

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155803	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/13/2013
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NAME OF PROVIDER OR SUPPLIER HAMILTON POINTE HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3800 ELI PLACE NEWBURGH, IN 47630
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F000000	<p>This visit was for the Investigation of Complaint IN00132215, Complaint IN00132935, Complaint IN00133642, and Complaint IN00133703.</p> <p>Complaint IN00132215 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00132935 - Substantiated, Federal/State deficiencies related to the allegations are cited at F353.</p> <p>Complaint IN00133642 - Substantiated, Federal/State deficiencies related to the allegations are cited at F323 and F514.</p> <p>Complaint IN00133703 - Substantiated, Federal/State deficiencies related to the allegations are cited at F309, F323, and F514.</p> <p>Survey dates: August 8, 9, and 13, 2013</p> <p>Facility number: 012966 Provider number: 155803 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN</p>	F000000	<p>This Plan of Correction is prepared and executed because it is required by the Provisions of State and Federal Regulations. The Village at Hamilton Pointe maintains that each deficiency does not jeopardize the health and safety of the residents, not is it of such a nature as to limit our capability to provide adequate care.</p>	
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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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	<p>Census bed type: SNF: 41 SNF/NF: 33 Residential: 51 Total: 125</p> <p>Census payor type: Medicare: 41 Medicaid: 16 Other: 68 Total: 125</p> <p>Sample: 14</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 16, 2013, by Jodi Meyer, RN</p>			

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F000309 SS=G	<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 provide necessary care and services following a fall with a head injury, in that the assessment was incomplete, resulting in hospitalization for seizures, for 1 of 5 residents sampled for post-fall assessments, in a sample of 14. Resident A</p> <p>Findings include:</p> <p>1. The clinical record of Resident A was reviewed on 8/8/13 at 11:50 A.M. The resident was admitted to the facility on 5/31/13 with diagnoses including, but not limited to, cerebrovascular disease and muscle weakness.</p> <p>A Minimum Data Set (MDS) assessment, dated 6/7/13, indicated Resident A had no memory impairment.</p> <p>Progress Notes, dated 6/13/13 at</p>	F000309	Unable to correct for resident A, it occurred in the past. All resident's records for the past 60 days will be reviewed by the Regional Nurse Consultant for complete documentation of post fall assessment. Licensed staff will be reeducated by the Director of Nursing regarding post fall assessment documentation. This reeducation will be completed by September 11, 2013. The Director of Nursing/Designee will audit post fall assessment documentation every shift for 7 days then 5 times per week for 2 weeks and weekly for 3 weeks. The results of these audits will be reviewed by the Quality Assurance Committee for a minimum of three (3) months and until the Quality Assurance Committee ascertains continuous compliance. If at any time a concern is identified, a Quality Assurance Committee meeting will be held to review concerns for further recommendations as needed. The members of the Quality Assurance Committee will consist of at a minimum the Administrator, the Director of	09/12/2013	

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	<p>11:32 P.M., indicated, "...Resident is alert. Oriented to person. Oriented to place...Speech is clear. Gait is steady...."</p> <p>An Occupational Therapy note, dated 6/14/13, indicated, "Rehab Potential:...Patient demonstrates excellent rehab potential as evidenced by high PLOF [previous level of function], recent onset, low number of comorbidities, good cognition...."</p> <p>A Speech Therapy note, dated 6/14/13, indicated, "...Patient continues with dysphagia [difficulty swallowing] and cognitive-linguistic deficits...Patient demonstrates excellent rehab potential as evidenced by high PLOF, attentive to tasks, and positive results from previous therapy...."</p> <p>Progress Notes, dated 6/14/13 at 7:30 P.M.: "Late Entry...Time of fall; location of fall; vital signs: 1930 [7:30 P.M.] room...Description of fall: on floor sitting verbalized walking across floor to doorway. Range of motion; mental status neurochecks if unwitnessed or hit head...alert and oriented neuro checks within normal limits for this resident small raised area on back of head...Immediate</p>		Nursing, the Assistant Director of Nursing and the Social Services Director with the Medical Director attending at least quarterly.				

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	<p>interventions: checked for injuries small raised area to back of head neuro checks done and ok assisted with 2 staff back to chair...."</p> <p>A "Neurochecks" document, dated 6/14/13 at 7:30 P.M., included: "...Most Recent Temperature 6/14/13, 13:35 [1:35 P.M.] Most Recent Pulse 6/14/13, 13:36 [1:36 P.M.] Most Recent Respiration 6/14/13, 13:36...Pupils round, Yes both pupils...Grip equal bilaterally? Yes... 1 hour... Most Recent Blood Pressure 118/60, Date: 6/14/13, 13:38 [1:38 P.M.]...." The last assessment signed, dated 6/14/13 at 11:30 P.M. indicated: "Most Recent Blood Pressure 120/60, 6/14/13 , 13:47 [1:47 P.M.] Most Recent Pulse, Date 6/14/13, 13:48 [1:48 P.M.]...." The Comments sections were left blank on all of the assessments.</p> <p>The electronic record indicated the neuro checks were signed as completed for the initial assessment and following 4 hours, but the documentation indicated the vital signs were not reassessed. The electronic documentation regarding hand grips and pupils was the same as in the initial neuro check</p>			
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	<p>assessment.</p> <p>Progress Notes continued:</p> <p>6/16/13 at 6:32 P.M.: "...Resident is alert...Speech is unclear. Has impaired balance while standing...."</p> <p>6/17/13 at 11:26 A.M.: "Resident having noted periods of slurred speech and stuttering at times this morning. Also noted to have some jerking movements with right upper extremity at times. Resident states that she had fell and hit her head and noticed yesterday her speech being slurred...Call placed to triage and notified of new symptoms...."</p> <p>The resident was transferred to the hospital on 6/17/13 at 12:20 P.M.</p> <p>A hospital history and physical, dated 6/19/13, included: "...came to the emergency room with a short episode, probably just a few seconds of slurred speech and right arm tremor...She then reported on Friday, four days ago, taking a fall at the nursing home hitting the back of her head against the ground. Since then she has had episodes where her speech is slurred and involved the motions of her right arm and she will grab her right arm with her left to try</p>			
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	<p>and control the movement...The patient is now admitted to the hospital for neurologic evaluation...."</p> <p>On 8/8/13 at 12:45 P.M., during interview with Resident A, she indicated, "I was here for therapy, and was just about ready to go home. I had my walker and tripped in the doorway and hit my head on this hard floor. I've been having seizures ever since." During the interview, Resident A was observed to start to have disjointed slurred speech every few minutes, would take a couple of deep breaths, and then have normal speech. Resident A indicated, "It's so frustrating. Therapy told me when my speech becomes slurred to just take a couple of breaths."</p> <p>On 8/9/13 at 8:15 A.M., during interview with the Administrator, Director of Nursing (DON), and nurse consultant, the nurse consultant indicated the neuro checks "should have been done."</p> <p>2. On 8/9/13 at 9:40 A.M., the Administrator provided the current facility policy on "Fall Evaluation Policy," revised 1/2012. The policy included: "...When you find a resident that has fallen...Conduct physical and mental evaluation...Note level of</p>			
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	<p>consciousness and perform neuro checks if head injury suspected or fall is unwitnessed...."</p> <p>On 8/9/13 at 2:15 P.M., the Director of Nursing provided a "Neuro Check Completion Checklist," undated. The checklist included: "...Neurochecks will include at a minimum: vital signs, change in LOC [level of consciousness], Mental Status change, PERLA [pupils equal reactive to light assessment], and hand grip strength." The Director of Nursing then conferred with her consultant, who then indicated neuro checks are to completed every hour x 4, then every 2 hours x 4, then every 4 hours x 5, and then every 8 hours x 5.</p> <p>This Federal tag relates to Complaint IN00133703.</p> <p>3.1-37(a)</p>			

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F000323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure a resident with a multiple fall history had supervision to prevent falls, in that alarms were used in place of supervision, resulting in a fall in which the resident obtained T1 and T4 thoracic fractures, for 1 of 5 residents sampled with falls, in a sample of 14. Resident B</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident B was reviewed on 8/8/13 at 3:30 P.M. The resident was admitted to the facility on 4/11/13 with diagnoses including, but not limited to, vascular dementia and fractured right hip.</p> <p>A Fall Risk Evaluation, dated 4/11/13, indicated the resident had intermittent confusion, had a history of 3 or more falls in the previous 3 months, was chairbound or needed assistance with elimination, and the resident's score</p>	F000323	<p>Unable to correct for resident B, it occurred in the past All current residents with falls will be reviewed by the IDT to ensure appropriate interventions are in place. Licensed staff will be reeducated by the Director of Nursing regarding appropriate interventions for falls. This reeducation will be completed by September 11, 2013. DON/Designee will review documentation and interventions foreach fall weekly times four (4) weeks and monthly times three (3) weeks until compliance is met. The results of these audits will be reviewed by the Quality Assurance Committee for a minimum of three (3) months and until the Quality Assurance Committee ascertains continuous compliance. If at any time a concern is identified, a Quality Assurance Committee meeting will be held to review concerns for further recommendations as needed. The members of the Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Assistant Director of Nursing and the Social Services Director with the Medical Director</p>	09/12/2013			

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	<p>was 18.0 (High).</p> <p>Progress Notes included the following notations:</p> <p>4/11/13 at 10:42 P.M.: "...Alert but confused. Lying across bed a lot. Alarms in place bed/chair/floor...Fracture to right hip...."</p> <p>4/13/13 at 12:10 A.M.: "Patient sitting on floor on buttocks. No injuries noted. See report." Fall # 1.</p> <p>Documentation of further information regarding the fall, including if an alarm was present and/or sounding, was not found in the clinical record.</p> <p>A Care Plan, dated 4/15/13, indicated: "Potential for falls related to: History of falls, confusion." The Interventions included: "Bed pad alarm, Chair pad alarm, 5/15/13 Dysom in wheelchair seat...5/9/13 Low bed with mat(s) on floor...5/11/13 Offer to assist resident to bed after dinner."</p> <p>A Minimum Data Set (MDS) assessment, dated 4/18/13, indicated the resident scored a 6 out of 15 for cognition, with 15 indicating no memory impairment. The MDS</p>		attending at least quarterly.		

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	<p>assessment indicated Resident A required extensive assistance of two + staff for bed mobility, transfer, and walking in the room and corridor. A test for balance indicated "Not steady, only able to stabilize with staff assistance." The MDS assessment indicated the resident had fallen in the 1 month prior to admission, and had sustained a fracture from a fall in the 6 months prior to admission.</p> <p>A Physical Therapy Progress Note, dated 5/1/13, indicated, "...Pt [patient] with significantly increased confusion and increased difficulty following directions over the past week with noted increase in agitation...Pt with decline in functional status...Precautions: R [right] hip precautions; fall risk...."</p> <p>Progress Notes continued:</p> <p>5/8/13 at 8:00 P.M.: "[Ambulance] transferred patient to [hospital] at this time.</p> <p>5/8/13 at 10:00 P.M.: "Attempted to call [physician] three times regarding patients [sic] fall...."</p> <p>5/9/13 at 1:21 A.M.: "Resident returned from [hospital]...stated that resident had Xray of right hip and hip</p>				

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	<p>is still in place. No new orders at this time...Fall mat and alarms in place and functioning. Neuro checks and fall follow up resumed at this time..."</p> <p>5/9/13 at 4:29 P.M.: "Post fall note, Vital Signs...Any blood noted/location: none noted...Resident can perform active range of motion with upper extremities and left lower extremities with no complaints of pain. Complaints of pain?: right hip, aching 4/10...." Fall # 2.</p> <p>Documentaion of a fall on 5/8 or 5/9 was not found in the clinical record.</p> <p>Progress Notes continued:</p> <p>5/11/13 at 7:04 P.M.: "Time of fall; location of fall; vital signs: Resident room @ 1855 [6:55 P.M.]...Description of fall: [left blank]...Pain to right hip/leg...Xray of right hip/pelvis ordered. Moved to bed. To be assisted to bed after dinner...." Fall # 3.</p> <p>Further documentation regarding the fall, including if alarms were on and/or sounding, was not found in the clinical record.</p> <p>5/13/13 at 2:44 P.M.: "IDT [interdisciplinary team]</p>			

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	<p>Note...Resident not to be left unattended when up in wheelchair in room. Resident to have rest periods during the day to prevent being so tired and to allow additional comfort for leg...."</p> <p>5/18/13 at 6:00 P.M.: "...Description of fall: Called to room by CNA who was alerted to residents [sic] room by alarm going off. Resident noted sitting upright on floor in front of wheelchair inside entrance of room. Resident states 'she was turning her wheelchair around and slid out of wheelchair.'...Resident assessed...no apparent injury noted...Resident assisted back into wheelchair per staff x 3 using gait belt and then to bed. Alarm reapplied and is functioning. Dysom applied to resident's wheelchair seat...." Fall # 4.</p> <p>5/20/13 at 1:27 P.M.: "Educated staff that resident is to be in view at all times while up in wheelchair. Note posted in room and placed on CNA flow sheet."</p> <p>6/15/13 at 12:49 A.M.: "On floor sitting had turned alarm off and said she was going to the bathroom did not use call bell no injuries." Fall # 5.</p> <p>6/24/13 at 7:00 P.M.: "...Resident</p>			

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	<p>lying on floor...Staff heard alarm sounding and noted resident lying on floor. Resident complain of [sic] chest pain...Informed resident to use call light when in need of assistance." Fall # 6.</p> <p>The resident was transferred to the hospital on 6/25/13 due to further complaints of chest pain.</p> <p>A hospital discharge summary, dated 6/28/13, included: "Final Diagnoses: 1. Status post fall 2. Mild T1 and T4 [back] compression fractures...Hospital Course: This is a 91-year-old female who sustained a fall at her nursing home for which she is receiving rehab after hip surgery...."</p> <p>On 8/9/13 at 8:15 A.M., during interview with the Director of Nursing (DON), she indicated she was not employed at the facility at the time of this resident's falls. She indicated she was unable to find additional documentaion regarding the falls.</p> <p>On 8/13/13 at 3:30 P.M., the corporate nurse provided incident reports related to the falls. She indicated the incident reports were not a part of the clinical record. The incident reports included the following information:</p>				

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	<p>"4/13/13 at 17:30 [5:30 P.M.], Revision Date: 4/29/13 at 15:44 [3:44 P.M.]...Patient was trying to transfer self..." The report did not indicate where the resident was located or if an alarm was on and/or sounding.</p> <p>"5/8/13 at 22:37 [10:37 P.M.], Revision Date: 5/13/13...Alarm going off. Found patient on floor on back. Had been trying to transfer self...Checked patient. Called [ambulance] and kept patient on floor due to recent hip relocation on 5/7/13...Complaining of back and right hip pain...."</p> <p>"6/15/13 at 00:40 [12:40 A.M.], Revision Date: 7/30/13...Sitting on floor no injuries resident had turned off her alarm, verbalized she was going to the bathroom...Confused at times...."</p> <p>Additional information regarding the fall on 6/24/13 was not provided by survey exit on 8/13/13 at 3:40 P.M.</p> <p>2. On 8/9/13 at 9:40 A.M., the Administrator provided the current facility policy on "Fall Evaluation Policy," revised 1/2012. The policy included: "Purpose: 1. To detect root cause of falls to extent possible and</p>			

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	<p>to identify supposrtive aides to prevent falls. 2. To identify high-risk residents and institute interventions to reduce falls and the consequences of falls. Policy: 1. A Fall Risk Evaluation will be completed on each resident: a. On Admission b. Quarterly c. When a Significant Change Occurs...2. Any resident scoring a '10' or above on the Fall Risk Evaluation will have a fall care plan developed by the Interdisciplinary Team...."</p> <p>On 8/13/13 at 11:40 A.M., the Director of Nursing indicated the facility did not have a further policy regarding fall prevention.</p> <p>This Federal tag relates to Complaint IN00133642 and Complaint IN00133703.</p> <p>3.1-45(a)(1)</p>			
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F000353 SS=E	<p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on interview and record review, the facility failed to provide a sufficient number of staff to care for residents, in that call lights were not answered timely and baths and showers were not always provided twice weekly, for 4 of 4 residents interviewed, in a sample of 14, 1 of 2 family members interviewed; and 2 of 3 staff members interviewed. Residents A, H, I, and J; Family # 1; CNA # 1, CNA # 2</p> <p>Findings include:</p>	F000353	Residents unknown unable to correct. All residents will be interviewed by the Director of Nursing, Unit Manager or Social Services department regarding call light response, medication administration and frequency of showers by September 11, 2013. All staff will receive reeducation regarding answering call lights. Licensed staff will be reeducated regarding appropriate shower times and timely medication administration. A full time Scheduling Coordinator was hired on July 30, 2013. The Director of Nursing/Designee will	09/12/2013			

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	<p>On 8/8/13 at 10:15 A.M., the Administrator provided a list of residents, indicating which were considered interviewable. Residents A, H, I, and J were highlighted as interviewable.</p> <p>On 8/8/13 at 11:00 A.M., during a confidential interview with Family # 1, she indicated her family had to give her family member showers because there was not enough staff to give him one.</p> <p>On 8/8/13 at 12:45 P.M., during interview with Resident A, she indicated it sometimes takes "awhile" for call lights to be answered. Resident A indicated, "They all are so good and they try real hard. They do the best they can. There's just not enough staff."</p> <p>On 8/9/13 at 9:00 A.M., during interview with Resident I, she indicated, "The staff is good to me, but there's just not enough." Resident I indicated she doesn't always receive her showers during the week. She indicated her meds were given late at times, "because they are so short-staffed." Resident I indicated she has to wait for her call light to be answered, sometimes 1/2 hour or</p>		<p>interview five (5) resident 5 times a week for four (4) weeks then five (5) residents three (3) times per week for three (3) weeks and weekly for two (2) weeks regarding timeliness of call light response, medication administration and frequency of showers. The results of these interviews will be reviewed by the Quality Assurance Committee for a minimum of three (3) months and until the Quality Assurance Committee ascertains continuous compliance. If at any time a concern is identified, a Quality Assurance Committee meeting will be held to review concerns for further recommendations as needed. The members of the Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Assistant Director of Nursing and the Social Services Director with the Medical Director attending at least quarterly.</p>				

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	<p>longer.</p> <p>On 8/9/13 at 9:10 A.M., during interview with Resident H, she indicated, "There's not enough help." She indicated she had to wait on her call light to be answered, and it "seems like forever sometimes."</p> <p>On 8/9/13 at 9:30 A.M., during interview with Resident J, she indicated she had to wait on her call light to be answered. She was unable to give a time on how long she had to wait, or if it was worse at certain times of the day. She indicated, "It's not their fault. There's not enough staff. When you have to go, you have to go."</p> <p>During confidential interview with Staff # 1, she indicated staff were currently in training, but due to the census, "they weren't allowed to have any more." She indicated when the census picked up, they would be given more staff.</p> <p>During confidential interview with Staff # 2, she indicated it was sometimes hard to get all of her work done, including showers.</p> <p>On 8/13/13 at 11:00 A.M., during interview with the Director of Nursing</p>						

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	<p>and the corporate nurse, the corporate nurse indicated they were trying to hire additional staff.</p> <p>This Federal tag relates to Complaint IN00132935.</p> <p>3.1-17(a)</p>			

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F000514 SS=D	<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 documentaion was timely and complete in regard to admission assessments and falls, for 3 of 7 residents reviewed for complete documentation, in a sample of 14. Residents F, D, and B</p> <p>Findings include:</p> <p>1. The clinical record of Resident F was reviewed on 8/9/13 at 1:45 P.M. The resident was admitted to the facility on 7/8/13 at 8:30 P.M.</p> <p>An electronic Admission Assessment included the following: "...07/08/2013, 20:30 [8:30 P.M.]...Weight: 259.2 7/9/13, 6:19...Blood Pressure:</p>	F000514	Unable to correct for Resident F, occurred in the past. All resident's records for the past 60 days will be reviewed by the Regional Nurse Consultant for complete documentation of admission assessments. Licensed staff will be reeducated by the Director of Nursing regarding admission assessment documentation. This reeducation will be completed by September 11, 2013. The Director of Nursing/Designee will audit admission assessment documentation every shift for 7 days then 5 times per week for 2 weeks and weekly for 3 weeks. The results of these audits will be reviewed by the Quality Assurance Committee for a minimum of three (3) months and until the Quality Assurance Committee ascertains continuous compliance. If at any time a concern is identified, a Quality	09/12/2013			

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	<p>149/75.0, 7/9/13, 04:22...Temperature: 97.9, 7/9/13, 04:22...Pulse: 60, 7/9/13, 04:22...."</p> <p>The first progress note in the resident's chart was dated 7/9/13 at 7:21 A.M., and indicated pharmacy was notified of the resident's medication, and was sending the medication STAT.</p> <p>On 8/9/13 at 11:00 A.M., during interview with the Director of Nursing (DON) and corporate nurse, the DON indicated the nurse admitting Resident F worked from 7:00 P.M. until 7:00 A.M., and she probably obtained the information regarding the resident when he was admitted at 8:30 P.M., but just didn't get it charted until 4:22 A.M. The corporate nurse indicated the staff doesn't need to add a progress note regarding the resident's admission, if the admission assessment is filled out. The DON indicated she realized the documentation made it look as if the resident was not assessed from 8:30 P.M. until 4:22 A.M. The corporate nurse indicated there was no specific facility policy regarding admission documentation protocol.</p> <p>2. The clinical record of Resident D was reviewed on 8/13/13 at 9:15 A.M.</p>		Assurance Committee meeting will be held to review concerns for further recommendations as needed. The members of the Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Assistant Director of Nursing and the Social Services Director with the Medical Director attending at least quarterly.		

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	<p>A Care Plan, dated 8/5/13, indicated: "The resident is High risk for falls r/t [related to] Unaware of safety needs, Confusion and history of falls." The Interventions included: "The resident uses chair/bed alarm. Ensure the device is in place and working as needed. Date Initiated: 11/15/12."</p> <p>Documentation indicated the resident returned from the hospital on 8/5/13 at 5:30 P.M.</p> <p>Progress Notes, dated 8/5/13 at 8:25 P.M., indicated, "...Found on mat in floor by bed wrapped up in comforter. Feet and lower legs on bed with torso on mat...Range of motion normal...Assisted back to bed per staff...."</p> <p>Documentation regarding if an alarm was on or sounding was not found in the clinical record.</p> <p>On 8/13/13 at 11:00 A.M., during interview with the Director of Nursing, she indicated the care plan did indicate a bed alarm was to be used. She indicated she did not know if the bed alarm was on or not, or if it sounded. She indicated she had no further documentation regarding that information.</p>			

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	<p>3. The closed clinical record of Resident B was reviewed on 8/8/13 at 3:30 P.M.</p> <p>Progress Notes included the following notations:</p> <p>4/13/13 at 12:10 A.M.: "Patient sitting on floor on buttocks. No injuries noted. See report."</p> <p>Documentation of further information regarding the fall, including if an alarm was present and/or sounding, was not found in the clinical record.</p> <p>Progress Notes continued:</p> <p>5/8/13 at 8:00 P.M.: "[Ambulance] transferred patient to [hospital] at this time.</p> <p>5/8/13 at 10:00 P.M.: "Attempted to call [physician] three times regarding patients [sic] fall...."</p> <p>5/9/13 at 1:21 A.M.: "Resident returned from [hospital]...stated that resident had Xray of right hip and hip is still in place. No new orders at this time...Fall mat and alarms in place and functioning. Neuro checks and fall follow up resumed at this time...."</p>			

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	<p>5/9/13 at 4:29 P.M.: "Post fall note, Vital Signs...Any blood noted/location: none noted...Resident can perform active range of motion with upper extremities and left lower extremities with no complaints of pain. Complaints of pain?: right hip, aching 4/10...."</p> <p>Documentaion of a fall on 5/8 or 5/9 was not found in the clinical record.</p> <p>Progress Notes continued:</p> <p>5/11/13 at 7:04 P.M.: "Time of fall; location of fall; vital signs: Resident room @ 1855 [6:55 P.M.]...Description of fall: [left blank]...Pain to right hip/leg...Xray of right hip/pelvis ordered. Moved to bed. To be assisted to bed after dinner...."</p> <p>Further documentation regarding the fall, including if alarms were on and/or sounding, was not found in the clinical record.</p> <p>6/24/13 at 7:00 P.M.: "...Resident lying on floor...Staff heard alarm sounding and noted resident lying on floor. Resident complain of [sic] chest pain...Informed resident to use call light when in need of assistance."</p>						

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	<p>On 8/9/13 at 8:15 A.M., during interview with the Director of Nursing (DON), she indicated she was not employed at the facility at the time of this resident's falls. She indicated she was unable to find additional documentaion regarding the falls.</p> <p>On 8/13/13 at 3:30 P.M., the corporate nurse provided incident reports related to the falls. She indicated the incident reports were not a part of the clinical record. The incident reports included the following information:</p> <p>"4/13/13 at 17:30 [5:30 P.M.], Revision Date: 4/29/13 at 15:44 [3:44 P.M.]...Patient was trying to transfer self..." The report did not indicate where the resident was located or if an alarm was on and/or sounding.</p> <p>"5/8/13 at 22:37 [10:37 P.M.], Revision Date: 5/13/13...Alarm going off. Found patient on floor on back. Had been trying to transfer self...Checked patient. Called [ambulance] and kept patient on floor due to recent hip relocation on 5/7/13...Complaining of back and right hip pain...."</p> <p>Additional information regarding the fall on 6/24/13 was not provided by</p>			

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	<p>survey exit on 8/13/13 at 3:40 P.M.</p> <p>This Federal tag relates to Complaint IN00133642 and Complaint IN00133703.</p> <p>3.1-50(a)(1) 3.1-50(a)(3)</p>				