STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155665	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/13/2014

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JENNINGS HEALTHCARE CENTER	701 HENRY ST NORTH VERNON, IN 47265

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F000000	This visit was for the Investigation of Complaint #IN00145202 Complaint #IN00145202 - Substantiated. Federal/state deficiencies related to the allegations are cited at F314. Survey dates: March 12, 2014 and March 13, 2014 Facility number: 010996 Provider number: 155665 AIM number: 200232210 Survey team: Jennifer Carr, RN - TC Julie Dover, RN Census bed type: SNF/NF: 101 Total: 101 Census payor type: Medicare: 8 Medicaid: 76 Other: 17 Total: 101 Sample: 4 These deficiencies also reflect state	F000000		

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

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

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	findings cited in accordance with 410 IAC 16.2. Quality review by Cheryl Fielden RN completed on March 25, 2014.			

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F000314 SS=G	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES 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. Based on record review and interview, the facility failed to define and implement interventions for the prevention and treatment of pressure ulcers in one of four residents who met the criteria for pressure ulcers. This deficient practice resulted in harm in that Resident A, who was admitted to the facility without pressure ulcers, developed multiple stage II pressure ulcers and one stage III pressure ulcer following his admission to the facility(Resident A). Findings include: Resident A's closed record was reviewed on 3/12/2014 at 2:10 p.m. Diagnoses included, but were not limited to, end-stage renal (kidney) disease, progressive dementia with behavior issues, congestive heart	F000314	F-314Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.1. The resident indicated in the 2567 no longer resides in the facility.2. All residents at risk for skin breakdown have the potential to be affected by this deficient practice. In-house residents will have a risk assessment completed by April 4, 2014 by the DCS and nurse managers. The Interdisciplinary Team (IDT) will review residents at risk for skin breakdown to ensure prevention and treatment interventions are in place by April 8, 2014. The Director of Clinical Services (DCS) and nurse managers will complete a skin assessment on in-house residents by April 4,	04/12/2014

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	failure, and hypertension. Resident A was admitted to the facility on April 19, 2013, following an in-patient hospitalization. He was admitted to Hospice on December 30, 2013 and was deceased on February 8,2014. Resident A's Minimum Data Set (MDS) assessment, completed 5/2/2013, indicated a Brief Interview for Mental Status (BIMS) score of 3 of 15, indicating severe cognitive impairment. Resident A's functional status indicated that he required "extensive, 1-2+ person(s) physical assistance" for all activities of daily living (ADLs), including transfers, eating, toileting, hygiene, and bathing. Resident A's bowel and bladder status indicated he had an in-dwelling Foley catheter and was "always incontinent" of bowel. The admission MDS assessment further indicated that Resident A was at risk for developing a pressure ulcer and that he did not have a stage I or higher pressure ulcer (stage I: "Intact skin with nonblanchable redness of the localized area, usually over a bony prominence.") at the time of his admission. Skin/ulcer treatments		2014. Any issues identified will be addressed immediately by DCS/nurses with the physician.3. Licensed nurses will be re-educated on wound care prevention and treatment objectives by April 11, 2014 by the Staff Development Coordinator and DCS. Certified Nurse Assistants (CNA) will be re-educated on the Skin Care Alert form by April 11, 2014 by the Staff Development Coordinator. 4. The DCS/nurse manager will conduct Quality Improvement (QI) monitoring to ensure implementation of interventions for prevention and treatment for residents at risk for skin breakdown using a sample size of ten residents 5 x weekly for 4 weeks, then 3 x weekly for 4 weeks, then 2 x weekly for 4 weeks, then 1 x weekly for 4 weeks, then monthly for 2 months. Any discrepancies that are noted will be immediately addressed by employee re-education and/or discipline by the DCS/nurse manager. The DCS will report results of the QI monitoring to two quarterly Quality Assurance Performance Improvement (QAPI) committee meetings. The QAPI committee, consisting of the DCS, Administrator, Medical Director, and 3 other staff members, will determine if further action needs to be taken and determine the continued time schedule for further audits. 5. Date of	

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	indicated as "checked" included, "pressure reducing device for chair", "pressure reducing device for bed", and "apply ointments/medications". Resident A's 4/19/2013 Braden Scale for Predicting Pressure Sore Risk indicated that he was at "moderate risk". Resident A's quarterly 7/1/2013 MDS assessment indicated that he was at risk for developing a pressure ulcer and he did not have a stage I or higher pressure ulcer. Skin/ulcer treatments indicated as "checked" included, "pressure reducing device for chair", "pressure reducing device for bed", "turning/repositioning", and "nutrition/hydration". The 6/26/2013 Braden Scale for Predicting Pressure Sore Risk indicated that Resident A was at "moderate risk". Resident A's quarterly 9/13/2013 MDS assessment indicated that he was at risk for developing a pressure ulcer and that he did not have a stage I or higher pressure ulcer. Skin/ulcer treatments indicated as "checked" included, "pressure reducing device for chair", "pressure reducing device for bed", "turning/repositioning", and		compliance: April 12, 2014.	

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	"nutrition/hydration". The 9/12/2013 Braden Scale for Predicting Pressure Sore Risk indicated that Resident A was at "high risk". A 12/5/2013 MDS assessment again identified Resident A as being at risk for developing a pressure ulcer, and further included, but was not limited to, the following: · "Resident has Stage 1 or higher pressure ulcer: Yes" · "Stage 1 pressure ulcers: number present: 2" · "Stage 2 pressure ulcers [stage II: "Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink ulcer bed without slough. May also present as an intact or open/ruptured serum filled blister."]: number present: 7" · "Stage 2 pressure ulcers: number present at admit/re-entry: 0" · "Stage 2 pressure ulcers: date of oldest: 12/03/2013 " · "Stage 3 pressure ulcers [stage III: "Full thickness tissue loss. Subcutaneous fat maybe visible but bone, tendon or			

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	muscle is not exposed. Slough maybe present but does not obscure the depth of tissue loss. May include undermining and tunneling."]: number present: 0" · "Stage 4 pressure ulcers: number present: 0" · "Unstaged due to dressing: number present: 2" · "Unstageable - deep tissue: number present: 2" · "Worsened since prior asmt [assessment]: stage 2 pressure ulcers: 7" · "Pressure ulcers on prior assessment: 0" Skin/ulcer treatments indicated as "checked" included, "pressure reduce device for chair", "pressure reducing device for bed", "turning/repositioning", "nutrition/hydration", "pressure ulcer care", "application of dressings", "apply ointments/medications", and "apply dressings to feet". The 4/19/13 Admission-Data Collection Form indicated "Skin Condition: "Warm...Pale." The Braden Scale for Predicting Pressure			

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	Sore Risk indicated that Resident #A was at "moderate risk". The section entitled "Skin Treatments", included blank check boxes for "pressure reduction devices for chair", "pressure reduction devices for bed", "turning/repositioning program", and "nutrition or hydration Interventions (to manage skin problems)". Nursing Notes, dated 4/19/2013 at 1:30 p.m., indicated, "Res [resident] alert eyes closed a lot...nonambulatory....No code status. Dependent on staff for ADLs mobility & [and] being fed....Multiple areas on skin bruising abd [abdomen] chest arms legs reddened areas that blanch R [right] ankle great L [left] toe L [left] ankle bil [bilateral] knees lower abd [abdomen] & [and] groin excoriated. XXX states was informed of staged pressure area but unable to find." The following entry, 4/19/2013 at 3:15 p.m., indicated, "...Skin: Back and Buttock med [medium] pink blanches well...multi [multiple] bruising Bil [bilateral] arms." Resident A's 4/19/2013 Admission Care Plan indicated care plans initiated for "Behavioral Symptoms",			

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	"Nutritional Status/Diet", "Psychotropic Drug Use", "Oral/Dental Status", and "Safety for Hot Liquids". The document included a care plan for "Pressure Sores/Skin Care" which indicated, "Goal: Prevent/heal pressure sores/skin breakdown. Follow facility care protocol. Turn every 2 hours and PRN [as needed]. Preventative measures: Immediately report any redness or skin breakdown to charge nurse." The care plan for "Pressure Sores/Skin Care" was not initiated and/or checked. An Initial Nutrition Assessment, dated 4/19/2014, indicated, "Skin status: intact. Has lots of reddened areas....Intake reported poor at meals....At risk for Wt [weight] loss & [and] skin breakdown r/t [related to] poor appetite....Skin ['no' symbol] open areas but does have multiple reddened areas...." Resident A's First Nutritional Review, dated 7/2/2013, indicated, "Skin Condition: Intact." Resident A's Second Nutritional Review, dated 11/4/2013, indicated, "Skin Condition: R [right] heel PU [pressure ulcer] L [left] heel			

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	PU [pressure ulcer]." The only care plan related to pressure ulcer(s) and/or skin was initiated on 12/30/2013 and indicated, "Problem onset: 12/30/2013. [Resident A] has multiple Stage 2 pressure ulcers." Approaches indicated, "Reposition [Resident A] every routinely and prn [as needed], Place [Resident A's] pressure-reducing air mattress on bed, Encourage [Resident A] to weight shift while sitting up in chair, [Resident A] needs wound care as ordered by physician, Maintain [Resident A's] head of bed at angle less than 30 degrees, [Resident A] needs assistance with repositioning to avoid skin friction/shearing, [Resident A] needs two persons to assist with repositioning to avoid skin friction/shearing, [Resident A] needs a mechanical lift to avoid skin friction/shearing, Encourage [Resident A's] good nutritional intake for healing, Offer [Resident A] supplemental nutritional support, [Resident A] needs weekly evaluation of wound healing, [Resident A] needs a daily observation of skin with			

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	routine care, Adjust [Resident A's] treatment plan if no healing within 2-4 weeks, Observe for changes in [Resident A's] skin status that may indicate worsening of pressure ulcer and notify the physician, Float heels and feet." During an interview with the Administrator, the Director of Nursing (DoN), and the Regional Director of Clinical Services on 3/13/2014 at 5:55 p.m., all three confirmed that there were no additional care plans related to pressure ulcers, skin, and/or pressure ulcer prevention prior to the one initiated on 12/30/2013. Physician's Orders, 5/23/2013 - 2/8/2014 indicated, "Weekly skin checks." Physician's Orders, 11/02/2013 - 2/8/2014 indicated, "Float heels at all times." Physician's Orders, 11/03/2013 - 2/8/2014 indicated, "Skin prep spray: apply to blisters on bilateral heels every shift." The 6/10/2013 Weekly Skin Integrity Checks indicated, "Wound/Skin condition Present/No new change of condition. Documentation already established on all existing Wound /Skin Conditions."			

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	The 6/17/2013 Weekly Skin Integrity Checks indicated, "New wound/change of condition noted. See *Skin/Condition Assessment Form*, for initial/ongoing documentation of assessed wound or skin condition." The 6/25/2013 Weekly Skin Integrity Checks indicated, "New wound/change of condition noted. See *Skin/Condition Assessment Form*, for initial/ongoing documentation of assessed wound or skin condition." During an interview with the Administrator and DoN on 3/13/2013 at 5:55 p.m., the DoN indicated, "He [Resident A] didn't have any skin issues back then to my knowledge." Both indicated that they were not aware of the "Skin/Condition Assessment Form" referred to above and provided Nursing Notes corresponding with the June, 2013 dates which indicated Resident A had a "skin tear". The Administrator indicated, "I came in June and she [DoN] came in July. We're fishing just like you are." The scheduled Weekly Skin Integrity			

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	Reviews scheduled for 7/1/2013, 7/8/2013, 7/15/2013, 7/22/2013, and 7/29/2013, were completed on or around the scheduled dates and indicated, "Skin Intact." The scheduled Weekly Skin Integrity Reviews for 8/5/2013 and 8/26/2013 were not completed. The scheduled Weekly Skin Integrity Reviews for 8/12/2013 and 8/19/2013 indicated, "Skin Intact." The scheduled Weekly Skin Integrity Reviews for 9/2/2013, 9/16/2013, and 9/30/2013 were not completed. The documented Weekly Skin Integrity Reviews for 9/9/2013 and 9/30/2013 indicated, "Skin Intact." The 10/1/2013 Weekly Skin Integrity Review indicated, "Skin Intact." The 10/7/2013 Weekly Skin Integrity Review indicated, "Other: Shearing. Open area [bilateral buttocks indicated on diagram] 1. .25 cm. x 0.5 cm. 2. 1cm. x .5 cm." A 10/7/2013 Physician ' s Order indicated, "Duoderm to buttocks r/t [related to] shearing. Change q [every] 5 days and prn [as needed] for soiling or/and dislodgement. Once area healed change to prn [as needed] for			

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	redness as preventative." The October, 2013 Treatment Administration Record (TAR) indicated, "10/7/2013 Duoderm to shearing areas on buttocks. Change q [every] 5 days and prn [as needed] for soiling or dislodgement. Once healed change to prn [as needed]." The next Weekly Skin Integrity Review, scheduled for 10/15/2013, was not completed. The next scheduled Weekly Skin Integrity Review was dated 10/22/2013 and indicated, "Skin Intact." The next scheduled Weekly Skin Integrity Review, scheduled 10/29/2013, was not completed. The next sequential Weekly Skin Integrity Review, dated 11/2/2013, indicated, "Other: 0.2 cm. round left ankle. Blister 5 cm. round right heel. Blister 7.0 cm. round left heel. Blister 0.3 cm. round left inner thigh." The next Weekly Skin Integrity Review, dated 11/5/2013, indicated, "Other: blister to bilat [bilateral] heels and shearing to buttocks. Red L [left] ant [anterior] ankle." The 11/19/2013 Weekly Skin Integrity Review indicated, "Redness. Blister.			

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	Other: blisters & [and] dried open blisters to L [left] thigh. Red area L [left] anter [anterior] ankle. Bilat [bilateral] heels blisters. Open Area: to bilat [bilateral] buttocks duoderm is in place. Redness to penis." The 11/26/2013 Weekly Skin Integrity Review indicated, "Redness. Reddened area. Other: blister like areas to bilat [bilateral] heels & [and] left ankle. Penis open area." The 12/2/2013, 12/23/2013, and 12/30/2013 Weekly Skin Integrity Reviews were not documented for Resident A. The 12/10/2013 Weekly Skin Integrity Review indicated 8 circled areas on the body diagram, numbered 1-8. Current Skin Condition indicated, "Bruises. Other: edema. Open Area." The 12/17/2013 Weekly Skin Integrity Review indicated 15 circled areas on the body diagram, numbered 1-15. Weekly Skin Integrity Reviews scheduled for 1/6/2014, 1/13/2014, 1/20/214, and 1/27/2014 were completed on or around those dates. All indicated, "No new areas." A 2/6/2014 Hospice Visit Note Report			

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	indicated, "Coccyx with open area and lg [large] area of deep prurple [sic] discoloration. Sponge dressing intact. Dressing left D/I [dry/intact]. Verticle bruising to left side if [sic] left lower leg. Lg [large] bruise to left back skin appears to be peeling off of area. SM [small] bruising to right side of back." The Administrator, Director of Nursing (DoN), Assistant Director of Nursing (ADoN), Regional Director of Clinical Services (RDoCS), and Regional Dietitian were interviewed on 3/13/2014 at 11:45 a.m. When asked to identify when Resident A's first pressure area(s) were identified, the Administrator indicated, "He was cruising all over the building and then he just went downhill. When he went into Hospice, he just shut down...stopped eating.... " The ADoN indicated, "He absolutely did. He deteriorated in no time. When he developed his wounds it was so quick." The DoN indicated, "It was overnight. It was strange." The ADoN indicated that she assumed the responsibility of wound care for the facility on or around 12/30/2013, the			

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	date of the first documented Weekly Treatment Sheets. She indicated that the previous wound nurse used a different form. She further indicated, "He [Resident A] was my special project. I think he had 10 areas when I got him...every bony prominence. At the time he was deceased, all of them had healed but three." Regarding the 2/6/2014 Hospice entry, the ADoN indicated, "It ['bruising'] was lividity...he had such severe lividity. He hadn't been up to move in quite some time. We hadn't used the Hoyer lift or anything. The CNAs even asked me about it and I had to explain what it was. " Weekly Wound Assessment Sheets for Resident A for the dates 11/4/2013, 11/12/2013, 11/18/2013, 11/26/2013, 12/3/2013, 12/17/2013, and 12/23/2013 were provided by the Administrator on 3/13/2014 at 2:35 p.m. Resident A's 11/4/2013 Weekly Wound Assessment Sheet indicated, "Wound Type: press [pressure]. R [right] heel. 15 cm. [centimeter] L [length] x 15 cm. W [width]. Stage: unstageable.			

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	Avoidable/Unavoidable: Avoidable. Acquired/Admit: Acquired. Date of Last Skin Sweep: 11/4/2013. Wound Type: press [pressure]. L [left] heel. 9 cm. L x 12cm W. Stage: unstageable. Avoidable/Unavoidable: Avoidable. Acquired/Admit: Acquired. Date of Last Skin Sweep: 11/4/2013. Wound Type: press [pressure]. L [left] ankle. 2 cm. L x 2 cm. W. Stage: II. Avoidable/Unavoidable: Avoidable. Acquired/Admit: Acquired. Date of Last Skin Sweep: 11/4/2013. " Resident A's 12/23/2013 Weekly Wound Assessment Sheet indicated 14 stage II, "avoidable" pressure ulcers and 2 " unstageable", "avoidable" pressure ulcers. The 12/30/2013 Wound Treatment Sheet indicated 15 stage II pressure ulcer locations and 1 "non-observable" pressure ulcer location. The 1/7/2014 Wound Treatment Sheet indicated one new stage II pressure ulcer locations, 9 stage 2 pressure ulcers, and 5 pressure ulcer locations indicated, "Resolved at present." One pressure wound			

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	location, Resident A's left lateral malleolus (the bony protuberance on either side of the ankle), previously documented as "non-observable", indicated a stage III pressure ulcer. The documentation indicated the pressure ulcer was "2.8 cm. [L] x 1.6 cm. [W] x 0.4 cm. [D]" with "yellow" drainage. The 1/16/2014 Wound Treatment Sheet indicated no new pressure ulcer locations, 1 "non-observable" pressure ulcer and 6 stage II pressure ulcers. The left lateral malleolus stage III pressure ulcer documentation indicated, "2.2 cm. [L] x 2 cm. [W] x 0.2 cm. [D]" with no drainage. The 1/25/2014 Wound Treatment Sheet indicated no new pressure ulcer locations, 8 pressure ulcer locations were "resolved", 6 stage II pressure ulcer locations remained, and 1 "non-observable" (previously indicated as stage II) pressure ulcer location remained. The left lateral malleolus stage III pressure ulcer documentation indicated, "1.8 cm. [L] x 1.6 cm. [W] x 0 cm. [D]" with no drainage.			

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	The 2/2/2014 Wound Treatment Sheet indicated no new pressure ulcer locations, 3 stage II pressure ulcer locations, one "non-observable" pressure ulcer, and 3 locations were "resolved at present." The left lateral malleolus stage III pressure ulcer documentation indicated, "1.2 cm. [L] x 1cm. [W] x 0 cm. [D]" with no drainage. Resident A's 2/2/2014 Wound Treatment Sheet, dated 6 days prior to his death, indicated that he had the following pressure ulcer locations: · Right dorsal foot: stage II, 0.4 cm. L x 0.6 cm. W x 0 cm. D · Left lateral lower leg: stage II, 0.2 cm. L x 0.2 cm. W x 0 cm. D · Coccyx: stage II, 4 cm. L x 9 cm. W x 0 cm. D · Left heel: " non-observable " , 2.4 cm. L x 2.4 cm. W x 0 cm. D · Left lateral ankle: stage III, 1.2 cm. L x 1 cm. W x 0 cm. D No documentation of weekly skin checks prior to 6/10/2013 or after 1/27/2014 were located in Resident A's closed record. No Wound			

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	Treatment Sheets prior to 11/4/2013 were located in Resident A's closed record or provided by facility staff. A copy of the facility's current policies and procedures for pressure ulcers, hydration, and positioning were provided by the Administrator on 3/13/2014 at 9:50 a.m. and reviewed at that time. The document provided for pressure ulcers, entitled "Introduction to Pressure Sore Protocols", did not provide any specific interventions related to pressure ulcer prevention or treatment. The Administrator, Director of Nursing (DoN), Assistant Director of Nursing (ADoN), Regional Director of Clinical Services, and Regional Dietitian were interviewed on 3/13/2014 at 11:45 a.m. When queried regarding specific policies and procedures (not addressed in the document provided) which the facility uses to prevent and treat pressure ulcers, the Administrator indicated, "That's what we use." The DoN indicated, "Our policies are vague." When asked how the facility monitors residents' skin condition, the DoN			

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	indicated, "We do skin checks at least weekly on shower days. In the meantime, if CNAs see something, we have 'stop and watch' forms to turn into the nurse. The ADoN indicated that she has been the facility's wound nurse since December, 2013. She indicated, "I do wound rounds once a week and prn [as needed] if an issue is brought up." The Administrator indicated, "We do daily meeting, daily QA [quality assurance] ...everything clinical we do daily, weekly, monthly...we all do rounds." The Regional Dietitian then indicated, "There's more to this policy. We'll get it for you." A copy of "Wound Care: Identification of 'At Risk' and Suggested Interventions" was provided by the Administrator on 3/13/2014 at 2:40 p.m. and reviewed at that time. The policy and procedure included, but was not limited to, the following: · "Use a turning/repositioning program for those residents confined to bed/chairs." · "Moderate Risk: Suggested Interventions:			

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	· Complete RAI · Monitor for clinical changes · Weekly skin audit · Positioning protocols · Place on pressure reduction mattress products · Place on for [sic] pressure reduction chair cushions · Risk Assessment Tool · Request screen from other appropriate disciplines · Assess for signs of Stage 1 · Care plan to identify interventions · Establish and record an individualized turning schedule if the resident/patient is immobile." · " High Risk: Suggested Interventions: · Complete RAI · Monitor for clinical			

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	changes
	· Weekly skin audit
	· Positioning protocols
	· Place on pressure reduction mattress products
	· Place on for [sic] pressure reduction chair cushions
	· Risk Assessment Tool
	· Request screen from other appropriate disciplines
	· Assess for signs of Stage 1
	· Care plan to identify interventions
	· Increase frequency of continency care
	  · Establish and record an individualized turning schedule if the resident/patient is immobile."
	  · Frequency of position change is titrated for the individual			

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	resident/patient. Evaluate the skin after each turning interval; if there is non-blanchable redness, increase the frequency of turning." The section entitled, "Residents with Skin Breakdown Suggested Interventions" included, in full, the following interventions: "Complete RAI. Monitor for clinical changes/including further deterioration. Weekly skin audit/Pressure Sore Progress Note and Assessment. Appropriate topical treatment. Nutritional Assessment/dietary supplement if appropriate vitamins/minerals. Positioning protocols. Transfer protocols. Utilize pressure relieving products (i.e. specialty beds). Request screen from appropriate disciplines. Assess for signs/symptoms of infection. Care plan to identify interventions. Increase frequency of continency			

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	care. Hydration program." The Administrator was interviewed regarding the above policy and procedure on 3/13/2014 at 2:38 p.m. When asked if the facility utilized the listed interventions, she indicated, "No. We work off of this." When asked how the nurses and CNAs know what interventions to provide for residents with pressure ulcers, she indicated, "They [nurses and CNAs] tell XXX [ADoN], she calls the doctor, he gives the orders, and we work off those." She further indicated, "They [residents] pretty much always have an air mattress...I expect weekly skin audits...I'd have to say yes, we pretty much do all those things." A copy of the current policy and procedure entitled, "Positioning" was provided by the Administrator on 3/13/2014 at 9:50 a.m. The procedure indicated, in full, "Explain what you are doing and why. Change the resident's position every two (2) hours, as ordered by the physician, or as determined by the resident's needs. Incorporate range of motion exercises (as determined by the			

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	resident's needs) while positioning and turning. Distribute the resident's weight evenly when sitting up in chair or bed. Support the extremities of the head as needed." The Administrator was interviewed on 3/13/2014 at 2:38 p.m. When queried regarding the "positioning protocols" and establishing and recording an "individualized turning schedule" as indicated in the pressure ulcer policy and procedure, the Administrator referred to the policy and procedure entitled "Positioning" and indicated, "We already gave that to you." During an interview with the Regional Director of Clinical Services on 3/13/2014 at 5:20 p.m., she indicated that Resident A was provided with an air mattress on 11/17/2013. Regarding the intervention "place on pressure reduction mattress products" referred to in the policy and procedure provided, she indicated, "All of our regular mattresses are really good pressure reducing mattresses." LPN #1 was interviewed on 3/13/2014 at 10:10 a.m. She			

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	indicated the facility has a turn schedule for residents at high risk for pressure ulcers and that the CNAs are supposed to "sign-off" every 2 hours. She provided a copy of the A-Hall "T-Time List", which indicated an every-two-hour turn schedule with boxes for staff to initial for each resident every two hours. She further indicated, "They ["T-Time List"] are signed when they [CNAs] remember to sign." LPN #2 was interviewed on 3/13/2014 at 10:20 a.m. She indicated that residents who are at high risk for pressure ulcers are put on an every-two-hour turn schedule and that CNAs have a "sign-off sheet." During an interview with the Administrator on 3/13/2014 at 11:45 a.m., she was queried regarding the "T-Time List" and positioning documentation. The Administrator indicated, "I don't know why she gave that to you. It's not part of the chart...it's an internal document for QA [quality assurance]. She shouldn't have given that to you." The Administrator declined to provide any			

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	T-Time Lists (or similar) related to Resident A. 3.1-40(a)(1) 3.1-40(a)(2)			