

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155773	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/30/2013
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NAME OF PROVIDER OR SUPPLIER  TERRACE AT SOLARBRON THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 MCDOWELL RD EVANSVILLE, IN 47712
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F000000	<p>This survey was for a Recertification and State Licensure survey.</p> <p>Survey dates: 7/22/13, 7/23/13, 7/24/13, 7/25/13, 7/26/13, 7/29/13, 7/30/13.</p> <p>Facility Number: 010930 Provider Number: 155773 AIMS Number: N/A</p> <p>Survey Team: Barb Fowler RN TC Diane Hancock RN 7/22/13, 7/23/13, 7/24/13, 7/25/13, 7/29/13, 7/30/13 Amy Winger RN 7/22/13, 7/23/13, 7/24/13, 7/25/13, 7/26/13</p> <p>Census Bed Type: SNF: 31 Residential: 29 Total: 60</p> <p>Census Payor Type: Medicare: 16 Other: 44 Total: 60</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on August</p>	F000000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective August 14, 2013 to the annual licensure survey conducted on July 22 through July 30, 2013.</p> <p><b><i>The Terrace at Solarbron respectfully requests that paper compliance be considered.</i></b></p>	

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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	2, 2013, by Janelyn Kulik, RN.			

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F000282 SS=D	<p>483.20(k)(3)(ii) 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 record review and interview, the facility failed to ensure 1 of 10 residents reviewed for medications received medications as ordered by the physician, in that a medication was held due to being unavailable and never started again when available. (Resident #53)</p> <p>Finding include:</p> <p>Resident #53's clinical record was reviewed on 7/25/13 at 9:40 a.m. The resident was admitted to the facility on 6/12/13 with diagnoses including, but not limited to, history of falls, hiatal hernia, acute renal insufficiency, right humerus fracture, ulcerative colitis, coronary artery disease, anxiety, diabetes mellitus, arthritis, gastroesophageal reflux disease (GERD), and hypertension.</p> <p>The physician's orders, signed on 6/25/13, included, but were not limited to, the following: Prilosec (medication to reduce stomach acid) 40 milligrams one capsule orally at bedtime for GERD.</p>	F000282	<p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</i></b> It is the practice of this facility to assure that residents receive medications as ordered by the physician. The medication was administered to resident #53 when received from pharmacy. A medication error form was completed. The resident, resident's family and attending physician were notified. An investigation was completed by the Director of Nursing Services and Pharmacy Staff. Resident#53 no longer resides at the facility. <b><i>How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective actions will be taken?</i></b> All residents have the potential to be affected by the alleged deficient practice. An audit was completed by Pharmacy Staff of all Comprehensive Care residents ordered medications with no further findings of the alleged deficient practice. <b><i>What measures will be put into place or what systemic changes will</i></b></p>	08/14/2013			

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	<p>The Medication Administration Record (MAR) for July, 2013 was reviewed. The Prilosec administration had initials of staff members on each scheduled day and the initials were circled every day from 7/1 through 7/10/13, indicating the resident had not been given the medication. The documentation then indicated "D/C [discontinue] 7/10/13 till available." There were no physician's orders noted to discontinue the medication. There was no indication the medication had been discontinued or had been restarted during the month.</p> <p>LPN #1 was interviewed on 7/25/13 at 10:28 a.m. She indicated she would need to check on the order for Prilosec and proceeded to call the pharmacy.</p> <p>LPN #1 indicated, immediately following the phone call, she didn't know why they didn't send the Prilosec initially, but the pharmacy did send it on 7/11/13. Someone had discontinued it on the MAR until available and had not re-written it when it was available. She indicated the resident had not received the medication as ordered.</p> <p>3.1-35(g)(2)</p>		<p><b>be made to ensure that the alleged deficient practice does not recur?</b> The measures or systematic changes that have been put into place to ensure that the alleged deficient practice does not recur include: The DNS has in-serviced nurses relating to medication administration, following physician orders, physician communications and protocol for unavailable medications. Education was provided to pharmacy representatives regarding adherence to physician orders according to ISDH regulations. In addition, pharmacy delivery times have been adjusted and delivery frequencies have been increased to allow for adequate time to receive medication and and allow for better communication between the pharmacy and facility staff. The DHS will be immediately contacted by pharmacy staff when a medication is unable to be delivered due to unavailability or the inability to deliver within the normal scheduled delivery times. A review of ordered medications will be conducted daily by the DNS with nurses to ensure that all medications have been received by pharmacy and that the medications are available for administration. The review will be conducted daily Monday through Friday daily X3 weeks, then X3 weekly for X3 weeks and then X1weekly X3 weeks then</p>				

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			X1 monthly on-going for one year. <b>How will the corrective action be monitored to ensure the alleged deficient practice will not recur, ie, what quality assurance program will be put into place?</b> The corrective action taken to monitor performance to assure compliance through quality assurance is: Any findings from audits will be corrected immediately and reported to the Quality Assurance Committee quarterly for review and recommendations X1 year.		

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 3 residents reviewed for pain, in a sample of 3 residents who met the criteria, was assessed for ongoing pain medication use. (Resident # 20)</p> <p>Findings include:</p> <p>Resident #20 was interviewed on 7/23/13 at 11:37 a.m. Resident #20 indicated her leg hurt and she did not receive much relief from her pain medication. The resident had been admitted to the facility on 7/13/13.</p> <p>The clinical record of Resident #20 was reviewed on 7/25/13 at 8:05 a.m. Resident #20 had diagnoses including, but not limited to, status post open reduction with internal fixation of a left hip fracture, osteoarthritis, and general debility.</p> <p>The resident's full MDS (Minimum Data Set) assessment, dated 7/20/13,</p>	F000309	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</b> The corrective action taken for those residents found to be affected by the alleged deficient practice include: It is the practice of this facility to assure that all residents with pain will not have a negative alteration in their day to day activities. Residents pain will have pain managed based upon their perceived acceptable pain level. Resident#20: The physician was notified of the resident's lack of perceived pain control. A routine pain medication was ordered by the physician. A BIMS was completed by social services which indicated depression. The resident refused an anti-depressant at that time. The physician also ordered an anti-anxiety medication of which the resident was agreeable to administration. A daily review of the resident's pain flow sheet is being conducted by the DNS to ensure that the resident's perceived level of pain is being</p>	08/14/2013	

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	<p>indicated Resident #20 had a BIMS (Brief Interview for Mental Status) assessment as a 14, indicating only slight cognitive impairment. The MDS further indicated Resident #20 had pain frequently which interfered with day - to - day activities.</p> <p>Resident #20 had a care plan, dated 7/15/13 for Pain. The goals included the resident would state/demonstrate relief or reduction within one hour after receiving interventions and the resident would not experience a decline in overall function related to pain. Interventions included, but were not limited to, the following: "Monitor and report to the nurse signs and symptoms of pain/breakthrough pain, worsening of pain... Report changes in pain location/type/frequency/intensity to the physician Provide comfort measures... Administer, and monitor for effectiveness and for possible side effects from PRN (as needed) pain medication Notify the resident's physician if they do not state/demonstrate relief or reduction of pain after one hour of receiving first intervention."  Resident #20 had the following order for as needed pain medication:</p>		<p>addressed and is at an acceptable level. <b>How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective actions will be taken?</b> Other residents that have the potential to be affected have been identified by: A review of all Comprehensive Care residents pain flow sheets and acceptable pain levels were completed by the DNS. No other residents were found to be affected by the alleged deficient practice. <b>What measures will be put into place or what systemic changes will be madeto ensure that the deficient practice does not recur?</b> The measures or systematic changes that have been put into place to ensure that the alleged deficient practice does not recur include:Nursing staff were in-serviced by the DNS on effective pain relief, pain flowsheet charting, acceptable pain levels, medication dosage based on pain intensity and documentation to justify administered dosage. Audits will be conducted by the DNS or designee Monday through Friday of all Comprehensive Care residents pain flow sheets for The review will be conducted daily Monday through Friday daily X3 weeks, then X3 weekly for X3 weeks and then X1weekly X3 weeks then X1 monthly on-going X1 year. <b>How will the</b></p>		

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	<p>Percocet 5/325 mg (milligram) 1 (one) tablet po (orally) q (every) 4 hours prn (as needed) for mild pain, dated 7/13/13 and Percocet 5/325/mg 2 (two) tablets po q 4 hours prn for severe pain, dated 7/13/13.</p> <p>Review of the Medication Administration Record (MAR) indicated Resident #20 had received Percocet 5/325 mg tablet 1 po on 7/14/13 and two different times on 7/17/13. Documented pain levels on the "Pain Flowsheet" indicated the intensity levels to be a 7 - 8 out of 10, with 10 being the most severe. Even though the pain relief ratings documented the 1 hour intensity levels were a "1" or "2," the resident indicated she did not receive relief of her pain. The Pain Flowsheet also indicated when Percocet 5/325 mg 2 tablets were given, the 1 hour intensity levels were a "0" - "2."</p> <p>On 7/24/13 at 2:03 p.m., Resident #20 was observed to be sitting in a reclining chair in her room. Resident #20 indicated her left shoulder and back hurt all the time. The resident indicated she either did not receive her pain medication or the medication was not strong enough.</p> <p>On 7/24/13 at 2:15 p.m., LPN #2 was</p>		<p><b>corrective action be monitored to ensure the alleged deficient practice will not recur, ie, what quality assurance program will be put into place?</b> The corrective action taken to monitor performance to assure compliance through quality assurance is: The results of all audits and corrective actions as appropriate will be reviewed in quarterly Quality Assurance Committee Meetings for review and recommendations.</p>	

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	<p>interviewed regarding Resident #20's complaints of pain and use of pain medication. LPN #2 indicated it was too soon for Resident #29 to have any pain medication. LPN #2 indicated the pain medication was not relieving the resident's pain. LPN #2 indicated Resident #20 had informed her earlier in the morning the pain medication was not relieving her pain. She indicated she was going to call the doctor that day to inform him about the pain medication not giving the resident relief.</p> <p>On 7/25/13 at 10:45 a.m., Resident #20 was observed to be sitting in her high back wheelchair in her room. The resident indicated she "hurt all over." The resident indicated she had received her pain medication but it had not relieved her pain.</p> <p>On 7/25/13 at 10:45 a.m., LPN #3 indicated Resident #20's physician had been notified yesterday but the facility had not received a call back from him regarding pain medication for the resident. LPN #3 indicated the resident's physician was supposed to see the resident either that day or the next.</p> <p>On 7/26/13 at 9:57 a.m., LPN #2 was interviewed regarding Resident #20's</p>				

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	<p>pain control. LPN #2 indicated the resident's pain had not been controlled for quite some time.</p> <p>A "Pain Evaluation" form, dated 7/15/13, indicated Resident #20's acceptable pain level to be a "2." The form indicated, for 2 separate locations (the left hip area and the sternal area), the resident had a pain level of 6 out of 10. The pain level after 1 hour was 5 and after 3 hours was 6 out of 10. The form indicated the worse the pain got was an 8 and the best was a 4. Although scores did not indicate acceptable relief, further documentation on the back of the form indicated the pain medication was effective after 1 hour.</p> <p>A "Pain Evaluation" form, dated 7/26/13, indicated Resident #20 had generalized pain. The resident rated her pain as an "8" initially, after 1 hour as a "2", and after 3 hours as a "9." The form indicated the resident's pain was not effective with the Percocet.</p> <p>A policy for Pain Management, dated 2003 and provided by the DoN (Director of Nursing) on 7/30/13 at 10:15 a.m., indicated residents will be properly assessed for the presence of acute or chronic pain, and if pain is present, it will be managed treated</p>			

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	<p>and relieved. The policy further indicated "unrelieved pain has negative physical and psychological consequences including the potential for threatening functional ability."</p> <p>3.1-37(a)</p>			

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F000334 SS=D	<p>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p>			

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	<p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 5 residents reviewed for influenza vaccinations was given the vaccination during the flu season and failed to provide evidence for not providing the vaccination. (Resident #45)</p> <p>Finding includes:</p> <p>Resident #45's clinical record was reviewed on 7/29/13 at 1:25 p.m. Diagnoses included, but were not limited to, bronchopneumonia, chronic obstructive pulmonary</p>	F000334	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</b> It is the practice of Solarbron to ensure that all residents receive influenza and pneumococcal immunizations as desired or appropriate. The corrective action taken for those residents found to be affected by the deficient practice include: Resident #45 will not be administered the influenza vaccine at this time as it is not flu season. In October of 2013, the resident will be provided education on the flu vaccine and offered administration at that time</p>	08/14/2013			

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	<p>disease, hypertension, and congestive heart failure.</p> <p>The resident's immunization record indicated the following regarding the influenza vaccine: "not given for 2012 d/t [due to] on prophylactic ATB [antibiotic] during season."</p> <p>Interview with RN #1, on 7/29/13 at 2:00 p.m., indicated the flu shot had not been given due to the resident being on routine antibiotics for his lung disease and flu vaccine information indicated not to give if on an antibiotic.</p> <p>Further record review indicated a facsimile to the physician, dated 10/29/12, indicating the following: "[Resident's name] is on Zithromax [antibiotic] 250 mg [milligrams] po [by mouth] daily routine as prophylactic [preventative]. Is it OK for him to receive a flu vaccination?" The physician had responded, in writing, to the question, "yes."</p> <p>The Minimum Data Set Coordinator and Director of Nurses indicated, on 7/29/13 at 4:00 p.m., the resident had been sick in the fall and winter and they felt like that was why the vaccine was not given. The resident's record did indicate he was hospitalized</p>		<p>if not contraindicated or refused by resident and as ordered by the physician. <b>How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective actions will be taken?</b> All residents have the potential to be affected. Other residents that have the potential to be affected by the alleged deficient practice have been identified by: An audit was conducted by the DNS of all resident residing in the facility and have found no other residents to be affected by the alleged deficient practice. Nurses have been in-serviced by the DNS regarding providing education to residents regarding available immunizations and administration well as contraindication for administration of vaccines, vaccine documentation, consents &amp; physician notification and following physicians orders. <b>What measures will be put into place or what systemic changes will be madeto ensure that the deficient practice does not recur?</b> The measures or systematic changes that have been put into place to ensure that the alleged deficient practice does not recur include: The DNS or designee will audit all residents upon admission for immunization consents and past history of immunizations. The audits will be conducted on-going X1 year. During flu season – October 1</p>				

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	<p>November 6th through the 14th, but there was no further documentation of consideration of providing the influenza vaccination throughout the flu season.</p> <p>The Immunizations policy and procedure (no date) was provided by the Administrator on 7/22/13 at 10:15 a.m. The policy and procedure included, but was not limited to, the following: "Each resident will be offered the Flu vaccine annually." "The flu vaccine will be administered as available from pharmacy beginning in late fall months (October) and ending in the spring (March) when flu season is most active."</p> <p>3.1-13(a)</p>		<p>through March 31, the DNS or designee will audit all new residents and all long-term residents for immunization education, consents and vaccine administration. <b>How will the corrective action be monitored to ensure the alleged deficient practice will not recur, ie, what quality assurance program will be put into place?</b> The corrective action taken to monitor performance and assure compliance through quality assurance is: Audits, findings and corrective actions will be reviewed at quarterly Quality Assurance Committee Meetings X1 year for further review and recommendations.</p>		

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F000411 SS=D	<p><b>483.55(a)</b> ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 1 resident sampled for dental issues, in a sample of 1 who met the criteria, was promptly referred to an oral surgeon following a dental visit. (Resident #20)</p> <p>Findings include</p> <p>Resident #20 was interviewed on 7/23/13 at 11:40 a.m. During the interview, Resident #20 was observed to be rubbing her left cheek. Resident #20 indicated she had a broken tooth on the left bottom part of her mouth. Resident #20 indicated she had a dental appointment for later that day.</p> <p>The clinical record for Resident #20</p>	F000411	<p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</i></b> It is the practice of Solarbron to assure that all residents receive routine or emergency dental care. The corrective action taken for those residents found to be affected by the alleged deficient practice include: Upon admission, resident #20 had an order to see dentist of choice. Resident broke tooth while in the facility. Resident completed dental visit on 7/23/13 returning after office hours on 7/23/13. An oral surgeon appointment was scheduled on 7/25/13 for September 2013. Resident has been monitored for pain related to oral status with no decline noted. The facility Dietician monitors weekly for food</p>	08/14/2013

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	<p>was reviewed on 7/25/13 at 8:05 a.m. Resident #20 had diagnoses including, but not limited to, left hip fracture with an open reduction internal fixation, osteoarthritis, and general debility. There were no orders for any dental appointments.</p> <p>A Nurse's Note, dated 7/23/13 at 4:35 p.m., indicated the resident had returned from the dentist. The note indicated the dentist was able to soften/trim the edges of the tooth that was broken but was unable to repair further, and referred the resident to an oral surgeon if tooth continues to hurt or broke further.</p> <p>A Physician's Progress Notes, dated 7/23/13 at 2:10 p.m. and signed by the dentist, indicated the tooth was more broken and refer the resident to an oral surgeon. The Physician Progress Note was noted by LPN #4 on 7/23/13.</p> <p>Resident #20 was interviewed on 7/24/13 at 2:20 p.m. Resident #20 indicated the dentist had filed her tooth but it was still very sensitive. Resident #20 indicated she was unable to chew food on the left side of her mouth.</p> <p>LPN # 3 was interviewed on 7/25/13</p>		<p>intake and weight loss/gain. The resident's pain levels are being monitored by the DNS. <b>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken?</b> Other residents that have the potential to be affected have been identified by an audit completed by the DNS of all Comprehensive Care residents concerning oral status. No residents were identified with new oral concerns. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> The measures or systematic changes that have been put into place to ensure that the alleged deficient practice does not recur include: An in-service was conducted by the DNS with nursing staff concerning dental visits, scheduling timely dental consults, physician orders and documentation. Audits will be conducted on all Comprehensive Care residents monthly X1 year. An audit for oral status will be conducted on all newly admitted residents by the DNS or designee X1 year. <b>How will the corrective action be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place?</b> The corrective action taken to monitor</p>				

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	<p>at 9:45 a.m. LPN #3 indicated she was unaware Resident #20 had a referral order for an oral surgeon. LPN #3 indicated she would notify the oral surgeon for an appointment.</p> <p>A Nurses Note, dated 7/25/13 at 10:45 a.m., indicated an oral surgeon was called and a consultation was scheduled, two days after the dentist visit.</p> <p>3.1-24(b)</p>		<p>performance to assure compliance through quality assurance is that the Quality Assurance Committee will review the audits and findings quarterly for recommendations on-going X1 year.</p>		