STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155618		04/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR CARE HEALTH SERVICES SUMMER TRACE	12999 N PENNSYLVANIA ST CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000 Bldg. 00	This visit was for the Investigation of Complaints IN00171268 and IN00171567. Complaint IN00171268 - Substantiated. Federal/State deficiency related to the allegation is cited at F250. Complaint IN00171567 - Substantiated. Federal/State deficiencies related to the allegations are cited at F250, F309 and F323. Survey dates: April 16 & 17, 2015 Facility number: 001149 Provider number: 155618 AIM number: 200145500 Census Bed Type: SNF: 29 SNF/NF: 32 Residential: 81 Total: 142 Census Payor Type: Medicare: 9 Medicaid: 32 Other: 20 Total: 61	F 000	The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or is planning to take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Sample: 6 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1. Quality Review was completed by Tammy Alley RN on April 22, 2015.			
F 250 SS=D Bldg. 00	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. A. Based on record review and interview the facility failed to ensure medically related services, in that when a resident was admitted to the facility with veterans benefits and the necessity to attain home health services at the time of discharge, the social service director failed to contact the local office of veterans affairs to assist in the arrangements for 1 of 3 residents reviewed for home health services and coordination of care of in a sample of 6. (Resident "B"). B. Based on observation, record review and interview the facility failed to ensure a resident psychosocial well being, in that	F 250	It is the practice of this facility to comply with F250, Provision of Medically Related Social Service. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** (We are requesting an IDR for this part of this deficiency. The patient has not been discharged and therefore we didn't have the opportunity to coordinate all services, including VA benefits prior to this complaint survey) Resident B had not been discharged from our facility as of the date of this complaint survey. Resident B still resides in our facility and discharge planning	05/14/2015

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	when it was determined that after a readmission to the facility from a hospitalization due to a change in condition and then subsequently gained too much weight to operate her motorized scooter, the facility did not continually assess the resident for the use of her scooter, in order for the resident to participate independently in facility activities and preserve the resident's autonomy for self directed daily activities for 1 of 3 residents reviewed for ambulation needs and self directed activities in a sample of 6. (Resident "C"). Findings include: A1. The record for Resident "B" was reviewed on 04-16-15 at 11:30 a.m. Diagnoses included, but were not limited to, osteomyelitis, Charcot diabetic foot deformity, diabetes mellitus, hypertension and cellulitis. These diagnoses remained current at the time of the record review. The resident was admitted to a local area hospital for the deformity to his right foot which resulted in mid foot Charcot fracture/dislocation and required physician intervention with an external fixator.		has and will continue to include setting up all necessary services to ensure home health services and coordination of care prior to discharge from our facility. This will include coordination of benefits with the VA prior to discharge. Resident C's personal motorized scooter has a weight limit of 399.9 lbs. Resident C has been placed on "weekly weights" to monitor and assess her weight. When her weight drops below 400 lbs., the first time, she will be given a "Power-Mobility Indoor Driving Assessment" to ensure she can operate the scooter safely. If safe operation is deemed satisfactory, when resident C's weekly weight is below 400 lbs. she will be offered the use of her personal scooter to help ensure her psychosocial well-being. As of the date of this POC, resident C's current weekly weight is 407 lbs. The care plan has been updated to reflect this continuing assessment and the resident is aware and is participating in the continued monitoring of her weight. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** Any resident planning on discharging from our facility has the potential to be affected by this alleged finding. Any resident having a personal motorized scooter has the potential to be	

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	A review of the resident's Care Plan notations, dated 03-23-15, indicated the resident had "VA [Veterans Administration] benefits, in addition to Private Insurance." A review of the Social Service Progress Notes indicated the following: "03-23-15 - Discussed with pt. [patient] and [spouse] outside resources [Home Health, DME [Durable Medical Equipment], VA, and Medicaid] for discharge to community." "04-02-15 - SSD spoke with pt's [patient's] [spouse] concerning discharge plans, insurance coverage, Medicaid application and other resources. [Spouse] states that she is upset due [sic] feeling that she is not being supported with her husband's care... Reviewed with [spouse] that she or pt. would need to contact the VA office for assistance." During an interview on 04-16-15 at 1:10 p.m., the resident's spouse indicated she did not receive assistance from the facility Social Worker in arranging Home Health Services through the Veterans Administration. The family member indicated she had a background in Case Management for children, and needed "support and assistance" with attaining		affected by this alleged finding. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** The social service director will continue to provide discharge planning to include assisting with setting up all necessary services to ensure home health services and coordination of care, including contacting the VA if benefits are available. The social services director will utilize a discharge planning form to ensure no benefits are missed. Any resident having a personal motorized scooter will have a "Power-Mobility Indoor Driving Assessment " completed to ensure they are safe in operating the scooter. This assessment will include the maximum weight limit based on the individual scooter. When the resident operating the scooter comes within 5% of the weight limit for the scooter, the resident will be placed on weekly weights. If the resident stays under the maximum weight limit of the scooter, he/she will be offered the use of the scooter to help ensure the psychosocial well-being of the resident. The social services director or designee will provide, or arrange for, counselling services, and care plan accordingly, if the resident isn't able to utilize their personal motorized scooter. A review of the Social Service job	

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	and establishing contact with the Veterans Administration for her spouse. The resident's spouse indicated that when she spoke with the facility Social Worker about the Veterans benefits, she was told by the Social Worker, "I don't contact the VA." The spouse further stated the conversation occurred on 03-30-15. "It was an intense conversation with the Social Service Director. For families who have support - the families do the 'leg work.' Families who are capable the families do it. With Social Services there is poor communication. When she didn't want to help I felt communication was broken and I became disgruntled. I have children at home and work full time and she wasn't going to help me. Once she made that clear I did all the coordination with the VA myself. The VA will provide medical services and durable medical equipment. I didn't think it was fair for me to coordinate all of my husband's care. They just haven't been supportive. She told me 'That's not how we roll here.' She said 'your husband isn't brain dead - he can do things and you can be his support.'" During an interview on 04-17-15 at 1:00 p.m., the Social Service Director indicated she did not call the VA in regard to the coordination of care for the		description with the Social Service Director was held on 4/28/2015 An inservice was held on 4/22/2015 with the therapy department to initiate the Power W/C Evaluations. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?** The Administrator/Designee will review 100% of the discharges to ensure social services compliance for a period of 1 month and then periodically thereafter. The Administrative Director of Nurses or designee will review all completed "Power-Mobility Indoor Driving Assessment" and current weights for those residents that have a personal motorized scooter. Care plans will be adjusted to reflect any limits, including weights, to the safe operation of the motorized scooter. Results of the monitoring will be reviewed for patterns/trends monthly by Administrator/designee. Any non-compliance identified will be addressed with a Plan of Action to be reviewed weekly by the Administrator/designee until compliance is achieved. Quality Assessment and Assurance Committee will review for ongoing compliance and accept and/or make recommendations monthly ongoing.	

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	resident. "I've tried to do it before with other resident's and I was on 'hold' [on the telephone] forever and sometimes they wouldn't talk to me." When further interviewed if she attempted to communicate and coordinate the care for the resident, in order to make a determination of the VA benefits, the Social Service Director indicated, "No." During an interview on 04-17-15 at 2:40 p.m., the Admissions Director indicated when she met with the resident's spouse the "two things she wanted was communication and appropriate transition home." A review of the Social Service Job Description, on 04-17-15 at 11:00 a.m., indicated the following: "Job Summary - Responsible to provide medically related social work services so that each resident/patient may attain or maintain the highest practicable level of physical, mental and psychosocial well-being." "Social Worker Responsibilities - Communicates effectively with the interdisciplinary team, resident's patients, families and community agencies. Makes appropriate referrals to other consultants, community agencies, or			

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	Center departments in order to facilitate the resident's/patients maximum use of resources and to promote the resident's/patients increased level of social functioning. Provides assistance with the resident's/patients admission to assure a smooth transition: Contacts the new resident/patient and/or family as needed to ensure that needs are being met and that difficulties are being resolved." B1. The record for Resident "C" was reviewed on 04-16-15 at 11:55 a.m. Diagnoses included, but were not limited to, bipolar disorder, depressive disorder, anxiety, obesity, hypertension and episodic mood disorder. These diagnoses remained current at the time of the record review. A Behavior Assessment dated 12-18-14 indicated the resident "expressed sadness over loss of functional abilities." A review of the resident's MDS (Minimum Data Set) assessment dated 02-12-15, indicated the resident was alert, oriented and had no impairments related to range of motion or balance. A review of the resident's "Annual Resident Review for Mental Health," dated 02-17-15, indicated, "She is anxious as to losing enough weight to			

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	ride her scooter again...." The assessment further indicated "She has also gained additional weight since last year so as to preclude her from safely using her electric scooter." During an interview on 04-17-15 at 8:30 a.m., the resident indicated her motorized wheelchair had been "taken away from me because I gained a little weight. That was last fall. It's getting close to the weather getting warmer and I won't be able to go to the activities outside when I want to go. They have me in a big wide wheelchair, and the chair doesn't always fit through some of the doorways and because of my shoulders I can't move it independently. I want to go to the activities outside, special events in the big dining room downstairs and go to Raspberry Harry's [a small coffee shop]. I can't do anything by myself and have to wait for the staff to take me to activities. I can't go to the beauty shop because this wheelchair doesn't fit through the door and beautician comes up here to my room. I liked going down there and visiting with everyone else. It's really getting me down." When interviewed what the resident's current weight was, the resident indicated, "I think I'm a little over 400 lbs."			

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	During an observation on 04-17-15 at 8:50 a.m., the resident's scooter was located in the facility "soiled utility" room. A label on the steering column of the scooter indicated the weight for operational use needed to be less than 400 lbs. A review of the resident Progress Notes indicated the following: "08-21-14 Up to electric scooter with times two extensive asst. [assistance]. continues to complain of left shoulder and arm pain." "08-25-14 Patient prefers to use motorized wheelchair to move about and encouraged to change her position frequently when up in w/d [sic] [wheelchair]." "10-22-14 [Resident name] has a scooter of which she travels thru out the facility. She is non ambulatory." The record indicated the resident was transported to the local area hospital on 11-10-14 due to a change in mental status. A review of the resident's weight since the hospital return on 11-20-14 indicated			

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	the following: 12-17-14 393 lbs, 01-06-15 408 lbs, 01-30-15 400 lbs, 02-02-15 399.6 lbs, 03-04-15 402 lbs, 03-17-15 399 lbs, 04-02-15 398.5 lbs. During an interview on 04-17-15 at 10:00 a.m., the Director of Nurses indicated she was unaware the resident weight was below the threshold of 400 lbs, for four months and further indicated the resident was not given the opportunity for the use of her electric scooter. When further interviewed if an assessment had been completed since her readmission to the facility to determine if the resident could operate the scooter safely, and within the weight restriction the Rehabilitation Manager indicated, "No." 3. A review of the Social Service Job Description, on 04-17-15 at 11:00 a.m., indicated the following: "Job Summary - Responsible to provide medically related social work services so that each resident/patient may attain or maintain the highest practicable level of physical, mental and psychosocial well-being." "Social Worker Responsibilities -			

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	Identifies cognitive impairments, signs of mood problems and psychosocial needs and follows-up as needed. Communicates effectively with the interdisciplinary team, resident's patients, families and community agencies. Supports each resident/patient's right to self-determination; Documents resident/patient refusal of services offered; Informs resident/patient of any therapeutic alternatives to the refused service; Involves others, as appropriate, to help educate the resident/patient about the alternatives. Makes appropriate referrals to other consultants, community agencies, or Center departments in order to facilitate the resident's/patients maximum use of resources and to promote the resident's/patients increased level of social functioning. Provides assistance with the resident's/patients admission to assure a smooth transition: Contacts the new resident/patient and/or family as needed to ensure that needs are being met and that difficulties are being resolved." This Federal tag relates to the Investigation of Complaint IN00171268 and Complaint IN00171567. 3.1-34(a)(3) 3.1-34(a)(5) 3.1-34(a)(6)			

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F 309 SS=D Bldg. 00	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. Based on observation, record review and interview the facility failed to ensure the necessary care and services for a resident to maintain the highest psychosocial well-being, in that when it was determined a resident could not operate her motorized scooter, the facility did not continually assess the resident for the use of her scooter, in order for the resident to participate independently in facility activities for 1 of 3 residents reviewed for self directed activities in a sample of 6. (Resident "C"). Findings include: The record for Resident "C" was reviewed on 04-16-15 at 11:55 a.m. Diagnoses included, but were not limited to, bipolar disorder, depressive disorder, anxiety, obesity, hypertension and episodic mood disorder. These diagnoses remained current at the time of the record review.	F 309	It is the practice of this facility to comply with F309, Provide care and services for the highest well-being. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident C's personal motorized scooter has a weight limit of 399.9 lbs. Resident C has been placed on "weekly weights" to monitor and assess her weight. When her weight drops below 400 lbs., the first time, she will be given a "Power-Mobility Indoor Driving assessment" to ensure she can operate the scooter safely. If safe operation is deemed satisfactory, when resident C's weekly weight is below 400 lbs. she will be offered the use of her personal scooter to help ensure her psychosocial well-being. As of the date of this POC, resident C's current weekly weight is 407 lbs. The care plan has been updated to reflect this continuing assessment and the resident is aware and is participating in the continued monitoring of her	05/14/2015

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	A Behavior Assessment dated 12-18-14 indicated the resident "expressed sadness over loss of functional abilities." A review of the resident's MDS (Minimum Data Set) assessment dated 02-12-15, indicated the resident was alert, oriented and had no impairments related to range of motion or balance. A review of the resident's "Annual Resident Review for Mental Health," dated 02-17-15, indicated, "She is anxious as to losing enough weight to ride her scooter again...." The assessment further indicated "She has also gained additional weight since last year so as to preclude her from safely using her electric scooter." During an interview on 04-17-15 at 8:30 a.m., the resident indicated her motorized wheelchair had been "taken away from me because I gained a little weight. That was last fall. It's getting close to the weather getting warmer and I won't be able to go to the activities outside when I want to go. They have me in a big wide wheelchair, and the chair doesn't always fit through some of the doorways and because of my shoulders I can't move it independently. I can't do anything by myself and have to wait for the staff to take me to activities. I can't go to the		weight. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** Any resident having a personal motorized scooter has the potential to be affected by this alleged finding. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** Any resident having a personal motorized scooter will have a “Power-Mobility Indoor Driving Assessment” completed to ensure they are safe in operating the scooter. This assessment will include the maximum weight limit based on the individual scooter. When the resident operating the scooter comes within 5% of the weight limit for the scooter, the resident will be placed on weekly weights. If the resident stays under the maximum weight limit of the scooter, he/she will be offered the use of the scooter to help ensure the psychosocial well-being of the resident. The social services director or designee will provide, or arrange for, counselling services, and care plan accordingly, if the resident isn’t able to utilize their personal motorized scooter. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur,**	

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	beauty shop because this wheelchair doesn't fit through the door and beautician comes up here to my room. I liked going down there and visiting with everyone else. I want to go to the activities outside, special events in the big dining room downstairs and go to Raspberry Harry's [a small coffee shop]. It's really getting me down." When interviewed what the resident's current weight was, the resident indicated, "I think I'm a little over 400 lbs." During an observation on 04-17-15 at 8:50 a.m., the resident's scooter was located in the facility "soiled utility" room. A label on the steering column of the scooter indicated the weight for operational use needed to be less than 400 lbs. A review of the resident Progress Notes indicated the following: "08-21-14 Up to electric scooter with times two extensive asst. [assistance]. continues to complain of left shoulder and arm pain." "08-25-14 Patient prefers to use motorized wheelchair to move about and encouraged to change her position		**i.e., what quality assurance program will be put in place?** The Administrative Director of Nurses or designee will review all completed "Power-Mobility Indoor Driving Assessment" and current weights for those residents that have a personal motorized scooter. Care plans will be adjusted to reflect any limits, including weights, to the safe operation of the motorized scooter. ADNS will review all scooter safety assessments as they are completed. Results of the monitoring will be reviewed for patterns/trends monthly by Administrator/designee. Any non-compliance identified will be addressed with a Plan of Action to be reviewed weekly by the Administrator/designee until compliance is achieved. Quality Assessment and Assurance Committee will review for ongoing compliance and accept and/or make recommendations monthly ongoing.	

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	frequently when up in w/d [sic] [wheelchair]." "10-22-14 [Resident name] has a scooter of which she travels thru out the facility. She is non ambulatory." The record indicated the resident was transported to the local area hospital on 11-10-14 due to a change in mental status. A review of the resident's weight since the hospital return on 11-20-14 indicated the following: 12-17-14 393 lbs, 01-06-15 408 lbs, 01-30-15 400 lbs, 02-02-15 399.6 lbs, 03-04-15 402 lbs, 03-17-15 399 lbs, 04-02-15 398.5 lbs. During an interview on 04-17-15 at 10:00 a.m., the Director of Nurses indicated she was unaware the resident weight was below the threshold of 400 lbs, for four months and further indicated the resident was not given the opportunity for the use of her electric scooter. When further interviewed if an assessment had been completed since her readmission to the facility to determine if the resident could operate the scooter safely, and within the weight restriction the Rehabilitation Manager indicated,			

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F 323 SS=D Bldg. 00	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. Based on record review and interview the facility failed to ensure the assessment of resident's who had the use of motorized scooters, in that when resident's had the use of motorized scooters and had underlying conditions which could pose a risk to themselves and others, the facility failed to assess the resident's ability for continued safe operation of the scooter for 2 of 3 resident's reviewed for safety in a sample of 6. (Resident's "D" and "C"). Findings include: 1. The record for Resident "D" was reviewed on 04-16-15 at 3:00 p.m. Diagnoses included, but were not limited to macular degeneration, bilateral above the knee amputation, glaucoma and was determined as legally blind.	F 323	It is the practice of this facility to comply with F323, Free of accident hazards/supervision/devices. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident C's personal motorized scooter has a weight limit of 399.9 lbs. Resident C has been placed on "weekly weights" to monitor and assess her weight. When her weight drops below 400 lbs., the first time, she will be given a "Power-Mobility Indoor Driving Assessment" to ensure she can operate the scooter safely. If safe operation is deemed satisfactory, when resident C's weekly weight is below 400 lbs. she will be offered the use of her personal scooter to help ensure her psychosocial well-being. As of the date of this	05/14/2015

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	During an observation on 04-16-15 at 9:30 a.m., the resident was seated in a motorized scooter. A review of the resident's MDS (Minimum Data Set) assessment, dated 02-20-15 indicated the resident had severe impairment related to vision, and impairment to both lower extremities. A review of the resident's plan of care indicated the resident had "impaired vision as related to glaucoma - blindness." A Hospice notation, dated 04-07-15, indicated "increased weakness as evidenced by occasional incontinence of bowel and bladder, sliding board to transfers, motorized wheelchair for mobility, legally blind due to macular degeneration and needs redirection with steering wheelchair at times." The record lacked periodic assessments of the resident's ability for safety and risks when operating the motorized scooter. 2. The record for Resident "C" was reviewed on 04-16-15 at 11:55 a.m. Diagnoses included, but were not limited to, bipolar disorder, depressive disorder,		POC, resident C's current weekly weight is 407 lbs. The care plan has been updated to reflect this continuing assessment and the resident is aware and is participating in the continued monitoring of her weight for her ability to utilize her scooter. Resident D had a "Power-Mobility Indoor Driving Assessment" completed on April 27, 2015. He scored 100% and has no limitations on the safe operation of the motorized scooter. Care plan revisions were made as necessary. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?** Any resident having a personal motorized scooter has the potential to be affected by this alleged finding. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** Any resident having a personal motorized scooter will have a "Power-Mobility Indoor Driving Assessment" completed initially and upon a significant change, to ensure they are safe in operating the scooter. This assessment will include the maximum weight limit based on the individual scooter. When the resident operating the scooter comes within 5% of the weight limit for the scooter, the resident	

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	anxiety, obesity, hypertension and episodic mood disorder. These diagnoses remained current at the time of the record review. A Behavior Assessment dated 12-18-14 indicated the resident "expressed sadness over loss of functional abilities." A review of the resident's MDS dated 02-12-15, indicated the resident was alert and oriented and had no impairments related to range of motion or balance. During an interview on 04-17-15 at 8:30 a.m., the resident indicated her motorized wheelchair had been "taken away from me because I gained a little weight." During an interview on 04-17-15 at 9:00 a.m., the Rehabilitation Manager indicated the resident had a change in mental status "last fall" and "when she returned to the facility she couldn't manage the scooter." When further interviewed if an assessment had been completed since her readmission to the facility to determine if the resident could operate the scooter safely, the Rehabilitation Manager indicated, "No the therapy department does not do evaluations on resident safety with motorized wheelchairs."		will be placed on weekly weights. If the resident stays under the maximum weight limit of the scooter, he/she will be offered the use of the scooter to help ensure the psychosocial well-being of the resident. The social services director or designee will provide, or arrange for, counselling services, and care plan accordingly, if the resident isn't able to utilize their personal motorized scooter. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?** The Administrative Director of Nurses or designee will review all completed "Power-Mobility Indoor Driving Assessment" and current weights for those residents that have a personal motorized scooter. Care plans will be adjusted to reflect any limits, including weights, to the safe operation of the motorized scooter. ADNS will review all Power-Mobility Indoor Driving Assessments as they are completed. Results of the monitoring will be reviewed for patterns/trends monthly by Administrator/designee. Any non-compliance identified will be addressed with a Plan of Action to be reviewed weekly by the Administrator/designee until compliance is achieved. Quality Assessment and Assurance Committee will review for ongoing	

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