

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155747	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/23/2013
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NAME OF PROVIDER OR SUPPLIER ADAMS WOODCREST	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN 46733
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 16, 17, 18, 19, 22 and 23, 2013.</p> <p>Facility number: 000556 Provider number: 155747 AIM number: 1002900130</p> <p>Survey Team: Virginia Terveer, RN, TC Sue Brooker, RD Julie Call, RN Angela Strass, RN (July 16, 17, 18, 22 and 23, 2013)</p> <p>Census bed type: SNF/NF: 112 Total: 112</p> <p>Census payor type: Medicare: 15 Medicaid: 58 Other: 39 Total: 112</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on July 30, 2013, by Brenda Meredith, R.N.</p>	F000000		
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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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F000153 SS=C	<p>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS</p> <p>The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.</p> <p>Based on interview and record review, the facility failed to ensure 9 of 13 residents, of the 52 residents identified as alert and oriented by the facility, were aware of their Resident Rights which included they could view their medical records upon request, with a potential to affect all of the residents. (Residents #3, #7, #23, #33, #41, #53, #64, #80, #90, #92, #101, #111, #123)</p> <p>Findings include:</p> <p>During an interview on 7/23/13 at 8:50 a.m., the Resident Council President (Resident #7) indicated he did not know he could ask to look at his medical records.</p> <p>During interviews with 12 alert and oriented residents (Resident #3, #23,</p>	F000153	<p><i>It is the policy of this provider to assure that all residents' rights are respected at all times. 1. <u>What corrective action(s) will be accomplished for the resident(s) found to be affected by the alleged deficient practice?</u> All residents were/are invited/encouraged to attend ongoing resident council meetings at which the provider 1.) "informs the resident both orally and in writing in a language the resident understands of his/her rights and all rules, regulations governing resident conduct and responsibilities during the stay in the facility"; 2.) How a resident can file a complaint with the Indiana State Department of Health about his/her care or a problem with the facility; 3.) How a resident can complain to the Indiana State Ombudsman; 4.) How a resident can request to see his/her medical records. Such continuing education will be</i></p>	08/16/2013	

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	<p>#33, #41, #53, #64, #80, #90, #92 #101, #111 and #123) on 7/23/13 from 1:15 p.m. through 1:45 p.m., 8 of the 12 residents were not aware they could request to view their medical records.</p> <p>During an interview with DON (Director of Nursing) on 7/23/13 at 2:40 p.m., she indicated there was not signed documentation the residents were informed of Resident Rights which included how to view their medical records, during their stay after admission to the facility.</p> <p>During a review on 7/22/13 at 5:00 p.m. of the monthly Resident Council Minutes from September 2012 through July 2013, there was no indication of any discussions about Resident Rights, which included how to access and view their individual medical records.</p> <p>Review of the facility's policy, titled Policy: Resident Rights, date revised 2/9/00 provided by DON, indicated, "...The resident has a right to a...self-determination and communication with and access to persons and services....Resident is informed orally and in writing, in a language that the resident understands at admission and upon</p>		<p>conducted at resident council meetings which are open to ALL residents. Attendance roster will be evidence of acknowledgement. In addition, each new resident will sign an acknowledgement of such information being imparted during the signing of the most voluminous document covering regulatory requirements at admission. A special activity to cover these items will be held for all residents on 08.15.2013 <u>2</u>. <u>How will the facility identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</u></p> <p>All residents were/are invited/encouraged to attend ongoing resident council meetings at which the provider 1.) "informs the resident both orally and in writing in a language the resident understands of his/her rights and all rules, regulations governing resident conduct and responsibilities during the stay in the facility"; 2.) How a resident can file a complaint with the Indiana State Department of Health about his/her care or a problem with the facility; 3.) How a resident can complain to the Indiana State Ombudsman; 4.) How a resident can request to see his/her medical records. Such continuing education will be conducted at resident council meetings which are open to ALL residents. Attendance roster will</p>				

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	any change in resident rights during stay at the facility and periodic review will occur during stay...." 3.1-4(b)(1)(2)		be evidence of acknowledgement. In addition, each new resident will sign an acknowledgement of such information being imparted during the signing of the most voluminous document covering regulatory requirements at admission. A special activity to cover these items will be held for all residents on 08.15.2013. <u>What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?</u> Admission and activities staff were educated to this requirement. <u>4. How will the corrective actions be monitored to ensure that the deficient practice does not recur?</u> The Resident Council agenda is modified to include this item permanently. Guardian Angel program has a question added to address residents' rights. Results of the Guardian Angel questions will be communicated to the QA committee quarterly. The committee will determine the need for ongoing monitoring after 6 months and thereafter.		

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F000156 SS=C	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits. Based on interview and record review, the facility failed to ensure 10 of 13 residents, of the 52 residents identified as alert and oriented by the facility, were aware of Resident Rights in the facility with a potential to affect all of the residents. Furthermore, the facility failed to ensure 10 of 13 residents, of the 52 residents identified as alert and oriented by the facility, were aware of how to file a complaint with the State about their care with a potential to affect all of the residents. (Residents #3, #7, #23, #33, #41, #53, #64, #80, #90, #92, #101, #111, #123)</p> <p>Findings include:</p> <p>During an interview on 7/23/13 at 8:50 a.m., The Resident Council President (Resident #7) indicated he did not know about the Resident Rights. He also indicated he did not know how to file a complaint with the Indiana State Board of Health about his care or if he had a problem with the facility. He also indicated the staff had not talked to the residents about Resident Rights during the Resident Council meeting and he was not aware of where the Resident Rights were located to view in the facility.</p>	F000156	<p><i>It is the policy of this provider to assure that all residents' rights are respected at all times. 1. <u>What corrective action(s) will be accomplished for the resident(s) found to be affected by the alleged deficient practice?</u> All residents were/are invited/encouraged to attend ongoing resident council meetings at which the provider 1.) "informs the resident both orally and in writing in a language the resident understands of his/her rights and all rules, regulations governing resident conduct and responsibilities during the stay in the facility"; 2.) How a resident can file a complaint with the Indiana State Department of Health about his/her care or a problem with the facility; 3.) How a resident can complain to the Indiana State Ombudsman; 4.) How a resident can request to see his/her medical records. Such continuing education will be conducted at resident council meetings which are open to ALL residents. Attendance roster will be evidence of acknowledgement. In addition, each new resident will sign an acknowledgement of such information being imparted during the signing of the most voluminous document covering regulatory requirements at admission. A special activity to cover these items will be held for</i></p>	08/16/2013

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	<p>During an interview with the Activity Director on 7/23/13 at 10:30 a.m., she indicated she had not reviewed any of the Resident Rights during the Resident Council meetings. She also indicated she placed a written copy of the Resident Rights in a binder on the center of the table during the meetings but had not informed the residents about any of the Resident's Rights.</p> <p>During interviews with 12 alert and oriented residents (Residents #3, #23, #33, #41, #53, #64, #80, #90, #92, #101, #111, #123) on 7/23/13 from 1:15 p.m. through 1:45 p.m., 9 of the 12 residents were not aware of their Resident Rights in the facility. Also 9 of the 12 resident interviewed were not aware of how to file a complaint with the State about their care.</p> <p>During an interview with DON on 7/23/13 at 2:40 p.m., she indicated there was no signed documentation the residents were informed of Resident Rights during their stay after admission to the facility.</p> <p>During a review on 7/22/13 at 5:00 p.m. of the monthly Resident Council Minutes, from September 2012</p>		<p>all residents on 08.15.2013 <u>2.</u> <u>How will the facility identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</u> All residents were/are invited/encouraged to attend ongoing resident council meetings at which the provider 1.) "informs the resident both orally and in writing in a language the resident understands of his/her rights and all rules, regulations governing resident conduct and responsibilities during the stay in the facility"; 2.) How a resident can file a complaint with the Indiana State Department of Health about his/her care or a problem with the facility; 3.) How a resident can complain to the Indiana State Ombudsman; 4.) How a resident can request to see his/her medical records. Such continuing education will be conducted at resident council meetings which are open to ALL residents. Attendance roster will be evidence of acknowledgement. In addition, each new resident will sign an acknowledgement of such information being imparted during the signing of the most voluminous document covering regulatory requirements at admission. A special activity to cover these items will be held for all residents on 08.15.2013. <u>What measures will be put into place or what systemic changes</u></p>				

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	<p>through July 2013, there was no indication of any discussions about Resident Rights.</p> <p>Review of the facility's policy, titled Policy: Resident Rights, date revised 2/9/00 provided by DON, indicated, "...Resident is informed orally and in writing, in a language that the resident understands at admission and upon any change in resident rights during stay at the facility and periodic review will occur during stay...."</p> <p>3.1-4(a) 3.1(j)(3)</p>		<p><u>will be made to ensure that the alleged deficient practice does not recur?</u> Admission and activities staff were educated to this requirement. <u>4. How will the corrective actions be monitored to ensure that the deficient practice does not recur?</u> The Resident Council agenda is modified to include this item permanently. Guardian Angel program has a question added to address residents' rights. Results of the Guardian Angel questions will be communicated to the QA committee quarterly. The committee will determine the need for ongoing monitoring after 6 months and thereafter.</p>		

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F000172 SS=C	<p>483.10(j)(1)&(2) RIGHT TO/FACILITY PROVISION OF VISITOR ACCESS</p> <p>The resident has the right and the facility must provide immediate access to any resident by the following:</p> <p>Any representative of the Secretary;</p> <p>Any representative of the State;</p> <p>The resident's individual physician;</p> <p>The State long term care ombudsman (established under section 307 (a)(12) of the Older Americans Act of 1965);</p> <p>The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);</p> <p>The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);</p> <p>Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and</p> <p>Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.</p> <p>The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the</p>				

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	<p>resident's right to deny or withdraw consent at any time.</p> <p>Based on observation, interview and record review, the facility failed to ensure 12 of 13 residents of the 52 identified as alert and oriented by the facility, were knowledgeable of their State Ombudsman, with a potential to affect all of the residents. (Residents #3, #7, #23, #33, #41, #53, #64, #80, #90, #92, #101, #111, #123)</p> <p>Findings include:</p> <p>During an interview on 7/23/13 at 8:50 a.m., the Resident Council President (Resident #7) indicated he did not know the term Ombudsman, who or what it was and did not know how to contact her. He also indicated the staff had not talked to the residents about a State Ombudsman during the Resident Council meetings and he was not aware of where to find the information or phone number to contact the Ombudsman.</p> <p>During an interview with the Activity Director on 7/23/13 at 10:30 a.m., she indicated she had not reviewed information about the State Ombudsman during the Resident Council meetings. She indicated she placed a list titled, Resident Rights Advocates (a list of Resident</p>	F000172	<p>It is the policy of this provider to assure that all residents' rights are respected at all times. <u>1. What corrective action(s) will be accomplished for the resident(s) found to be affected by the alleged deficient practice?</u> All residents were/are invited/encouraged to attend ongoing resident council meetings at which the provider 1.) "informs the resident both orally and in writing in a language the resident understands of his/her rights and all rules, regulations governing resident conduct and responsibilities during the stay in the facility"; 2.) How a resident can file a complaint with the Indiana State Department of Health about his/her care or a problem with the facility; 3.) How a resident can complain to the Indiana State Ombudsman; 4.) How a resident can request to see his/her medical records. Such continuing education will be conducted at resident council meetings which are open to ALL residents. Attendance roster will be evidence of acknowledgement. In addition, each new resident will sign an acknowledgement of such information being imparted during the signing of the most voluminous document covering regulatory requirements at admission. A special activity to cover these items will be held for</p>	08/16/2013			

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	<p>Advocates with address and phone numbers) in the center of the table during the meetings but had not informed the residents about the State Ombudsman. The Activity Director also indicated she did not know if or when the Ombudsman visited the facility.</p> <p>During an observation of the facility's posting for the State Ombudsman on 7/23/12 at 10:45 a.m., the toll free phone number was found to be in a picture frame and hung on the wall near the main entrance. The 1-800 phone number was hung above standing eye level at a measurement of 5' 10" from the floor and was difficult to see.</p> <p>During interviews with 12 alert and oriented residents (Residents #3, #23, #33, #41, #53, #64, #80, #90, #92, #101, #111, #123) on 7/23/13 from 1:15 p.m. through 1:45 p.m., 11 of the 12 residents were not aware of who or what the State Ombudsman was and also indicated they had not heard the term Ombudsman.</p> <p>During an interview with DON on 7/23/13 at 2:40 p.m., she indicated there was no signed documentation the residents were informed of Resident Rights during their stay after</p>		<p>all residents on 08.15.2013 <u>2.</u> <u>How will the facility identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</u> All residents were/are invited/encouraged to attend ongoing resident council meetings at which the provider 1.) "informs the resident both orally and in writing in a language the resident understands of his/her rights and all rules, regulations governing resident conduct and responsibilities during the stay in the facility"; 2.) How a resident can file a complaint with the Indiana State Department of Health about his/her care or a problem with the facility; 3.) How a resident can complain to the Indiana State Ombudsman; 4.) How a resident can request to see his/her medical records. Such continuing education will be conducted at resident council meetings which are open to ALL residents. Attendance roster will be evidence of acknowledgement. In addition, each new resident will sign an acknowledgement of such information being imparted during the signing of the most voluminous document covering regulatory requirements at admission. A special activity to cover these items will be held for all residents on 08.15.2013 <u>3.</u> <u>What measures will be put into place or what systemic changes</u></p>				

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	<p>admission to the facility.</p> <p>During the record review on 7/22/13 at 5:00 p.m. of monthly Resident Council Minutes, from September 2012 through July 2013, there was no indication of any discussions about who the State Ombudsman was or what the Ombudsman did for the residents.</p> <p>During a review on 7/23/13 at 3:45 p.m., of the facility's policy, titled Policy: Resident Rights, date revised 2/9/00 provided by DON, indicated, "...Resident is informed orally and in writing, in a language that the resident understands at admission and upon any change in resident rights during stay at the facility and periodic review will occur during stay...."</p> <p>3.1-8(b)(2) 3.1-8(b)(4)</p>		<p><u>will be made to ensure that the alleged deficient practice does not recur?</u> Admission and activities staff were educated to this requirement. <u>4. How will the corrective actions be monitored to ensure that the deficient practice does not recur?</u> The Resident Council agenda is modified to include this item permanently. Guardian Angel program has a question added to address residents' rights. Results of the Guardian Angel questions will be communicated to the QA committee quarterly. The committee will determine the need for ongoing monitoring after 6 months and thereafter.</p>		

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F000514 SS=E	<p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to ensure physician progress notes were available in the clinical record for 14 of 38 residents' records reviewed. (Residents #140, #44, #89, #124, #118, #136, #99, #23, #123 #70, #42, #2, #77 and #64)</p> <p>Findings include:</p> <p>1. On 7/22/13 at 9:45 a.m., a review of the clinical record for resident #140 indicated she was admitted to the facility on 10/31/12 with diagnoses including but not limited to, hypertension, dementia and depression.</p> <p>Review of the clinical record indicated the last physician progress note in</p>	F000514	<p>It is the policy of this provider to ensure documentation in clinical records is accurate and complete.</p> <p><u>1. What corrective action(s) will be accomplished for the resident(s) found to be affected by the alleged deficient practice?</u> All Residents whose charts were lacking physician progress notes have had the progress notes signed by the physician and placed on the respective chart.</p> <p><u>2. How will the facility identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</u> Residents with the propensity to be affected by the same alleged deficient practice would be identified as those whose attending physician was a specific physician. Said charts were audited and residents whose charts were lacking</p>	08/16/2013			

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	<p>the record was dated 12/29/12.</p> <p>2. On 7/22/13 at 9:55 a.m., a review of the clinical record for resident # 44 indicated he was admitted to the facility on 11/12/05 with diagnoses including but not limited to, paraplegia, pressure ulcer, esophageal reflux and depression.</p> <p>Review of the clinical record indicated the last physician progress note in the record was dated 12/29/12.</p> <p>3. On 7/22/13 at 10:10 a.m. review of the clinical record for resident # 89 indicated he was admitted to the facility on 4/29/09 with diagnoses including but not limited to hypertension, congestive heart failure and depression.</p> <p>Review of the clinical record indicated the last physician progress note in the record was dated 11/30/12.</p> <p>4. On 7/22/13 at 10:30 a.m. review of the clinical record for resident #124 indicated he was admitted to the facility on 11/1/11 with diagnoses including but not limited to Alzheimer's disease, hypertension, and rheumatoid arthritis.</p> <p>Review of the clinical record indicated</p>		<p>physician progress notes have had the progress notes signed by the physician and placed on the respective chart. 3. <u>What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur?</u> The Medical Records designee will audit for physicians' progress notes 72 hours (410IAC16.2-3.1-22(c)(2)) after each physicians' visit. The results of the audits will be communicated to Director of Nursing. The Director of Nurses or designee will immediately ensure the issue is addressed and corrected and that the resident's care remains medically appropriate. 4. <u>How will the corrective actions be monitored to ensure that the deficient practice does not recur?</u> The DON will bring the results of the audits to the monthly QA&A/PI Committee meeting for review and recommendations. The QA&A/PI Committee will communicate to the Adams Health Network's Chief of Medical Staff and the Board of Directors, any patterned non-compliance and they shall determine sanctions. At that time, they will determine the continued frequency of audit.</p>				

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	<p>the last physician progress note in the record was dated 11/30/12.</p> <p>Interview with the Director of Nursing on 7/23/13 at 11:15 a..m. indicated the resident's had been seen by the physician but the progress notes were not in the clinical record. She indicated the physicians had not sent the dictated notes to the facility.</p> <p>On 7/23/13 at 11:30 a.m., a review of the clinical records for residents #140, #44, #89 and #124 indicated a Sheet "Doctors Progress Notes" which had dates listed when the physician had visited the resident. The following dates were documented on the "Doctors Progress Notes" sheets which indicated the physician had seen the resident but there was no written note in the clinical record which indicated the residents health status from the visit.</p> <p>Resident #140 - 3/18/13 and 5/31/13.</p> <p>Resident #44 - 3/16/13 and 5/31/13.</p> <p>Resident #89 - 3/16/13.</p> <p>Resident #124 - 3/16/13 and 5/31/13.</p> <p>5. Review of the clinical record for Resident #118 on 7/18/13 at 2:06</p>						

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	<p>p.m., indicated the following: diagnoses included, but were not limited to, hypertension, urinary retention, diabetes mellitus, BPH (Benign Prostatic Hyperplasia), and neurogenic bladder.</p> <p>A Doctor's Progress Notes summary sheet for Resident #118, indicated he was seen by the Physician or Nurse Practitioner on the following dates: 9/18/12, 11/29/12, 1/15/13, 3/21/13, 4/25/13, 5/21/13, and 7/11/13.</p> <p>The most recent Physician Progress Note located in the clinical record for Resident #118 was dated 1/15/13.</p> <p>6. Review of the clinical record for Resident #136 on 7/18/13 at 10:30 a.m., indicated the following diagnoses included, but not limited to COPD (chronic obstructive pulmonary disease), CHF (congestive heart failure), CAD (coronary artery disease), myocardial infarction, diabetes mellitus, hypothyroidism, anemia, GERD (gastroesophageal reflux disease), depression, hypercholesterolemia, HTN (hypertension).</p> <p>A Doctor's Progress Notes summary sheet for Resident # 136 indicated she was seen by the Physician or</p>						

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	<p>Nurse Practitioner on the following dates: 9/20/12, 11/20/12, 1/31/13, 3/19/13 and 5/23/13.</p> <p>The most recent Physician Progress Note located on Resident #136 was dated 9/20/12.</p> <p>An interview on 7/19/13 at 8:40 a.m. with the DON indicated the Physician Progress Notes for Resident # 136 are unavailable at this time.</p> <p>7. Review of the clinical record for Resident #99 on 7/19/13 at 12:00 p.m., indicated the following diagnoses included, but not limited to atrial fibrillation, history of breast cancer, HTN, insomnia, CAD, chronic pain, hypothyroidism, diabetes mellitus, dementia with behavioral disturbances, Alzheimer's Disease, anemia, hypercholesterolemia.</p> <p>A Doctor's Progress Notes summary sheet for Resident #99 indicated she was seen by the Physician on the following dates: 4/27/13 and 6/3/13.</p> <p>The most recent Physician Progress Note located in the clinical record on Resident #99 was dated 9/28/12.</p> <p>8. Review of the clinical record for Resident # 23 on 7/22/13 at 3:00</p>			

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	<p>p.m., indicated the following diagnoses included, but not limited to, CHF, cardiac dysrhythmias, HTN, diabetes mellitus, hyperlipidemia, anxiety, hypothyroidism, GERD, and chronic kidney disease.</p> <p>A Doctor's Progress Notes summary sheet for Resident # 23 indicated she was seen by the Physician on the following dates: 9/28/12, 11/30/12, 12/29/12, 2/8/13, 3/16/13 and 5/29/13.</p> <p>The Physician Progress Notes for Physician visit on 12/29/12 was not present on Resident # 23's clinical record.</p> <p>9. Review of the clinical record for Resident #123 on 7/18/13 at 2:30 p.m., indicated the following diagnoses included but not limited to, HTN, CHF, CAD, MI, PVD (peripheral vascular disease), constipation, diabetes, chronic renal failure, muscle spasms, hypothyroidism, osteoarthritis, unstable angina pectoris, allergic rhinitis, diabetic gastroparesis, chronic pain, vertebral compression fracture, anxiety, hypercholesterolemia.</p> <p>A Doctor's Progress Notes summary sheet for Resident #123 indicated she</p>				

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	<p>was seen by the Physician on the following dates: 10/25/12, 12/29/12, 3/16/13, and 5/31/13.</p> <p>The Physician Progress Notes for the Physician visit for 3/16/13 was not present on Resident #123's clinical record.</p> <p>10. A review of the clinical record for Resident #70 on 7-22-2013 at 9:30 a.m. indicated the following: diagnoses included but were not limited to, bone fracture, dementia, depression, diabetes, osteoarthritis, hypertension, anemia, stroke and congestive heart failure.</p> <p>A review of the Doctor's Progress Notes summary sheet for Resident #70 indicated she was seen by the Physician/Nurse Practitioner on 3-19-2013 and 5-23-2013.</p> <p>The clinical record for Resident #70 did not contain the most recent Physician/Nurse Practitioner progress notes from the 3-19-2013 and 5-23-2013 visits.</p> <p>11. A review of the clinical record for Resident #42 on 7-22-2013 at 9:39 a.m., indicated the following: diagnoses included but were not limited to, atrial fibrillation, diabetes,</p>						

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	<p>dementia, hypertension, coronary artery disease, congestive heart failure and benign prostatic hypertrophy.</p> <p>A review of the Doctor's Progress Notes summary sheet for Resident #42 indicated he was seen by the Physician or the Nurse Practitioner on 10-16-2012, 12-27-2012, 2-19-2013, 4-25-2013 and 6-18-2013.</p> <p>The most recent Physician Progress note located in the clinical record was from the visit on 4-25-2013. Physician Progress notes were not located for the 10-16-2012, 2-19-2013 and 6-18-2013 visits.</p> <p>12. A review of the clinical record for Resident #2 on 7-22-2013 at 9:50 a.m., indicated the following: diagnoses included but were not limited to, weakness, depression, hypertension, diabetes, hypercholesterolemia, hypothyroidsism and dementia.</p> <p>A review of the Doctor's Progress Notes summary sheet for Resident #2 indicated she was last seen by the Physician on 3-16-2013 and the progress notes were in the record. No further visits were noted by the physician on the Doctor's Progress</p>				

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	<p>Notes summary sheet and no additional visit notes after 3-16-2013 were located in the record.</p> <p>13. A review of the clinical record for Resident #77 on 7-22-2013 at 9:55 a.m. indicated the following: diagnoses included but were not limited to, mitral valve insufficiency, arthritis, anxiety, depression, hypertension, iron deficiency anemia, tremor and GERD (gastroesophageal reflux disease).</p> <p>A review of the Doctor's Progress Notes summary sheet indicated physician/nurse practitioner visits on 1-31-2013, 3-19-2013 and 5-23-2013.</p> <p>The most recent progress note in the clinical record for Resident #77 was from 1-31-2013.</p> <p>14. A review of the clinical record for Resident #64 on 7-22-2013 at 10:00 a.m., indicated the following: diagnoses included but were not limited to, hypertension, vertigo (dizziness), GERD, degenerative joint disease, chronic pain, macular degeneration, history of left hip replacement and deep vein thrombosis.</p>						

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	<p>A review of the Doctor's Progress Notes summary sheet indicated physician/nurse practitioner visits on 10-14-2012, 12-27-2012, 2-19-2013, 4-25-2013 and 6-18-2013.</p> <p>The most recent progress note in the clinical record for Resident #64 was for 4-25-2013, however no progress notes were available for the 10-14-2012, 2-19-2103 and the 6-18-2013 physician/nurse practitioner visit.</p> <p>An interview with LPN #1 on 7-22-2013 at 3:50 p.m., indicated the residents' records were reviewed from November 2012 and forward for the presence/absence of Physician Progress Notes. The facility had requested the missing Physician Progress Notes for several residents as of this date.</p> <p>An interview with the DON (Director of Nursing) on 7-23-2013 at 1:30 p.m., indicated the " progress notes for several residents were not available."</p> <p>A policy, "Physicians Services," dated 7-2011, and provided by the DON on 7-23-2013 at 1:30 p.m., indicated "...a progress note will be written and signed/dated by the physician at the time of each visit...dictated notes</p>				

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	<p>must be filed in the clinical record within 72 hours or 3 business days of the visit and signed within 7 days of the time transcription is completed...."</p> <p>3.1-50(f)(5)</p>			