

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155267	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/17/2012
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NAME OF PROVIDER OR SUPPLIER  SCOTT VILLA NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 545 W MOONGLO RD SCOTTSBURG, IN 47170
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F0000	<p>This visit was for the Investigation of Complaint IN00105984.</p> <p>Complaint IN00105984 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: April 16 and 17, 2012</p> <p>Facility number: 000168 Provider number: 155267 AIM number: 100267020</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF/NF: 57 Total: 57</p> <p>Census payor type: Medicare: 11 Medicaid: 39 Other: 7 Total: 57</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	The submission of the Plan of Correction does not constitute an admission by the Provider of any fact or conclusion set forth in the statement of deficiencies. The Plan of Correction is submitted because it is required by law.	

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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	Quality review completed on April 19, 2012 by Bev Faulkner, R.N.			

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to ensure care plans were developed and updated according to residents' needs for 2 of 5 residents reviewed related to care planning in a sample of 6 residents. (Residents B and C)</p> <p>Findings include:</p> <p>1. During interview on 4/17/12 at 11:00 a.m., Resident B indicated he is a vegetarian. He indicated he is not a vegan, since he does eat cheese, but he</p>	F0279	<p>1) Resident B no longer resides at this facility. Resident C care plan was updated to reflect current plan interventions.2.)The IDT (interdisciplinary team) was re-educated on updating care plans Monday-Friday during their daily clinical meeting. A one time chart review was completed to ensure all fall care plans were updated with appropriate interventions x the last 30 days and vegetarian/vegan diets were care planned to meet resident needs.3.)System change to include DON/Designee will review care plans 5x week x 12 weeks, then bimonthly x 3 months for</p>	05/04/2012	

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	<p>does not eat any other animal products. He indicated he had not talked with the Registered Dietitian (RD) about his vegetarian diet. He indicated the Dietary Manager (DM) is trying to accommodate his needs by ordering foods he can eat, especially so he can have protein servings, but he has to order in large quantities which is expensive.</p> <p>The clinical record for Resident B was reviewed on 4/17/12 at 1:15 p.m. The record indicated the resident was admitted to the facility on 3/21/12 for intravenous antibiotics and physical/occupational therapies following hospitalization. The physician's hospital discharge orders, included in the clinical record and dated 3/21/12, included, but were not limited to, "1. Regular vegetarian diet..."</p> <p>The record lacked documentation related to a nutritional care plan for the resident.</p> <p>During interview on 4/17/12 at 1:45 p.m., the DM indicated there was not a care plan related to the resident's nutritional needs.</p> <p>During telephone interview on 4/17/12 at 2:35 p.m., the RD indicated at her most recent visit to the facility, she did not discuss the nutritional care plan with the DM, so the plan would not yet be</p>		<p>falls and vegan/vegetarian diets to ensure they are care planned to meet the residents needs.4.)Results of the audits will be reviewed at the monthly QA meeting for at least 6 months. Any further incidents will results in re-education and/or disciplinary action by the HFA/DON.</p>				

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	<p>developed and in the record.</p> <p>2. The clinical record for Resident C was reviewed on 4/16/12 at 1:25 p.m. The record indicated the resident was admitted to the facility on 3/2/12 following discharge from the hospital.</p> <p>The hospital Discharge Summary, dated 3/2/12, indicated the "Primary Diagnoses" included, but were not limited to, "left ankle fracture/osteomyelitis." "Other discharge instructions" on the Discharge Summary included, but were not limited to, "...2. Fall precautions." "Fall precautions" was circled, and handwritten was "Alarm."</p> <p>The Fall/Injury Assessment:Prevention and Management Plan of Care, dated 3/2/12 with updates to the Assessment section for the problem of Fall/Injury Risk on 3/21, 4/9, and 4/15/12, indicated with check marks that the resident required the assistance of one person for Transfer and Ambulation, General Supervision, and Bed and Chair Alarm.</p> <p>The Minimum Data Set (MDS) assessment, dated 3/9/12, indicated the resident scored 14 of 15 on the BIMS (Brief Interview for Mental Status - cognitive assessment), and required the extensive assistance of two persons for</p>			

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	<p>bed mobility, transfer, toilet use, and personal hygiene. The assessment indicated the resident was not steady and only able to stabilize with human assistance in moving from seated to standing position, moving on and off the toilet, and in surface-to-surface transfer. The assessment indicated the resident was frequently incontinent of bowel and bladder.</p> <p>Nursing Progress Notes for 4/3/12 at 1:30 p.m., indicated, "Res [resident] found sitting on floor in front of W/C [wheel chair] [arrow pointing to right][symbol for no] apparent injury after assmt [assessment]....Res occ/freq [occasionally/frequently] forgets to use call bell for assist, educated to use call bell, chair/bed alarm in working order...."</p> <p>The Fall/Injury Assessment:Prevention and Management Plan of Care, dated 3/2/12 with updates to the Assessment section for the problem of Fall/Injury Risk on 3/21, 4/9, and 4/15/12, indicated the additional intervention of "4/3/12 Therapy to eval [evaluate]." No other new interventions were indicated.</p> <p>The Multi-disciplinary Therapy Screening Tool, dated 4/5/12, indicated, "Area for Inspection: Transfers" with a check mark for "Change noted" and "Comments:</p>			

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	<p>Currently on PT/OT [physical therapy/occupational therapy] caseload addressing deficits. Pt [patient] was found sitting on floor in front of W/C."</p> <p>An Accident/Incident Report, dated 4/8/12 at 1:00 a.m., indicated the resident had an unwitnessed fall with the following description: "Res states she was trying to transfer self to BSC [bedside commode] from bed and lost balance and fell to floor....No injuries noted." The report also indicated, "Immediate action taken to prevent further incidents: Res instructed to use call light for further assistance [symbol for with] transfers/wants/needs." The report also indicated the resident required the assistance of one person when getting up and had a personal alarm.</p> <p>The Multi-disciplinary Therapy Screening Tool, dated 4/9/12, indicated, "Area for Inspection: Transfers" with a check mark for "Change noted" and "Comments: Pt fell again attempting to transfer self I [independently]" and "Area for Inspection: Balance and Falls" with a check mark for "Change noted" and "Comments: 2nd fall this week."</p> <p>The Fall/Injury Assessment:Prevention and Management Plan of Care, dated 3/2/12, with updates to the Assessment</p>			

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	<p>section for the problem of Fall/Injury Risk on 3/21, 4/9, and 4/15/12, lacked documentation to indicate selection of additional pre-printed interventions to prevent further falls, including change from the check mark for General Supervision to choices of Increased Supervision, Close Visual Supervision, or Resident Specific Supervision. Check marks were not added for the intervention choices of High/Low or Low Bed or Perimeter or Perimeter with Opening Mattress. No non-preprinted interventions were added to the plan.</p> <p>Following interview completed on 4/17/12 at 3:20 p.m., with the Director of Nursing (DON) and Administrator, the DON provided the print out of a document she indicated was sent to the Extendicare Corporate Office following the fall on 4/8/12. Review of the document indicated in "Post Incident Actions Immediate Nursing Actions...Describe: ...CNA reminded to ask res frequently if she needs assistance with toileting...."</p> <p>Review of CNA Assignment Sheets, provided by the Social Worker at the end of the Initial Tour on 4/16/12 at 12:05 p.m., did not indicate an instruction that the resident was to be asked frequently if she needed assistance with toileting.</p>			

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	3.1-35(a) 3.1-35(b)(1) 3.1-35(d)(2)(B)			

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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 ensure supervision was increased and the care plan revised to prevent subsequent falls for 1 of 1 resident reviewed related to falls in a sample of 6. (Resident C) Resident C sustained three falls during unassisted transfer. The third fall resulted in a hematoma to the left orbit requiring CT scan for evaluation of injury.</p> <p>Findings include:</p> <p>During interview on 4/16/12 at 12:55 p.m., RN #4 indicated she was concerned that Resident C was tired today, and she indicated she had called the doctor. RN #4 indicated Resident C had a fall yesterday, and the doctor had ordered a CT scan of the head.</p> <p>The clinical record for Resident C was reviewed on 4/16/12 at 1:25 p.m. The record indicated the resident was admitted to the facility on 3/2/12 following discharge from the hospital.</p>	F0323	<p>1.)Resident C fall care plan was updated to reflect current interventions.2.)IDT re-educated on updating fall care plans and ensuring proactive interventions are in place with each fall. A one time chart review was conducted on resident who had a fall within the past 30 days to ensure fall interventions were appropriate and individualized.3.)System change to include DON/Designee will review each fall that occurs 5x week x 12 weeks, then bimonthly x 3 months to ensure that appropriate fall interventions are in place.4.) Results of the audits will be reviewed at the monthly QA meeting for at least 6 months. Any further incidents will results in re-education and/or disciplinary action by the HFA/DON.</p>	05/04/2012

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	<p>The hospital Discharge Summary, dated 3/2/12, indicated the "Primary Diagnoses" included, but were not limited to, "left ankle fracture/osteomyelitis." "Other discharge instructions" on the Discharge Summary included, but were not limited to, "...2. Fall precautions." "Fall precautions" was circled, and handwritten was "Alarm."</p> <p>The Fall/Injury Assessment:Prevention and Management Plan of Care, dated 3/2/12 with updates to the Assessment section for the problem of Fall/Injury Risk on 3/21, 4/9, and 4/15/12, indicated with check marks that the resident required the Assistance of one person for Transfer and Ambulation, General Supervision, and Bed and Chair Alarm.</p> <p>The Minimum Data Set (MDS) assessment, dated 3/9/12, indicated the resident scored 14 of 15 on the BIMS (Brief Interview for Mental Status - cognitive assessment), and required the extensive assistance of two persons for bed mobility, transfer, toilet use, and personal hygiene. The assessment indicated the resident was not steady and only able to stabilize with human assistance in moving from seated to standing position, moving on and off the toilet, and in surface-to-surface transfer. The assessment indicated the resident was</p>			

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	<p>frequently incontinent of bowel and bladder.</p> <p>Nursing Progress Notes for 4/3/12 at 1:30 p.m., indicated, "Res [resident] found sitting on floor in front of W/C [wheel chair] [arrow pointing to right][symbol for no] apparent injury after assmt [assessment]....Res occ/freq [occasionally/frequently] forgets to use call bell for assist, educated to use call bell, chair/bed alarm in working order...."</p> <p>The Fall/Injury Assessment:Prevention and Management Plan of Care, dated 3/2/12 with updates to the Assessment section for the problem of Fall/Injury Risk on 3/21, 4/9, and 4/15/12, indicated the additional intervention of "4/3/12 Therapy to eval [evaluate]."</p> <p>The Multi-disciplinary Therapy Screening Tool, dated 4/5/12, indicated, "Area for Inspection: Transfers" with a check mark for "Change noted" and "Comments: Currently on PT/OT [physical therapy/occupational therapy] caseload addressing deficits. Pt [patient] was found sitting on floor in front of W/C."</p> <p>An Accident/Incident Report, dated 4/8/12 at 1:00 a.m., indicated the resident had an unwitnessed fall with the following description: "Res states she</p>			

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	<p>was trying to transfer self to BSC [bedside commode] from bed and lost balance and fell to floor. No environmental factors noted. MAEW [moves all extremities well]. Res C/O [complained of] pain (headache) level 6. States she had HA [headache] prior to fall. Redness noted to L [left] knee. No injuries noted." The report also indicated, "Immediate action taken to prevent further incidents: Res instructed to use call light for further assistance [symbol for with] transfers/wants/needs." The report also indicated the resident required the assistance of one person when getting up and had a personal alarm.</p> <p>The Multi-disciplinary Therapy Screening Tool, dated 4/9/12, indicated, "Area for Inspection: Transfers" with a check mark for "Change noted" and "Comments: Pt fell again attempting to transfer self I [independently]" and "Area for Inspection: Balance and Falls" with a check mark for "Change noted" and "Comments: 2nd fall this week."</p> <p>The Fall/Injury Assessment:Prevention and Management Plan of Care, dated 3/2/12, with updates to the Assessment section for the problem of Fall/Injury Risk on 3/21, 4/9, and 4/15/12, lacked documentation to indicate selection of additional pre-printed interventions to</p>			

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	<p>prevent further falls, including change from the check mark for General Supervision to choices of Increased Supervision, Close Visual Supervision, or Resident Specific Supervision. Check marks were not added for the intervention choices of High/Low or Low Bed or Perimeter or Perimeter with Opening Mattress.</p> <p>Following interview completed on 4/17/12 at 3:20 p.m., with the Director of Nursing (DON) and Administrator, the DON provided the print out of a document she indicated was sent to the Extendicare Corporate Office following the fall. Review of the document indicated in "Post Incident Actions Immediate Nursing Actions...Describe: ...CNA reminded to ask res frequently if she needs assistance with toileting..."</p> <p>Review of CNA Assignment Sheets, provided by the Social Worker at the end of the Initial Tour on 4/16/12 at 12:05 p.m., did not indicate the resident was to be asked frequently if she needed assistance with toileting.</p> <p>Nursing Progress Notes, dated 4/15/12 at 7:00 a.m., indicated, "This nurse was at med [medication] cart at [name of nursing unit] nurses station. Heard a resident cry out and then alarm sounded. Then saw</p>			

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	<p>call light come on [room number of Resident C's room]. Ran down hall Res roommate said, 'She's fallen.' Found res lying on floor between her bed and wall on her left side....Redness noted on cheek on left side of face. Res denied hitting head....Res states 'had to go to bathroom' ..."</p> <p>Nursing Progress Notes for 4/15/12 at 9:00 a.m. through 4/16/12 at 9:30 a.m., indicated the resident developed bruising to the left orbital area, and physician orders for ice packs to the area and for blood work and urinalysis were obtained and followed.</p> <p>Nursing Progress Notes on 4/16/12 at 10:15 a.m., indicated, "N/O [new order] FYI [for your information]: Bedside commode to be left in resident's bathroom when not in use...."</p> <p>Nursing Progress Notes on 4/16/12 at 12:00 noon, indicated the resident continued with increased lethargy, the physician was notified, and a CT scan was ordered.</p> <p>On 4/16/12 at 2:25 p.m., Resident C's bed was observed to be empty. A bedside commode was observed in the room across from the foot of Resident C's bed. Resident C's roommate, Resident G,</p>			

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	<p>indicated at this time, "She fell yesterday and is gone to the hospital. I didn't see her fall, but I called and got help for her." Immediately after this interview, Resident C was observed being transported through the hallway toward her room. She was on a gurney accompanied by ambulance attendants. The resident was observed to have a purple area around the left eye.</p> <p>PT Daily Treatment Note, dated 4/16/12, indicated, "Note: Standing pivot transfer with emphasis on weight shift or direction change."</p> <p>OT Daily Treatment Note, dated 4/16/12, indicated, "Note: Pt with fall previous day. Large hematoma to left eye. Pt. husband was present and both were edu [educated] on fall prevention and strategies to decrease fall risk."</p> <p>PT - Therapist Progress Report, dated 4/16/12, indicated the following on both Prior Level of Function on 4/9/12 and Current Level of Function on 4/16/12 for transfers from bed to wheel chair and return: "The patient is able to safely transfer from bed&lt;&gt;wheelchair requiring supervision (needs verbal cueing but no physical assist)" and from sit to stand and return: "The patient is able to safely transition from sit&lt;&gt;stand requiring supervision (needs verbal cueing but no</p>			

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	physical assist)."  3.1-45(a)(2)			

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F0363 SS=D	<p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>Based on record review and interview, the facility failed to ensure a menu was planned and provided to meet the resident's nutritional needs for 1 of 1 resident reviewed related to a regular vegetarian diet in a sample of 6 residents. (Resident B)</p> <p>Findings include:</p> <p>During interview on 4/17/12 at 11:00 a.m., Resident B indicated he is a vegetarian. He indicated he is not a vegan, since he does eat cheese, but he does not eat any other animal products. He indicated he had not talked with the Registered Dietitian (RD) about his vegetarian diet. He indicated the Dietary Manager (DM) is trying to accommodate his needs by ordering foods he can eat, especially so he can have protein servings, but he has to order in large quantities which is expensive.</p> <p>The clinical record for Resident B was reviewed on 4/17/12 at 1:15 p.m. The</p>	F0363	<p>1.)Resident B no longer resides at the facility.2.) DM re-educated by the RD to ensure the facility is meeting the needs of residents receiving a vegetarian diet. A one time audit was conducted to ensure all resident who were receiving a vegetarian diet to include their needs were being met.3.)System change to include DM/Designee will review diet orders with all new admissions to ensure the facility is meeting the resident's needs 5x week x 12 weeks, then bimonthly x 3 months.4.) Results of the audits will be reviewed at the monthly QA meeting for at least 6 months. Any further incidents will results in re-education and/or disciplinary action by the HFA/Designee.</p>	05/04/2012

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	<p>record indicated the resident was admitted to the facility on 3/21/12 for intravenous antibiotics and physical/occupational therapies following hospitalization. The physician's hospital discharge orders, included in the clinical record and dated 3/21/12, included, but were not limited to, "1. Regular vegetarian diet...."</p> <p>During interview on 4/17/12 at 1:45 p.m., the DM provided copies of the "Therapeutic Menu" and diet spreadsheets for the week of 4/16/12. The DM indicated no menu was planned for a regular vegetarian diet. Review of the spreadsheets indicated no regular vegetarian diet was planned. The DM indicated the RD told him to follow a regular diet with no meat for Resident B.</p> <p>During interview on 4/17/12 at 2:00 p.m., Resident B was interviewed about his lunch menu for that day. The resident indicated instead of the pulled pork sandwich on the menu, he had eaten a veggie burger provided to the facility by his family, and he had eaten some of the sides included on the facility's menu for the day.</p> <p>During telephone interview on 4/17/12 at 2:35 p.m., the RD indicated the facility "had trouble trying to get the diet from the hospital." She indicated the Extencicare</p>			

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	<p>Corporation does not have a specific menu for residents on vegetarian diets. She indicated the corporation does have guidelines to be followed for residents on vegetarian diets. She indicated the facility was planning Resident B's foods based on what was acceptable to Resident B.</p> <p>3.1-20(i)(1) 3.1-20(i)(2) 3.1-20(i)(3) 3.1-20(i)(4)</p>			

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure a physician's orders for diet were transcribed to the clinical record for 1 of 5 residents whose clinical records were reviewed for completeness in a sample of 6. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 4/17/12 at 1:15 p.m. The record indicated the resident was admitted to the facility on 3/21/12 for intravenous antibiotics and physical/occupational therapies following hospitalization. The physician's hospital discharge orders, included in the clinical record and dated 3/21/12, included, but were not limited to, "1. Regular vegetarian diet...."</p>	F0514	<p>1.)Resident B no longer resides in the facility.2.) DM/DON re-educated by the HFA on ensuring physician's orders for diet's are obtained upon admission. A one time audit was conducted to ensure that current resident's have a physician order for a diet.3.)System change to include DM/Designee will review admission order for diet order to ensure we are meeting the resident's needs 5x/week x 12 weeks, then bimonthly x 3 months.4.)Results of the audits will be reviewed at the monthly QA meeting for at least 6 months. Any further incidents will result in re-education and/or disciplinary action by the HFA/DON.</p>	05/04/2012			

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	<p>The facility's admission orders, dated 3/21/12, included, but were not limited to, "***Diet Orders*** Diet: [blank space] May have diet holiday 1 X [once per] month: Yes." Documentation was lacking of the transcription of the physician's order for "Regular vegetarian diet."</p> <p>Physician's rewrite orders for April 1 through April 30, 2012, lacked documentation of diet orders.</p> <p>During interview completed on 4/17/12 at 3:20 p.m., the Administrator indicated the facility should have had a current physician's diet order in Resident B's clinical record.</p> <p>3.1-50(1)</p>			