

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155566	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/15/2012
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NAME OF PROVIDER OR SUPPLIER WARSAW MEADOWS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E PRAIRIE ST WARSAW, IN 46580
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included Investigation of Complaint IN00104222.</p> <p>Complaint IN00104222- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 12, 13, 14 and 15, 2012</p> <p>Facility number: 000359 Provider number: 155566 AIM number: 100274920</p> <p>Survey team: Christine Fodrea, RN, TC (March 12, 13, and 15, 2012) Julie Wagoner, RN Tim Long, RN Honey Kuhn, RN, (March 13, 14, 15)</p> <p>Census bed type: SNF/NF: 63 Total: 63</p> <p>Census payor type: Medicare: 6 Medicaid: 47 Other: 10</p>	F0000		

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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	<p>Total: 63</p> <p>Sample: 15 Supplemental Sample: 12</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 23, 2012 by Bev Faulkner, RN</p>			

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F0221 SS=D	<p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>Based on observation, interview and record review, the facility failed to release restraints as outlined in the care plan for 1 of 3 residents reviewed for restraint release in a sample of 15. (Resident #54)</p> <p>Findings include:</p> <p>Resident # 54's record was reviewed 3-12-2012 at 5:30 p.m. Resident #54's diagnoses included but were not limited to diabetes, high blood pressure, and anxiety.</p> <p>Resident #54's current care plan, dated 8-12-12, titled restraint positioning devices indicated to release resident every 2 hours, toilet/provide incontinent care and reposition.</p> <p>In a continuous observation on 3-12-2012 between 3:30 p.m. and 6:15 p.m., Resident #54 was observed up in his wheel chair in the Center hall with a pelvic restraint in place between 3:30 p.m. and 4:15 p.m. At 4:15 p.m., Resident #54 independently went into his room until 4:45 p.m. At 4:45 p.m.,</p>	F0221	<p>F 221 483.13 (a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTSIt is the practice of Warsaw Meadows Care Center to ensure that each resident is free from any physical restraints imposed for the purposes of discipline or convenience and not required to treat the resident's medical symptoms. I. Resident #54 utilizes a pelvic holder for safety and positioning. This device is released as outlined in the care plan. II. Residents utilizing physical restraints have the potential to be affected. III. As noted in the survey report, the facility has a policy regarding physical restraint use. Nursing staff have been re-educated on the policy. Additional systemic changes are being implemented through our quality improvement programs as indicated below. IV. The DON or her designee is conducting quality improvement audits to ensure that residents requiring the use of physical restraints will be released as outlined in the care plan. Residents requiring physical restraints will be monitored at random hours to ensure that restraints are released and residents are repositioned. This</p>	04/14/2012			

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	<p>Resident #54 came into the hallway and independently moved through the hall until 5:00 p.m. At 5:00 p.m., Resident #54 returned to his room. At 5:20 p.m., the licensed nurse, LPN #10, entered the room and administered Resident #54's tube feeding. She did not toilet or reposition Resident #54. At 5:45 p.m., Resident #54 independently moved his wheel chair with his feet into the hall and began rolling throughout the Center hallway until 6:15 p.m. Resident #54 was not repositioned or toileted during the entire observation.</p> <p>In an continuous observation on 3-13-2012 between 8:15 a.m. and 11:15 a.m., Resident #54 was observed up in his wheelchair with a pelvic restraint on. Resident #54 was observed in his room between 8:15 a.m. and 8:45 am. At 9:00 a.m., Resident #54 was approached by a member of the therapy staff and was taken to the therapy department where he remained until 10:00 a.m. At 10:15 a.m., Resident #54 was returned to his room where he remained until 11:15 a.m. No staff were observed entering or leaving the room during this time. Resident #54 was not released, repositioned or toileted during the entire observation.</p> <p>In an interview on 3-15-2012 at 10:01 a.m., the Director of Nursing indicated</p>		<p>QI audit will be completed 3 times per week for 30 days; then monthly for 6 months. Results of these audits will be reported at the QA committee monthly.</p>		

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	<p>Resident #54's restraint should have been released.</p> <p>A current policy titled "Chemical and physical restraint policy," dated 4-7-2011, indicated restraints will be applied per manufacturer's guidelines and shall be removed periodically based on resident specific needs for toileting, repositioning and or exercise at least every 2 hours.</p> <p>3.1-26(h)</p>			

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F0312 SS=E	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, record review, and interview, the facility failed to ensure toileting assistance was provided for 7 of 8 residents dependent of assistance for personal hygiene needs in a sample of 15. (Residents # 24, 16, 19, 23, 32, 54, and 55)</p> <p>Finding includes:</p> <p>1. During the initial tour of the facility, conducted on 03/12/12 between 11:00 A.M. - 11:30 A.M., the Director of Nursing indicated Resident #32 was confused, ambulated independently, was incontinent of her bladder at times and was toileted by staff.</p> <p>The most recent Minimum Data Set (MDS) assessment, completed on 10/28/11 and the quarterly MDS review assessment, completed on 01/22/12, indicated Resident #32 was occasionally incontinent of her bladder (2 or more times a week but not daily)</p> <p>The current health care plans for Resident #32, current through 03/14/12,</p>	F0312	<p>F 312 483.25 (a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS It is the practice of Warsaw Meadows Care Center to ensure that each resident that is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. I. Residents #24, 16, 19, 23, 32, 54, & 55 are receiving toileting assistance as per the individual plan of care. It is noted that these residents were not identified as being found incontinent by the surveyors. II. All residents that are unable to carry out activities of daily living have the potential to be affected. This is being addressed by the systems described below. III. The facility has a policy regarding providing assistance with ADLs including toileting. Nursing personnel have been re-educated on the policy. Additional systemic changes are being implemented through our quality improvement programs as indicated below. IV. The DON or her designee is conducting quality improvement audits to ensure that residents receive assistance with toileting. A random sample of 5 residents requiring assistance with toileting</p>	04/14/2012			

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	<p>indicated the resident was to be taken to the toilet upon rising, before and after meals, at bedtime and as needed.</p> <p>Resident #32 was observed continually on 03/14/12 from 8:40 A.M. - 12:05 P.M., and 03/15/12 from 9:15 A.M. - 12:01 P.M., on the secured behavioral unit. The resident was not prompted nor did she receive any toileting assistance during the observations. She also was not noted to toilet herself or request any assistance with toileting. On both days, the observations ended when the resident was seated in the dining room eating her lunch.</p> <p>Interview with the Administrator and the Director of Nursing, on 03/14/12 at 3:45 P.M., at the end of the day exit conference, indicated there was no more information regarding the lack of toileting assistance for Resident #32.</p> <p>2. During the initial tour of the facility, conducted on 03/12/12 between 11:00 A.M. - 11:30 A.M., the Director of Nursing indicated Resident #24 was confused, required extensive staff assistance for hygiene needs, and was to be offered the toilet every hour.</p> <p>The clinical record for Resident #24 was</p>		<p>will be monitored 3 times per week for 30 days; then monthly for 6 months to ensure that assistance with toileting is provided. Results of these audits will be reported at the QA committee monthly.</p>				

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	<p>reviewed on 03/15/12 at 9:30 A.M.</p> <p>Resident #24 was admitted to the facility on 10/15/10 with diagnoses, including but not limited to, benign prostatic hypertrophy, diabetes, mental retardation, constipation, vascular dementia, depressive disorder, and bipolar disorder.</p> <p>The most recent MDS review assessment, completed on 12/19/11, indicated the resident was frequently incontinent of his bladder (tended to be incontinent daily but some control present) and required extensive staff assistance.</p> <p>Review of the current health care plans for Resident #24, current through 03/28/12, indicated the resident was to be toileted by staff every 2 hours and/or taken to the toilet upon rising, before and after meals, before putting to bed, and as needed.</p> <p>Resident #24 was continuously observed on 03/14/12 from 8:40 A.M. - 12:10 P.M., except for a 4 minute time frame in which the community staff pushed him in his wheelchair to the exit doors of the facility, but brought him directly back to the unit due to behaviors, and on 03/15/12 from 9:15 A.M. - 12:01 P.M., on the secured behavioral unit. On 03/14/12, at 9:06 A.M., LPN #9 was noted to toilet Resident #24. The 03/14/12 , 9:06 A.M.,</p>			

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	<p>toileting was the only time Resident #24 was offered or taken to the restroom during the observation time frames.</p> <p>Interview with the Director of Nursing and the Administrator, during the end of day exit conference, conducted on 03/14/12 from 3:45 P.M. - 3:55 P.M., indicated there was no further information regarding the lack of toileting assistance for Resident #24.</p> <p>3. Resident #19's clinical record was reviewed on 3/13/12 at 2:30 P.M.. The record indicated the resident had a health care plan, dated 2/16/12, to take to the toilet upon rising, before and after meals, before putting to bed and PRN (as needed) during night hours.</p> <p>On 3/14/12 a continuous observation from 9:10 A.M. until 1:40 P.M., indicated the resident was not taken by staff to the toilet during that time. The resident was served her lunch meal at 12:15 P.M., and finished the meal at 12:55 P.M. At 1:40 P.M., the resident was sitting in the hallway by the nurse's station.</p> <p>Interview with the Administrator and the Director of Nursing, on 03/14/12 at 3:45 P.M., at the end of the day exit conference, the facility staff indicated there was no further information</p>						

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	<p>regarding the resident not being taken to the toilet as directed by the care plan.</p> <p>4. Resident #16's clinical record was reviewed on 3/14/12 at 10:15 A.M. The record indicated the resident had a health care plan, dated 2/9/12, to take to the toilet upon rising, before and after meals, before putting to bed and PRN (as needed) during night hours.</p> <p>On 3/14/12 a continuous observation from 9:20 A.M. until 1:30 P.M., indicated the resident was not taken by staff to the toilet during that time. The resident was served her lunch meal at 12:16 P.M., and finished the meal at 12:48 P.M. After lunch, at 1:11 P.M., the resident propelled her wheelchair to the hallway outside the lunchroom. At 1:30 P.M., the resident was taken outside in the courtyard to participate in a ring toss activity.</p> <p>Interview with the Administrator and the Director of Nursing, on 03/14/12 at 3:45 P.M., at the end of the day exit conference, indicated there was no more information regarding the lack of toileting assistance for Resident # 16.</p> <p>5. Resident #14's clinical record was reviewed on 3/12/12 at 2:35 P.M.. The record indicated the resident had a health</p>						

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	<p>care plan, dated 11/22/11, to check and change her incontinence brief before rising in the AM, before and after meals, every two hours and PRN.</p> <p>On 3/14/12 a continuous observation from 9:15 A.M. until 1:40 P.M., indicated the resident was not taken by staff to the toilet during that time period. The resident was in her bed sleeping during the time. At 12:27 P.M., CNA #7 went into the resident's room and per interview immediately after CNA #7 came out of the room at 12:28 P.M., CNA #7 indicated she attempted to get the resident up and eased Resident #19's blanket down and the resident pulled the blanket up and said, no. At 1:15 P.M., CNA #7 went into Resident #19's room and tried to arouse her and was unsuccessful.</p> <p>Interview with the Administrator and the Director of Nursing, on 03/14/12 at 3:45 P.M., at the end of the day exit conference, indicated there was no more information regarding the lack of toileting assistance for Resident # 14.</p> <p>6. Resident # 54's record was reviewed 3-12-2012 at 5:30 p.m. Resident #54's diagnoses included but were not limited to diabetes, high blood pressure, and anxiety.</p>						

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	<p>Resident #54's current care plan, dated 8-12-12, titled restraint/positioning devices indicated to release resident every 2 hours, toilet/ provide incontinent care and reposition.</p> <p>In a continuous observation on 3-12-2012 between 3:30 p.m. and 6:15 p.m., Resident #54 was observed up in his wheel chair in the Center hall with pelvic restraint in place between 3:30 p.m. and 4:15 p.m. At 4:15 p.m., Resident #54 independently went into his room until 4:45 p.m. At 4:45 p.m., Resident #54 came into the hallway and independently moved through the hall until 5:00 p.m. At 5:00 p.m., Resident #54 returned to his room. At 5:20 p.m., the licensed nurse, LPN #10, entered the room and administered Resident #54's tube feeding. She did not toilet Resident #54. At 5:45 p.m. Resident #54 independently moved his wheel chair with his feet into the hall and began rolling throughout the Center hallway until 6:15 p.m. Resident #54 was not toileted during the entire observation.</p> <p>In an continuous observation on 3-13-2012 between 8:15 a.m. and 11:15 a.m. Resident #54 was observed up in his wheelchair with a pelvic restraint on. Resident #54 was observed in his room between 8:15 a.m. and 8:45 am. At 9:00</p>						

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	<p>a.m., Resident #54 was approached by a member of the therapy staff and was taken to the therapy department where he remained until 10:00 a.m. At 10:15 a.m. Resident #54 was returned to his room where he remained until 11:15 a.m. No staff were observed entering or leaving the room during this time. Resident #54 was not toileted during the entire observation.</p> <p>In an interview on 3-15-2012 at 10:01 a.m., the Director of Nursing indicated Resident #54 should have been toileted as indicated in the care plan.</p> <p>7. Resident # 55's record was reviewed 3-12-2012 at 4:00 p.m. Resident #55's diagnoses included but were not limited to dementia, diabetes, and traumatic brain injury.</p> <p>Resident #55's current care plan, dated 1-6-12, titled "Bowel and Bladder" indicated to take to toilet upon rising, before and after meals, before putting to bed, and as needed through the night.</p> <p>In a continuous observation on 3-12-2012 between 3:15 p.m. and 6:15 p.m., Resident #55 was observed up in his wheel chair in his room watching TV with self release belt in place between 3:15 p.m. and 4:15 p.m. At 4:30 p.m.,</p>			

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	<p>Resident #55 independently went into the Center hall until 5:00 p.m. At 5:00 p.m., Resident #55 went into his room and resumed watching TV until 5:30 p.m. At 5:30 p.m., Resident #55 returned to the Center hall until 5:33 p.m., then again reentered his room. At 5:45 p.m., CNA #11 offered to assist Resident #55 to the dining room. She did not toilet or reposition Resident #55. At 6:15 p.m., Resident #55 was served his supper meal. Resident #55 was not toileted during the entire observation.</p> <p>In an continuous observation on 3-13-2012 between 8:15 a.m. and 11:30 a.m., Resident #55 was observed up in his wheelchair with a self release seat belt on. Resident #55 was observed in the Center hall between 8:15 a.m. and 9:00 a.m. At 9:00 a.m., Resident #55 signed out to go to Walmart on a shopping trip. Resident #55 had not returned from the shopping trip when lunch was served at 12:15 p.m. Resident #55 was not toileted during the entire observation at the facility.</p> <p>In an interview on 3-13-2012 at 1:15 p.m., Resident #55 indicated he had not been toileted before or after the noon meal.</p> <p>In an interview on 3-15-2012 at 10:01 a.m., the Director of Nursing indicated</p>			

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	Resident #55 should have been toileteted as indicated in the care plan. 3.1-38(a)(3)(A)				

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F0315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the bladder incontinence was thoroughly assessed for 2 of 9 residents reviewed for incontinence in a sample of 15 (Residents #32 and 24).</p> <p>Findings include:</p> <p>1. During the initial tour of the facility, conducted on 03/12/12 between 11:00 A.M. - 11:30 A.M., the Director of Nursing indicated Resident #32 was confused, ambulated independently, was incontinent of her bladder at times and was toileted by staff.</p> <p>The most recent Minimum Data Set (MDS) assessment, completed on 10/28/11 and the quarterly MDS review assessment, completed on 01/22/12, indicated Resident #32 was occasionally</p>	F0315	<p>F 315 483.25 (d) NO CATHETER, PREVENT UTI, RESTORE BLADDER It is the practice of Warsaw Meadows Care Center to ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the residents clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. I. Residents #32 and #24 have been reassessed for bladder incontinence. II. All incontinent residents have the potential to be affected. III. As indicated in the survey report, the facility has a policy in place regarding the assessment of urinary incontinence. Licensed nurses have been re-educated on the policy. This inservice stressed the importance of</p>	04/14/2012	

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	<p>incontinent of her bladder (2 or more times a week but not daily).</p> <p>The "Urinary Incontinence" assessment, completed on 10/29/11, the day after the resident was admitted indicated the resident was incontinent, had impaired mobility and diabetes. A partially completed Bowel and Bladder monitoring record, completed on 10/28/11, 10/29/11, and 10/30/11, indicated the resident was monitored only 3 - 8 PM. on 10/28/11; at 3:00 A.M., 6:00 A.M., and 11:00 P.M., on 10/29/11, and only on the night shift from 1:00 A.M. - 6:00 A.M., on 10/30/11.</p> <p>Even though monitoring record was incomplete, the resident was identified as having "Functional Incontinence." An MDS validation tool, completed on 02/07/12, indicated the resident had participated in a schedule toileting program trial and required limited assistance with toileting. The resident was prompted to toilet upon rising, before and after meals, at bedtime, and at bedtime and when requested.</p> <p>There was no documentation the resident was assessed for specific physical and cognitive deficits which could have impacted her continence, any medications which could have impacted her continence, or the presence of any bladder</p>		<p>completion of the three-day bowel and bladder monitoring record and following the individual toileting plan. In addition, the three-day bowel and bladder tracking records will be reviewed during morning IDT clinical meeting to further ensure completion and bladder assessment. Residents will be re-assessed for incontinence during the MDS Assessment period. Care plans will be reviewed and updated as necessary. IV. The MDS coordinator or her designee is conducting quality improvement audits to ensure that residents are assessed for bladder incontinence. Resident assessments will be reviewed with the completion of the MDS comprehensive assessment weekly for 6 months. Results of these audits will be reported at the QA committee monthly.</p>				

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	<p>infection or dysfunction which could affect her continence.</p> <p>The current health care plans for Resident #32, current through 03/14/12, indicated the resident was to be taken to the toilet upon rising, before and after meals, at bedtime and as needed.</p> <p>Resident #32 was observed continuously on 03/14/12 from 8:40 A.M. - 12:05 P.M., and 03/15/12 from 9:15 A.M. - 12:01 P.M., on the secured behavioral unit. The resident was not prompted nor did she receive any toileting assistance during the observation. She also was not noted to toilet herself or request any assistance with toileting. On both days, the observations ended when the resident was seated in the dining room eating her lunch.</p> <p>Interview with the Director of Nursing and the Administrator, during the daily exit conference, conducted on 03/14/12 between 3:45 P.M. - 3:55 P.M., indicated there was no further assessment information available for Resident #32.</p> <p>2. During the initial tour of the facility, conducted on 03/12/12 between 11:00 A.M. - 11:30 A.M., the Director of Nursing indicated Resident #24 was confused, required extensive staff</p>				

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	<p>assistance for hygiene needs, and was to be offered the toilet every hour.</p> <p>The clinical record for Resident #24 was reviewed on 03/15/12 at 9:30 A.M. Resident #24 was admitted to the facility on 10/15/10 with diagnoses, including but not limited to, benign prostatic hypertrophy, diabetes, mental retardation, constipation, vascular dementia, depressive disorder, and bipolar disorder.</p> <p>The most recent MDS review assessment, completed on 12/19/11, indicated the resident was frequently incontinent of his bladder (tended to be incontinent daily but some control present) and required extensive staff assistance.</p> <p>Review of the current health care plans for Resident #24, current through 03/28/12, indicated the resident was to be toileted by staff every 2 hours and/or taken to the toilet upon rising, before and after meals, before putting to bed, and as needed.</p> <p>Resident #24 was continuously observed on 03/14/12 from 8:40 A.M. - 12:10 P.M., except for a 4 minute time frame in which the community staff pushed him in his wheelchair to the exit doors of the facility but brought him directly back to the unit due to behaviors, and on 03/15/12</p>						

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	<p>from 9:15 A.M. - 12:01 P.M., on the secured behavioral unit. On 03/14/12, at 9:06 A.M., LPN #9 was noted to toilet Resident #24. The 03/14/12, 9:06 A.M., toileting was the only time Resident #24 was offered or taken to the restroom during the observation time frames.</p> <p>Review of the MDS validation tool for Resident #24, completed on 12/08/11, indicated the resident had participated on an every two hour toileting schedule and required minimal to extensive assistance with toileting needs. The tool also indicated the resident had demonstrated an increase in bladder incontinence from 12:00 P.M. - 2:00 P.M. and was to receive every hour toileting during those time frames. However, there was no explanation as to why the toileting schedule did not match the MDS validation tool and neither toileting care plan was being followed.</p> <p>Interview with the Director of Nursing and the Administrator, conducted on 03/14/12 at 3:45 P.M., indicated there was no further incontinence assessment information for Resident #24.</p> <p>Review on 3/14/2012, of the "Urinary Incontinence policy" included the following: "Purpose: 1. To assure each resident</p>			

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	<p>who is incontinence of urine is identified, assessed and provided appropriate treatment and services to achieve or maintain as much normal urinary function as possible...Policy: 1. Residents will be evaluated for urinary tract function upon admission, quarterly or with a significant change 2. Develop an individualized plan of care based on assessment findings to address identified needs to facilitate the highest practicable level of functioning and minimize further decline..."</p> <p>3.1-41(a)(1)</p>			

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F0329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure there was adequate indications for the use of an anti-anxiety medication, prior to any other non-pharmacological intervention attempts for 1 of 10 residents reviewed for psychoactive medication use in a sample of 15 (Resident #29).</p> <p>Finding includes:</p> <p>During the initial tour of the facility, conducted on 03/12/12 between 11:00</p>	F0329	<p>F329 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS It is the practice of Warsaw Meadows Care Center to ensure that each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or</p>	04/14/2012

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	<p>A.M. - 11:30 A.M., the Director of Nursing indicated Resident #29 was confused, yelled out, and was on psychotropic medications due to his behaviors.</p> <p>The clinical record for Resident #29 was reviewed on 03/12/12 at 2:30 P.M. Resident #29 was admitted to the facility on 02/06/12 with diagnoses, including but not limited to, cognitive disorder secondary to traumatic brain injury, anxiety, and depressed mood disorder.</p> <p>Review of a nursing note, dated 02/09/12 at 1:00 A.M., indicated the resident had refused to have his vital signs taken.</p> <p>A behavior monitoring flow record, dated 02/09/12 at 9:00 A.M., indicated the resident was upset and wanted to go home. The form did not list any trigger code, place code, intervention code, or outcome code. The incident was not documented in the nursing notes.</p> <p>A behavior monitor form, dated 02/10/12 at 8:10 P.M., indicated the resident had sworn when requesting a cup of coffee. There were no interventions, place, or triggers mentioned and the incident was not documented in the nursing notes.</p> <p>A behavior monitoring form, dated</p>		<p>discontinued; or any combinations of the reasons above. I. Resident #29 was assessed by his attending physician for the continued use of his anti-anxiety medication. II. Residents that utilize anti-anxiety medication have the potential to be affected. III. The facility has a behavior management policy in place. Licensed nurses and social service personnel have been re-educated on this policy. This re-education stressed the importance of the provision of non-drug interventions prior to implementing psychoactive medications; and the use of the behavior monitoring record. The facility has also implemented a daily IDT meeting that will include the review of any behaviors and the interventions utilized to manage those behaviors. IV. In addition to the process noted above, the SSD or her designee is conducting a quality improvement audit to ensure residents are monitored prior to the initiation of anti-anxiety medications and that the indications for use are documented. A random sample of 5 residents receiving psychoactive medications will be monitored 3 times per week for 30 days; then monthly for 6 months. The pharmacy consultant will assist in monitoring during monthly visits. Results of these audits will be reported at the QA committee monthly.</p>				

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	<p>02/10/12 at 10:10 A.M., indicated the resident had sworn and again indicated he did not want to be at the facility. The resident further stated "I want to talk to someone now, I want to call a lawyer, I am gonna get out of here, I will break a window out if I have to." There was no place documented, intervention documented, or outcome documented. The incident was not documented in the nursing notes.</p> <p>Review of Social Service notes, not timed, but dated 02/10/12, indicated the resident had been screaming in the dining room wanting to go home. The resident thought he was in an "insane asylum" but calmed down when informed his continued screaming might result in another inpatient hospitalization.</p> <p>A physician's order was received on 02/10/12 at 9:50 A.M., for the anti-anxiety medication, Xanax 1 mg to be given twice a day for anxiety. There was no indication the resident's anxiety demonstrated on 02/09/12 and 02/10/12 could not be addressed with non-pharmacological interventions and supported the use of the anti-anxiety medication, Xanax.</p> <p>Interview with LPN #13, on 03/15/12 at 3:25 P.M., indicated there should have</p>						

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	<p>been documentation regarding the resident's behaviors in either the nursing progress notes or the social service progress notes to justify the need to obtain psychotropic medications. She reviewed Resident #29's nursing progress notes, social service notes, and the behavior forms for the time frame in February and indicated she could not find thorough documentation of the resident's behaviors which would have required the use of Xanax.</p> <p>3.1-48(a)(4)</p>			

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F0363 SS=E	<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 observation, record review, and interview, the facility failed to ensure the recipe and serving size for pureed food was followed for 11 of 11 residents who required pureed food in the facility population of 63.</p> <p>Finding includes:</p> <p>During the observation of the preparation of the pureed beef tips, conducted on 03/13/12 at 10:45 A.M., Cook #6 was noted to place 5 1/2 cups of cooked beef tips, a very small unmeasured amount of marinade from the cooked beef tips, and 8 slices of bread into the food processor. Cook #2 then blended the mixture into a very thick, stringy mass, placed it in a steam table pan, and placed it in the oven. The Food Service Supervisor was not available at the time of the pureed process observation.</p> <p>Review of the recipe for Pureed Meat, which Cook #6 had out beside the food processor, included instructions to use</p>	F0363	<p>F363 483.35(c) MENUS MEET RESIDENT NEEDS/PREPARED IN ADVANCE/FOLLOWEDIt is the practice of Warsaw Meadows Care Center to have menus that 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, and that they are prepared in advance and followed.I. No specific residents were identified.II. The facility realizes all residents who receive mechanically altered diets have the potential to be affected. III. The facility has a policy in place regarding following menus including mechanically altered diets. Food service personnel have been re-educated on this policy. Additional systemic changes are being implemented through our quality improvement programs as indicated below. IV. The Food Service Supervisor or her designee is conducting quality improvement audits of the provision of mechanically altered foods. A random sample of three meals per week are being</p>	04/14/2012			

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	<p>bread, a weighed amount of cooked meat, egg, broth, milk, and bread. The instructions indicated the pureed meat mixture was to be placed in a pan, cook again, and served in a 3 inch by 5 inch square.</p> <p>Cook #6 indicated she was only following part of the recipe, but not all of the recipe.</p> <p>Cook #6 then prepared pureed peas. The menu indicated sugar snap peas were to be served, but the cook indicated she had substituted regular peas. The cook then placed 5 slices of bread, 11 - two ounce servings of peas, and approximately 3 ounces of vegetable broth into the food processor and pureed the mixture.</p> <p>During the observation of the noon meal service, conducted on 03/13/12 between 11:40 A.M. - 12:00 P.M., Cook #6 was noted to serve the stringy thick pureed meat with a #16 (2 ounce) size scoop to residents while filling the carts for the two secured units. She also was noted to serve a #16 (2 ounce) portion of pureed peas to the residents. There was no pureed banana bread noted to have been prepared for the residents. Interview with Cook #6 indicated because she had placed bread in both the pureed meat mixture and the pureed peas mixture, she had not prepared the banana bread for the residents who</p>		<p>monitored to ensure menus are followed. This QI audit will be completed weekly for 30 days then every 2 weeks for 30 days then monthly thereafter. The Registered Dietitian will assist with monitoring during facility visits. Results of all audits are reported to the facility's QA Committee monthly for additional recommendations as necessary.</p>		

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	<p>required pureed food.</p> <p>Interview with the Food Service Supervisor, on 03/14/12 at 1:45 P.M., indicated she had removed the stringy thick pureed meat from all of the residents' trays on 03/13/12 and had reinserviced all her staff on how to puree food. She provided a specific recipe for pureed marinated beef tips which included the following instructions for 20 servings: "Balsamic Marinated Beef Tips 3 pounds 12 ounces, Beef Base 1 1/4 teaspoon, water 1 1/4 cups, and Food thickener 1/2 cups and 2 2/3 teaspoon." The recipe indicated the serving size was supposed to be #16. The specific recipe for pureed peas indicated the following for 20 portions: "2 1/2 quart cooked green peas, 1/2 cup margarine - melted, and 1/4 cups and 1 1/3 Tablespoon food thickener. The serving size was indicated to be a #16 scoop.</p> <p>She indicated the cook could have used the Pureed Meat recipe and served the specified portion size or she could have utilized the specific recipe for beef tips and served the #16 (2 ounce) scoop specified on the menu spread sheet. She confirmed the #16 (2 ounce) serving size for pureed meat did not include any bread product. She also confirmed the cook</p>			

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	<p>should not have put bread in the pureed peas as the portion size would have needed to be adjusted to accommodate the bread. She indicated she had instructed staff to puree banana bread and all 11 residents were served pureed banana bread.</p> <p>3.1-20(i)(4)</p>			

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F0365 SS=E	<p>483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS Each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the pureed beef tips were the appropriate texture for 11 of 11 residents who required pureed food.</p> <p>Finding includes:</p> <p>During the observation of the preparation of the pureed beef tips, conducted on 03/13/12 at 10:45 A.M., Cook #6 was noted to place 5 1/2 cups of cooked beef tips, a very small unmeasured amount of marinade from the cooked beef tips, and 8 slices of bread into the food processor. Cook #2 then blended the mixture into a very thick, stringy mass, placed it in a steam table pan, and placed it in the oven. The Food Service Supervisor was not available at the time of the pureed process observation.</p> <p>Review of the recipe for Pureed Meat, which Cook #6 had out beside the food processor, included the following instructions: included eggs, milk, broth, bread, and cooked meat. The instructions indicated the specified amounts were to be blended in a food processor, then</p>	F0365	<p>F365 483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS It is the practice of Warsaw Meadows Care Center to ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. I. No specific residents were identified. II. The facility realizes all residents who receive mechanically altered diets have the potential to be affected. III. The facility has a policy in place regarding following menus and recipes including mechanically altered diets. Food service personnel have been re-educated on this policy. Additional systemic changes are being implemented through our quality improvement programs as indicated below. IV. The Food Service Supervisor or her designee is conducting quality improvement audits of the provision of mechanically altered foods to ensure appropriate texture and consistency. A random sample of three meals per week are being monitored to ensure menus are followed. This QI audit will be completed weekly for 30 days then every 2 weeks for 30 days then monthly thereafter. The Registered Dietitian will assist with monitoring</p>	04/14/2012			

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	<p>cooked and served in a 3 inch by 5 inch square. Cook #6 indicated she was only following part of the recipe, but not all of the recipe.</p> <p>During the observation of the service of the noon meal, conducted on 03/13/12 between 11:40 A.M. - 12:00 P.M., Cook #6 was noted to serve the stringy, thick pureed balsamic marinated beef tips to residents while filling the carts for the two secured units. The Administrator was notified of the concern regarding the texture of the pureed meat on 03/13/12 at 12:00 P.M. The Administrator agreed the meat was stringy and questioned if the pureed meat was actually the ground meat. She indicated she was going to notify the Food Service Supervisor and the meat would not be served.</p> <p>Interview with the Food Service Supervisor, on 03/14/12 at 1:45 P.M., indicated she had removed the stringy, thick pureed meat from all of the residents' trays on 03/13/12 and had reinserviced all her staff on how to puree food. She provided a specific recipe for pureed balsamic marinated beef tips, which included the following instructions: "For 20 portions mix 3 pounds 12 ounces of balsamic marinated beef tips, 1 1/4 teaspoon beef base, 1 1/4 cups water, and 1/2 cups and 2 2/3 Tablespoon food</p>		during facility visits. Results of all audits are reported to the facility's QA Committee monthly for additional recommendations as necessary.				

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	<p>thickener." The instructions indicated the food was to be pureed "until smooth in texture." The instructions also included the following note: "Measurements of liquid and food thickener may be adjusted in order to achieve desired consistency."</p> <p>The FSS indicated the cook could have used the Pureed Meat recipe and served the specified portion size or she could have utilized the specific recipe for the beef tips and served the #16 (2 ounce) scoop specified on the menu spread sheet. She confirmed the #16 (2 ounce) serving size for pureed meat did not include any bread product.</p> <p>3.1-21(a)(3)</p>			

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, record review, and interview, the facility failed to ensure equipment for preparing food was clean when stored and food items were stored, prepared and served under sanitary conditions with the potential for affecting 63 of 63 residents who consumed food and/or tube feeding products in the facility.</p> <p>Finding includes:</p> <p>I. During the Dietary sanitation tour, conducted on 03/13/12 between 10:30 A.M. - 11:00 A.M., the following was noted: in a reach-in refrigerator there was a container of egg salad, dated as opened on 01/19/12; there were multiple dried spilled liquids on the shelves and bottom of the refrigerator; there was a sandwich in a wax paper bag, dated 02/09/12. The meat slicer, which had been covered and put away as clean had a large accumulation of meat slivers all over the bladder and the edges of the machine. The stand up mixer, covered and put away as</p>	F0371	<p>F371 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE-SANITARY It is the practice of Warsaw Meadows Care Center to procure food from sources approved or considered satisfactory by Federal, State, or local authorities; and store, and prepare, distribute, and serve food under sanitary conditions. I. The egg salad dated 1/19/12 and the sandwich dated 2/09/12 were disposed of during survey. The refrigerator was cleaned. The meat slicer and stand-up mixer were cleaned during survey. The stove, including the hood has been cleaned. The steam table pans, large pan, 3 skillets, bowls, and serving utensils were cleaned. Cook #5 has been re-educated regarding glove use. The expired cans of formula have been discarded. II. The facility realizes all residents who receive mechanically altered diets have the potential to be affected. III. The facility has a policy regarding kitchen sanitation. Food service personnel have been re-educated on this policy. This re-education</p>	04/14/2012			

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	<p>clean, had dried white colored splatters around the edge of mixer where the blade attached. There was a large stainless steel bowl stacked inside other bowls with clear liquid on the inside. The hood above the stoves, including light cages covering two light bulbs, was noted to have an accumulation of dust. Two open pans of water were noted directly under the hood on the stove top. Both stove knobs, front, and sides of the stove were noted to have dried splatters on them. Two large steam table pans were stored stacked with a clear liquid in the bottom, 1 large pan was stored as clean with dried food splatters. Three of 3 skillets had peeling black Teflon coating and 1 of 3 also had dried yellow substance. One of 6 pink insulated bowls was put away with dried food splatters, and 2 serving utensils were put away with dried food on them.</p> <p>Review of an Oven - Conventional gas stove policy, undated, but indicated as current by the Administrator on 03/15/12 at 9:30 A.M., indicated spills should be removed immediately, the exterior of the stove should be wiped down daily, and weekly the exterior should be cleaned with a damp cloth.</p> <p>During observation of the noon meal preparation, completed on 03/13/12</p>		<p>also stressed following handwashing and glove use procedures when handling food product. IV. The Food Service Supervisor or her designee is conducting quality improvement audits of kitchen sanitation. Random audits are being completed 3 times per week for 30 days; then 3 times per week every two weeks for 30 days; then 3 times monthly thereafter. The Registered Dietitian will assist with sanitation audits during facility visits. Results of all audits are reported to the facility's QA Committee monthly for additional recommendations as necessary.</p>				

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	<p>between 11:40 A.M. - 12:00 noon, Cook #5 indicated the chicken had not cooked properly so she was going to make ham and cheese sandwiches for the residents. The cook was noted to don a pair of gloves, unwrap a package of cheese slices, open a plastic container of ham slices, open a bread wrapper, and then with her gloved hands reached in and handled white bread slices, cheese slices, and ham slices. The cook changed her gloves after handling a wax paper container, but then she again touched the outside of a bread wrapper to obtain more bread and then without changing her gloves touched cheese slices, ham slices, and bread slices.</p> <p>2. During environmental tour 3-13-2012 at 1:34 p.m., the following was observed in the Center pantry: 5- 1500 cc bottles of Jevity 1.5 with a manufacturer's expiration date of 3-1-2012; 3- 1500 cc bottles of Glucerna 1.2 with a manufacturer's expiration date of 2-1-2012; and 44- 500 cc cans of Glucerna shakes with a manufacturer's expiration date of 11-1-2010.</p> <p>In an interview on 3-13-2012 at 1:34 p.m., the Housekeeping Supervisor indicated supplies are to be discarded once expired.</p>			

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	<p>A list provided by the Director of Nursing on 3-15-2012 at 10:01 a.m., indicated one resident was utilizing Jevity 1.5 and two residents were utilizing Glucerna tube feedings.</p> <p>In an interview on 3-15-2012 at 10:10 a.m., the Director of Nursing indicated there was no written guidance regarding disposing of expired tube feeding formula and supplements.</p> <p>3.1-21(i)(2)</p>				

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F0505 SS=D	<p>483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings.</p> <p>Based on record review and interview, the facility failed to follow up timely and ensure the physician was aware of abnormal urinalysis (UA) indicating a urinary tract infection (UTI) for 1 of 7 residents (Resident #6) reviewed for infections in a sample of 15.</p> <p>Findings include:</p> <p>Resident #6's clinical record was reviewed on 3/15/12 at 9:15 A.M. The record indicated on 3/7/12 a physician's order was received to obtain an urinalysis (UA), culture and sensitivity (C&S) if indicated for increased urinary frequency and hematuria.</p> <p>On 3/8/12, the UA was obtained and indicated abnormal results and a CS was ordered. On 3/10/12, the C&S was completed and indicated 25-50,000 CFU/ML Escherichia Coli. A nurse's note indicated the physician was notified on 3/10/12 at 2:10 P.M. The next nurse's note addressing the abnormal UA, C&S was on 3/13/12 at 3:20 P.M., and indicated the physician's office was called and no return call yet on C&S. On 3/14/12 at 10:10 A.M., a nurse's note</p>	F0505	<p>F505 483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS It is the practice of Warsaw Meadows Care Center to promptly notify the attending physician of the lab findings. I. Resident #6 received treatment for a urinary tract infection. II. Residents that have abnormal urinalysis results have the potential to be affected. III. The facility has a policy regarding physician notification. This policy includes notification of abnormal lab results. The policy has been reviewed and updated to include re-notification to the physician within 24 hours if there was no response to the first notification. Licensed nurses have been educated on this policy. IV. The DON or her designee is conducting a quality improvement audit to ensure that residents with abnormal urinalysis results are called to the physician and that there is a response from the physician. Residents will be monitored with each urinalysis sent for evaluation for 6 months. Results of these audits will be reported to the QA committee monthly.</p>	04/14/2012			

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	<p>indicated a new order was received for Bactrim DS twice daily for 10 days for an UTI.</p> <p>A nurse's note from 3/11/12, 4:00 A.M., indicated the resident was voiding dark, amber colored urine with a foul odor.</p> <p>A nurse's note from 3/12/12, 10:20 A.M., indicated the resident was voiding cloudy, yellow, foul smelling urine.</p> <p>A nurse's note from 3/12/12, 8:00 P.M., indicated the resident was voiding cloudy, yellow urine with odor noted.</p> <p>An interview with the Director of Nursing (DN) on 3/15/12 at 10:A.M., indicated on 3/13/12 she spoke with the nurse practitioner (NP) for the physician's office and the NP indicated they did not want to treat the UTI at that time. The DN indicated she did not document the conversation with the NP on 3/13/12 at that time. The DN did not indicate why there was no follow-up from the initial notification of the physician on 3/10/12 until 3/13/12.</p> <p>3.1-49(f)(2)</p>			

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