

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155716	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/04/2016
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NAME OF PROVIDER OR SUPPLIER  GOOD SAMARITAN HOME HEALTH CENTER AND RESIDENTIA	STREET ADDRESS, CITY, STATE, ZIP CODE 601 N BOEKE RD EVANSVILLE, IN 47711
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00189122 and Complaint IN00192472.</p> <p>Complaint IN00189122 - Substantiated. Federal/State deficiencies are cited at F272, F282, and F323.</p> <p>Complaint IN00192472 - Substantiated. Federal/State deficiencies are cited at F272 and F323.</p> <p>Survey dates: February 3 and 4, 2016</p> <p>Facility number: 000439 Provider number: 155716 AIM number: 100275070</p> <p>Census bed type: SNF: 25 NF: 39 SNF/NF: 112 Residential: 14 Total: 190</p> <p>Census payor type: Medicare: 17 Medicaid: 119 Other: 40 Total: 176</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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

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F 0272 SS=D Bldg. 00	<p>Sample: 17</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on February 5, 2016.</p> <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication;</p>			
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	<p>Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on interview and record review, the facility failed to ensure Minimum Data Set (MDS) assessments were accurate regarding residents' history of falls, in that residents who had falls were assessed as having no falls, for 2 of 3 residents reviewed for accurate MDS assessments regarding falls, in a sample of 17. Residents A and D</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident A was reviewed on 2/3/16 at 3:45 P.M. Diagnoses included, but were not limited to, dementia.</p>	F 0272	<p>Resident A is deceased and no longer resides at The Good Samaritan Home (DOD: 12/12/15)</p> <p>The Minimum Data Set (MDS) for Resident C was updated by Nursing Administration to ensure an accurate assessment related to falls on 2/12/16.</p> <p>Minimum Data Set (MDS) assessment audits were completed on 100% of residents by Nursing Administration to ensure an accurate assessment related to falls was completed. All resident MDS assessments were reviewed and appraised by Nursing Administration using the attached audit tool [See Attachment A]</p> <p>Resident MDS assessments identified as inaccurate had the</p>	02/29/2016

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	<p>A Minimum Data Set (MDS) assessment, dated 8/19/15, indicated Resident A scored a 3 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated Resident A required extensive assistance of one person for transfer and did not ambulate. A test for balance while moving from seated to standing position and surface-to-surface transfer, indicated, "Not steady, only able to stabilize with staff assistance." The MDS assessment indicated the resident had fallen since the prior assessment.</p> <p>Progress Notes included the following notations:</p> <p>9/22/15 at 9:45 A.M.: "At 0720 [7:20 A.M.] Res yelling out for help, found res sitting on floor mat alarm next to foot of bed, incontinent of bladder. No alarms sounding. Required 2 extensive assist to get res up to wheelchair...Res had bed alarm, chair alarm, tab alarm when in w/c, and floor mat alarm...."</p> <p>9/25/15 at 5:11 A.M.: "This nurse was called to the residents [sic] room by CNA [name]. Bed alarm and floor alarms were sounding, resident was sitting in the floor with her back against the bed...stated she was 'trying to get up' but when asked why she did not know...."</p>		<p>assessment corrected within 24 hours of noting the deficiency Minimum Data Set (MDS) assessment Inservicing [see Attachment B] was conducted by Nursing Administration with all licensed nursing staff to ensure that all assessments related to resident falls are completed accurately [see Attachment C] The QAPI Coordinator or Nursing Administration will conduct Minimum Data Set (MDS) assessment audits on 5 residents 3xweekly x 4 weeks x 4 months Findings from these QAPI audits will be reviewed by the QAPI Committee monthly Continuation of the MDS assessment audits to be determined by the QAPI Committee after 120 days</p>	

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	<p>9/29/15 at 7:05 A.M.: "IDT Note: Review of fall that occurred on 9/22/15...Alarms were not sounding...Intervention: Perimeter Mattress for tactile boundaries...Resident did have another fall the evening of 9/24/15."</p> <p>An MDS assessment, dated 11/19/15, indicated Resident A scored a 4 out of 15 for cognition. The MDS assessment indicated Resident A required extensive assistance of two+ staff for transfer and did not ambulate. A test for balance while moving from seated to standing position and surface-to-surface transfer, indicated, "Not steady, only able to stabilize with staff assistance." The MDS assessment indicated the resident had not fallen since the prior assessment.</p> <p>2. The clinical record of Resident C was reviewed on 2/3/16 at 2:00 P.M. Diagnoses included, but were not limited to, difficulty in walking, Alzheimer's disease, and history of falling.</p> <p>A Minimum Data Set (MDS) assessment, dated 8/11/15, indicated Resident C scored a 11 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated Resident C required limited assistance of one</p>			

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	<p>person for transfer and walking in the room and corridor. A test for balance while moving from seated to standing position, walking, turning around, and surface-to-surface transfer, indicated, "Not steady, only able to stabilize with staff assistance." The MDS assessment indicated the resident had fallen since the prior assessment.</p> <p>Progress Notes included the following notations:</p> <p>8/12/15 at 1:16 P.M.: "QMA notified this nurse that this res [resident] was kneeling on the floor and no alarm sounding...w/c [wheelchair] laying on its back with no alarm sounding...res began rubbing back of head...did note red area on rt. [right] side mid back...Asked if res hit head, res states 'yes' started neuro checks...checked alarm and placed back in alarm on position."</p> <p>8/23/15 at 5:21 P.M.: "CNA called out to nurse from Residents [sic] bathroom. Observed sitting up on bathroom floor with w/c behind her...chair alarm on and functioning but turned off. Resident has history of turning off alsrms [sic]..."</p> <p>9/9/15 at 4:02 P.M.: "Late entry, [Resident C] fell against her chair and slid to the floor. No injury noted. Staff</p>			

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	<p>member, [Resident C], CNA was in the room with the resident getting her clothes out of the closet...."</p> <p>9/17/15 at 2:13 P.M.: "IDT Note: Review of fall that occurred on 9/9/15...to room to assist resident, staff back was turned, getting clothes out of closet. Staff was unable to get to resident before sliding to floor. Resident states that she slid out of the chair...Alert and oriented x 2 with confusion...Bed, W/C, and floor sensors; anti-rollbacks. Intervention; Requested orders for Dycem to chair."</p> <p>10/4/15 at 12:11 P.M.: "CNA [name] called for nurse. When this nurse got to room, resident observed on floor, leaning up against recliner, with wheelchair in front of her. Alarms were not sounding as the resident turned her chair alarm off...The resident was assisted up into recliner, alarm placed, turned on and functioning...Reminded resident that she is not to turn alarm off and needs to call for assistance when she needs to transfer. She did not verbalize understanding after repeating this multiple times...."</p> <p>10/11/15 at 1:09 A.M.: "CNA reported to this nurse she observed resident sitting on her bathroom floor with no injuries....alarm was not sounding, resident had turned alarm off...CNA</p>			

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	<p>moved wheelchair alarm box to bottom of chair where resident is unable to reach and turn off herself."</p> <p>10/18/15 at 9:15 A.M.: "Nurse witnessed [sic] Residentn [sic] attempting to transfer self from recliner to her w/c, alarm sounding and unable to reach Resident, did call out a warning. Resident fell to the floor near recliner landing on her right knee...instructd [sic] to use call light for help with any tntfers [sic]...Resident noted to have bruise on right knee (faint) 2 cm [centimeters] L [length] x 2 cm W [width] and bruise below right knee 3 cm L x 2 cm W, legs elevated and ice applied to right knee."</p> <p>10/26/15 at 2:30 P.M.: "Resident sitting on the floor next to her w/c, w/c was next to reclining chair that Resident had been sitting on prior to incident...Resident instructed to use call light prior to getting out of w/c or recliner, and reminded not to turn alarms off, since none of her alarms were on at time of fall, although present...."</p> <p>An MDS assessment, dated 11/11/15, indicated Resident C scored a 11 out of 15 for cognition. The MDS assessment indicated Resident C required extensive assistance of one person for transfer, and limited assistance of one for walking in</p>			

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F 0282 SS=D Bldg. 00	<p>the room and corridor. A test for balance while moving from seated to standing position, walking, turning around, and surface-to-surface transfer, indicated, "Not steady, only able to stabilize with staff assistance." The MDS assessment indicated the resident had not fallen since the prior assessment.</p> <p>On 2/4/16 at 2:25 P.M., during an interview with the MDS Coordinator, she indicated she had spoken to the staff member who had completed the MDS assessments on Resident A and Resident C. She indicated the staff member was supposed to print out a document which indicated if the residents had any falls during the assessment period, and had not printed off the correct document.</p> <p>This Federal tag relates to Complaint IN00189122 and Complaint IN00192472.</p> <p>3.1-31(d)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and</p>	F 0282	The Medication Administration Policy [see Attachment D] and	02/29/2016
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	<p>record review, the facility failed to administer a medication as prescribed by the physician, for 1 of 10 residents observed for medication administration, in a sample of 17. Resident H</p> <p>Findings include:</p> <p>On 2/3/16 at 9:30 A.M., RN # 1 was observed during a medication pass. RN # 1 was observed administering Resident H medications including Midorine HCL 5 mg ( a medication used to help raise low blood pressure) 1 tablet. The label on the medication box indicated to administer 3 of the 5 mg tablets. After preparing the resident's medications, RN # 1 indicated she had a total of 7 pills in the medication cup.</p> <p>The clinical record of Resident H was reviewed on 2/4/16 at 8:45 A.M.</p> <p>A Physician's order, initially dated 9/12/15 and on the current February 2016 orders, indicated, "Midorine HCL tablet 5 mg Give 3 tablets orally three times a day for hypotension [low blood pressure]."</p> <p>On 2/4/16 at 3:15 P.M., the Director of Nursing provided the current facility policy on "Administering Medications," revised December 2012. The policy included: "Medications shall be</p>		<p>medication administration record of Resident H were reviewed with RN #1 by Nursing Administration to ensure all medications are administered as prescribed by the physician [See Attachment E] Medication Administration observation audits were completed on 100% of residents by Nursing Administration to ensure all medications are administered as prescribed by the physician All resident medication administration audits completed by Nursing Administration utilized the attached audit tool [see Attachment F] Residents identified with medication administration deficiencies were corrected within 24 hours of noting the deficiency Medication Administration Inservicing [see Attachment G] was conducted by Nursing Administration with all licensed nursing and qualified medication aide staff to ensure that all medications are administered as prescribed by the physician The QAPI Coordinator or Nursing Administration will conduct Medication Administration observation audits on 5 residents 3xweekly x 4 weeks x 4 months Findings from these QAPI audits will be reviewed by the QAPI Committee monthly Continuation of the Medication Administration observation audits to be determined by the QAPI Committee after 120 days</p>	

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F 0323	<p>administered in a safe and timely manner, and as prescribed...Medications must be administered in accordance with the orders...The individual administering the medication must check the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication...."</p> <p>This Federal tag relates to Complaint IN00189122.</p> <p>3.1-35(g)(2)</p>			

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SS=G Bldg. 00	<p><b>FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</b> The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to provide supervision to prevent falls, used alarms in place of supervision, and utilized the incorrect alarm, resulting in a fall that resulted in a cervical (neck) fracture and head laceration, for 2 of 3 residents reviewed for falls, in a sample of 17. Residents A and C</p> <p>Findings include:</p> <p>1. On 2/3/16 at 11:00 A.M., the Administrative Assistant provided the current CNA assignment sheets. The assignment sheets indicated the North, South, and East halls shared 1 nursing station. The North hall had 29 residents, and 9 of those residents had some type of an alarm, to notify staff of a resident attempting to rise without assistance. The South hall had 24 residents; 14 residents had alarms. The East hall had 27 residents; 18 residents had alarms.</p> <p>2. The closed clinical record of Resident</p>	F 0323	<p>Resident A is deceased and no longer resides at The Good Samaritan Home (DOD: 12/12/15)</p> <p>Resident C was evaluated for fall risk by Nursing Administration, and her assessment and care plan were both updated on 2/7/16</p> <p>Audit was completed on 100% of residents by Nursing Administration to identify those residents at risk for falls to ensure they had completed and accurate assessments, as well as updated care plans</p> <p>100% of resident assessments and care plans were reviewed and appraised by Nursing Administration to have accurate assessments and care plans, utilizing the audit tool [see Attachments H and I]</p> <p>Residents identified with falls assessment and care plan deficiencies were corrected within 24 hours of noting the deficiency</p> <p>Falls Prevention Inservicing [see Attachment C] was conducted by Nursing Administration with all nursing staff to ensure that all components of the Falls Prevention Program are being implemented timely and accurately</p> <p>The QAPI Coordinator or Nursing</p>	02/29/2016
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	<p>A was reviewed on 2/3/16 at 3:45 P.M. Diagnoses included, but were not limited to, dementia.</p> <p>Progress Notes included the following notations:</p> <p>7/14/15 at 5:33 P.M.: "Housekeeping/laundry aide called this nurse to room, found res [resident] lying on back, head against closet door in corner of room. Res states 'my head is bleeding' noted 3 cm [centimeters] by 3 cm lump on lt [left] side of head...noted rt [right] elbow bleeding...no alarm sounding...talked with unit CNA's [sic], states res was in recliner and alarm is on, found bed alarm had been turned on not floor mat alarm...."</p> <p>7/20/15 at 4:24 P.M.: "Resident had unwitnessed fall at 1045 [10:45 A.M.]...nurse noted resident to be lying on her left side near closet in her room. Wheelchair was next to resident with alarm sounding. Resident was alert but unable to state what had happened...Skin tear noted to left elbow area...Resident c/o [complained of] left arm pain at that time...Brakes to wheelchair were not engaged...Resident educated and reminded of the importance of asking staff for help to get up and using call light when needing to get up."</p>		Administration will conduct fall audits on 10 residents 5xweekly x 4 weeks x 4 months Findings from these QAPI audits will be reviewed by the QAPI Committee monthly Continuation of the fall audits to be determined by the QAPI Committee after 120 days		

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	<p>7/24/15 at 2:42 P.M.: "Restorative Program Note. Restorative staff attempted to walk resident...able to walk short distance with max encouragement and constant ineffective cues for safety...unable to follow verbal and visual cues. Her posture is poor and she would not lift her head which negatively effected [sic] her balance. She was confused...She had little to no motivation to participate...."</p> <p>A Minimum Data Set (MDS) assessment, dated 8/19/15, indicated Resident A scored a 3 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated Resident A required extensive assistance of one person for transfer and did not ambulate. A test for balance while moving from seated to standing position and surface-to-surface transfer, indicated, "Not steady, only able to stabilize with staff assistance." The MDS assessment indicated the resident had fallen since the prior assessment.</p> <p>Progress Notes continued:</p> <p>9/22/15 at 9:45 A.M.: "At 0720 [7:20 A.M.] Res yelling out for help, found res sitting on floor mat alarm next to foot of bed, incontinent of bladder. No alarms</p>			

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	<p>sounding. Required 2 extensive assist to get res up to wheelchair...Res had bed alarm, chair alarm, tab alarm when in w/c, and floor mat alarm...."</p> <p>9/25/15 at 5:11 A.M.: "This nurse was called to the residents [sic] room by CNA [name]. Bed alarm and floor alarms were sounding, resident was sitting in the floor with her back against the bed...stated she was 'trying to get up' but when asked why she did not know...."</p> <p>9/29/15 at 7:05 A.M.: "IDT Note: Review of fall that occurred on 9/22/15...Alarms were not sounding...Intervention: Perimeter Mattress for tactile boundaries...Resident did have another fall the evening of 9/24/15."</p> <p>An MDS assessment, dated 11/19/15, indicated Resident A scored a 4 out of 15 for cognition. The MDS assessment indicated Resident A required extensive assistance of two+ staff for transfer and did not ambulate. A test for balance while moving from seated to standing position and surface-to-surface transfer, indicated, "Not steady, only able to stabilize with staff assistance." The MDS assessment indicated the resident had not fallen since the prior assessment.</p>			

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	<p>Progress Notes continued:</p> <p>12/3/15 at 6:15 P.M.: "This nurse heard w/c alarm sounding in resident's room; entered room to find resident on floor in front of recliner on left side, under bedside table; sensor pad &amp; clip string alarms sounding...noted blood coming from forehead; resident assisted to recliner w [with] 3 assist."</p> <p>12/3/15 at 7:20 P.M.: "Called to resident's room at 1815 [6:15 P.M.] by CNA stating that resident had fallen. CNA stated that resident was in wheelchair with alarm on. Bedside table was in front of her with supper tray. CNA stated that she had fed her supper, left room to assist another resident when she heard alarm sounding and went back to her room where resident was laying on the floor...Laceration to forehead cleansed with NS [normal saline]. Edges not well approximated. 2.3 cm x 3 cm in size...new order received to send to [name of hospital] for evaluation and treatment...."</p> <p>12/3/15 at 9:00 P.M.: "Called [name of hospital]. Received report that resident has fractured c-spine...."</p> <p>A hospital "Trauma Admission Note," dated 12/3/15, indicated, "[Resident</p>			

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	<p>A]...reportedly fell forward out of her chair hitting her head and face on the ground. She was found on the floor by personnel at her nursing home...She is confused...She is complaining of pain in her head and neck...Impression: Fall with C1-2 [neck] fxs [fractures] and forehead laceration...."</p> <p>A Care Plan, dated 9/25/14 and revised 12/17/15, indicated, "The resident is at risk for falls/injury r/t [related to] decreased mobility, impaired cognition secondary to Senile Dementia, occasional bladder incontinence, psychotropic med use, history of falls. Interventions included: "Anti-roll backs to w/c. Perimeter mattress to the bed. Floor sensor to alert staff for attempts to self transfer. Bed and chair sensors as ordered. Change batteries monthly. Dycem to w/c...."</p> <p>3. The clinical record of Resident C was reviewed on 2/3/16 at 2:00 P.M. Diagnoses included, but were not limited to, difficulty in walking, Alzheimer's disease, and history of falling.</p> <p>A Progress Note, dated 8/1/15 at 1:46 P.M., indicated, "This nurse was notified resident was witnessed on the floor, on her knees. This nurse went straight [sic] to room, but resident was in recliner...The</p>			

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	<p>alarm was in place but not going off. It was not on. Alarm turned on at that time and moved out of resident sight as she has a history of turning off alarms...Encouraged to use call light for needs and transfers and to keep shoes on...The resident could not verbalize what she was doing on the floor."</p> <p>A Social Service Note, dated 8/4/15 at 4:17 P.M., indicated, "Resident was found on the floor on her knees on 8/1/15. No injuries notified. Resident encouraged to use her call light for her needs and transfers."</p> <p>A Social Service Note, dated 8/5/15 at 3:29 P.M., indicated: "OT [occupational therapy] picked up resident for shoulder pain following her fall."</p> <p>An "Incident Note," dated 8/7/15 at 12:56 P.M., indicated: "IDT [interdisciplinary team] Note: Review of fall that occurred on 8/1/15...Alarm check [sic] and was on but not sounding, resident has reported history of turning alarms off. Alarm box positioned out of resident's reach. No shoes were noted to resident's feet...Encouraged resident to use call light for assistance...IDT Intervention: Alarming floor pad."</p> <p>A Minimum Data Set (MDS) assessment,</p>			

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	<p>dated 8/11/15, indicated Resident C scored a 11 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated Resident C required limited assistance of one person for transfer and walking in the room and corridor. A test for balance while moving from seated to standing position, walking, turning around, and surface-to-surface transfer, indicated, "Not steady, only able to stabilize with staff assistance." The MDS assessment indicated the resident had fallen since the prior assessment.</p> <p>Progress Notes included the following notations:</p> <p>8/12/15 at 1:16 P.M.: "QMA notified this nurse that this res [resident] was kneeling on the floor and no alarm sounding...w/c [wheelchair] laying on its back with no alarm sounding...res began rubbing back of head...did note red area on rt. [right] side mid back...Asked if res hit head, res states 'yes' started neuro checks...checked alarm and placed back in alarm on position."</p> <p>8/23/15 at 5:21 P.M.: "CNA called out to nurse from Residents [sic] bathroom. Observed sitting up on bathroom floor with w/c behind her...chair alarm on and functioning but turned off. Resident has</p>			

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	<p>history of turning off alsrms [sic]...."</p> <p>8/25/15 at 10:45 A.M.: "...On 8/24/15 resident was very tearful...difficult to understand her. She kept saying 'weak' and 'wheelchair.' Resident was eventually able to say that she was upset that she's getting weaker and has been having falls lately. Resident was easily redirectable with 1:1 [one on one]."</p> <p>9/9/15 at 4:02 P.M.: "Late entry, [Resident C] fell against her chair and slid to the floor. No injury noted. Staff member, [Resident C], CNA was in the room with the resident getting her clothes out of the closet...."</p> <p>9/17/15 at 2:13 P.M.: "IDT Note: Review of fall that occurred on 9/9/15...to room to assist resident, staff back was turned, getting clothes out of closet. Staff was unable to get to resident before sliding to floor. Resident states that she slid out of the chair...Alert and oriented x 2 with confusion...Bed, W/C, and floor sensors; anti-rollbacks. Intervention; Requested orders for Dycem to chair."</p> <p>10/4/15 at 12:11 P.M.: "CNA [name] called for nurse. When this nurse got to room, resident observed on floor, leaning up against recliner, with wheelchair in front of her. Alarms were not sounding as</p>			

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	<p>the resident turned her chair alarm off...The resident was assisted up into recliner, alarm placed, turned on and functioning...Reminded resident that she is not to turn alarm off and needs to call for assistance when she needs to transfer. She did not verbalize understanding after repeating this multiple times...."</p> <p>10/6/15 at 3:12 A.M.: "Received new orders from triage for residents [sic] bed alarm to be discontinued and to add motion sensor and check function every shift...."</p> <p>10/11/15 at 1:09 A.M.: "CNA reported to this nurse she observed resident sitting on her bathroom floor with no injuries....alarm was not sounding, resident had turned alarm off...CNA moved wheelchair alarm box to bottom of chair where resident is unable to reach and turn off herself."</p> <p>10/18/15 at 9:15 A.M.: "Nurse witnessed [sic] Residentn [sic] attempting to transfer self from recliner to her w/c, alarm sounding and unable to reach Resident, did call out a warning. Resident fell to the floor near recliner landing on her right knee...instructd [sic] to use call light for help with any transfers [sic]...Resident noted to have bruise on right knee (faint) 2 cm [centimeters] L</p>			

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	<p>[length] x 2 cm W [width] and bruise below right knee 3 cm L x 2 cm W, legs elevated and ice applied to right knee."</p> <p>10/26/15 at 2:30 P.M.: "Resident sitting on the floor next to her w/c, w/c was next to reclining chair that Resident had been sitting on prior to incident...Resident instructed to use call light prior to getting out of w/c or recliner, and reminded not to turn alarms off, since none of her alarms were on at time of fall, although present...."</p> <p>11/5/15 at 12:25 P.M.: "IDT Note: Review of fall that occurred on 10/26/15...Intervention: Speak with family about placing resident on a new program here at the facility, 'Forget me not' program...Any staff member passing room is to look in room to see if assistance is needed as indicated by the 'Forget Me Not' Flower at doorway...Continue with care plan in place for fall prevention."</p> <p>An MDS assessment, dated 11/11/15, indicated Resident C scored a 11 out of 15 for cognition. The MDS assessment indicated Resident C required extensive assistance of one person for transfer, and limited assistance of one for walking in the room and corridor. A test for balance while moving from seated to standing</p>			

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	<p>position, walking, turning around, and surface-to-surface transfer, indicated, "Not steady, only able to stabilize with staff assistance." The MDS assessment indicated the resident had not fallen since the prior assessment.</p> <p>Progress Notes continued:</p> <p>12/31/15 at 1:09 P.M.: "This nurse notified by another staff member that resident was on the floor...found on the floor next to w/c with w/c on its side...."</p> <p>1/13/16 at 3:32 P.M.: "IDT Note: Review of fall that occurred on 12/31/15... [Resident C] sustained a witnessed fall by roommates' [sic] daughter...[Resident C] did not hit her head...[Resident C] is unable to give a verbal description of what occurred due to garbled speech per her usual...Orders were received for w/c assessment...Placed a work order for maintenance to arm rest that was broken and inflated [Resident C's] seat cushion...."</p> <p>1/16/16 at 6:21 A.M.: "Resident FOF [found on floor] at 0545 [5:45 A.M.]. Abrasion to back noted...."</p> <p>1/18/16 at 3:43 A.M.: "Resident continues on follow up after unwitnessed fall, alert to self and staff with some</p>			

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	<p>confusion. Continues to get up to take self to restroom. Motion sensor alarm and bathroom alarm, present and functioning...."</p> <p>1/26/16 at 8:14 A.M.: "IDT Note: Review of fall that occurred on 1/16/16 at 0456 [4:56 A.M.]...observed by the nurse sitting on the floor in her room. Lights were off...states she was on her way to the bathroom and slipped, she was not wearing appropriate footwear...Life Safety Measures: Anti-roll backs; Non-skid mat in front of bed and recliner; Forget Me Not Program; Dycem to w/c and recliner; Motion sensor...Staff Intervention: Non-skid shoes placed on [Resident C] at time of fall. IDT Intervention: Requesting routine pain management and stool softeners and labs...."</p> <p>A Care Plan, initially dated 8/11/15 and updated 11/16/15, indicated, "Focus: [Resident C] as impaired cognition r/t [related to] Dementia...Interventions: Cue, reorient and supervise as needed...Present just one thought, idea, question or command at a time...."</p> <p>An additional Care Plan, initially dated 5/19/15 and revised 11/16/15, indicated, "Focus: The resident is at risk for falls r/t Psychoactive drug use, Gait/balance</p>			

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	<p>problems, Incontinence...Interventions: Anti-roll backs to w/c. Motion sensor when in bed and front of the recliner. Dycem to chair and recliner...possible move closer to Nurse's station if family agrees and room available. 'Forget Me Not' Program...Be sure the resident's call light is within reach and encourage the resident to use if for assistance...Ensure that the resident us wearing appropriate non-skid foot wear when ambulating or mobilizing in w/c [5/19/15]...The resident uses w/c electronic alarms to alert staff of unsafe movements. Ensure the device is in place and functioning properly every shift, change batteries monthly."</p> <p>On 2/4/16 at 11:44 A.M., Resident C was observed sitting in her wheelchair in her room alone. A motion sensor alarm was observed in the room. No alarms were present on the resident's wheelchair.</p> <p>At that time, RN # 2 was interviewed, and indicated the resident no longer had alarms on her wheelchair.</p> <p>On 2/4/16 at 2:30 P.M., during an interview with the Director of Nursing (DON) and Administrator, the DON indicated the facility had recently implemented the "Forget Me Not" program to assist in reducing the number</p>			

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	<p>of falls.</p> <p>On 2/4/16 at 3:15 P.M., the Director of Nursing provided the current facility policy "Fall Prevention Program," revised October 2015. The policy included: "The fall prevention program emphasizes assessment, identification, and intervention of resident falls while utilizing the least restrictive method possible to keep the resident safe. The program identifies the factors that place residents at risk for falls, promotes proactive healthcare practices for resident care planning and identifies the main components of an effective fall prevention program...Fall prevention interventions/strategies may include the following:...Staff education to increase awareness and teach precautions...Use of bed and chair alarms, when other interventions are not sufficient..."</p> <p>This Federal tag relates to Complaint IN00189122 and Complaint IN00192472.</p> <p>3.1-45(a)(2)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2016  
FORM APPROVED  
OMB NO. 0938-0391

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