

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155379	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/30/2013
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ROCHESTER	STREET ADDRESS, CITY, STATE, ZIP CODE 827 W 13TH ST ROCHESTER, IN 46975
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F000000	<p>This visit was for the Recertification and State Licensure Survey.</p> <p>Survey Dates: May 22, 23, 24, 28, 29, and 30, 2013.</p> <p>Facility Number: 000325 Provider Number: 155379 AIM Number: 100274300</p> <p>Survey Team: Julie Wagoner, RN-TC Deb Kammeyer, RN Lora Swanson, RN (05/22, 05/23, 05/24, 05/28, 05/29/2013)</p> <p>Census Bed Type: SNF/NF: 94 Total: 94</p> <p>Census Payor Type: Medicare: 09 Medicaid: 66 Other: 19 Total: 94</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 5, 2013, by Brenda Meredith, R.N.</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, record review, and interviews, the facility failed to provide an ongoing activity program to meet the needs for 3 of 3 residents reviewed for activities. (Residents #132, 12 and 5)</p> <p>Finding includes:</p> <p>1. Resident #132 was observed for large portions of the daytime hours on 05/22/13 from 1:30 P.M. to 3:00 P.M., 05/23/13 from 8:30 A.M. to 11:00 A.M., 05/24/13 from 8:30 A.M. to 11:00 A.M. and 05/28/13 from 1:00 P.M. to 3:00 P.M., in her room with the lights dimmed or turned She was not observed to be watching television or involved in any type of activity while she was in her room.</p> <p>Resident #132, was observed, on 05/28/13 at 9:40 A.M., in her room in a recliner dressed. Resident #1332's husband was noted in her room visiting. Activity staff were observed</p>	F000248	<p>F 248 Activities Meet Interests/Needs of each resident</p> <p>1. What corrective action will be accomplished for those residents affected by the deficient practice: Resident # 132 was added to a one on one program twice weekly to offer additional selected preferences of activities while in her room, per her choice. The care plan was updated to include individualized interventions and one on one program. Resident # 5 as noted in 2567, had been receiving Hospice and has since passed away on 6.9.13. Resident # 12 was place on one on one program and to include small group activities for sensory stimulation related activities. The care plan was revised to include one on one programming and sensory group programs.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: All residents identified for being at risk for not attending activities were audited on 6.11.13. A 100% audit on all resident participation records to</p>	06/14/2013			

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	<p>getting ready for coffee time and devotionals activity in the main dining room.</p> <p>Resident #132 was observed on 05/28/13 at 10:00 A.M. in her room in bed lying on her side, her husband was not in her room</p> <p>Resident #132 was observed on 05/28/13 at 11:15 A.M. in her room, still in her bed but was noted to be awake.</p> <p>The clinical record for Resident #132 was reviewed on 05/28/13 at 2:00 P.M. Resident #132 was admitted to the facility on 04/20/13 from an acute care hospital for skilled care with diagnoses, including but not limited to, acute compression fx (fracture) of L1 (lowest lumbar) vertebrae. Chronic Obstructive Pulmonary Disease, Alzheimer's dementia, and chronic constipation.</p> <p>An Activity Evaluation, completed on 04/20/13, indicated the resident "likes to be by herself" and "husband will visit daily" and "quiet and passive." The evaluation also indicated keeping current with news was very important as were group activities. Engaging in favorite activities was documented as being</p>		<p>ensure activities are meeting the interests and physical, mental and psychosocial well being of each resident was completed. 1 record identified as deficient and activity program has been modified and care plan updated accordingly on 6.11.13.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Activity Director was inserviced on activity documentation related to resident interests, participation records including one on one documentation and care plans on 6.11.13. Activity Director or designee will audit participation logs and one on one logs to ensure interests are met 2 x weekly for 3 months then 1 x weekly for 3 month and adjust the programming and care plan as changes occur.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur: Activity Director or designee will audit logs 2 x weekly for 3 months then 1 x weekly for 3 month. All results will be submitted and reviewed at the Performance Improvement Meetings conducted monthly.</p> <p>5. What date the systemic changes will be completed: June 14, 2013</p>				

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	<p>somewhat important. The form also indicated the resident enjoyed watching tv in her room, movies, and husband visits</p> <p>Review of the current health care plan regarding activities, initiated on 04/20/13, indicated the resident preferred independent activities in her room and was visited by her husband daily. The Goal for the resident was to attend 1 activities a month. The interventions were for the resident to be encouraged to attend at least one activity per month and to provide the resident with a daily activity sheet (list of times and titles of planned facility activities).</p> <p>Review of the Activity documentation, on 05/29/13 at 1:15 P.M., indicated "Meet/Greet" was the only activity documented for Resident #132. Interview with the Activity Director on 05/29/13 at 1:18 P.M. indicated "Meet/Greet" was a brief conversation and greeting staff completed while they were dropping off daily activity calendar to each resident.</p> <p>The Administrator and Activity Director was interviewed, on 05/30/13 at 9:10 A.M. , and indicated an activity evaluation completed in February 2013, during a previous</p>			

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	<p>admission, had indicated the resident only desired one activity per month so this preference was utilized when initiating the current care plan. The Activity Director indicated she had reinterviewed Resident #132 on 05/29/13, and was planning to get the resident some crossword puzzles and word search books and had given her a book to read.</p> <p>2. Resident #5 was observed, for large portions of the day time hours on 05/22/13 from 1:30 P.M. to 3:00 P.M., 05/23/13 from 8:30 A.M. to 11:00 P.M., 05/24/13 from 8:30 A.M. to 11:00 A.M., 05/28/13 from 1:00 P.M. to 3:00 P.M. and 05/29/13 from 8:45 A.M. to 11:45 A.M. to spend most of the time, not spent eating in the dining room, in her room , sitting in her wheelchair.</p> <p>On 05/28/13 at 9:30 A.M. Resident #5 was noted to be in her wheelchair dressed , facing a chair and the wall. Activity staff were noted to be gathering residents for coffee and devotions activity in the main dining room.</p> <p>On 05/28/13 at 10:00 a.m., Resident #5 was still in her room in her wheelchair looking out of the window .</p>						

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	<p>The resident was observed, on 05/28/13 at 11:15 A.M., in her room in her</p> <p>The clinical record for Resident #5 was reviewed on 05/28/13 at 2:30 P.M. Resident #5 was admitted to the facility on 08/19/10, with diagnoses, including but not limited to, congestive heart failure, hypertension, gastroesophageal reflux disease, diabetes mellitus, hyperlipidemia, thyroid disorder and history of fractures.</p> <p>A recent hospice note, dated 05/21/13, indicated "(Resident #5's name) was pleased by visit but admitted she feels alone and bored. I encouraged her to look for joy each day and encouraged her to engage others...."</p> <p>A hospice note, dated 04/03/13, indicated: "...continues to enjoy visits because she is lonely...."</p> <p>A hospice note, dated 03/19/13, indicated: "(Resident 5's first name) expresses loneliness and boredom but she is resigned to her situation...."</p> <p>On 05/29/13 at 8:45 A.M., Resident #5 was observed at dining room table finishing her breakfast, intermittently</p>			

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	<p>moaning "oh oh oh my...." The resident would stop moaning and converse. She indicated she was not doing too bad and her breakfast was good. There was a newspaper underneath her breakfast plate.</p> <p>On 05/29/13 at 10:30 A.M., Resident #5 was observed in her room in her wheelchair facing her recliner with her eyes closed and he head down.</p> <p>The most recent Minimum Data Set (MDS) assessment completed for Resident #5, dated 02/23/13, indicated it was very important for the resident to have books, newspapers, and magazines to read, listen to music, keep up with the news, do her favorite activities, and go outside to get fresh air when the weather was good. She indicated it was somewhat important to do things with groups of people.</p> <p>The current health care plan regarding activities for Resident #5, review date of 05/15/13, indicated the resident had experienced a decline in activity involvement and needed cues and encouragement to attend activities, was soft spoken, and usually only spoke when spoken to. The goal was for the resident to participate in 3 - 5 activities weekly.</p>			

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	<p>The interventions were to provide a daily flyer, assist the resident to and from activities, give encouragement, make sure her glasses were on, introduce her to other peers, and likes to watch tv in room.</p> <p>Review of the activity participation record for May 2013 for Resident #5 indicated she had only participated in "Meet/Greet" on a daily basis, which was activity staff greeting residents while they were passing out daily activity calendar schedules. The resident also participated in Bingo on the evenings of 05/23/13 and 05/27/13. The resident was invited to activities on 05/22/13 at 2:00 P.M., and on 05/24/13 at 9:00 A.M., 10:45 A.M., 2:00 P.M. and at 2:45 P.M. but refused. She also refused an activity on 05/29/13 at 10:00 A.M. Although she had been given a daily schedule for events everyday, she was not documented as having been invited to any other activities.</p> <p>Interview with Administrator, on 05/30/13 at 9:00 A.M., indicated in December Resident#5 was interviewed regarding activities. At that time, Resident#5 indicated she participated in activities and the activities met her interests. She indicated she had to wait a long time</p>						

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	<p>for in room assistance supplies, batteries and books. So then Department heads were to follow up on 12/28/13, with her concern regarding having to wait a long time for supplies, batteries, books. When the Activity Director reinterviewed Resident#5 for more specific information regarding the issue, Resident #5 stated, "Things were fine and she doesn't wait on anything." The Administrator indicated a staff member assigned to be Resident #5's "Guardian Angel" met with her weekly and she indicated while Bingo was the only activity she participated in, the activities met her interests and needs.</p> <p>3. The clinical record of Resident #12 was reviewed on 5-28-13 at 2:02 p.m. The resident's diagnoses included but were not limited to: edema, congestive heart failure, Alzheimer's disease, depressive disorder, and hypertension.</p> <p>On 5-22-13 from 1:00-4:00 p.m. and on 5-23-13 from 9:30-11:30 a.m. and 1:00 p.m.- 3:30 p.m. the Resident #12 was not observed in any activities. During each time frame she was observed in bed or in a wheelchair in her room.</p>			

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	<p>During an interview on 5-23-13 at 11:32 a.m., the daughter indicated the staff did not take the resident to activities and wished they would involve the resident in more activities. She stated, "once in a while they take her to bible studies."</p> <p>On 5-28-13 at 2:45 p.m., the careplan for activities was reviewed and indicated the resident was nonverbal and had minimal response to activities related to late-stage dementia. The goal for the resident was to participate in 1:1 visits 2 times a week thru next review (7-13-13). The interventions included, but were not limited to: encourage family interactions, assist resident to/from activities which were stimulating (i.e. gospel/country music programs and church activities, and provide resident with 1:1 visits to increase socialization and stimulation.</p> <p>During an interview on 5-28-13 at 2:50 p.m., Activity Director #1 indicated the resident participated in meet/greet daily at 8:30 a.m. and attends exercise most weekdays at 10:45 a.m. The activity director further indicated that one on one (1:1) activities weren't being provided for the resident at this time and that she</p>						

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	<p>had no documentation regarding any 1:1 activity provided for resident. The Activity Director then provided an activity calendar for Resident # 12 that indicated when the resident participated in an activity and when she just watched the activity. According to the calendar the resident only participated on May 2nd at 2:00 p.m. at "Notables" and May 17th at 10:30 a.m. for "Piano Music." The Activity Director indicated the resident sometimes falls asleep during an activity that she is watching.</p> <p>On 5-28-13 at 3:00 p.m., the "General Activity Information" form, dated 2-5-13 and 4-30-13, indicated the resident would be on 1:1 program twice a week.</p> <p>3.1-33(a)</p>						

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F000272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on record review and interviews, the facility failed to ensure a decline in bladder continence was thoroughly assessed for 1 of 1 residents who met the criteria for</p>	F000272	<p>F 272 COMPREHENSIVE ASSESSMENTS</p> <p>1. What corrective action will be accomplished for those residents affected by the deficient practice:</p>	06/14/2013

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	<p>urinary incontinence reviewed in a total sample of 4. (Resident #126)</p> <p>Finding includes:</p> <p>1. The clinical record for resident #126 was reviewed on 5/29/13 at 10:30 A.M. Resident #126 was admitted to the facility on 11/30/12, from an acute care facility. The Minimum Data Set (MDS) assessment, completed on 12/07/12, indicated the resident was occasionally incontinent of her bladder. The Quarterly MDS assessment, completed on 02/27/13, indicated the resident had declined and was frequently incontinent of her bladder.</p> <p>An Initial Urinary Incontinence Assessment, completed on 11/30/12, indicated the resident was not incontinent of urine.</p> <p>An Initial Data Collection Tool/Nursing Service assessment, completed on 02/20/13, indicated the resident was occasionally incontinent of bladder but usually continent with 1 -2 person assistance and a toileting schedule.</p> <p>Another form, titled, "Assessment for bowel and bladder training form," completed on 11/30/12, indicated the</p>		<p>Resident #126 had discharged from the facility on 4.3.13 and was a closed record therefore corrective action inapplicable.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: 100% audit of all readmitted resident's Bladder Assessment forms within the last 30 days were completed with no concerns identified.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: DON or Designee will audit all readmission Bladder Assessments for 4 weeks then monthly for 5 months. DON was educated on auditing assessments and policy and procedure of bladder tracking/voiding pattern. Nursing was inserviced on June 14, 2013.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur: Audits will be monitored for 4 weeks then monthly for 5 months on all readmit residents. Results will be submitted and reviewed at the Performance Improvement meeting conducted monthly.</p> <p>5. What date the systemic</p>				

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	<p>resident was a good candidate for individual training.</p> <p>Another Assessment for bowel and bladder training form, completed on 02/22/13, indicated the resident was now a "poor candidate" for scheduling or retraining (of bladder). However, the back of the form indicated "resident notifies staff of need to toilet. Occasional incontinence of bladder."</p> <p>The initial care plan related to toileting needs, initiated on 12/12/12, indicated the resident was incontinent of her bladder related to decreased mobility. The interventions included to keep her skin clean and dry after incontinent episodes and to provide the assist of 1 for toileting needs. The plan did not address what the specific toileting needs were.</p> <p>The care plan was updated on 02/25/13, and indicated the resident was incontinent of both her bowels and bladder r/t (related to) stress incontinence, and was unable to identify the need for steps involved with toileting and weakness. The interventions were to clean and dry skin after incontinent episodes, provide the assistance of 2 staff for toileting needs, monitor the resident</p>		changes will be completed: June 14, 2013				

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	<p>for behaviors that may indicate the need to toilet, and apply a protective cream twice a day and as needed.</p> <p>Interview with MDS coordinator, on 05/29/13 at 3:19 P.M., indicated she could not find any documentation of a bladder tracking/voiding pattern done when the resident's bladder continency significantly declined. She indicated she thought the facility completed the tracking forms on admission of new residents and if anyone (resident) had a catheter removed. She indicated the nurses on the floor were responsible for completing the supplemental assessments. She indicated she thought Resident #126 was put on Hospice after she returned from a brief hospital stay in February.</p> <p>Interview on 05/30/13 at 8:45 A.M. with the DON and Administrator indicated the electronic tracking of voiding for Resident #126 indicated the resident was mostly continent of her bladder in January 2012, had some increasing incontinence in February, especially after a hospital stay in February. An assessment form to determine if the resident was a candidate for Bowel and Bladder Training was completed on 02/22/13 and the resident was totally</p>						

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	<p>incontinent of her bowels and bladder at the time. However, both the DON and Administrator indicated the assessment done did not include any assessment assessment of causative factors and types of incontinence, including patterning of incontinence. The DON also indicated nursing notes around the date of the assessments, also did not contain any specific assessment information regarding Resident #126's incontinence.</p> <p>There was no other form or assessment documentation to indicate the assessment of any causative factors related to the resident's bladder incontinence and any assessment of interventions to be implemented to restore as much normal bladder function and continency as possible.</p> <p>Review of the facility policy and procedure, undated, but indicated as current by the DON on 05/30/13, titled "Restoring Bladder Function" indicated the following: "1. Conduct a careful examination and review of the resident's history for factors that may contribute to either urinary incontinence or urinary retention. 2. Evaluate the resident at admission and whenever there is a change in</p>			

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	<p>cognition, physical ability, or urinary tract function. 3. Evaluate the resident for reversible conditions that may cause incontinence. 4. Perform a comprehensive assessment that addresses those factors that predispose the resident to the development of urinary incontinence and/or the use of an indwelling urinary catheter. A comprehensive assessment should include: a. The risks an benefits of an indwelling catheter; b. Identification of reversible and irreversible conditions that cause incontinence;5. The comprehensive assessment also should include a review of the RAI (Resident Assessment Instrument), the history and physical, and other information, such as physician orders, progress notes, nurses' notes, pharmacist reports, lab reports, and any flow sheets or forms the facility uses to document the resident's voiding history, including the assessment of the resident's overall condition, risk factors and information about the resident's continence status, rationale for using a catheter, environmental factors related to continence programs and the resident's response to catheter/continence services...."</p> <p>3.1-31(a)</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 record review and interviews, the facility failed to ensure the care plans regarding discharge plans were revised to reflect the resident's current status for 2 of 2 residents reviewed for discharge needs. (Residents #30 and #119)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #30 was reviewed on 05/24/13 at 1:10 P.M. Resident #30 was admitted to the facility from an acute care facility on 02/20/13. The resident had diagnoses, including but not limited to, status post drug allergy</p>	F000280	<p>F 280 RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>1. What corrective action will be accomplished for those residents affected by the deficient practice: Resident # 30 continued plan for short term stay and had been discharged from facility on 6.5.2013 with Social Service documentation related to discharge completed. Resident # 119's care plan has been updated to long term care placement.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action</p>	06/12/2013			

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	<p>requiring intubation, hyperlipidemia, diabetes mellitus, anemia, hypothyroidism, paralytic ileus, hypertension, congestive heart failure and circulatory disease.</p> <p>The resident's physician orders on admission, dated 02/20/13, included orders for physical and occupation therapy evaluations and treatments. On 02/25/13, the resident received an order for speech therapy to treat him for dysphagia issues. Review of the weekly rehabilitation meeting minutes, from February through May 2013, indicated the resident was a short stay rehabilitation resident who desired to go home.</p> <p>Review of the May 2013, physician orders indicated an order to discontinue physical therapy on 05/18/13. Interview on 05/24/13 at 1:32 P.M., with the COTA (certified occupational therapy assistant) Employee #5 indicated all therapies been discontinued for Resident #30.</p> <p>Review of the Discharge Summary for Occupational therapy, dated 5/17/13, indicated the resident was discharged from skilled services due to a "functional decline." The form indicated the resident and his family had been discussing long term care</p>		<p>will be taken:</p> <p>All short term stay residents have the potential of being affected. 100% audit completed of short term stay resident care plans completed on 6.12.13. All noncompliant issues were addressed at this time.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Inservice completed with Social Service Director on discharge planning on 6.11.13. Social Service Director/Designee will audit discharge care plans weekly for 4 weeks then monthly for 5 months.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur: Discharge care plan audit results will be submitted and reviewed during the Performance Improvement meeting conducted monthly.</p> <p>5. What date the systemic changes will be completed: June 12, 2013</p>				

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	<p>versus "home with assistance,"</p> <p>Review of the Discharge Summary for Physical therapy, dated 5/17/13, indicated the resident was discharged from therapy with "possible hospice."</p> <p>Interview with the Director of Nursing, on 05/24/13 at 1:20 P.M., indicated Resident #30 was to be a short term stay resident but there had been issues and she thought Social Services was working with the Veterans Administration to try and set up some other home health care options.</p> <p>Review of the Social Service notes, located on the paper chart for Resident #30, indicated a note, dated 02/28/13 which indicated "D/c (discharge) plans 'uncertain....'" Electronic social services notes were not assessable and the Social Service director indicated she had reviewed the electronic chart for Resident #30 and the only Social Service note documentation was the 04/10/13, portion of the MDS documentation for which social service is responsible to complete. The Social Service Director indicated she thought she had a note about discharge issues but could not find it on the paper or the hard chart.</p>			

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	<p>Review of the current health care plans for Resident #30, located on the paper chart which was maintained at the skilled nurses station, indicated there was no care plan located regarding discharge needs. The Care Plan meeting notes, completed on 4/29/13, indicated the plan for Resident #30 was for a Short term stay.</p> <p>Interview with the Social Service Director, on 05/24/13 at 2:00 P.M., indicated Resident #30 would like to go home but therapy did not go well and although he was certified for long term care, he still desired to go home. She indicated currently due to the resident's health needs and lack of independence, it was not feasible for him to go home. There was no documentation on the electronic or paper chart for Resident #30, on 05/24/13, regarding any of the issues with discharge needs.</p> <p>Interview, on 05/24/13 at 2:10 P.M., with the Rehab manager, Employee #6, regarding Resident #30 not being able to discharge at this time, indicated during the course of therapy, for an unknown reason, the resident had actually declined physically though still very motivated</p>						

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	<p>and attempting the therapy. She indicated Resident #30 had to be discharged from therapy services due to his inability to improve.</p> <p>On 05/24/13 at 2:45 P.M., the Social Service Director brought a care plan, for Discharge plans, initiated on 02/20/13. The plan, which had evidently been located in medical records, indicated the resident desired a short term stay and desired to go home after skilled care. The interventions included obtain a physicians order for discharge, inform family of resident wishes, and assist with discharge plans. There was no specific documentation or interventions regarding other discharge options or any revision to the plan.</p> <p>2. During an interview, on 05/28/13 at 8:40 A.M., Resident #119 indicated she now planned on staying at the facility long term because her kids had to work, she could not walk by herself, and there was no one to stay with her full time. She indicated before she came to the facility she had lived briefly with her son.</p> <p>The clinical record for Resident #119 was reviewed on 05/28/13 at 9:40</p>			

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	<p>A.M. Resident #119 was admitted on 02/17/13, with diagnoses, including but not limited to, paralysis agitans, hypertension, atrial fibrillation, and a history of fall. The resident received physical and occupational therapy from 02/17/13 through 04/02/13. She fell in her room on 04/25/13, and was reevaluated and received more physical therapy. She was discharge from physical therapy on 05/26/13. A therapy note, dated 04/29/13, indicated the resident had been discharged to the facility from skilled to a restorative plan.</p> <p>The Initial discharge planning form, dated 02/22/13, indicated Resident #119's anticipated length of stay was "Couple of weeks." The form indicated the resident had family "capable and willing" to provide post-discharge assistance. "Possible" was documented in regards to wether the resident would need post discharge assistance. "Resident lives with son" was also documented on the form.</p> <p>The current health careplans for Resident #119, included a plan, initiated on 02/22/13 indicating the resident was a short term stay discharge.</p>			

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	<p>Interview with the Administrator and the Social Service Alzheimer's Director , Employee # 7, on 05/28/13 at 11 :00 A.M. indicated there were no social service or nursing documentation regarding the change in the resident's discharge plans. A "Room Change Notification" form, completed on 04/02/13, was presented and indicated the resident's family had requested she be moved. Documented on the form for the reason was "resident and family request private room for long term care." The Social Service Director indicated the resident's daughter in law, who had previously provided 24 hour care and gotten a full time job while the resident was in the nursing home and would no longer be available to provide the at home care needed by Resident #119.</p> <p>3.1-35(e)</p>			

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F000431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review the facility failed to have an accurate system to reconcile a controlled liquid medication in 1 of 2</p>	F000431	<p>F 431 DRUG RECORDS, LABEL/STORE DRUGS AND BIOLOGICALS</p> <p>1. What corrective action will be</p>	06/17/2013			

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	<p>medication carts with a liquid controlled medication in a universe or 6 carts reviewed for reconciliation of a controlled drugs. (Resident #39)</p> <p>Finding includes:</p> <p>A record review with LPN #2 of the May 2013 "Narcotic Count Sheet" on 5-29-13 at 8:50 a.m. for Resident #39, indicated the bottle of ativan (controlled liquid medication) should have 27 milliliters (ml) of liquid left remaining in the bottle.</p> <p>On 5-29-13 at 8:52 a.m. an observation with LPN #2 indicated the bottle of liquid ativan had 22 ml. instead of the 27 ml. recorded on the narcotic count sheet.</p> <p>During an interview on 5-29-13 at 9:05 a.m., the DON confirmed the bottle of ativan had 22 ml of ativan in it.</p> <p>On 5-29-13 at 10:30 a.m. a review of the policy titled "Controlled Drugs" revised on 2/2013, indicated on line 4 "...The nurse signs off each dose of the controlled drug by documenting: "...e. Amount dispensed. F. Balance after subtracting amount dispensed...."</p>		<p>accomplished for those residents affected by the deficient practice: Resident #39 continues to have liquid narcotic as needed and medication discrepancy corrected immediately on 5.29.13.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: All residents with liquid narcotic medication have the potential of being affected. A 100% audit on all liquid narcotics completed on 6.13.13 with no medication count discrepancies.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Upon delivery of liquid narcotic medication from pharmacy, all liquid narcotic medication bottles will be inspected by Licensed Nursing Staff to determine specific amount of medication in bottles. Overfill of medication will be destroyed by 2 Licensed Nurses upon review of medications to ensure medication begins at graduated markers and may result in wasting manufacturer's medication. DON/Designee will audit liquid narcotic count 5 times weekly for 4 weeks, then weekly for 4 weeks, then monthly for 4 months. Inservices for Licensed Nursing staff completed on June 17, 2013.</p>				

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	3.1-25(e)(3)		<p>Consultant Pharmacist will review drug storage and labeling monthly for 6 months.</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur: Audits will be monitored 5 times weekly for 4 weeks then weekly for 4 weeks, then monthly for 4 months on liquid narcotics and pharmacy summaries including evaluation of drug storage and labeling conducted monthly for 6 months. Results will be submitted and reviewed at the Performance Improvement meeting conducted monthly.</p> <p>5. What date the systemic changes will be completed: June 17, 2013</p>		