

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155822	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/12/2014
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 18275 BURR STREET LOWELL, IN 46356
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F000000	<p>This visit was for the Investigation of Complaint IN00158663.</p> <p>Complaint IN00158663- Substantiated. Federal/state deficiencies related to the allegations were cited F 225, F 226, F 282, and F 406.</p> <p>Survey dates: November 10 and 12, 2014</p> <p>Facility number: 013144 Provider number: 155822 AIM number: 201246060</p> <p>Survey team: Regina Sanders, RN, TC</p> <p>Census bed type: SNF: 31 SNF/NF: 02 Residential: 29 Total: 62</p> <p>Census Payor type: Medicare: 30 Other: 03 Total: 33</p> <p>Sample: 5</p>	F000000	<p>The following plan of correction should not be interpreted as an admission of the alleged negligent practices mentioned in the 2567. This plan of correction has been written to satisfy the regulatory requirement put in place by our state and federal government agencies.</p> <p>We would like to request a desk review for the following plan of correction.</p>	

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

TITLE

(X6) DATE

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

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F000225 SS=D	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 15, 2014, by Janelyn Kulik, RN.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p>			

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	<p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate an allegation of abuse, related to not interviewing staff who cared for a resident with an allegation of abuse, for 1 of 2 residents reviewed for abuse allegations in a total sample of 5. (Resident #F)</p> <p>Findings include:</p> <p>Resident #F's record was reviewed on 11/12/14 at 12:30 p.m. The resident's diagnoses included, but were not limited to, diabetes mellitus and dementia.</p> <p>A 14-Day Minimum Data Set (MDS) assessment, dated 10/01/14, indicated the resident's cognitive mental status was intact with a score of 14 out of 15.</p> <p>A 30-Day MDS Supportive Documentation tool & Progress Note, dated 10/15/14, indicated the resident's cognitive mental status was moderately impaired with a score of 9 out 15.</p>	F000225	<p>F 225 1. Resident F has discharged. 2. All residents have the potential to be effected by the alleged negligent practice, however, there have not been any other allegations at this time. All other allegations of abuse 30 days prior to this survey have been investigated per company policy. 3. Staff have been reinserviced on company abuse policy and procedure. ED or designee will track all allegations with an abuse allegation audit tool to ensure all steps for investigation are being followed to include interviews with staff. 4. ED and/or designee will review 5 allegations of abuse per week using abuse allegation audit tool and will report findings monthly in QA for 3 months or until 100% compliance is attained. QA will recommend any necessary changes as needed. 5. Completion date: 12/12/14</p>	12/12/2014	

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	<p>A Nurses' Note, dated 10/28/14 at 9:40 p.m. indicated the resident had informed a CNA she had been hurt, "the other night" by staff. The note indicated the resident indicated she had heard the staff saying they were going to give her something to make her sleep and stated her left ear was hurt the other night. The note indicated there was a small 0.2 centimeter (cm) by 0.3 cm scab noted on the left ear lobe and the Executive Director and Director of Health Services (DHS) were notified.</p> <p>A Nurses' signed statement, dated 10/28/14 at 9 p.m., indicated, "...Resident verbalized to writer that '4-5 days ago I was pushed down by a girl who's name starts with a D and sound (sic) like donut, and there may have been a man with her. They broke my glasses but they must have bought me new ones because I have glasses but they are a different color...I'm scared and I won't take any more medicine from you'...Call placed to Executive Director, no answer, message left to call back facility. Call placed to DHS, aware of situation."</p> <p>A "Social Services or Physician's New or Worsening Behavior Notification form, dated 10/28/14 at 9:30 p.m., indicated, "...states staff is trying to harm her.</p>			

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	<p>Refused care & medications. Startled when touched..."</p> <p>An investigation signed by the Social Service Director, dated 10/29/14, indicated, "...resident refused to talk to writer stating, 'I appreciate what you are doing but I don't want to get you in trouble. I can't talk to you.'...When writer reproached the resident later that day the resident did not recall her previous comments. Writer repeated what was stated and resident said she had no idea what writer was talking about. Writer then asked if resident was being treated appropriately by staff and resident stated she likes everyone just fine. This resident and four other residents...were asked following questions...Has any of the staff abused you in anyway?...No findings from any of the residents."</p> <p>The Nursing staff schedules, dated 10/22/14 through 10/28/14, and received from the DHS as actual worked, indicated on 10/22/14 there was one male working and three female staff whose name began with a "D", 10/23/14, there was one male and two female staff whose name began with a "D", 10/24/15, there were three male staff and two female staff whose name began with a "D", 10/25/14 there were three female staff whose name began with a "D", 10/26/14,</p>			

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	<p>there were three female staff whose name began with a "D", 10/27/14, there was one male staff and one female staff whose name began with a "D", and 10/28/14, there were two female staff whose name began with a "D".</p> <p>The investigation of the allegation did not indicate the Nursing staff had been interviewed about the allegation.</p> <p>During an interview on 11/12/14 at 12:33 p.m., the Executive Director and the DHS indicated there was no one scheduled who matched the resident's description and no staff had been interviewed. The DHS then indicated she had spoke to one male staff member and one female staff member (name did not begin with a "D") but had not documented the conversation. The DHS indicated the scab on the resident's ear was from the resident's oxygen tubing.</p> <p>This Federal Tag relates to complaint IN00158663.</p> <p>3.1-28(d)</p>				

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on record review and interview, the facility failed to follow the Abuse Policy of the facility, related to thoroughly investigating an allegation of abuse, for 1 of 2 residents reviewed for abuse allegations, in a total sample of 5. (Resident #F)</p> <p>Findings include:</p> <p>Resident #F's record was reviewed on 11/12/14 at 12:30 p.m. The resident's diagnoses included, but were not limited to, diabetes mellitus and dementia.</p> <p>A Nurses' Note, dated 10/28/14 at 9:40 p.m. indicated the resident had informed a CNA she had been hurt, "the other night" by staff. The note indicated the resident indicated she had heard the staff saying they were going to give her</p>	F000226	<p>F 226</p> <ol style="list-style-type: none"> 1. Resident F has discharged. 2. All residents have the potential to be effected by the alleged negligent practice, however, there have not been any other allegations at this time. All other allegations of abuse 30 days prior to this survey have been investigated per company policy. 3. Staff have been reinserviced on company abuse policy and procedure. ED or designee will track all allegations with an abuse allegation audit tool to ensure all steps for investigation are being followed to include interviews with staff. 4. ED and/or designee will review 5 allegations of abuse per week using 	12/12/2014

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	<p>something to make her sleep and stated her left ear was hurt the other night. The note indicated there was a small 0.2 centimeter (cm) by 0.3 cm scab noted on the left ear lobe and the Executive Director and Director of Health Services (DHS) were notified.</p> <p>A Nurse's signed statement, dated 10/28/14 at 9 p.m., indicated, "...Resident verbalized to writer that '4-5 days ago I was pushed down by a girl who's name starts with a D and sound (sic) like donut, and there may have been a man with her. They broke my glasses but they must have bought me new ones because I have glasses but they are a different color...I'm scared and I won't take any more medicine from you'...Call placed to Executive Director, no answer, message left to call back facility. Call placed to DHS, aware of situation."</p> <p>A "Social Services or Physician's New or Worsening Behavior Notification form, dated 10/28/14 at 9:30 p.m., indicated, "...states staff is trying to harm her. Refused care & medications. Startled when touched..."</p> <p>An investigation signed by the Social Service Director, dated 10/29/14, indicated, "...resident refused to talk to writer stating, 'I appreciate what you are</p>		<p>abuse allegation audit tool and will report findings monthly in QA for 3 months or until 100% compliance is attained. QA will recommend any necessary changes as needed.</p> <p>5. Completion date: 12/12/14</p>				

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	<p>doing but I don't want to get you in trouble. I can't talk to you.'...When writer reproached the resident later that day the resident did not recall her previous comments. Writer repeated what was stated and resident said she had no idea what writer was talking about. Writer then asked if resident was being treated appropriately by staff and resident stated she likes everyone just fine. This resident and four other residents...were asked following questions...Has any of the staff abused you in anyway?...No findings from any of the residents."</p> <p>The Nursing staff schedules, dated 10/22/14 through 10/28/14, and received from the DHS as actual worked, indicated on 10/22/14 there was one male working and three female staff whose name began with a "D", 10/23/14, there was one male and two female staff whose name began with a "D", 10/24/15, there were three male staff and two female staff whose name began with a "D", 10/25/14 there were three female staff whose name began with a "D", 10/26/14, there were three female staff whose name began with a "D", 10/27/14, there was one male staff and one female staff whose name began with a "D", and 10/28/14, there were two female staff whose name began with a "D".</p>			

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	<p>The investigation of the allegation did not indicate the Nursing staff had been interviewed about the allegation.</p> <p>During an interview on 11/12/14 at 12:33 p.m., the Executive Director and the DHS indicated there was no one scheduled who matched the resident's description and no staff had been interviewed. The DHS then indicated she had spoke to one male staff member and one female staff member (name did not begin with a "D") but had not documented the conversation. The DHS indicated the scab on the resident's ear was from the resident's oxygen tubing.</p> <p>A facility policy, dated 09/16/11, titled, "Abuse and Neglect Procedural Guidelines", received from the Executive Director as current, indicated, "...Complete an Accident and Incident Report. Refer to the Accident and Incident Program regarding investigation procedures...The Executive Director is accountable for investigating and reporting..."</p> <p>A facility policy, dated 11/2010, titled, "Reportable event Procedural Guidelines", received from the RN Corporate Nurse Consultant as current, indicated, "...Occurrences to be report (sic) include: a. mistreatment b. abuse...A</p>						

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F000282 SS=D	<p>thorough investigation of the occurrence shall be conducted..."</p> <p>A facility policy, dated 11/2010, titled, "Accident and Incident Reporting Guidelines", received from the DHS as current, indicated, "...The following data shall be included...Name(s) of witness(s) and their account of the occurrence-account should be conducted by an in-person or phone interview...The statement taken by the administrative staff shall be reviewed with the witness for accuracy and signed by the witness..."</p> <p>This Federal Tag relates to complaint IN00158663.</p> <p>3.1-28(a)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p>				

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	<p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure Physician's orders and care plans were followed, related to bowel movement management protocol, medications, and treatments for 2 of 4 residents reviewed for Physician's Orders and care plans in a total sample of 5. (Residents #B and #E)</p> <p>Findings include:</p> <p>1. Resident #B's record was reviewed on 11/10/14 at 10:24 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease and hypertension.</p> <p>The resident's care plan, dated 09/16/14 and revised on 10/26/14, indicated the resident had an alteration in skin integrity related to abscesses and a pressure ulcer. The interventions included to observe the wounds during wound care. The care plan also indicated the resident had a diagnosis of Alzheimer's dementia and the interventions included to administer medication as ordered.</p> <p>The Physician's Recapitulation Orders, dated 09/05/14, indicated the following orders: donepezil (Alzheimer's medication) 10</p>	F000282	<p>F 282 1. Resident B has discharged. Resident E did not have any negative outcomes. 2. All current MARs and TARs have been audited to ensure medications and treatments including Bowel Movement Management Protocol have been administered per physician orders. 3. Licensed nurses have been reinserviced on Bowel Protocol and completion of Medication Administration Records (MARs) and Treatment Administration Records (TARs). Audit of MARs and TARs per nurse managers to be done 5x weekly using MAR and TAR Audit Tool. Bowel Protocol Audit will be done 5x weekly to ensure residents who have not had a bowel movement in 72 hrs are started on the Bowel Protocol. 4. ED or designee will review the results of these audits monthly in QA for 3 months or until 100% compliance is obtained. QAA will monitor for any trends and make recommendations to the POC as needed. 5. Completion date: 12/12/14</p>	12/12/2014			

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	<p>mg (milligrams) every evening Pepcid (stomach medication) 20 mg, twice daily Flonase (congestion relief) one spray to each nostril, twice daily Granulex spray (topical spray) twice a day to red areas, peri-area and buttocks Proctozone-HC (hemorrhoid cream) daily Voltaren (anti-inflammatory gel) apply topically twice a day Nystatin powder (anti-fungal) 100,000 unit/gram to lesions daily Lotrisone cream (fungal infections) daily to lesions Iodoform packing (gauze packing for wounds) to left axilla and left labia</p> <p>The Medication Administration Record, dated 09/14, indicated the medications and treatments had not been administered on the following dates:</p> <p>donepezil 10 mg at bedtime- September 10, 12,16, and 17, 2014 Pepcid 20 mg at bedtime- September 6, 7, 8, 9, 10, 11, 12, and 14, 2014 Flonase nasal spray at bedtime-September 7, 10, and 12, 2014 Granulex spray upon rising- September 7, 12, 15, 16, 17, and 21, 2014 Granulex spray at bedtime- September 6, 10, 11, 12 19, and 20, 2014 Proctozone-HC at 6 a.m.- September 8, 12, 15, 16, 17, 21, and 22, 2014</p>			

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	<p>Voltaren gel upon rising- September 6, 7, 12, 15, 16, 17, and 21, 2014</p> <p>Voltaren gel at bedtime- September 11, 12, and 19, 2014</p> <p>Nystatin powder on the night shift- September 11, 12, 15, 16, 20, and 21, 2014</p> <p>Lotrisone cream on the night shift- September 11, 12, 15, 16, 20, and 21, 2014</p> <p>Iodoform packing to the left axilla and left labia at bedtime- September 11, 12, 19, and 20, 2014.</p> <p>The re-admission orders, dated 10/02/14 indicated the following orders: Cleanse left labia wound with normal saline and pack with Iodoform packing daily and as needed for soiling. Cleanse right buttocks with normal saline, apply Santyl (wound treatment) to wound bed and cover daily. Granulex spray to red areas to peri-area and buttocks twice daily Lotrisone cream apply to peri-area and groin daily Nystatin powder to peri-area and groin area daily</p> <p>The MAR, dated 10/14, indicated the treatments had not been administered on the following dates: Iodoform packing- October 2, 6, 7, 11, 16, 17, 18, 21, 25, 26, 27, 28, 29, and 30,</p>			

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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 18275 BURR STREET LOWELL, IN 46356			
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	<p>2014</p> <p>Santyl to the right buttock- October 2, 3, 4, 5, 6, 7, 9, 16, 17, 18, 23, 24, 27, 28, and 29, 2014</p> <p>Granulex spray- (night shift)-October 2, 3, 5, 6, 16, 17, 18, 24, 27, 28, and 29, 2014 and (evening shift)-October 2, 3, 8, 10, 11, 12, 16, 17, 18, 19, 20, 21, 22, 23, 27, and 28, 2014</p> <p>Lotrisone cream- October 2, 3, 5, 6, 9, 16, 18, 24, 27, 28, and 29, 2014</p> <p>Nystatin powder- October 2, 3, 5, 6, 9, 16, 18, 24, 27, 28, and 29, 2014</p> <p>During an interview on 11/10/14 at 1:38 p.m. the Director of Health Services (DHS) indicated the medications and treatments were not documented as completed and she could not say if the medications and treatments were administered or not.</p> <p>The Bowel and Bladder by Shift Chart record, dated 09/05/14 through 09/25/14, indicated the resident had a bowel movement every two to three days from 09/05/14 through 09/15/14.</p> <p>The record indicated the resident had not had a bowel movement on September 16, 17, 18, 19, and 20, 2014, had a small bowel movement on 09/21/14, had a small then a large loose bowel movement on 09/23/14.</p>						

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	<p>The Physician's Recapitulation Orders, dated 09/05/14, indicated an order for Dulcolax (laxative) one tablet nightly as needed for constipation.</p> <p>The MAR, dated 09/14, indicated the resident had not received the Dulcolax for constipation.</p> <p>The resident was admitted into the hospital on 09/23/14 with a diagnoses of acute renal failure and altered mental status.</p> <p>The hospital physical exam, dated 09/23/14 at 11:24 p.m., indicated the resident had normal bowel sounds</p> <p>A CT-scan of the abdomen, dated 09/23/14, indicated the resident had a fecal impaction.</p> <p>A hospital Physician's Progress Note, dated 09/24/14, indicated the resident's fecal impaction was treated with a soap suds enema.</p> <p>During an interview on 11/10/14 at 1:38 p.m., the DHS indicated the resident had not received the Dulcolax for the constipation. She indicated the facility had a bowel management protocol, which was not followed.</p>			

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	<p>2. Resident #E's record was reviewed on 11/10/14 at 2:44 p.m. The resident's diagnoses included, but were not limited to, diabetes mellitus and dementia.</p> <p>The care plan, dated 10/31/14, indicated the resident had diabetes. The interventions included, to obtain the blood sugar as ordered and administer insulin as ordered.</p> <p>The Physician's Orders, dated 10/24/14, indicated: Accu-checks (blood sugar monitoring) before meals and at bedtime and to give an insulin dosage by the results of the blood sugar (sliding scale).</p> <p>The Physician's Orders indicated for a blood sugar results of 251-300 give four units of insulin and blood sugar results of 301-350 give six units of insulin.</p> <p>The MAR, dated 10/14, indicated the residents blood sugars were not checked on October 26, 2014 at bedtime, October 28, 2014 before breakfast and before lunch.</p> <p>The MAR, dated 11/14, indicated the resident's blood sugar at bedtime on 11/06/14 was 340 and four units of insulin was given.</p>			

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	<p>During an interview on 11/12/14 at 9:39 a.m., the DHS indicated the blood sugars had not been obtained. She indicated on 11/06/14, the resident should have received six units of insulin not four units.</p> <p>The Physician's Orders, dated 10/25/14, indicated to follow the facility's bowel protocol if the resident had no bowel movement in 72 hours.</p> <p>The Resident BM (bowel movement) Description Chart, dated 10/01/14 through 11/12/14, indicated the resident had no bowel movement on October 25, 26, 27, and 28, 2014.</p> <p>During an interview on 11/12/14 at 9:39 a.m., the DHS indicated the facility's bowel protocol had not been followed.</p> <p>A facility policy, revised 05/07/13, titled, "Bowel Protocol", and received from the DHS as current, indicated, "If a resident/patient has indication of constipation...no bowel movement within 72 hours (unless this has been determined to be a usual pattern...)-the following bowel protocol may be implemented: 2 Tablespoons...of 'Natural Laxative' (mixture of bran, applesauce and prune juice) BID (twice a day)..."</p>			

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F000406 SS=D	<p>This Federal Tag relates to complaint IN00158663.</p> <p>3.1-35(g)(2)</p> <p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.</p> <p>Based on record review and interview the facility failed to provide specialized rehabilitative services in a timely manner, related to a delay in treatment of Speech</p>	F000406	F 406 1. Resident B has discharged. 2. Current residents with speech therapy orders are receiving speech therapy services per physician's orders. 3.	12/12/2014

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	<p>Therapy for 1 of 3 residents reviewed for swallowing problems in a total sample of 5. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 11/10/14 at 10:24 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease and hypertension.</p> <p>A hospital Speech Therapy Progress Note, dated 09/24/14, a printed date of 10/01/14 and located in the resident's record, indicated the resident had pharyngeal dysphagia and a bedside swallow evaluation had been completed.</p> <p>Re-admission Physician's Orders, dated 10/01/14, indicated an order for a Speech Therapy Evaluation.</p> <p>The Speech Therapy Plan of Care, indicated the evaluation had been completed on 10/24/14, which was 23 days after the Physician's Order had been written. The evaluation indicated the resident required Speech Therapy treatment five times a week for 30 days.</p> <p>During an interview, on 11/10/14 at 2:21 p.m., the Speech Therapist/Therapy Director, indicated she had to wait for the resident's swallow study results from the</p>		<p>Admissions and readmissions that have orders for speech therapy services will be reviewed Monday - Friday during clinical meeting to ensure speech therapy orders are followed. We will use a speech therapy audit tool to ensure all speech therapy orders are initiated. 4. ED or designee will review the results of these audits monthly in QA for 3 months or until 100% compliance is obtained. QAA will monitor for any trends and make recommendations to the POC as needed. 5. Completion date: 12/12/14</p>				

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	<p>hospital.</p> <p>During an interview on 11/10/14 at 3:45 p.m., the RN Corporate Nurse Consultant indicated the resident had been receiving the correct diet while waiting for the Speech Therapy Evaluation. She indicated the Speech Therapist had not seen the swallowing study in the resident's record.</p> <p>This Federal Tag relates to complaint IN00158663.</p> <p>3.1-23(a) 3.1-23(a)(1)</p>				