

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155699	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/18/2011
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NAME OF PROVIDER OR SUPPLIER BRIDGEWATER REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 N MILL ST HARTFORD CITY, IN47348
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 14, 15, 16, 17, 18, 2011</p> <p>Facility number: 000290 Provider number: 155699 AIM number: 100379970</p> <p>Survey team: Ginger McNamee, RN, TC Karen Lewis, RN Delinda Easterly, RN Betty Retherford, RN</p> <p>Census bed type: SNF/NF: 31 Total: 31</p> <p>Census payor type: Medicare: 3 Medicaid: 18 Other: 10 Total: 31</p> <p>Stage 2 Sample: 21</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review 11/23/11 by Suzanne</p>	F0000	Submission of this plan of correction shall not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirements under state and federal laws. Please accept this plan of correction as our credible allegation of compliance.	

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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F0248 SS=D	<p>Williams, RN</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on interview and record review, the facility failed to ensure activities were provided on the weekends and evenings that were interesting for 2 of 3 residents reviewed for activities of 4 who met the criteria for activities. [Resident #'s 15 and 45]</p> <p>Findings include:</p> <p>1.) Resident #15's clinical record was reviewed on 11/16/11 at 10:30 a.m. Resident #15's diagnoses included, but were not limited to, depression, anxiety, insomnia, and chronic pain. The resident had 11/10/11, signed physician's orders for Lexapro 20 mg daily for depression, alprazolam 0.25 mg two times a day for anxiety, and Lidoderm 5% [for pain] patch topically to shoulder once a day.</p> <p>Review of a quarterly Minimum Data Set assessment dated 10/11/11, indicated the resident had no cognition problems and had feelings of depression and insomnia.</p>	F0248	<p>F248</p> <p>1. Resident's # 15 & 45 were interviewed about desired activities. Suggestions made by these residents were implemented to the activity calendar for evenings and weekends and his/her individual activities preferences were updated.</p> <p>2. Each alert and oriented resident was interviewed about desired activities. Those who made no suggestions were given several choices of activities of interest to them that they would like to see on evenings and weekends. Chosen activities implemented to the activity calendar and preferences were updated.</p> <p>3. Activity Director and Activity Assistant were inserviced on December 5th, 2011 by Corporate Consultant on facilities activity policies and the need for individual activity preference interviews to ensure continued compliance.</p> <p>4. Corporate Consultant will review resident activity preference</p>	12/12/2011

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	<p>During an interview with Resident # 15 on 11/15/2011 at 09:07 a.m., he indicated there were not many activities on the weekends. He indicated they have a short activity of exercise on Saturday and church on Sunday. He indicated there were no evening activities and he would like to have some.</p> <p>2.) Resident #45's clinical record was reviewed on 11/16/11 at 9:14 a.m. The resident had a 11/3/11, Physician's Telephone Order for the diagnosis of anxiety and had an order for Ativan 0.5 mg every 6 hours as needed for anxiety.</p> <p>The resident had an admission Minimum Data Set Assessment dated 8/2/11. The assessment indicated the resident had no cognition problems.</p> <p>During an interview with Resident #45 on 11/15/11 at 9:30 a.m., he indicated there was nothing to do on the weekends and it was boring around there. He indicated there were no evening activities, and he usually just goes to the nurse's station in the evenings to talk with the nurses if they are not busy. He indicated he would like to have evening activities.</p> <p>During an interview with the Activity</p>		<p>interviews and activity calendar every month. Resident activity preference interview will be taken to resident council and discussed and documented for new activities of interest to be implemented to the monthly calendar. Monthly activity calendar will be reviewed monthly at QA for a minimum of 6 months and the plan adjusted accordingly.</p>				

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F0253 SS=D	<p>Director on 11/16/11 at 8:16 a.m., she indicated the weekend activities were provided by volunteers from the high school. She indicated the volunteers offer to play cards, dominos, and checkers. She indicated the residents liked these games during the week and she thought the residents would like them on the weekends. She indicated they have a TV activity for about a half an hour on the weekend evenings before the evening meal. She indicated they have "I Love Lucy" and "Green Acres" available for the residents to watch. She indicated she saved bingo and pretty nails for during the week because these activities were the most popular. She indicated she had not offered the residents any alternative activities to choose from for the weekends. She indicated evening activities had just been initiated in November, 2011. She indicated the evening activity consisted of a movie starting at 7:15 p.m., two times a week.</p> <p>3.1-33(c)</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to ensure handrails</p>	F0253	F253 1. Housekeeping Dept. has completed a thorough check of all	12/12/2011	

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	<p>were clean and free from gum debris for 1 of 2 sections of handrail in the 100 hall and for 1 of 2 sections of handrail in the 200 hall of the facility. This affected 1 of 12 residents interviewed in the Stage 1 Sample of 31. [Resident #15]</p> <p>Findings include:</p> <p>During an interview with Resident #15 on 11/16/11 at 8:30 a.m. he indicated he had a concern with seeing gum on the handrails in the facility. He indicated he used his wheelchair and the handrails to propel himself throughout the facility. He indicated at one time in the last week he had put his fingers in some gum that was adhered to the handrail. He indicated he reported the gum on the handrail to the facility Administrator.</p> <p>During an observation on 11/16/11 at 8:35 a.m., two areas of substances which appeared to be wads of chewed gum were observed adhered to the wooden handrails in 1 section of handrail in the 100 hall and 1 section of handrail in the 200 hall.</p> <p>The Housekeeping Supervisor was summoned following the above observation..During an observation</p>		<p>handrails and corrective action completed. Resident #15 was notified of the procedure.</p> <p>2. No other residents were affected negatively but all other residents have the potential to be affected. See below for corrective measures.</p> <p>3. Housekeeping Supervisor and Housekeeping staff were inserviced by Assistant Director on 12-5-2011 on the new procedure of checking and cleaning handrails to ensure continued compliance. Housekeeping Dept. will be making handrail observations and documenting on monitoring form (see attachment #2) daily in A.M. and P.M. for gum, cleaning areas if needed.</p> <p>4. Administrator or designee will check handrails daily and document on handrail forms regularly on scheduled days (see attachment #1). Monitoring will be reviewed monthly during facility's QA meetings and the plan adjusted accordingly.</p>		

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F0256 SS=D	<p>and interview on 11/16/11 at 8:40 a.m. she indicated the substances observed adhered to the handrails looked like old wads of chewed gum. She indicated she would clean the handrails right away.</p> <p>During an interview with the Administrator on 11/16/11 at 8:45 a.m. she indicated Resident #15 had informed her "last week" of gum having been stuck on the handrails in the facility. She indicated she had informed the housekeeping supervisor and the housekeeping staff had removed the gum from the handrails at that time. She further indicated the facility needed to implement a plan to observe and clean the facility handrails to ensure the problem with the gum on the handrails did not keep occurring.</p> <p>3.1-19(f)</p> <p>The facility must provide adequate and comfortable lighting levels in all areas. Based on observation and interview the facility failed to ensure the lighting in a residents bathroom was adequate to meet her needs for 1 of 12 residents interviewed in the Stage</p>	F0256	<p>F256</p> <p>1. Bathroom light was repaired on November 17 th , 2011.</p> <p>2. No other residents were affected but all other residents</p>	12/12/2011

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	<p>One Sample of 31 (Resident #22) and for 1 of 23 resident bathrooms observed in the Stage One Sample of 31.</p> <p>Findings include:</p> <p>During an interview with Resident #22 on 11/14/11 at 11:00 a.m. she indicated she was having problems with her bathroom light. She indicated the light would "flicker" and would not come on entirely. She further indicated she had told maintenance "a long time ago" and he had not fixed the light. During an observation of the resident's bathroom at the time of the interview the bathroom light fixture was flickering on and off. The lighting fixture was a florescent type of lighting.</p> <p>During the environmental tour on 11/16/11 at 1:00 p.m. with the Administrator and the Maintenance Director, Resident #22's bathroom light was observed. The bathroom light would only flicker on and off. The bathroom light fixture would not stay on to fully light the resident's bathroom. During an interview at the time of the observation the Maintenance Director indicated the fluorescent light bulbs needed to be</p>		<p>had the potential for being affected. Lights in all other rooms were checked and working properly on 11-17-2011.</p> <p>3. All staff inserviced on policy and procedure for reporting and maintenance of facility operations on 12-5-2011 by the Assistant Director.</p> <p>4. Maintenance Director or designee will review maintenance requisitions daily on regularly scheduled days, as per policy. Administrator or designee will complete walking rounds using rounding worksheet (see attachment #2) daily on regularly scheduled days. Rounding worksheets will be reviewed monthly at QA for a minimum of 6 months and the plan adjusted accordingly.</p>		

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F0279 SS=D	<p>replaced. He further indicated he would replace the bulbs as soon as possible.</p> <p>3.1-19(dd)</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). Based on record review, observation, and interview, the facility failed to ensure a comprehensive health care plan was developed related to the use of anti-anxiety medication and history of kidney transplant for 1 of 21 residents reviewed for comprehensive health care plan development in a Stage 2 sample of 21. (Resident # 45)</p>	F0279	F2791. Resident #45's care plan has been reviewed, updated, and reflects the resident's current condition including the use of an antianxiety medication and the history of kidney transplant.2. All other residents have the potential to be affected. Each resident's plan of care has been reviewed and updated as indicated to reflect their current condition.3. The facility's policy and procedure for care plan development has been reviewed and no changes	12/12/2011	

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	<p>Findings include:</p> <p>1.) The clinical record for Resident #45 was reviewed on 11/15/11 at 2:15 p.m.</p> <p>Diagnoses for Resident #45 included, but were not limited to, diabetes mellitus, hypertension, history of kidney transplant, and anxiety.</p> <p>During an observation on 11/15/11 at 9:27 a.m., Resident #45 was noted to have multiple small bruises on his hands and forearms.</p> <p>During an interview on 11/15/11, at 9:27 a.m., Resident #45 indicated the bruises on his forearms and hands were from the medications he receives for his kidney transplant.</p> <p>The clinical record lacked any comprehensive health care plan (HCP) having been developed related to Resident #45's kidney transplant and the monitoring of medications related to the kidney transplant.</p> <p>The clinical record indicated Resident #45 had received Ativan (anti-anxiety medication) 0.5 mg (milligrams) p.r.n. (as needed) on 11/8/11 for anxiety.</p> <p>The clinical record indicated Ativan</p>		are indicated at this time. The nurses have been re-educated on the policy. A Care Plan Monitoring Form (Attachment __5__) has been implemented.4. The DON or designee will review two residents care plans and complete the care plan monitoring form on scheduled work days as follows: daily for 2 weeks, then weekly thereafter to ensure compliance in this area. The results of these reviews will be discussed during the facility's quarterly QA meetings for a minimum of 6 months and the plan adjusted accordingly.		

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	<p>0.5 mg every 6 hours p.r.n. for anxiety had been ordered for the resident by his physician on 8/12/11.</p> <p>The clinical record lacked any comprehensive HCP having been developed related to Resident's #45 diagnosis of anxiety or need for anti-anxiety medication.</p> <p>During an interview with the Consultant RN on 11/17/11, at 9:40 p.m., additional information was requested related to the lack of any comprehensive HCP having been developed regarding the resident's kidney transplant and use of anti-anxiety medication.</p> <p>The facility failed to provide any additional information as of exit on 11/18/11.</p> <p>Review of the current facility policy, dated 9/10, titled "CARE PLAN DEVELOPMENT AND REVIEW PROCEDURE," provided by the RN Consultant on 11/17/11, at 1:45 p.m., included, but was not limited to, the following:</p> <p>"PURPOSE: To assure that a comprehensive care plan for each resident includes measurable objectives and time tables to meet the</p>				

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	<p>resident's medical and psychosocial needs.</p> <p>POLICY:...</p> <p>...2. the comprehensive care plan has been designed to :</p> <p>Incorporate identified problem areas</p> <p>Incorporate risk factors associated with identified problems...</p> <p>...3. The resident's comprehensive care plan is developed within seven (7) days of the completion of the resident assessment or within twenty-one (21) days after the resident's admission.</p> <p>4. Care plans are revised as changes in the resident's condition dictate. Changes in the resident's care or condition must be addressed on the care plan (i.e. physician's orders, diet changes, therapy changes, behavior changes, activities of daily living changes, skin problems, etc)...."</p> <p>3.1-35(a)</p>				

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F0282 SS=D	<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>A.) Based on record review and interview, the facility failed to ensure the nursing staff transcribed a physician's order timely so that treatment to a pressure area was given resulting in an increase in the size and scope of a pressure area for 1 of 3 residents reviewed for transcription of pressure area treatment orders in a Stage 2 Sample of 21. (Resident # 16)</p> <p>B.) Based on record review and interview, the nursing staff failed to ensure a laboratory test was obtained timely as ordered by the physician for 1 of 10 residents (Resident #39) reviewed for laboratory testing and failed to ensure a medication was discontinued as ordered by the physician for 1 of 10 residents (Resident #35) reviewed for unnecessary medications in a Stage 2 Sample of 21.</p> <p>Findings include:</p> <p>A1.) The clinical record for Resident #16 was reviewed on 11/17/11 at 8:40 a.m. The resident weighed 89 pounds on 7/9/11 and was 4 foot 7</p>	F0282	<p>A1. Resident #16 is no longer at the facility. B1. Resident #39 has had the HgbA1c lab completed and Resident #35 no longer resides at the facility. A/B 2. All residents have the potential to be affected. The clinical record for each resident has been reviewed and revised as indicated to ensure all physician's orders have been transcribed and completed as ordered. The primary physician and responsible party were updated as indicated. A/B 3. The facility's policy and procedure for Physician's Orders has been reviewed and no changes are indicated at this time. The nurses have been re-educated on the policy. A MD Order/Recaps/Labs Review Form has been implemented (Attachment ___4___). A/B 4. The DON or designee will review physicians orders, medication records, treatment records, recaps and labs for five residents and complete the MD Order/Recaps/Labs Review Form on scheduled work days as follows: daily for 2 weeks, weekly for two weeks, monthly for 2 months then quarterly thereafter to ensure compliance in this area. The results of these reviews will be discussed during the facility's quarterly QA meetings for a minimum of 6 months and the</p>	12/12/2011

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	<p>inches tall.</p> <p>Diagnoses for Resident #16 included, but were not limited to, hypertension, depression, and chronic obstructive pulmonary disease.</p> <p>An admission nursing assessment, dated 7/8/11, indicated the resident had a stage 1 (an area of persistent redness) red area on admission on her coccyx which measured 3 centimeters (cm) by 2 cm. A "Pressure Ulcer Flowsheet" was initiated. The flowsheet indicated the physician had been contacted on 7/8/11 regarding the pressure area and a treatment of Zinc/A&D/Bactroban (1:1:1) ointment had been ordered to be done every shift and as needed.</p> <p>The clinical record lacked any physician's order having been written regarding this treatment. The treatment sheets lacked information related to a treatment having been done to the pressure area on the coccyx from 7/8/11 through 7/16/11.</p> <p>The pressure ulcer flow sheet, dated 7/14/11, indicated the area on the coccyx was now a stage 2 (a shallow open ulcer of the dermis) open area which measured 6.6 cm by 3.6 cm. A</p>		plan adjusted accordingly.		

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	<p>nursing note entry, dated 7/15/11 at 11 p.m. indicated a new order had been received for Resident # 16 to have "1:1:1 to coccyx every shift and prn [as needed] times 7 days and then re-evaluate...."</p> <p>A physician's order, dated 7/15/11, indicated "1:1:1 Zinc, Bactroban, A&D to coccyx every shift and prn times 7 days then re-evaluate." This order was transcribed to the treatment administration record and initiated on 7/16/11. This indicated a time period of 8 days that a treatment was not completed to the pressure area as ordered by the physician on 7/8/11.</p> <p>During an interview with the RN consultant on 11/17/11 at 9:30 a.m., additional information was requested related to the lack of any treatment order having been written on 7/8/11 and initiated as ordered by the physician prior to 7/16/11.</p> <p>During an interview with the RN consultant on 11/17/11 at 10:15 a.m., she indicated she was unable to provide documentation of any treatment having been done to the pressure area from 7/8/11 through 7/16/11 when the second order was obtained. She indicated she did not know why the order received on</p>			

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NAME OF PROVIDER OR SUPPLIER BRIDGEWATER REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 715 N MILL ST HARTFORD CITY, IN47348
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	<p>7/8/11 had not been written and the treatment initiated as ordered.</p> <p>Review of the current facility policy, revised 3/2010, titled "Skin Management Program," provided by the RN Consultant on 11/17/11 at 1:45 p.m., included, but was not limited to, the following:</p> <p>"Purpose: It is our policy to assess for and reduce risk factors that may contribute to the development of pressure ulcers and other skin alterations unless the individual's condition demonstrates that the development is clinically unavoidable.</p> <p>Procedure:</p> <p>...5. Interventions will be implemented according to the individual risk factors that will best reduce the risk of development of pressure ulcers and/or promote the most effective healing of existing areas.</p> <p>6. Prevention and treatment interventions will include but are not limited to the following major categories: ...physician consultation...."</p> <p>Review of the current facility policy,</p>			

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	<p>dated 9/05, titled "Physician's Orders Procedure", provided by the RN Consultant on 11/17/11 at 1:45 p.m., included, but was not limited to, the following:</p> <p>"Purpose: To ensure accurate and complete physician's orders.</p> <p>Procedure:</p> <p>Telephone or Verbal orders</p> <p>1. Transcribe new orders on physician's T/O [telephone order] form....</p> <p>5. Transcribe new order on MAR [Medication administration record] or TAR [Treatment administration record] as indicated. Follow order through to completion - make appointments, order labs, notify pharmacy, etc...."</p> <p>B.1) The clinical record for Resident #35 was reviewed on 11/15/11 at 3:15 p.m.</p> <p>The resident's current diagnoses included but were not limited to Parkinson's disease, Alzheimer's dementia, congestive heart failure, increased agitation, delusions and behavioral disturbances.</p>				

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	<p>Resident #35 had a physicians order, dated 10/24/11, which indicated the following, discontinue Mirapex 0.25 milligrams and Azilect 0.5 milligrams (medications used to treat Parkinson's disease).</p> <p>The Medication Administration Record for October 2011 indicated the above medications were both discontinued and were not administered from 10/24/11 through 10/31/11. The November 2011 Medication Administration Record indicated the Mirapex was administered to the resident on November 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13, 2011.</p> <p>During an interview with the RN consultant on 11/16/11 at 9:10 a.m. she indicated the nursing staff did not carefully review the November rewrite of physician orders and in error transcribed the Mirapex medication to the Medication Administration Record.</p> <p>This resulted in the resident receiving the Mirapex medication for 13 days following the physician having written an order to discontinue the medication.</p> <p>B2.) Clinical record for Resident #39 was reviewed on 11/16/11 at 2:10</p>				

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	<p>p.m.</p> <p>Diagnoses for Resident #39 included, but were not limited to, diabetes mellitus, hypertension, dementia, and anxiety.</p> <p>Current physician's orders indicated Resident #39 had an order for a Hemoglobin A1c (HgbA1c) to be drawn twice yearly in June and December. This order was current in June of 2011.</p> <p>The clinical record lacked any results for a HgbA1c laboratory test ordered by the physician for June, 2011, for Resident #39.</p> <p>During an interview with the RN Consultant on 11/17/11, at 9:40 a.m., additional information was requested regarding the lack of a June HgbA1c laboratory result.</p> <p>During an interview with the RN Consultant on 11/17/11, at 11:00 a.m., she indicated the laboratory staff had attempted to draw the test in June but were unsuccessful at that time. She indicated the nursing staff had not followed up on and/or rescheduled the test. The clinical record indicated other blood tests had been completed since the test in June</p>			

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F0314 SS=D	<p>had been attempted. The facility failed to provide any additional information as of exit on 11/18/11.</p> <p>3.1-35(g)(2)</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on record review and interview, the facility failed to ensure treatment for a pressure area was initiated as ordered by the physician resulting in an increase in the size and scope of the pressure area for 1 of 3 residents reviewed for treatment of pressure areas of 4 residents who met the criteria for pressure ulcers. (Resident # 16)</p> <p>Findings include:</p> <p>The clinical record for Resident #16 was reviewed on 11/17/11 at 8:40 a.m. The resident weighed 89 pounds on 7/9/11 and was 4 foot 7 inches tall.</p>	F0314	<p>1. Resident #16 is no longer at the facility.2. All residents have the potential to be affected. The clinical record for each resident has been reviewed and revised as indicated to ensure all physician's orders have been transcribed and completed as ordered. The primary physician and responsible party were updated as indicated.3. The facility's policy and procedure for Physician's Orders has been reviewed and no changes are indicated at this time. The nurses have been re-educated on the policy. A MD Order/Recaps/Labs Review Form has been implemented (Attachment _4_). 4. The DON or designee will review physicians orders, medication records, and treatment records for five residents and complete the MD</p>	12/12/2011

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	<p>Diagnoses for Resident #16 included, but were not limited to, hypertension, depression, and chronic obstructive pulmonary disease.</p> <p>An admission nursing assessment, dated 7/8/11, indicated the resident had a stage 1 (an area of persistent redness) red area on admission on her coccyx which measured 3 centimeters (cm) by 2 cm. A "Pressure Ulcer Flowsheet" was initiated. The flowsheet indicated the physician had been contacted on 7/8/11 regarding the pressure area and a treatment of Zinc/A&D/Bactroban (1:1:1) ointment had been ordered to be done every shift and as needed.</p> <p>The clinical record lacked any physician's order having been written regarding this treatment. The treatment sheets lacked information related to a treatment having been done to the pressure area on the coccyx from 7/8/11 through 7/16/11.</p> <p>The pressure ulcer flow sheet, dated 7/14/11, indicated the area on the coccyx was now a stage 2 (a shallow open ulcer of the dermis) open area which measured 6.6 cm by 3.6 cm. A nursing note entry, dated 7/15/11 at 11 p.m. indicated a new order had</p>		Order/Recaps/Labs Review Form on scheduled work days as follows: daily for 2 weeks, weekly for two weeks, monthly for 2 months then quarterly thereafter to ensure compliance in this area. The results of these reviews will be discussed during the facility's quarterly QA meetings for a minimum of 6 months and the plan adjusted accordingly.		

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	<p>been received for Resident # 16 to have "1:1:1 to coccyx every shift and prn [as needed] times 7 days and then re-evaluate...."</p> <p>A physician's order, dated 7/15/11, indicated "1:1:1 Zinc, Bactroban, A&D to coccyx every shift and prn times 7 days then re-evaluate." This order was transcribed to the treatment administration record and initiated on 7/16/11. This indicated a time period of 8 days that a treatment was not completed to the pressure area as ordered by the physician on 7/8/11.</p> <p>During an interview with the RN consultant on 11/17/11 at 9:30 a.m., additional information was requested related to the lack of any treatment order having been written on 7/8/11 and initiated as ordered by the physician prior to 7/16/11.</p> <p>During an interview with the RN consultant on 11/17/11 at 10:15 a.m., she indicated she was unable to provide documentation of any treatment having been done to the pressure area from 7/8/11 through 7/16/11 when the second order was obtained.</p> <p>During an interview with LPN # 1 on 11/17/11 at 10:20 a.m., she indicated</p>				

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	<p>she did not remember any treatment on the treatment sheet for Resident #16 until the 7/15/11 order was obtained. She thought they were only using the house barrier cream during the first week until the area opened on 7/15/11. The clinical record lacked any information related to a house barrier cream having been applied.</p> <p>Review of the current facility policy, revised 3/2010, titled "Skin Management Program", provided by the RN Consultant on 11/17/11 at 1:45 p.m., included, but was not limited to, the following:</p> <p>"Purpose: It is our policy to assess for and reduce risk factors that may contribute to the development of pressure ulcers and other skin alterations unless the individual's condition demonstrates that the development is clinically unavoidable.</p> <p>Procedure:</p> <p>Assessment-</p> <p>1. A comprehensive head to toe assessment will be completed by a licensed nurse upon admission, readmission and a least weekly thereafter....</p>				

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	<p>...5. Interventions will be implemented according to the individual risk factors that will best reduce the risk of development of pressure ulcers and/or promote the most effective healing of existing areas.</p> <p>6. Prevention and treatment interventions will include but are not limited to the following major categories: ...physician consultation...."</p> <p>3.1-40(a)(2)</p>				

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F0329 SS=D	<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 medications were discontinued as ordered by the physician and failed to ensure medications had a diagnosis to support medication use for 2 of 10 residents reviewed for Medications in a Stage 2 Sample of 21. (Resident #'s 35 and 5)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #35 was reviewed on 11/15/11 at 3:15 p.m.</p>	F0329	<p>1. Resident #35 no longer resides at the facility. The medications for Resident #5 have a diagnosis or reasoning to support the use of each medication.2. All residents have the potential to be affected. The clinical record for each resident has been reviewed and revised as indicated to ensure all physician's orders have been transcribed and completed as ordered, and each medication ordered has a diagnosis or reasoning to support it's use. The primary physician and responsible party were updated as indicated.3. The facility's policy and procedure for Physician's Orders has been reviewed and no changes are indicated at this</p>	12/12/2011

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	<p>The resident's current diagnoses included but were not limited to Parkinson's disease, Alzheimer's dementia, congestive heart failure, increased agitation, delusions and behavioral disturbances.</p> <p>Resident #35 had a physicians order, dated 10/24/11, which indicated the following, discontinue Mirapex 0.25 milligrams and Azilect 0.5 milligrams . (medications used to treat Parkinson's disease).</p> <p>The Medication Administration Record for October 2011 indicated the above medications were both discontinued and were not administered from 10/24/11 through 10/31/11. The November 2011 Medication Administration Record indicated the Mirapex was administered to the resident on November 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13, 2011.</p> <p>During an interview with the RN consultant on 11/16/11 at 9:10 a.m. she indicated the nursing staff did not carefully review the November rewrite of physician orders and in error transcribed the Mirapex medication to the Medication</p>		<p>time. The nurses have been re-educated on the policy. A MD Order/Recaps/Labs Review Form has been implemented (Attachment_4____). 4. The DON or designee will review physicians orders, medication records, treatment records, recaps and diagnoses for five residents and complete the MD Order/Recaps/Labs Review Form on scheduled work days as follows: daily for 2 weeks, weekly for two weeks, monthly for 2 months then quarterly thereafter to ensure compliance in this area. The results of these reviews will be discussed during the facility's quarterly QA meetings for a minimum of 6 months and the plan adjusted accordingly.</p>		

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	<p>Administration Record.</p> <p>This resulted in the resident receiving the Mirapex medication for 13 days following the physician having written an order to discontinue the medication.</p> <p>2.) The clinical record for Resident #5 was reviewed on 11/15/11 at 2:20 p.m.</p> <p>Diagnoses for resident #5 included, but were not limited to, Diabetes, hypertension, depression, and weakness.</p> <p>Current physician medication orders for Resident #5 included, but were not limited to, the following:</p> <p>Digoxin (a medication given to slow the heartbeat) 0.125 mg (milligram) 1 tablet by mouth every day-hold if pulse below 60</p> <p>Oyster Calcium (a calcium supplement) 500 mg with vitamin D give 1 tablet every day</p> <p>Potassium chloride (a potassium supplement) 10 meq (millequivalent) 1 tablet every day</p>				

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	<p>The clinical record lacked any diagnoses for the use of these medications.</p> <p>During an interview with the Director of Nursing and RN Consultant on 11/15/11 at 3:45 p.m., additional information was requested related to the diagnosis for the use of these medications.</p> <p>A telephone order, dated 11/15/11, indicated the physician had been contacted and the following diagnoses were obtained for the use of the medications:</p> <p>Digoxin- atrial fibrillation Calcium-hypocalcemia Potassium-hypokalemia</p> <p>The clinical record lacked any documentation of these diagnoses prior to the request made on 11/15/11.</p> <p>3.1-48(a)(2) 3.1-48(a)(4)</p>				

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F0371 SS=E	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation and interview, the facility failed to ensure oatmeal was stored under sanitary conditions and lids, packages, and a microwave oven were free from debris for 1 of 1 initial kitchen tour. This had the potential to affect 19 of 31 residents residing in the building.</p> <p>Findings include:</p> <p>During the initial kitchen tour with the Dietary Supervisor, on 11/14/11 at 9:40 a.m., the following was observed:</p> <p>A large paper bag (similar to dog food bag) of oatmeal was stored on a bottom shelf in the dry storage room. The paper bag had been opened at the top and had ripped about 1/2 way down the side. Oatmeal was open to the air and could be visualized by looking down into the bag. The Dietary Supervisor indicated she needed to get a storage container to put the oatmeal in, and it should not be open to the air.</p> <p>4 packs of cinnamon streusel mix</p>	F0371	<p>F371</p> <p>1. No residents were negatively affected. As of 11-17-11, oatmeal is stored in a closed storage container. Microwave was immediately cleaned, streusel mix was thrown away, and the plastic container lids were cleaned immediately.</p> <p>2. All residents that eat food prepared by the facility have the potential to be affected. Oatmeal is stored in a closed container as of 11-17-2011. Microwave was immediately cleaned, streusel mix was thrown away, and the plastic container lids were cleaned immediately.</p> <p>3. Dietary staff was inserviced by Dietary Manager on 12-5-2011 on daily and weekly cleaning schedules and the need for closed containers for all opened dried goods.</p> <p>4. Dietary Manager or designee will monitor cleaning schedule completion and will perform sanitation observations daily on regularly scheduled work days (see attachment #3). Sanitation observations will be reviewed monthly at QA for a minimum of 6 months and the plan adjusted</p>	12/12/2011	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>were laying on a metal shelf. They had small discolored areas on them as if they had been wet and had dried and changed color. They were thrown away by the Dietary Supervisor.</p> <p>The lid on the plastic container containing coffee creamer packets had a dried pink substance on it which had dried in a splattered pattern. The lid of the large plastic container which stored chocolate pudding mix packets was soiled. The Dietary Supervisor indicated both lids needed to be cleaned and instructed the staff to run them through the dishwasher to clean them.</p> <p>The interior door, interior sides, and glass rotating plate of the microwave oven were soiled with small amounts of dried food debris. The Dietary Supervisor indicated the microwave oven needed to be cleaned.</p> <p>During an exit conference interview on 11/18/11 at 10:30 a.m., the Business office manager who helps pass breakfast trays, indicated there were 10 residents who preferred cold cereal and never had oatmeal for breakfast and the facility currently had two residents who were fed by gastrostomy tube feedings. This</p>		accordingly.		

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	indicated 19 resident who reside in the building had the potential to be affected by the open package of oatmeal. 3.1-21(i)(3)				