treatment and is noted effective...."</p> <p>- "1/29/14 at 6:43 a.m. - ...Treatment to bilateral inner thighs continues as ordered. No signs or symptoms of infection are noted. Area on left inner</p>						

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	<p>thigh is improving. No signs or symptoms of infection are noted. Area is dry, yellow and flaky. The area on the left inner thigh is also improving. The section closer to the scrotum remains moist, and yellow in colors. Both areas are tender to the touch. PRN pain medication was given 30 minutes prior to treatment and noted effective..."</p> <p>- "1/29/14 at 6:41 p.m. - ...burns to groin and upper thigh showing greenish slough with red peripheral tissue. Area cleaned and Silvadene applied then covered with dsd [dry sterile dressing]...." (Slough, a necrotic/avascular tissue in the process of separating from the viable portions of the body)</p> <p>- "1/30/14 at 2:34 a.m. - ...Treatments done per order. Left inner thigh 5.8 x 6.5 cm reddened without s/s [signs/symptoms] of infection, and right inner thigh 6 x 8 cm with yellowish and green slough, wounds appear to be decreasing in size since last week, explained to resident we will need to continue for some time to get his wounds healed...."</p> <p>- "1/31/14 at 4:22 a.m. - ...inner thighs has yellowish slough in center...."</p> <p>- "1/31/14 at 3:33 p.m. - ...Resident inner</p>			

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	<p>groin area cleansed with Silvadene applied yellow slough noted to area."</p> <p>A 1/15/14 Care Plan was developed which indicated:</p> <ul style="list-style-type: none"> - "Problem: Impaired skin integrity r/t [related to] 2nd degree burn areas to bilateral inner thighs due to spilling coffee on self." - "Approaches included, but were not limited to: Observe for sign/symptoms to bilateral inner thighs every shift and report changes to MD." <p>Review of the Wound Center notes between 1/15/15 and 1/31/14, indicated the resident was being treated by the center for decubitus ulcers on his left foot and toes. Documentation was lacking of the Wound Center having been notified the resident now had 2nd degree burns to his bilateral thighs.</p> <p>During an interview with the Director of Nursing (DoN) on 6/18/14 at 8:45 a.m., she initially indicated that the Wound center was aware of the resident's burns but did not treat them.</p> <p>During a second interview on 6/18/14 at 9:00 a.m., the DoN indicated the resident's wounds were healing just fine and that initially they were just blisters until 1/20/14 when they popped and</p>			

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	<p>thought the treatment had been changed. She indicated that the Medical Director was aware and was treating the resident's burns and was making all kinds of documentation on their progress in his notes, therefore there was no need to involve the Wound Center in looking at and treating the burns as they were only superficial. When queried regarding the yellowish and greenish slough in the resident's burns that was being documented by the nurses on occasion, she indicated that she did not remember there being any of that occurring.</p> <p>During an interview with the Medical Director on 6/18/14 at 3:45 p.m., he indicated that the yellow and green slough noted in the resident's burns was from the Silvadene cream and would naturally occur when the burns were covered. When told that his orders were to keep the burns open to air and not be covered, he indicated that the nurses told him the burns were healing and nothing was wrong with them.</p> <p>No documentation by the physician other than on 1/15/14 when the injury occurred, or by nursing notifying the physician of the appearance changes occurring in the resident's burns could be located.</p> <p>During the final exit meeting with the</p>			

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	<p>Administrator, DoN and Assistant DoN on 6/19/14 at 11:30 a.m., the DoN again indicated that the physician was monitoring the resident's burns and that the 1/15/14 physician progress note was the documentation of his monitoring. She also indicated that the yellowish and greenish slough in the resident's burns was normal to appear as this was fibrous tissue and was not of any concern.</p> <p>On 6/18/14 at 1:45 p.m., the DoN presented a copy of the facility's current policy titled "Changes in Resident's Condition or Status." Review of this policy at this time included, but was not limited: "Policy: The facility will notify the resident, his/her attending physician, and representative of changes in the resident's condition or status. The following will outline the process. Procedure: 1. Nursing services will be responsible for notifying the resident's attending physician when:...b. There is significant change in the resident's physical,...status....d. There is a need to alter the resident's treatment or medications significantly....2. Nursing services will be responsible for notifying the resident, his /her next of kin...when:...b. There is a significant change in the resident's physical...status...5. All changes in the resident's medical condition must be</p>						

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F000514 SS=D	<p>properly recorded in the resident's medical record in accordance with our documentation policies and procedures...."</p> <p>This Federal tag is related to Complaint IN00146515.</p> <p>3.1-35(g)(2)</p> <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by</p>			

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	<p>the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure residents with a fall had adequate post fall documentation. This deficient practice affected 1 of 5 sampled residents reviewed. (Resident A).</p> <p>Findings include:</p> <p>On 6/16/14 at 12:45 a.m., Resident A's clinical record was reviewed. Resident A had diagnoses including but not limited to, dementia with behavioral disturbance, seizures, arthritis, high falls risk, and recurrent falls.</p> <p>Resident A had falls on 2/16/14, 3/9/14, 3/24/14, 4/7/14, 5/24/14, and 6/8/14. After the initial assessment of each fall, consistent documentation was lacking of the residents status, vital signs, interventions, and/ or response to the fall 72 hours post fall.</p> <p>On 6/19/14 at 10:00 a.m., LPN #1 indicated after the resident falls the nurses should document in the nurses notes after the fall.</p> <p>On 6/18/14 at 2:00 p.m., the medical director indicated Resident A had multiple falls in the facility due to her cognitive status. He indicated "she does</p>	F000514	<p>1. Upon review of the alleged incident as cited in the Summary Statement of Deficiencies, no harm was incurred by resident #A related to the alleged deficient practice. On 6/27/2014, the LPN that was on the schedule the day that the post fall documentation was missing was re-inserviced on the documentation requirements after a fall occurs.</p> <p>2. On 7/8/2014 an audit was completed by Nursing Administration dating back to June 1, 2014 to ensure that residents that had fallen had the required fall documentation completed for 72 hours post fall.</p> <p>3. The Staff Development Coordinator provided re-education to Licensed Nursing staff regarding the documentation required for 72 hours post fall by 7/11/2014</p> <p>4. Director of Nursing or designee will audit nurse's notes to ensure post fall documentation had been completed for 72 hours daily Monday thru Friday for four (4) weeks and continue weekly for no less than two (2) additional months. The results of these audits will be presented to the monthly Performance Improvement Committee. The Performance Improvement Committee will reevaluate the continued need of audits; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as</p>	07/11/2014

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	<p>not realize she is not physically able to be independent, there's not much you can do with a resident like this."</p> <p>On 6/17/14 at 9:05 a.m., the Administrator provided a copy of the policy titled, "Falls Management." The policy indicated,"pertinent information regarding the fall will be recorded in the nurses' notes...each shift nurse nurse is responsible for 72 hour "alert" charting..."</p> <p>This Federal tag is related to Complaint IN00146850.</p> <p>3.1-50(a)(1)</p>		<p>indicated. 5.July 11, 2014</p>				