

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155029	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/09/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 E 16TH ST INDIANAPOLIS, IN 46218
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F000000	<p>This visit was for the Investigation of Complaint IN00133395.</p> <p>Complaint IN00133395 substantiated. Federal/state deficiencies related to the allegations are cited at F157, F205, F279, and F514.</p> <p>Survey date: August 6, 7, 8, 9 2013</p> <p>Facility number: 000012 Provider number: 155029 AIM number: 100274900</p> <p>Survey team: Chuck Stevenson, RN</p> <p>Census bed type: SNF/NF: 95 Total: 95</p> <p>Census payor type: Medicare: 12 Medicaid: 78 Other: 5 Total: 95</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August</p>	F000000	<p>Please accept this 2567 Plan of Correction for the Complaint Survey ending August 9th, 2013 as the Provider's Letter of Credible Allegation. This Provider respectfully requests consideration for paper compliance in lieu of a revisit survey for this Plan of Correction with a completion date of August 30, 2013.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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	16, 2013, by Janelyn Kulik, RN.			

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F000157 SS=D	<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 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 interview, the facility failed to notify a resident's Health Care Power of Attorney of changes in physician's orders for 1 of 3 residents reviewed</p>	F000157	<p>F 157 NOTIFY OF CHANGES(INJURY/DECLINE/ROOM, ETC) What corrective action(s) will be accomplished for those residents found to have been</p>	08/30/2013	

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	<p>for notification (Resident B).</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 8/06/13 at 1:00 p.m.</p> <p>Resident B was admitted to the facility on 6/20/12. Diagnoses included, but were not limited to, diabetes mellitus, peripheral vascular disease, dementia with behavioral disturbance, anxiety, depression, muscle spasms, gastroesophageal reflux disease, and hyperlipidemia.</p> <p>Documentation indicated Resident B had designated a Health Care Power of Attorney on 5/14/2010.</p> <p>Resident B's admission face sheet dated 6/20/12 indicated she was not her own responsible person.</p> <p>Resident B's Health Care Power of Attorney was designated on her admission face sheet as her emergency contact.</p> <p>A Health Care Plan dated 6/29/12 indicated "Resident has a BIMS score (a measurement of cognitive functioning) of 8, moderate impairment. (A score of 15 indicates no cognitive impairment). She also</p>		<p>affected by the deficient practice?</p> <ul style="list-style-type: none"> Resident B no longer resides at this facility <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> <ul style="list-style-type: none"> All residents who have a change in physician's orders or change in condition that reside in this facility have the potential to be affected by the alleged deficient practice The Interdisciplinary Team will review all new admissions and re-admissions in the clinical meeting to identify residents who have a responsible party, Power of Attorney or Guardian to ensure contact information is present and accurate in chart and on face sheet Licensed nurses will be in-serviced by August 30 th , 2013 by the Staff Development Coordinator or designee on Resident Change in Condition Policy and Procedures with an emphasis on physician and family and/or responsible party notification <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"> The Interdisciplinary Team will review all new admissions and 		

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	<p>has displayed inattention and disorganized thinking."</p> <p>Documentation indicating physician's orders were received, but not communicated to the Health Care Power of Attorney included, but were not limited to:</p> <p>7/25/12 "ST (speech therapy) eval (evaluation) and treat as indicated."</p> <p>8/11/12 "Levaquin (an antibiotic) 500 mg (milligrams) PO (by mouth) daily x (times) 10 days."</p> <p>8/25/12 "X ray (symbol for "left") ankle...dx (diagnosis) non healing wound, pain."</p> <p>9/24/12 "Angiogram (a diagnostic test of blood flow) of lower ext (extremity)..."</p> <p>10/21/12 "Refer out for cataract surgery..."</p> <p>11/21/12 "Please make appt (appointment) (symbol for "with") pt's (patient's) vascular surgeon- (symbol for "increasing") pain/worsening wound LLE (left lower extremity)".</p> <p>11/09/12 "Norco (a pain medication) 5/325 (milligrams) 1 PO q (every) 6</p>		<p>re-admissions in the clinical meeting to identify residents who have a responsible party, Power of Attorney or Guardian to ensure contact information is present and accurate in chart and on face sheet</p> <ul style="list-style-type: none"> Licensed nurses will be in-serviced by August 30 th , 2013 by the Staff Development Coordinator or designee on Resident Change in Condition Policy and Procedures with an emphasis on physician and family and/or responsible party notification Facility Activity Report and Progress Notes will be reviewed daily by DNS or designee to ensure physician and family and/or responsible party notification has occurred for any change of condition and has been documented appropriately <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> <ul style="list-style-type: none"> A Change of Condition CQI tool will be completed weekly x 4 weeks, monthly x 6 months and then quarterly for one year with results reported to the Continuous Quality Improvement Committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance 				

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	<p>a.m. Continue Norco 5/325 1 PO every 4 hrs (hours) PRN (as needed) moderate pain."</p> <p>2/07/13 "Promod (a protein dietary supplement) 30 cc (cubic centimeters) x 30 days ..."</p> <p>3/14/13 "Contact isolation due to shingles."</p> <p>4/05/13 "Acyclovir (an antibiotic) 800 mg p.o. 5x/day x 7 days."</p> <p>4/11/13 "Refer to (name of medical practice) for cataract surgery."</p> <p>4/15/13 "1. TSH (a lab test for thyroid function) x 1. 2. D/C (discontinue) current diet. 3. Start Mech (mechanical soft) diet."</p> <p>During an interview on 8/08/13 the Administrator indicated Resident B's Health Care Power of Attorney should have been consulted and informed of all changes in condition, treatments, and physician's orders, and that Resident B's record contained "numerous" instances where the notification was not done.</p> <p>A facility policy titled "Resident Change of Condition" dated 3/10 received from the Administrator on</p>						

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	<p>8/07/13 at 11:40 a.m. indicated:</p> <p>"Policy: It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party..."</p> <p>This federal tag relates to complaint IN00133395.</p> <p>3.1-5(a)(3)</p>				

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F000203 SS=D	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a) (6) of this section.</p> <p>Except as specified in paragraph (a)(5)(ii) and (a)(8) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a) (4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone</p>						

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	<p>number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on record review and interview, the facility failed to ensure a resident's designated Health Care Power of Attorney received transfer and or discharge documentation, including readmission information for 1 of 3 residents reviewed for discharge documentation. (Resident B)</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 8/06/13 at 1:00 p.m.</p> <p>Resident B was admitted to the facility on 6/20/12. Diagnoses included, but were not limited to, diabetes mellitus, peripheral vascular disease, dementia with behavioral disturbance, anxiety, depression, muscle spasms, gastroesophageal</p>	F000203	<p>F 203 NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>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 no longer resides at this facility <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> <ul style="list-style-type: none"> · All residents who have a change in condition that may require transfer or discharge to another setting have the potential to be affected by the alleged deficient practice · The Interdisciplinary Team will review all new admissions and re-admissions in the clinical meeting to identify residents who have a responsible party, Power 	08/30/2013

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	<p>reflux disease, and hyperlipidemia.</p> <p>Documentation indicated Resident B had designated a Health Care Power of Attorney on 5/14/2010.</p> <p>Resident B's admission face sheet dated 6/20/12 indicated she was not her own responsible person.</p> <p>Resident B's Health Care Power of Attorney was designated on her admission face sheet as her emergency contact.</p> <p>A Health Care Plan dated 6/29/12 indicated "Resident has a BIMS score (a measurement of cognitive functioning) of 8, moderate impairment. (A score of 15 indicates no cognitive impairment). She also has displayed inattention and disorganized thinking."</p> <p>Resident B was discharged to an acute care hospital on 7/18/3 for wound treatment. the record contains no documentation any discharge or transfer notifications were provided to Resident B's Health Care Power of Attorney either before or after the discharge to the hospital.</p> <p>During and interview on 8/8/13 at 11:30 a.m. with the Administrator and</p>		<p>of Attorney or Guardian to ensure contact information is present and accurate in chart and on face sheet</p> <ul style="list-style-type: none"> Licensed nurses will be in-serviced by August 30 th , 2013 by the Staff Development Coordinator or designee on Hospital Discharge/Transfer Policy and Procedures <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"> The Interdisciplinary Team will review all new admissions and re-admissions in the clinical meeting to identify residents who have a responsible party, Power of Attorney or Guardian to ensure contact information is present and accurate in chart and on face sheet Licensed nurses will be in-serviced by August 30 th , 2013 by the Staff Development Coordinator or designee on Hospital Discharge/Transfer Policy and Procedures Facility Activity Report and Progress Notes will be reviewed daily by DNS or designee to ensure physician and family and/or responsible party notification has occurred for any change of condition, transfer and hospital discharge and has been documented appropriately 		

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	<p>Nursing Unit Manager who was responsible for Resident B's discharge paper work, both agreed that a discharge form had been completed, but there was no documentation to indicate Resident B's Health Care Power of Attorney had been provided a copy of the discharge documentation, including the readmission policy.</p> <p>This federal tag relates to complaint IN00133395.</p> <p>3.1-12(6)(A)(ii)</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> <ul style="list-style-type: none"> ·A Hospital Discharge/Transfer CQI tool will be completed weekly x 4 weeks, monthly x 6 months and then quarterly for one year with results reported to the Continuous Quality Improvement Committee overseen by the Executive Director. ·If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance 		

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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review and interview, the facility failed to conduct care plan reviews every 90 days as required by regulation and facility policy for 1 resident of 3 reviewed for care plan reviews. (Resident B)</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 8/06/13 at 1:00 p.m.</p> <p>Resident B was admitted to the facility on 6/20/12. Diagnoses included, but were not limited to, diabetes mellitus, peripheral vascular disease, dementia with behavioral</p>	F000280	<p>F 280 RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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 no longer resides at this facility <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> <ul style="list-style-type: none"> · All residents who reside in the facility have the potential to be affected by the alleged deficient practice · The Interdisciplinary Team will review all new admissions and 	08/30/2013			

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	<p>disturbance, anxiety, depression, muscle spasms, gastro esophageal reflux disease, and hyperlipidemia.</p> <p>A facility "Care Conference Report" indicated care plan review meetings were held as follows:</p> <p>7/05/12. Type: Admission</p> <p>10/03/12. Type: Quarterly</p> <p>10/18/12. Type: Significant change</p> <p>5/16/13. Type: Quarterly</p> <p>The time between care plan meetings on 10/18/12 and 5/16/13 was 210 days.</p> <p>During an interview on 8/08/13 at 12:00 p.m. the Administrator indicated there was no additional documentation to indicate care plan meetings had been held, and that during the period between 8/08/12 and 5/16/13 the facility should have conducted at least 2 additional care plan meetings.</p> <p>This federal tag relates to complaint IN00133395.</p> <p>3.1-35(a)</p>		<p>re-admissions in the clinical meeting to identify residents who have a responsible party, Power of Attorney or Guardian to ensure contact information is present and accurate in chart and on face sheet</p> <ul style="list-style-type: none"> · Social Services <p>Department will be in-serviced by Social Services Consultant by August 30 th , 2013 on Care Plan Meeting Policy and Procedures</p> <ul style="list-style-type: none"> · Social Services and/or designee will perform a house wide audit of resident records to ensure Care Plan meetings have not been missed and if any found missing, will schedule immediately <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"> ·The Interdisciplinary Team will review all new admissions and re-admissions in the clinical meeting to identify residents who have a responsible party, Power of Attorney or Guardian to ensure contact information is present and accurate in chart and on face sheet · Social Services <p>Department will be in-serviced by Social Services Consultant by August 30 th , 2013 on Care Plan Meeting Policy and Procedures</p> <ul style="list-style-type: none"> · Social Services and/or 		

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NAME OF PROVIDER OR SUPPLIER COMMUNITY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5600 E 16TH ST INDIANAPOLIS, IN 46218		
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			<p>designee will perform a house wide audit of resident records to ensure Care Plan meetings have not been missed and if any found missing, will schedule immediately</p> <ul style="list-style-type: none"> ·MDS Coordinator will report daily in morning stand up meeting which residents are due for annual, quarterly or change of condition care plan review ·Social Services will ensure family and/or responsible party have been notified of upcoming Care Plan assessment and invited to meet and review concerned resident's Care Plan <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> <ul style="list-style-type: none"> ·A Care Plan Review CQI tool will be completed weekly x 4 weeks, monthly x 6 months and then quarterly for one year with results reported to the Continuous Quality Improvement Committee overseen by the Executive Director. ·If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance 		

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F000514 SS=D	<p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE</p> <p>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 the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure complete and accurate clinical records were maintained for 1 of 3 residents(Resident B)reviewed for clinical records in a sample of 3.</p> <p>Findings include:</p> <p>The record of Resident B was reviewed on 8/06/13 at 1:00 p.m.</p> <p>Resident B was admitted to the facility on 6/20/12. Diagnoses included, but were not limited to, diabetes mellitus, peripheral vascular disease, dementia with behavioral disturbance, anxiety, depression, muscle spasms, gastro esophageal reflux disease, and hyperlipidemia.</p>	F000514	<p>F 514 RES RECORDS-COMPLETE/ACCUR ATE/ACCESSIBLE</p> <p>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 no longer resides at this facility <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> <ul style="list-style-type: none"> · All residents who reside in the facility have the potential to be affected by the alleged deficient practice · All licensed nurses will be in-serviced by Staff Development Coordinator and/or designee by August 30 th , 2013 on accuracy of documentation 	08/30/2013

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	<p>Documentation referring to a concern related to an issue of skin breakdown included, but was not limited to:</p> <p>An admission physician's order dated 6/10/12 indicated "Duoderm to stage II ulcer on coccyx change every other day and PRN (as needed)".</p> <p>A "Weekly Summary" report dated 7/03/12 indicated "Changes in condition...Marks healed."</p> <p>A physician's telephone order dated 11/01/12 indicated "Wash and dry (symbol for "right")gluteal..."</p> <p>A "Composite Report-Wound Skin Evaluation Report" dated 11/01/12 indicated "Right gluteal abrasion..."</p> <p>A "Skin Integrity Event" report dated 1/24/13 indicated "New area...R (right) gluteal fold...Stage II..."</p> <p>A "Skin Integrity Event" report dated 2/07/13 indicated "New area...Pressure area right buttock...Unstageable..."</p> <p>A "Skin Integrity Event" report dated 2/20/13 indicated "Existing area...open area right buttocks...Unstageable..."</p>		<ul style="list-style-type: none"> · Facility Activity Report and Progress Notes will be reviewed daily by DNS and/or designee to check for documentation accuracy and Interdisciplinary Team will follow up with any needed clarifications · Certified Wound Nurse and/or designee will audit weekly skin summaries to check for any inaccuracies and clarify as needed <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"> · All licensed nurses will be in-serviced by Staff Development Coordinator and/or designee by August 30 th , 2013 on accuracy of documentation · Facility Activity Report and Progress Notes will be reviewed daily by DNS and/or designee to check for documentation accuracy and Interdisciplinary Team will follow up with any needed clarifications · Certified Wound Nurse and/or designee will audit weekly skin summaries to check for any inaccuracies and clarify as needed <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> <ul style="list-style-type: none"> · A Facility Activity Report/Event-Hot Charting CQI 				

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	<p>A wound consultant "Progress Note Detail" dated 2/27/13 indicated "Chief complaint...Patient presents with pressure ulcer/Arterial ulcers...Location: Left ischium..."</p> <p>"Skin Integrity Event" reports which identify the location of Resident B's wound as "Right Ischial" or "Right Ischium" included 3/06/13, 3/14/13, 3/27/13, 4/04/13, 4/11/13, 4/18/13, 4/25/13, 5/01/13, 5/08/13, 5/16/13, 5/23/13, 5/29/13, 6/12/13, 7/03/13, and 7/10/13.</p> <p>"Skin Integrity Event" reports which identify the location of Resident B's wound as "Left Ischium" included reports dated 3/20/13, 6/06/13, 6/19/13, 6/26/13, and 7/17/13.</p> <p>During an interview on 8/08/13 at 12:00 p.m. with the Administrator, Director of Nursing Services, and Assistant Director of Nursing services, all indicated the documentation concerning Resident B's skin concerns was incomplete and inaccurate, and that inconsistent terminology had been used to describe the location and condition of Resident B's posterior pressure sore. All indicated the location should have consistently been identified as "Right Ischial", and that the description</p>		<p>tool will be completed weekly x 4 weeks, monthly x 6 months and then quarterly for one year with results reported to the Continuous Quality Improvement Committee overseen by the Executive Director.</p> <p>If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance</p>		

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	<p>should have consistently been "Pressure Sore".</p> <p>A facility policy titled "Documentation Guidelines for Nursing" dated 6/2012 and received from the Administrator on 8/07/13 at 11:40 a.m. indicated: "Purpose: To accurately document in an organized manner all information related to the resident in the medical record."</p> <p>This federal tag relates to Complaint IN00133395.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			