

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155799	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/04/2013
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NAME OF PROVIDER OR SUPPLIER MARION REHABILITATION AND ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 614 WEST 14TH STREET MARION, IN 46953
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F000000	<p>This visit was for the Investigation of Complaint IN00138654.</p> <p>This visit was in conjunction with the Annual Recertification and State Licensure Survey.</p> <p>Complaint IN00138654 - Substantiated. Federal/State deficiencies related to the allegations are cited at F242, F246, F279, F280, F282, F312, and F325.</p> <p>Survey dates: October 28, 29, 30, 31 and November 1, and 4, 2013.</p> <p>Facility number: 012809 Provider number: 155799 AIM number: 201136580</p> <p>Survey Team: Shelley Reed, RN, TC Ginger McNamee RN Maria Pantaleo, RN</p> <p>Census bed type: SNF: 34 SNF/NF: 4 Residential: 30 Total: 68</p> <p>Census payor type: Medicare: 23</p>	F000000	<p>This Plan of Correction is prepared and executed because the provision of State and Federal law require it and not because Marion Rehabilitation & Assisted Living Center agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not jeopardize the health and safety of residents, nor are they of such character so as to limit our capability to render adequate care.</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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	<p>Medicaid: 3 Other: 42 Total: 68</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p>						

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F000242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on observation, record review and interview, the facility failed to observe residents' personal choices related to the number of showers they can receive a week for 2 of 27 residents interviewed and 1 of 3 residents' family interviewed. (Resident #'s J, I, H)</p> <p>Findings include:</p> <p>1. Resident #J was interviewed on 10/29/13 at 8:46 a.m., and indicated he was not asked how often he would like to have a shower. He indicated he was told he would receive a shower two times a week. He indicated he would prefer to have a shower three or four times a week. He indicated he took a shower daily at home.</p> <p>Resident #J's clinical record was reviewed on 10/31/13 at 1:30 p.m. The resident had a 9/11/13 Care Plan Problem indicating his preferences: "I</p>	F000242	Resident's J, H and I to be interviewed to update their ADL preferences. Facility to interview all residents for their preferences related to ADL's and update care plans to ensure all are met. Social Services or designee to interview all residents for their preferences related to ADL's and facility will update care plans accordingly. Nursing staff to be in-serviced on resident choices including but not limited to showers, going to bed and getting up in the morning. Facility management team will monitor preferences being met through facility QA Guardian Angel program 5x/week. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.	12/04/2013			

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	<p>would like a shower daily."</p> <p>The Activity Director was interviewed on 10/31/13 at 10:45 a.m., and he indicated he went over the resident's choices with the resident within 72 hours of admission. He indicated he would share the resident's responses with the interdisciplinary team and with therapy to plan care around the resident's choices.</p> <p>During an interview with the Director of Nursing on 10/31/13 at 2:05 p.m., she indicated the resident had some confusion on admission but it has improved and he no longer had any cognitive impairment. She provided the resident's "Resident Assist Card" indicating the resident's preferences for showers to be given on second shift on Wednesdays and Saturdays. She indicated she completed these cards. She indicated if a resident's preferences were anything other than two times a week the Activity Director was supposed to let her know. She indicated she was not aware of the the resident wanting more than two showers a week.</p> <p>2. During the first observation on 10/29/13 at 2:42 p.m., Resident (H) was in bed, hair appeared oily and unkempt. Resident (H) was in</p>				

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	<p>contact isolation related clostridium difficile. Resident (H) was not awake and family was at her bedside.</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile, hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The re-admission health care plan assessment, dated 10/13/13, indicated Resident (H) preferred to have a shower on an as needed basis. Resident (H)'s assist care card indicated a preference of a bath and</p>				

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	<p>was scheduled for Wednesdays and Saturdays on 1st shift.</p> <p>During review of the bath and shower sheets from 10/6/13-10/30/13, Resident (H) had received either a partial bed bath or daily bed bath from her readmission date of 10/6/13. Resident (H) resided in a private room with a private shower.</p> <p>During an interview on 10/29/13 at 2:42 p.m., a family member indicated Resident (H) had been in the facility approximately 3 or 4 weeks and her hair had not been washed. She had since provided the facility with dry shampoo. She indicated she would like for Resident (H) to have an actual shower and have her hair washed.</p> <p>During an interview on 10/30/13 at 1:06 p.m., CNA #16 indicated Resident (H) had received only bed baths because she was very stiff and yelled a lot. She indicated the facility did not have a shower chair or shower table for residents who were unable to use the shower seat in their bathroom. She indicated the only way for a resident to have his or her hair washed was in the shower under running water. She indicated the facility did not have a way to wash hair while residents were in bed.</p>				

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	<p>During an interview on 10/31/13 at 1:04 a.m., CNA #20 indicated Resident (H) needed a Hoyer lift for transfer and staff did not take her to the shower because she was unable to sit up.</p> <p>During an interview on 10/31/13 at 10:45 a.m., Activity Director #15 indicated residents were assessed within 72 hours of admission. He indicated residents were asked about preferences related to bathing choice. He indicated the information was then put on a care plan and updated as needed.</p> <p>During an interview on 11/1/13 at 1:35 p.m., the DoN indicated the facility did not have a shower chair and she was unaware the staff were not able to wash residents' hair unless they were under running water.</p> <p>3. During an interview with Resident # 1 on 10/28/13 at 9:58 a.m., she indicated she had no choice on times for waking, going to bed or shower schedule. She indicated she was told showers would be twice a week. Resident indicated she was awakened every day for breakfast at 7:00 a.m. and would prefer to get up</p>						

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	<p>at 8:00 a.m. every day.</p> <p>During a staff interview with CNA #16, on 10/31/13 at 9:30 a.m., she indicated residents had a choice for daily showers if they had requested them.</p> <p>During a staff interview with RN #10 on 10/31/13 at 9:57 a.m., she indicated the Activities Director asked resident preferences, which were then brought to the IDT (Interdisciplinary Team.)</p> <p>During a staff interview on 10/31/13 at 10:43 a.m., the Activities Director indicated within 72 hours of admission he would interview each resident regarding choices and preferences about bathing, waking and bed time. He indicated this information would then be written on the resident's care plan. The Activities Director also indicated the resident's preference would be the higher priority.</p> <p>During a record review on 10/31/13 at 11:15 a.m., Resident # I's care plan, dated 8/12/13, indicated no preferences for bathing, waking, or shower. Resident's admission MDS (Minimum Data Set) assessment, dated 8/16/13, indicated the resident</p>						

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	<p>was not weight bearing. The resident's BIMS (Brief Interview Mental Status) score indicated the resident was interviewable.</p> <p>This federal tag relates to Complaint IN00138654.</p> <p>3.1-3(u)(1)</p>			

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F000246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on observation, interview and record review, the facility failed to provide adaptive equipment in regards to receiving a bath or a shower for 1 of 3 residents reviewed in regards to making choices. (Resident H)</p> <p>Findings include:</p> <p>During the first observation on 10/29/13 at 2:42 p.m., Resident (H) was in bed, hair appeared oily and unkempt. Resident (H) was in contact isolation related clostridium difficile. Resident (H) was not awake and family was at her bedside.</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile, hypertension and anxiety.</p>	F000246	Resident H to be interviewed to update her ADL preference. Facility to interview all residents to update to ensure any needs for adaptive equipment are met. Social Services or designee to interview all residents related to any needs for adaptive equipment to receive a shower. Nursing staff to be in-serviced on resident preferences related to the usage of adaptive equipment. Social Services or designee to interview residents to ensure preferences are being met according to their care plan 2x/week for three weeks then 1x/week for three weeks then monthly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013	12/04/2013	

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	<p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The re-admission health care plan assessment, dated 10/13/13, indicated Resident (H) preferred to have a shower on an as needed basis. Resident (H)'s assist care card indicated a preference of a bath and was scheduled for Wednesdays and Saturdays on 1st shift.</p> <p>During review of the bath and shower sheets from 10/6/13-10/30/13, Resident (H) had received either a partial bed bath or daily bed bath from her readmission date of 10/6/13. Resident (H) resided in a private room with a private shower.</p> <p>During an interview on 10/29/13 at 2:42 p.m., a family member indicated</p>						

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	<p>Resident (H) had been in the facility approximately 3 or 4 weeks and her hair had not been washed. She had since provided the facility with dry shampoo. She indicated she would like for Resident (H) to have an actual shower and have her hair washed.</p> <p>During an interview on 10/30/13 at 1:06 p.m., CNA #16 indicated Resident (H) had received only bed baths because she was very stiff and yelled a lot. She indicated the facility did not have a shower chair or shower table for residents who were unable to use the shower seat in their bathroom. She indicated the only way for a resident to have his or her hair washed was in the shower under running water. She indicated the facility did not have a way to wash hair while residents were in bed.</p> <p>During an interview on 10/31/13 at 1:04 a.m., CNA #20 indicated Resident (H) needed a Hoyer lift for transfers and they did not take her to the shower because she was unable to sit up.</p> <p>During an interview on 11/1/13 at 1:35 p.m., the DoN indicated the facility did not have a shower chair and she was unaware the staff were not able to wash residents' hair</p>			

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	<p>unless they were under running water.</p> <p>This federal tag relates to Complaint IN00138654.</p> <p>3.1-3(v)(1)</p>				

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to ensure a comprehensive plan of care was developed in regards to the preference of bathing. These deficient practices impacted 1 of the 26 residents reviewed for care planning. (Resident H)</p> <p>Findings include:</p> <p>During the first observation on 10/29/13 at 2:42 p.m., Resident (H) was in bed, hair appeared oily and unkempt. Resident (H) was in</p>	F000279	Resident H's care plans will be updated to reflect ADL preferences. Facility to develop and update all residents care plans related to preferences. DON or designee to develop and update all residents care plans related to preferences. Nursing staff to be in-serviced on facility policy related to care plan initiation and development. DON or designee to audit ADL preference care plans monthly x3 then quarterly thereafter. Interdisciplinary team to audit ADL preferences. The audits will be reviewed and monitored through QA monthly.5. To be	12/04/2013	

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	<p>contact isolation related clostridium difficile. Resident (H) was not awake and family was at her bedside.</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile, hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The re-admission health care plan assessment, dated 10/13/13, indicated Resident (H) preferred to have a shower on an as needed basis. Resident (H)'s assist care card indicated a preference of a bath and</p>		completed by December 4, 2013.		

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(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	
	<p>was scheduled for Wednesdays and Saturdays on 1st shift.</p> <p>During review of the bath and shower sheets from 10/6/13-10/30/13, Resident (H) had received either a partial bed bath or daily bed bath from her readmission date of 10/6/13. Resident (H) resided in a private room with a private shower.</p> <p>During an interview on 10/29/13 at 2:42 p.m., a family member indicated Resident (H) had been in the facility approximately 3 or 4 weeks and her hair had not been washed. She had since provided the facility with dry shampoo. She indicated she would like for Resident (H) to have an actual shower and have her hair washed.</p> <p>During an interview on 10/30/13 at 1:06 p.m., CNA #16 indicated Resident (H) had received only bed baths because she was very stiff and yelled a lot. She indicated the facility did not have a shower chair or shower table for residents who were unable to use the shower seat in their bathroom. She indicated the only way for a resident to have his or her hair washed was in the shower under running water. She indicated the facility did not have a way to wash hair while residents were in bed.</p>				

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	<p>During an interview on 10/31/13 at 1:04 a.m., CNA #20 indicated Resident (H) needed a Hoyer lift for transfers and they did not take her to the shower because she was unable to sit up.</p> <p>During an interview on 11/1/13 at 1:35 p.m., the DoN indicated the facility did not have a shower chair and she was unaware the staff were not able to wash residents' hair unless they were under running water.</p> <p>This federal tag relates to Complaint IN00138654.</p> <p>3.1-35(b)(1)</p>				

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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to provide a resident with the proper oral fluid replacement in accordance with their plan of care for 1 of 26 residents reviewed for care planning. (Resident H)</p> <p>Findings include:</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus,</p>	F000280	The facility cannot correct the alleged deficiency due to Resident H's oral fluid replacement order occurring in the past. Facility to audit all guests for oral fluid replacement orders. DON or designee to audit all guests for oral fluid replacement orders. Nursing staff to be in-serviced regarding care plans and physician orders. DON or designee to audit all guests for oral fluid replacement orders weekly x4 then monthly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.	12/04/2013			

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	<p>debility, clostridium difficile, hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The health care plan assessment, dated 10/6/13, indicated Resident (H) had a problem with potential weight loss related to a positive clostridium difficile culture with watery diarrhea and loss of appetite. Interventions for the problem included, but were not limited to, provide clear liquid diet as needed, frequent oral intake and administer antibiotics, anti-pyretics and anti-emetics as ordered.</p> <p>During review of the Medication Administration Record (MAR) for the month of October, Pedialyte (oral electrolyte solution) 240 mL by gastrostomy tube to be given three</p>				

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	<p>times daily was ordered. The MAR indicated Resident (H) did not receive 13 doses Pedialyte. The Pedialyte was not given on 10/16, 10/17 x 2, 10/18 x 3, 10/19 x 3 10/22 x 2, 10/23 and 10/26 related to medication availability issues.</p> <p>During an interview on 11/1/13 at 1:35 p.m., the DoN indicated she was not in the building during the time the Pedialyte was not given. She indicated when she realized the resident had not received the Pedialyte, she went and picked some up. She indicated the facility had concerns with the contracted pharmacy supplying medication orders on time.</p> <p>This federal tag relates to Complaint IN00138654.</p> <p>3.1-35(d)(2)(B)</p>				

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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 the plan of care was followed as written related to obtaining daily weights for 14 days for 1 of 5 residents reviewed for unnecessary mediations. (Resident H)</p> <p>Findings include:</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile, hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive</p>	F000282	<p>The facility cannot correct the alleged deficiency due to Resident H's daily weights occurring in the past. Facility to audit all guests for daily and weekly weight orders. DON or designee to audit all guests for daily and weekly weight orders to ensure all are being followed. Nursing staff to be in-serviced regarding obtaining weights and following physician orders. DON or designee to audit daily weights 2x/week for three weeks then weekly x3 weeks then monthly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.</p>	12/04/2013			

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	<p>assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The health care plan assessment, dated 9/7/13 and updated 10/14/13, indicated Resident (H) had a problem with potential weight loss related to a positive clostridium difficile culture with watery diarrhea and loss of appetite. Interventions for the problem included, but were not limited to, monitor weights per protocol, provide clear liquid diet as needed, frequent oral intake and administer antibiotics, anti-pyretics and anti-emetics as ordered.</p> <p>During review of the Medication Administration Record (MAR) for the month of October, Pedialyte (oral electrolyte solution) 240 mL by gastrostomy tube to be given three times daily was ordered. The MAR indicated Resident (H) did not receive 13 doses of Pedialyte. The Pedialyte was not given on 10/16, 10/17 x 2, 10/18 x 3, 10/19 x 3 10/22 x 2, 10/23 and 10/26 related to medication availability issues.</p> <p>During review of the Treatment Administration Record (TAR) for the</p>			

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	<p>month of October, an order for daily weights starting on 10/18/13 for 14 days was received. During review of the daily weight record, no weights for 10/23, 10/24, 10/25, 10/26 or 10/27 were found.</p> <p>During an interview on 11/1/13 at 1:04 p.m., the DoN indicated no additional weights were found.</p> <p>This federal tag relates to Complaint IN00138654.</p> <p>3.1-35(g)(2)</p>			

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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident who was dependent on staff for grooming and personal hygiene received those services in regard hair care twice weekly for 1 of 3 residents reviewed for assistance with activities of daily living in a sample of 3. (Resident H)</p> <p>Findings include:</p> <p>During the first observation on 10/29/13 at 2:42 p.m., Resident (H) was in bed, hair appeared oily and unkempt. Resident (H) was in contact isolation related clostridium difficile. Resident (H) was not awake and family was at her bedside.</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile,</p>	F000312	Resident H's care plan will be updated and will have hair care twice weekly. Facility to audit all guests to ensure shower & grooming preferences are being followed. Nursing staff to be in-serviced on resident preferences related to showering and grooming. Facility will observe all guests to ensure hair care was completed. Facility management team will through QA Guardian Angel rounds 5x/week to ensure preferences are being met according to their care plan. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.	12/04/2013

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	<p>hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The re-admission health care plan assessment, dated 10/13/13, indicated Resident (H) preferred to have a shower on an as needed basis. Resident (H)'s assist care card indicated a preference of a bath and was scheduled for Wednesdays and Saturdays on 1st shift.</p> <p>During review of the bath and shower sheets from 10/6/13-10/30/13, Resident (H) had received either a partial bed bath or daily bed bath from her readmission date of 10/6/13. Resident (H) resided in a private room with a private shower.</p> <p>During an interview on 10/29/13 at</p>						

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	<p>2:42 p.m., a family member indicated Resident (H) had been in the facility approximately 3 or 4 weeks and her hair had not been washed. She had since provided the facility with dry shampoo. She indicated she would like for Resident (H) to have an actual shower and have her hair washed.</p> <p>During an interview on 10/30/13 at 1:06 p.m., CNA #16 indicated Resident (H) had received only bed baths because she was very stiff and yelled a lot. She indicated the facility did not have a shower chair or shower table for residents who were unable to use the shower seat in their bathroom. She indicated the only way for a resident to have his or her hair washed was in the shower under running water. She indicated the facility did not have a way to wash hair while residents were in bed.</p> <p>During an interview on 10/31/13 at 1:04 a.m., CNA #20 indicated Resident (H) needed a Hoyer lift for transfers and they did not take her to the shower because she was unable to sit up.</p> <p>During an interview on 11/1/13 at 1:35 p.m., the DoN indicated the facility did not have a shower chair and she was unaware the staff were</p>			

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	<p>not able to wash residents' hair unless they were under running water.</p> <p>This federal tag relates to Complaint IN00138654.</p> <p>3.1-38(a)(3)(B)</p>				

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F000325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on interview and record review, the facility failed to provide the necessary care and services to prevent a decline in nutritional status related to oral electrolyte hydration and daily weight monitoring for 1 of 5 residents reviewed for unnecessary medication use. (Resident H)</p> <p>Findings include:</p> <p>During the first observation on 10/29/13 at 2:42 p.m., Resident (H) was in contact isolation related clostridium difficile. Contact isolation was started on 10/7/13. Resident (H) was not awake and family was at her bedside.</p> <p>During the survey, Resident (H) was observed out of bed only on 11/1/13. She was seated in her recliner in her room.</p>	F000325	Resident H's care plan will be updated and facility cannot correct the alleged deficiency of oral electrolyte hydration due to the order being in the past. Facility to audit all guests for oral electrolyte hydration, daily weights and nutritional supplements to ensure all are being followed. Facility to audit all guests for oral electrolyte hydration, daily weights and nutritional supplements and make sure care plans/orders are being followed. Nursing staff to be in-serviced regarding following physician orders and care plans. DON or designee to audit all guests for oral electrolyte hydration and nutritional supplements weekly x4 then monthly thereafter. DON or designee to audit daily weights 2x/week for three weeks then 1x/week for three weeks then monthly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.	12/04/2013			

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	<p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile, hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The health care plan assessment, dated 9/7/13 and updated 10/14/13, indicated Resident (H) had a problem with potential weight loss related to a positive clostridium difficile culture with watery diarrhea and loss of appetite. Interventions for the problem included, but were not limited to, monitor weights per protocol, provide clear liquid diet as needed,</p>						

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	<p>frequent oral intake and administer antibiotics, anti-pyretics and anti-emetics as ordered.</p> <p>During review of the Medication Administration Record (MAR) for the month of October, Pedialyte (oral electrolyte solution) 240 mL by gasterostomy tube to be given three times daily was ordered. The MAR indicated Resident (H) did not receive 13 doses of Pedialyte. The Pedialyte was not given on 10/16, 10/17 x 2, 10/18 x 3, 10/19 x 3 10/22 x 2, 10/23 and 10/26 related to medication availability issues.</p> <p>During review of the Treatment Administration Record (TAR) for the month of October, an order for daily weights starting on 10/18/13 for 14 days was received. During review of the daily weight record, no weights for 10/23, 10/24, 10/25, 10/26 or 10/27 were found.</p> <p>The initial weight on 10/18/13 was 122.8 lbs and 120 lbs on 10/30/13.</p> <p>During an interview on 11/1/13 at 9:47 a.m., Physical Therapist #99 indicated Resident (H) currently received physical therapy, occupational therapy and speech therapy. She indicated approximately</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155799	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/04/2013
NAME OF PROVIDER OR SUPPLIER MARION REHABILITATION AND ASSISTED LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 614 WEST 14TH STREET MARION, IN 46953		
(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	
	<p>1 week ago, Resident (H) was doing very well but has since had a decline in health. She indicated she currently needs a lot of assistance.</p> <p>During an interview on 11/1/13 at 1:04 p.m., the DoN indicated no additional weights were found. The DoN also indicated she was not in the building during the time the Pedialyte was not given. She indicated when she realized the resident had not received the Pedialyte, she went and picked some up. She indicated the facility had concerns with the contracted pharmacy supplying medication orders on time.</p> <p>This federal tag relates to Complaint IN00138654.</p> <p>3.1-46(a)(1)</p>				