

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155526	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2015
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NAME OF PROVIDER OR SUPPLIER PERSIMMON RIDGE REHABILITATION CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 N PARK ST PORTLAND, IN 47371
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F 0000 Bldg. 00	<p>This visit was for an annual Recertification and State Licensure survey.</p> <p>Survey dates: December 9, 10, 11, 14, 15, 16 and 17.</p> <p>Facility number: 000148 Provider number: 155526 AIM number: 100275500</p> <p>Census bed type: SNF/NF: 63 Total: 63</p> <p>Census payor type: Medicare: 6 Medicaid: 50 Other: 7 Total: 63</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on December 22, 2015.</p>	F 0000	Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the 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 law. Please accept this Plan of Correction as our credible allegation of compliance.	
F 0282	483.20(k)(3)(ii)			

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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SS=D Bldg. 00	<p>SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a resident with an order for fluid restriction received those services as ordered by the physician for 1 of 1 resident reviewed for dialysis. (Resident #43)</p> <p>Findings include:</p> <p>The clinical record for Resident #43 was reviewed on 12/15/15 at 1:00 p.m. Diagnoses for the resident included, but were not limited to, end stage renal disease, diabetes mellitus type II, hypertension, peripheral vascular disease and seizures.</p> <p>A review of a Physician's order, indicated the resident had an order that included, "...900 [milliliters]/24 HR [hour] FLUID RESTRICTION..." The order was dated 10/31/14. The order indicated dietary was to provide 240 ml at breakfast, 120 ml at lunch, and 120 ml at dinner to equal 480 ml per day. It also indicated nursing was to provide 120 ml between 6:00 a.m. - 2:00 p.m., 120 ml between 2:00 p.m. - 10:00 p.m., and 120 ml between 10:00 p.m. - 6:00 a.m. to equal 360 ml per day</p>	F 0282	<p>F 282</p> <p>1. Resident # 43 did not experience any negative outcomes by this alleged deficient practice and is currently receiving fluids as ordered by the physician. C.N.A.'s # 6 and #5, and RN # 5 were re-educated on the policy for fluid restrictions. A new Food Acceptance Record-Fluid Restriction form was initiated on 12-15-15. (Attachment A) Licensed nursing staff will monitor and record all meals and fluid intakes.</p> <p>2. Any resident with an order for fluid restrictions could be affected. (There are no other residents with fluid restrictions at this time). Nursing staff have been re-educated on the policy for fluid restrictions and the new Food Acceptance Record-Fluid Restriction Form. Licensed nursing staff will monitor and record all meals and fluid intakes.</p> <p>3. The facilities policy for Fluid Restrictions was reviewed and no changes are indicated at this time. Staff were re-educated on the policy and the new form Food Acceptance Record-Fluid Restriction, and licensed nursing staff will monitor and record all meals and fluid intakes. QA form has been initiated.</p>	01/15/2016

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	<p>for nursing with medication pass. The total between nursing and dietary fluid pass equaled 840 milliliters for the day.</p> <p>A review of Resident 43's current health plan, revised on 10/8/15, indicated the following:</p> <p>1a. "...The resident suffers from [from] end stage renal disease and receives hemodialysis, thus has the potential for complications associated with dialysis. Such as fluid volume excess...." Interventions included, but were not limited to: "...Encourage resident to follow all dietary and fluid restrictions...Monitor I&O [intake and output] as ordered...."</p> <p>1b. "The resident has renal failure and at risk for experiencing edema, increased confusion, and fatigue... Receives Dialysis...." Interventions included, but were not limited to: "...Provide diet and liquids as ordered...."</p> <p>1c. "...ALTERATION IN NUTRITIONAL/HYDRATION STATUS: At risk for altered nutrition/hydration...DIAGNOSIS...ESRD [end stage renal disease]...." Interventions included, but were not limited to: "...Fluid Restriction: 900 ml...."</p>		<p>4. The DON or her designee will monitor fluid restriction records 5x/week x 1 month, 3x/week x 1 month then weekly thereafter to assure physician's orders for fluid restrictions are followed. Should a concern be found, immediate corrective action will occur. The findings of the monitoring and any corrective actions will be reviewed in the facility's QA meetings on an ongoing basis for a minimum of six months and revision made to the plan, if warranted. 5.1-15-16</p>	

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	<p>A review of the October 2015 through December 15, 2015 "MEAL CONSUMPTION RECORD" was provided by the Director of Nursing on 12/15/15 at 1:28 p.m. It indicated the following:</p> <p>"...mls fluid consumed..."</p> <p>The "MEAL CONSUMPTION RECORD" and "MEDICATION RECORD" for October 2015 indicated the following:</p> <p>On 10/1/15, there was 720 mls fluids consumed with meals and 360 ml with medication pass. A total of 1,080 mls.</p> <p>On 10/2/15, there was 720 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,080 mls.</p> <p>On 10/3/15, there was 840 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,200 mls.</p> <p>On 10/4/15, there was 840 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,200 mls.</p> <p>On 10/5/15, there was 840 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,200 mls.</p>			

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	<p>On 10/6/15, there was 1,200 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,560 mls.</p> <p>On 10/7/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 10/8/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 10/9/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 10/10/15, there was 1,320 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,680 mls.</p> <p>On 10/11/15, there was 1,320 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,680 mls.</p> <p>On 10/12/15, there was 1,560 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,860 mls.</p> <p>On 10/13/15, there was 1,200 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,560 mls.</p> <p>On 10/14/15, there was 1,080 mls fluids</p>			

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	<p>consumed with meals and 300 mls with medication pass. A total of 1,380 mls.</p> <p>On 10/15/15, there was 1,080 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,380 mls.</p> <p>On 10/16/15, there was 1,080 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,380 mls.</p> <p>On 10/17/15, there was 1,200 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,500 mls.</p> <p>On 10/18/15, there was 1,200 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,500 mls.</p> <p>On 10/19/15, there was 960 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,260 mls.</p> <p>On 10/21/15, there was 940 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,300 mls.</p> <p>On 10/22/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 10/23/15, there was 720 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,080 mls.</p>			

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	<p>On 10/24/15, there was 1200 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,560 mls.</p> <p>On 10/25/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 10/26/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 10/27/15, there was 720 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,080 mls.</p> <p>On 10/28/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 10/29/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 10/30/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 10/31/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>The "MEAL CONSUMPTION</p>			

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	<p>RECORD" and "MEDICATION RECORD" for November 2015 indicated the following:</p> <p>On 11/1/15, there was 720 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,080 mls.</p> <p>On 11/2/15, there was 720 mls fluids consumed with meals and 360 mls with medication pass. A total of 1, 080 mls.</p> <p>On 11/3/15, there was 840 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,200 mls.</p> <p>On 11/4/15, there was 960 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,260 mls.</p> <p>On 11/5/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 11/6/15, there was 720 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,080 mls.</p> <p>On 11/7/15, there was 720 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p> <p>On 11/8/15, there was 720 mls fluids consumed with meals and 300 mls with</p>			

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	<p>medication pass. A total of 1,020 mls.</p> <p>On 11/9/15, there was 720 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p> <p>On 11/10/15, there was 720 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,080 mls.</p> <p>On 11/11/15, there was 960 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,260 mls.</p> <p>On 11/12/15, there was 1,080 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,440 mls.</p> <p>On 11/13/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 11/14/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 11/15/15, there was 840 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,200 mls.</p> <p>On 11/16/15, there was 720 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p>			

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	<p>On 11/17/15, there was 720 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,080 mls.</p> <p>On 11/18/15, there was 840 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,140 mls.</p> <p>On 11/19/15, there was 840 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,200 mls.</p> <p>On 11/20/15, there was 840 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,140 mls.</p> <p>On 11/21/15, there was 840 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,200 mls.</p> <p>On 11/22/15, there was 840 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,140 mls.</p> <p>On 11/23/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 11/24/15, there was 960 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,320 mls.</p> <p>On 11/25/15, there was 720 mls fluids consumed with meals and 300 mls with</p>			

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	<p>medication pass. A total of 1,020 mls.</p> <p>On 11/26/15, there was 720 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,080 mls.</p> <p>On 11/27/15, there was 720 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p> <p>On 11/28/15, there was 720 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p> <p>On 11/29/15, there was 720 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p> <p>On 11/30/15, there was 720 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p> <p>The "MEAL CONSUMPTION RECORD" and "MEDICATION RECORD" for December 2015 indicated the following:</p> <p>On 12/1/15, there was 600 mls fluids consumed with meals and 360 mls with medication pass. A total of 960 mls.</p> <p>On 12/2/15, there was 720 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p>			

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	<p>On 12/3/15, there was 600 mls fluids consumed with meals and 360 mls with medication pass. A total of 960 mls.</p> <p>On 12/4/15, there was 1200 mls fluids consumed with meals and 300 mls with medication pass. A total of 1500 mls.</p> <p>On 12/5/15, there was 1200 mls fluids consumed with meals and 300 mls with medication pass. A total of 1500 mls.</p> <p>On 12/6/15, there was 1200 mls fluids consumed with meals and 360 mls with medication pass. A total of 1560 mls.</p> <p>On 12/7/15, there was 1200 mls fluids consumed with meals and 300 mls with medication pass. A total of 1500 mls.</p> <p>On 12/8/15, there was 720 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p> <p>On 12/9/15, there was 1200 mls fluids consumed with meals and 300 mls with medication pass. A total of 1500 mls.</p> <p>On 12/10/15, there was 720 mls fluids consumed with meals and 360 mls with medication pass. A total of 1,080 mls.</p> <p>On 12/11/15, there was 720 mls fluids</p>			

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	<p>consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p> <p>On 12/12/15, there was 720 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,020 mls.</p> <p>On 12/13/15, there was 960 mls fluids consumed with meals and 300 mls with medication pass. A total of 1,260 mls.</p> <p>During an interview with RN #5 on 12/15/15 at 1:15 p.m., she indicated Resident #43 was on a 900 ml fluid restriction and was compliant with the fluid restriction.</p> <p>During an interview with CNA #6 on 12/15/15 at 1:19 p.m., she indicated she did not think Resident #43 was on a fluid restriction. CNA #6 indicated it would be on the CNA assignment sheet whether Resident #43 was on a fluid restriction or not, but she did not have one with her.</p> <p>During an interview with CNA #7 on 12/15/15 at 1:21 p.m., she indicated Resident #43 was on a fluid restriction and would need to refer to her CNA assignment sheet for the amount. CNA #7 indicated Resident #43 was on a 900 ml fluid restriction after she referred to her assignment sheet that she had with her.</p>			

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	<p>During an interview with the DON and RN #5 on 12/15/15 at 1:24 p.m., the DON indicated Resident #43's fluid restriction was not being followed as ordered.</p> <p>She indicated the CNAs document on the "MEAL CONSUMPTION RECORD" the amount of fluid intake with meals.</p> <p>RN #5 indicated the "MEAL CONSUMPTION RECORD" was completed by the CNAs and would be the accurate amount of fluid intake for meals and the nurses documented the accurate amount of fluids with the medication pass on the "MEDICATION RECORD." She further indicated the nurses were told the fluid intakes with meals by the CNA's and it was also documented on the "MEDICATION RECORD."</p> <p>During an interview with the Director of Nursing on 12/15/15 at 2:14 p.m., she indicated Resident #43's fluid restriction was to be split between dietary and medication pass. Dietary was to be 480 ml of fluids and medication pass was to be 360 ml of fluids per day.</p> <p>A policy titled "FLUID RESTRICTION", dated 10/2014, provided by the Administrator on 12/15/15 at 1:40 p.m. indicated the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155526	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2015
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F 0314	<p>"..PURPOSE: Restriction of fluid is often necessary when excessive fluid intake could jeopardize resident condition.</p> <p>POLICY: Fluid restriction will be enforced by the facility personnel as ordered by the physician.</p> <p>PROCEDURE: "...5. Intake will be monitored in an effort to evaluate resident compliance...."</p> <p>A policy titled "PHYSICIAN ORDERS", dated 10/2014, was provided by the Nurse Consultant on 12/17/15 at 12:30 p.m. and indicated the following:</p> <p>"..PURPOSE: "...Physician's orders are administered upon the clear, complete and signed order of an individual lawfully authorized to prescribe...."</p> <p>No further information was provided at exit on 10/5/15.</p> <p>3.1-35(g)(1)</p>			

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SS=D Bldg. 00	<p>TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</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 observation, interview and record review, the facility failed to prevent and assess pressure ulcers for 2 of 5 residents reviewed (Resident #60 and Resident #63).</p> <p>Findings include:</p> <p>1. A review of the medical record for Resident #63 began on 12/16/2015 9:54 a.m. It indicated diagnoses included but were not limited to left displaced femoral neck fracture, left hemiarthroplasty, COPD, and atrial fibrillation. The most current minimum data set assessment [MDS], dated 11/25/2015, indicated that Resident #63 was moderately cognitively impaired. It also indicated that the resident needed extensive assistance for bed mobility and transfer and needed limited assistance for walking in his room. The MDS also indicated the resident needed the use of a walker and</p>	F 0314	<p>F 314</p> <p>1.Residents #63 and #60 no longer reside in the facility. The facilities policy for skin management was reviewed and no changes are indicated at this time. C.N.A. #4 was re-educated on preventative skincare. Staff were re-educated on preventative skin care including but not limited to: to assess and identify risk factors, (immobilization devices), proper documentation of skin conditions, education of residents and families regarding prevention of skin breakdown, use of preventative devices such as cushions in chairs and wheelchairs, Turning and repositioning.</p> <p>2.All residents have the potential to be affected. Staff were re-educated on preventative skin care including but not limited to: assessment and identifying risk factors such as immobilization devices, proper documentation of skin conditions, education of residents and families regarding</p>	01/15/2016
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	<p>wheelchair.</p> <p>During an observation of Resident #63 on 12/09/2015 at 11:13 a.m., he was observed laying in bed, he indicated that he ate lunch in his room.</p> <p>During an observation of resident #63 on 12/16/2015 at 8:03 a.m., he was sitting in the recliner in his room watching television.</p> <p>During an observation of Resident #63 on 12/15/2015 at 1:38 p.m., he was sitting in the recliner in his room.</p> <p>During an interview with the ADON on 12/14/2015 at 1:35 p.m., she indicated that she was the person who measured the pressure ulcers after they were identified by the staff either nursing or certified nursing assistants [CNA]. The ADON then indicated the reason Resident #63 developed a pressure ulcer on his right buttock was because he did not move around very much when he first arrived.</p> <p>During an interview with the ADON on 12/14/2015 at 3:15 p.m., she indicated that therapy would get him up daily and that the facility got a recliner for him after therapy talked to him about getting up more often. She indicated that</p>		<p>prevention of skinbreakdown, use of preventative devices such as cushions in chairs andwheelchairs, Turning and repositioning.</p> <p>3.Chart reviews for residents with skin breakdownwere conducted to assure proper assessment and documentation. The DON ordesignee will monitor to assure preventative skin care provided such asCushions provided for seating devices, review any residents with immobilizationdevices to assure avoidable skin breakdown does not occur. A QA monitoring formhas been implemented.</p> <p>4.The DON or designee will complete the chartreviews and a QA monitoring tool to ensure assessment of risk factors,preventative skin care and proper documentation of such, in order to preventthe development of or further deterioration of skin break down. These reviewswill be completed as follows: 3 residents 3x/ week x 1 month, then 3 resident weekly x 1 month then one resident weeklythereafter. Should concerns be noted, immediate corrective action will betaken. Results of the monitoring and any corrective actions will be discussedduring the QA meetings on an ongoing basis for a minimum of 6 months and theplan adjusted if indicated.</p> <p>5. 1-15-16</p>		

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	<p>Resident #63 just did not want to get up at all.</p> <p>During an interview with the DON on 12/14/2015 at 3:15 p.m., she indicated that the staff did not chart refusals for repositioning. She indicated that either she or the ADON would talk to the family and the resident about the skin issue and the importance of repositioning.</p> <p>During an interview with the DON on 12/16/2015 at 2:07 p.m., she indicated that all certified nursing assistants [CNAs] fill out the resident care record each day and they checked the preventative skin care box when performed on residents. She then indicated that the preventive skin care included checking bony prominences and providing incontinence care. She indicated that every resident received a pressure relieving mattress for pressure ulcer prevention. The DON indicated that Physical Therapy told them that Resident #63 was only getting up out of bed or the recliner to go to therapy.</p> <p>During an interview with OTA #2 on 12/16/2015 at 2:25 p.m., she indicated that Resident #63 was still being seen by Physical Therapy and Occupational Therapy. She then indicated that, when Resident #63 first arrived to the facility,</p>			

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	<p>he spent most of his time in the bed. She then indicated that after about a week the facility got him a new recliner. She then indicated that Resident #63 was still spending a lot of time in his recliner. She indicated that she did not talk to him about movement related to pressure ulcer development but did talk to him about the importance of therapy and that if he stayed in bed, all the progress he was making would all go away. OTA #2 indicated that, on November 10th, Resident #63 had pain in his right great toe that kept him from getting up and walking for that week. She also indicated that Resident #63 could roll to the right very well when he first arrived.</p> <p>During an interview with CNA #4 on 12/16/2015 at 2:35 p.m., she indicated that CNAs do preventative skin care for residents that included peri-care for incontinent residents, applying lotion and turning the resident from side to side every two hours. She then indicated that she was familiar with Resident #63 and there were no preventive measures that she had been doing for Resident #63 prior to the development of the pressure area and now that the pressure ulcer had been identified, the nurse was taking care of his skin.</p> <p>During an interview with PT #3 on</p>			

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	<p>12/17/2015 at 10:26 a.m., she indicated that Resident #63 was a "mod assist of one" for ambulation and transfer when he first came to the facility. She further indicated that meant he needed someone to help him get up, down and ambulate. PT#3 indicated that the resident was now a "stand by assist" and explained that meant someone needed to stand next to him when ambulating due to the oxygen tubing he wore and impaired safety awareness. She then indicated that, she noticed about a month ago, the resident began to state he was uncomfortable while sitting in the chair during therapy and she indicated she had observed the resident being fidgety in the chair.</p> <p>Most current physician orders, dated 12/1/2015- 12/31/2015, indicated "calazime to right buttock, pressure relieving cushion to wheel chair check placement every week, FYI wt bearing as tolerated, FYI keep left foot elevated as tolerated, pressure relieving mattress to bed, check placement weekly."</p> <p>Physician order, dated 11/18/2015, indicated "pressure relieving cushion in w/c, check placement every week."</p> <p>A physician order, dated 12/7/2105, indicated "a roho [pressure relieving cushion] cushion to chair, check weekly."</p>			

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	<p>A physician order, dated 12/8/2015, indicated for clarification, that the ROHO cushion was to be placed in the recliner and checked weekly.</p> <p>The Initial Pressure Ulcer Assessment, provided by the ADON on 12/9/2015 at 12:27 p.m., indicated the pressure ulcer was first noticed on 11/6/2015 and was a stage two. The pressure ulcer measured 2cm in length x 0.5cm wide with no depth and a red dry wound bed.</p> <p>During an observation of wound care on 12/14/2015 at 1:35 p.m., the pressure ulcer measured 1cm long x 1.3 cm wide with 0.1 cm in depth.</p> <p>The interdisciplinary team care plan, dated 11/12/2015, indicated the resident was at risk for skin tears and bruising and the resident had a pressure ulcer on his right buttock.</p> <p>Care plan titled "ADL Assist Required" indicated the resident "requires up to one assist in performing ADL's due to impaired balance and mobility, impaired short term memory, multiple medication use, impaired safety awareness, oxygen use."</p> <p>Care plan titled "Pressure Ulcer", implemented on 11/6/2015 and last</p>			

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	<p>updated on 11/12/2015, indicated the resident had a pressure ulcer on the right buttocks. The care plan further Indicated the resident was non-compliant with repositioning in bed and would get in his recliner at times. The care plan also indicated that the consequences and risk were explained. Interventions included but were not limited to: "treatment as ordered, monitor per skin management program and swat protocol, monitor for S/S of infection (e.g. redness, warmth, drainage, odor, increased temperature) and notify physician, pressure reducing devices to bed and chair, assist / encourage to turn and reposition at least every 2 hours as needed."</p> <p>Care plan titled "Pressure Ulcer Risk", first initiated on 1/10/2015 and last updated 11/12/2015, indicated the resident was at risk for the development of pressure ulcers due to: "impaired mobility, requires staff to assist with ADL's, multiple medication use, O2 and bi pap use, impaired cognition, non-compliant with O2 use and bi-pap use at times." Interventions included but were not limited to: "Head to toe skin assessment at least weekly by a licensed nurse, staff to observe skin condition while providing care, notify charge nurse of any skin problem for further assessment and possible MD and</p>			

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	<p>responsible party notification, pressure reducing cushion to chair, pressure reducing mattress to bed, encourage and assist resident with turning and repositioning at least every two hours as needed, apply preventative topical medication as ordered, monitor labs as ordered."</p> <p>A review of the Medicare Charting provided by the DON on 12/14/2015 at 12:20 p.m., dated 10/29/2015 through 12/13/2015, indicated Resident #63 required assistance with transfers, toileting, bed mobility and ambulation.</p> <p>A review of the Braden scale for Predicting Pressure Ulcer Risk provided by the DON on 12/14/2015 at 3:57 p.m., indicated that assessments were done 10/28, 11/4, 11/11 and 11/23. These assessments indicated the resident was a mild risk for skin impairment.</p> <p>A therapy progress / UR Meeting report provided by the DON on 12/14/2015 at 3:57 p.m., dated 11/11/2015 indicated a barrier to progress as " ***needs to be up out of bed more*** "</p> <p>A review of the Resident care record for Resident #63, provided by the DON on 12/14/2015 at 3:57 p.m., indicated Resident #63 refused to stay on his side</p>			

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	<p>after repositioning five of thirty days in November and three of fourteen days in December.</p> <p>During an interview with Resident #63 on 12/15/2015 at 1:38 p.m., he indicated that he felt the nurses at the facility let the pressure ulcer go too long before doing anything about it. He indicated no nursing staff at this facility had spoken to him about preventing the sore on his bottom and that they barely talk to him at all about the treatment or healing.</p> <p>A Policy titled "Skin Management Program" provided by the DON on 11/17/2015, indicated "...This facility will assess/ identify the presence of risk factors that may contribute to the development of pressure ulcers and other skin alterations in an effort to prevent skin breakdown and/or further deterioration limited by the individual's recognized pathology and pre-existing co-morbidity condition...."</p> <p>2. Review of Resident #60's clinical record began on 12/10/15 at 2:55 p.m. Diagnoses included, but were not limited to, congestive heart failure, diabetes, and chronic kidney disease.</p> <p>Resident #60 had a 10/1/15 discharge Minimum Data Set assessment (MDS),</p>			

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	<p>which indicated the resident was cognitively intact, but required extensive assist with repositioning and transfers.</p> <p>Review of an admission assessment, dated 7/10/15, indicated Resident #60 had admitted to the facility with surgical wounds to her right lower leg, but no pressure ulcers.</p> <p>Resident #60's physician's orders indicated to keep a "knee immobilizer to her right leg clean, dry, and intact."</p> <p>Review of an "Initial Pressure Ulcer Assessment", dated 7/21/15, indicated Resident #60 had developed a stage 2 pressure ulcer to the back of her right upper thigh, measuring 10 cm long x 3 cm wide and 2cm long x 1 cm wide, with a dark brown and pink wound bed and the edges well approximated. The assessment further indicated the resident felt a "burning sensation" to the area. Subsequent assessments indicated only one area of measurement.</p> <p>Review of a "Daily Device Skin Assessment", dated 7/2015, indicated the following: "...Residents who wear a device, such as a ...immobilizer, etc. will have his/her affected limb assessed daily..." Assessments were not completed between the dates of 7/10/15</p>			

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	<p>and 7/13/15. The assessment completed for 7/21/15 indicated there were no skin alterations and the skin remained intact.</p> <p>Review of a "Nurses Note", dated 7/20/15 at 1:30 a.m., indicated Resident #60 was complaining that her right leg felt like it was "on fire".</p> <p>Review of a "Weekly Skin Assessment" document, indicated an assessment was completed on 7/11/15, 7/13/15, and 7/27/15 with no new skin alterations noted. On 8/3/15, the skin was assessed as intact. An assessment, dated 7/20/15, listed on the document after the 8/3/15 assessment, indicated there was no new skin alteration. An assessment, dated 8/19/15, indicated no skin alterations were noted and the skin was intact. Subsequent assessments were dated for 8/10/15, 8/17/15, and 8/24/15 with no skin alterations noted and the skin assessed as intact.</p> <p>Review of a "Medication Record", dated July 2015, indicated a pressure relieving cushion to Resident #60's wheelchair and mattress were not initiated until 7/24/15.</p> <p>During an interview, on 12/16/15 at 9:20 a.m., the DON and ADON indicated the pressure ulcer was caused by the immobilizer. They further indicated the</p>			

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	<p>immobilizer was not to have been removed or repositioned, although it would have to be removed for assessment of the surgical wound every shift. The ADON indicated the ulcer initially presented as a blister, although she acknowledged the assessment indicated the wound was open. She further indicated she was not aware of what the second measurement on the assessment referred to.</p> <p>3.1-40(a)(1)</p>				