

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155148	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/21/2014
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NAME OF PROVIDER OR SUPPLIER NORTH PARK NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DR EVANSVILLE, IN 47710
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F000000	<p>This visit was for the Investigation of Complaint IN00152609, Complaint IN00153503, and Complaint IN00154157.</p> <p>Complaint IN00152609 - Substantiated, Federal/State deficiencies related to the allegations are cited at F253.</p> <p>Complaint IN00153503 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00154157 - Substantiated, Federal/State deficiencies related to the allegations are cited at F159, F253, F278, and F309.</p> <p>Survey dates: August 18, 19, 20, and 21, 2014</p> <p>Facility number: 000069 Provider number: 155148 AIM number: 100288980</p> <p>Survey team: Anne Marie Crays RN TC Barbara Fowler RN (August 18 and 19, 2014)</p> <p>Census bed type: SNF: 8 SNF/NF: 83</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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F000159 SS=A	<p>Total: 91</p> <p>Census payor type: Medicare: 17 Medicaid: 68 Other: 6 Total: 91</p> <p>Sample: 10</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on August 25, 2014 by Jodi Meyer, RN</p> <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating</p>			

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	<p>accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>Based on interview and record review, the facility failed to ensure a resident's trust money was not used to pay towards a facility bill, for 1 of 5 residents</p>	F000159	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of	09/15/2014

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	<p>reviewed for pain, in a sample of 10. Resident B</p> <p>Findings include:</p> <p>On 8/18/14 at 9:50 A.M., during interview with a family member of Resident B, she indicated the facility took care of her mother's money. The family member indicated, "They back paid themselves 300.00. The ombudsman said they shouldn ' t have done that." The family member indicated the facility finally paid some of the money towards a funeral trust.</p> <p>On 8/20/14 at 2:45 P.M., Resident B's financial records were reviewed. A "Resident Fund Authorization," dated 8/19/13, indicated, "Resident Fund Account: Non-Transferring Account (No automatic transfer of deposits to pay for care cost.)" The document was signed by a family member as the legal representative. A "Resident Trust Authorization," undated and signed by a family member, indicated, "No personal funds will be allocated to personal resident expenses without authorization...The following charges may be disbursed without a signature: Barber/Beauty Charges...."</p> <p>An itemized account listing included:</p>		<p>any violationof regulation.</p> <p>This provider respectfullyrequests that this 2567 Plan of Correction be considered the Letter of CredibleAllegation of Compliance and requests a desk review in lieu of a post surveyreview on or after Sept 15th, 2014</p> <p>F 159 Facility Management ofPersonal Funds</p> <p>It is the practice of thisprovider to ensure that all alleged violations involving facility management ofpersonal funds are provided in accordance with State and Federal law.</p> <p>What corrective action(s) will be taken for those residents found tohave been affected by the deficient practice?</p> <p>Resident B no longer resides inthe facility and was discharged at the time of this survey. The facility didreimburse the residents \$100 that was used from her trust fund.</p> <p>How will you identify other residents having the potential to beaffected by the same deficient practice and what corrective action will betaken?</p> <p>All residents who reside in thefacility and have a resident trust fund are at risk to be affected by thisalleged</p>	

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	<p>"7/03/14 Care Cost Payment 100.00." The Business Office Staff # 1, who explained she was a corporate temporary staff for the facility, indicated the \$100.00 should not have been withdrawn from the Resident's Trust fund, and had been refunded.</p> <p>A "Request for Resident Refund," dated 8/14/14, indicated, "\$100.00 was applied toward 10/13 [and] 11/13 balances. Family would like funds back in her trust acct [account] to go toward her funeral...."</p> <p>On 8/21/14 at 9:50 A.M., during interview with the Administrator and Business Office Staff # 1, the Administrator indicated he had spoken to the Business Office Manager (BOM), who was on vacation. The BOM informed him that the resident had an outstanding balance owed to the facility, during a gap between Medicare and Medicaid coverage. The BOM informed the Administrator that a family member had told her that she could draw from the Resident's trust fund to help pay that balance. The Administrator indicated she did not have a signed consent to do that. The Administrator indicated that a refund was issued to the family when the family requested it. The Administrator indicated his staff was auditing other resident</p>		<p>deficient practice</p> <p>The Executive Director or designee will educate Business Office Manager and business office staff on facility management of personal funds and resident fund authorization on or before 9/15/14</p> <p>The Business office manager will audit all resident accounts to ensure no resident trust funds were used without authorization on or before 9/15/14.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The Executive Director or designee will educate Business Office Manager and business office staff on facility management of personal funds and resident fund authorization on or before 9/15/14</p> <p>The facility will maintain resident trust funds for facility residents. The funds will not be utilized by the facility without written consent from the resident and/or POA. The ED or designee will audit the resident trust funds monthly to ensure the resident's funds are not used for the facility bill.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program</p>	

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F000253 SS=E	<p>records.</p> <p>This Federal tag relates to Complaint IN00154157.</p> <p>3.1-6(j)</p> <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p>	F000253	<p>will be put intoplace?</p> <p>An resident personal funds CQI will be completed once weekly x4 then monthly times 6 months, then quarterly thereafter by the business office manager or designee.</p> <p>The resident personal funds CQI tool will bereviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 100% threshold is not achieved an action plan will be developed.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of theresponsible employee.</p> <p>Date of Compliance 9/15/14</p>	09/15/2014	

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	<p>Based on observation, interview, and record review, the facility failed to ensure housekeeping services cleaned resident rooms thoroughly, for 4 of 4 rooms observed, on 2 of 3 units; 2 of 2 confidential family interviews, and 3 of 3 months of Resident Council minutes reviewed. Rooms 112, 161, 167, and 170</p> <p>Findings include:</p> <p>1. On 8/18/14 at 8:45 A.M., during the entrance conference, a random resident approached the Administrator, and indicated her room had not been cleaned well over the past week, and had not been mopped. The Administrator indicated he would take care of it.</p> <p>2. On 8/18/14 at 10:00 A.M., the Medical Records Coordinator provided Resident Council minutes. The minutes included the following: May 20, 2014, 15 residents present. "Laundry - Housekeeping...Not enough help on weekends et [and] rooms are not being cleaned properly due to short weekend staff." June 25, 2014, 10 residents present. "Housekeeping - Resident states the housekeeper is not sweeping before mopping. Resident also wants her floor stripped & waxed." July</p>		<p>&Maintenance Services</p> <p>It is the practice of thisprovider to ensure that all alleged violations involving housekeeping andmaintenance services are in accordance with State and Federal law.</p> <p>What corrective action(s) will be taken for those residents found tohave been affected by the deficient practice?</p> <p>Room 112 was deep cleaned and thefloor was swept and mopped thoroughly. The bathroom floor in room 161 was stripped and cleaned. The nonskid strips were thoroughlycleaned. The bathroom floor in room 167was thoroughly cleaned. The bathroomfloor in room 170 was thoroughly cleaned.</p> <p>How will you identify other residents having the potential to beaffected by the same deficient practice and what corrective action will betaken?</p> <p>All residents who reside in thefacility are at risk to be affected by this alleged deficient practice</p> <p>The housekeeping supervisor ordesignee will educate facility housekeepers on proper cleaning techniques andschedules on or before 9/15/14</p> <p>The housekeeping supervisor</p>				

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	<p>21, 2014, 10 residents present. "Laundry-Housekeeping - Residents states [sic] that floor did not get mopped."</p> <p>3. During confidential interview with a family member, she indicated, "The room is always filthy."</p> <p>4. During confidential interview with a family member, she indicated, "The room was always dirty and not cleaned properly."</p> <p>5. On 8/18/14 at 11:00 A.M. and on 8/19/14 at 10:55 A.M., Room 112 on Station 1 was observed to have dried food and other debris on the floor.</p> <p>On 8/18/14 at 11:10 A.M. and on 8/19/14 at 11:25 A.M., the following observations were made on Station 3:</p> <p>6. Room 161: The bathroom floor was dirty around the edges of the baseboard. Non-skid strips placed in front of the toilet were soiled with ground-in food debris.</p> <p>7. Room 167: The bathroom floor was dirty around the edges.</p> <p>8. Room 170: The bathroom floor was dirty around the edges. A splattered,</p>		<p>ordesignee performed an audit of all resident room floors and ensured propercleaning of any room needing attention.</p> <p>What measures will be put into place or what systemic changes will youmake to ensure that the deficient practice does not recur?</p> <p>The housekeeping supervisor ordesignee will educate facility housekeepers on proper cleaning techniques andschedules on or before 9/15/14</p> <p>The housekeeping supervisor willperform daily audits of resident rooms Monday through friday to ensureappropriate sweeping and moping of resident room floors. Identified areas needed cleaning will beaddressed immediately by the housekeeping staff. The weekend supervisor will complete theaudits on the weekends.</p> <p>How the corrective action(s) will be monitored to ensure the deficientpractice will not recur, i.e. what quality assurance program will be put into place?</p> <p>An environmental CQI will becomepleted once weekly x4 then monthly times 6 months, then quarterly thereafterby the housekeeping supervisor or designee.</p>	

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	<p>blackish substance was found on the floor. Dried, sticky hair was observed in the corners.</p> <p>On 8/19/14 at 11:25 A.M., during interview with the Administrator, he indicated that the rooms should have been cleaned more thoroughly, and also that he thought the floors in the bathrooms needed to be replaced.</p> <p>This Federal tag relates to Complaint IN00152609 and Complaint IN00154157.</p> <p>3.1-19(f)</p>		<p>The environmental CQI tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate the continued need for the audit. If a 100% threshold is not achieved an action plan will be developed.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee.</p> <p>Date of Compliance 9/15/14</p>	

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F000278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on interview and record review, the facility failed to ensure a resident was accurately assessed for limitations in Range of Motion (ROM), for 1 of 7 residents reviewed for accurate</p>	F000278	<p>F278 Assessments Accuracy/Coordination/certified</p> <p>It is the practice of this provider to ensure that all alleged violations</p>	09/15/2014

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	<p>assessments, in a sample of 10. Resident B</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident B was reviewed on 8/18/14 at 2:00 P.M. Diagnoses included, but were not limited to, 8/20/13 stress fracture of left femoral neck (hip), bipolar disorder, and Parkinson's disease.</p> <p>A Physical Therapy Plan of Care, dated 4/14/14, indicated: "This therapist performed quarterly screen this resident [sic]. Pt [patient] demo [demonstrated] significant decline in overall mobility, BLE contracture, and severe pain during movement. PT [physical therapy] is appropriate to improve ROM, decrease pain in order to improve bed mobility and w/c [wheelchair] positioning. Therapy necessary: Therapy necessary for contracture and pain...Medical History...recent left hemiarthroplasty [hip replacement]...Precautions:...pain to BLE >LLE during movement...Pain Intensity: 9/10...Effect of Pain on Function, severe effect on function...ROM...L [left] knee extension limited to -50 degrees to neutral...L hip abducted to -29 to neutral...Current Level of Function, Patient demonstrates PROM [partial range of motion] of L LE [lower</p>		<p>involving assessmentsaccuracy/coordination/certified are in accordance with State and Federal law.</p> <p>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</p> <p>Resident B no longer resides in the facility and was discharged at the time of this survey.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents who have contractures or impaired ROM are at risk to be affected by this alleged deficient practice.</p> <p>The therapy department will be educated on performing and documenting ROM assessments and appropriate reporting of impaired ROM and contractures by the therapy manager or designee on or before 9/15/14</p> <p>The MDS department has been educated on appropriate ROM documentation review, resident assessment of resident ROM, staff interviews about resident ROM, and staff observations of activities for ROM limitations by the DNS or designee on or before 9/15/14.</p>	

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	<p>extremity] adduction -29 degrees with complaints of pain...."</p> <p>A Minimum Data Set (MDS) assessment, dated 4/25/14, indicated the resident scored a 14 out of 15 for cognition, with 15 indicating no memory impairment. The resident exhibited "Inattention" and "Disorganized thinking" as "Behavior present, fluctuates." The resident required extensive assistance of two+ staff for transfer and hygiene, and did not ambulate. A "Functional Limitation in Range of Motion" was coded as "No Impairment" for either the upper extremities or lower extremities.</p> <p>An Occupational Therapy (OT) Plan of Care, dated 5/7/14, included: "Pt referred to skilled OT for w/c positioning d/t [due to] Nsg [nursing] staff trying to encouraged [sic] sitting up with pt c/o pain in w/c...Pain Intensity, 10/10...The patient refusing to utilize abductor pillow between legs for increased positioning seated in w/c...The patient exhibits BLE [bilateral lower extremities] internal rotation...Note: Changing and maintaining body position functional limitation, current status has been documented based on pt c/o [complaints of] pain 'all over' 10/10...Pt presents with L LE internal rotation and hips thrust. To trial different w/c's to increase</p>		<p>An audit will be performed on all residents who had an annual assessment, significant change and or admission in the last 30 days to ensure an accurate ROM assessment was completed and documented on or before 9/15/14.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <p>The therapy department will be educated on performing and documenting ROM assessments and appropriate reporting of impaired ROM and contractures by the therapy manager or designee on or before 9/15/14</p> <p>The MDS department has been educated on appropriate ROM documentation review, resident assessment of resident ROM, staff interviews about resident ROM, and staff observations of activities for ROM limitations by the DNS or designee on or before 9/15/14.</p> <p>Therapy will complete a ROM assessment upon admission, quarterly and with significant change and document these assessments in kasamba. Upon admission, quarterly and with significant change MDS will evaluate the nursing documentation, therapy</p>	
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	<p>positioning and decrease pain...."</p> <p>A MDS assessment, dated 7/13/14, indicated the resident scored a 12 out of 15 for cognition, was totally dependent on two + assist for transfer, did not ambulate, and had no impairment in Range of Motion.</p> <p>7/27/14 at 6:12 P.M. [sic]: "N.O. [new order] recvd [sic] to send pt to [name of hospital] ER for further tx [treatment] and eval...daughters were by the bedside and stated that their mother kept saying she needed to go to hospital and that they felt she may need to go...."</p> <p>A hospital physician note, dated 7/29/14, indicated, "[Left] leg contractures [after] [Left] hip prosthesis placement one year ago...Concern for subluxation/dislocation - Ortho consult...."</p> <p>An Orthopedic Consult, dated 7/31/14, included: "Chief Complaint: Left hip pain...She fell approximately 1 year ago resulting in a left femoral neck fracture. She underwent a hemiarthroplasty...she was able to get up and sit in a chair and could walk short distances with her walker; however, she has complained of pain...Then approximately 2-3 months ago they [family] noted that she continued to complain of worsening hip</p>		<p>documentation, speak with staff, review ROM limitations in activities and testthe residents ROM to ensure accurate documentation and coding of the residents ROM.</p> <p>How the corrective action(s) will be monitored to ensure the deficientpractice will not recur, i.e. what quality assurance program will be put into place?</p> <p>A ROM CQI audit tool will becompleted for six months with audits being completed once weekly for one month,and then monthly for 6 months by a nurse manager or designee.</p> <p>The ROM CQI audit tool will be reviewedmonthly by the CQI Committee for six months after which the CQI team willre-evaluate the continued need for the audit. If a 100% threshold is notachieved an action plan will be developed.</p> <p>Deficiency in this practice willresult in disciplinary action up to and including termination of theresponsible employee. Date of Compliance 9/15/2014.</p>	

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	<p>pain with some significant internal rotation of her hip and associated knee contractures. Family states that they discussed this with the nursing facility; however, as far as they know, there were no x-rays or further studies to investigate...During this admission the family requested that the hip be x-rayed due to her ongoing complaints of pain. X-rays showed a left hip dislocation which is believed to be chronic. She then had a CT scan done of the pelvis which shows a dislocation of the left femoral head prosthesis with chronic remodeling of the hip...Physical Examination:...Her right hip is internally rotated. Her left knee overlies the right thigh, and in fact puts a significant amount of pressure into the right thigh. Her knee is flexed to greater than 90 degrees. I was unable to straighten the knee and trying to abduct the hip is also painful for the patient...she appears to be in obvious pain with this hip and deformity...."</p> <p>A hospital surgery note, dated 8/4/14, indicated, "Operative Findings: The patient...with findings consistent with a chronic dislocation of hemiarthroplasty of the left hip. She had developed hip and knee flexion contractures, which were confirmed at the time of surgery. On exposing the left hip at surgery today, evidence of chronic dislocation of the</p>			

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	<p>hemiarthroplasty was found. At the acetabulum, there appeared to be complete erosion of the superior dome of the acetabulum...removal of the hemiarthroplasty/femoral component was performed...."</p> <p>On 8/20/14 at 9:45 A.M., during interview with MDS staff # 1 and MDS staff # 2, they indicated they obtained their information to complete the resident's MDS by looking at the chart, progress notes, nursing notes, and CNA notes. MDS staff # 2 indicated she also performs ROM on residents, and she felt like Resident B had no impairment in her ROM. MDS staff # 1 indicated she did not know where Physical Therapy staff obtained information that the resident had contractures.</p> <p>On 8/20/14 at 11:20 A.M., during interview with Physical Therapist [PT] # 1, she indicated she was the staff member who assessed Resident B. She indicated she saw the resident from 8/13-11/13, following her left hip fracture. She indicated, "At first she could walk, but she slowly declined." She indicated a quarterly screen revealed the resident had declined, and therapy was restarted. She indicated the resident was discharged from therapy because she refused to walk. PT # 1 indicated the resident</p>			

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	<p>"would yell out." When questioned if Resident B had any contractures, PT # 1 indicated, "Oh, yes!" PT # 1 demonstrated how the resident's left leg was contractured and rotated over the resident's right thigh. PT # 1 indicated did not know why the MDS staff would say she did not have any contractures.</p> <p>2. On 8/20/14 at 10:10 A.M., MDS staff # 1 provided the MDS guidelines on assessing for ROM. The document included: "Item Rationale, Health-related Quality of Life, Functional impairment could place the resident at risk for injury or interfere with performance of activities of daily living...Steps for Assessment, 1. Review the medical record for references to functional range of motion limitation during the 7-day look-back period. 2. Talk with staff members who work with the resident as well as family/significant others about any impairment in functional ROM. 3...Test the resident's upper and lower extremity ROM...4. Assess the resident's ROM bilaterally at the...hip, knee, ankle, foot, and other joints...5. Staff observations of various activites, including ADL's, may be used to determine if any ROM limitations impact the resident's functional abilities. 6...thorough assessment ought to be comprehensive and follow standards of practice for evaluating ROM</p>			

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F000309 SS=G	<p>impairment...."</p> <p>This Federal tag relates to Complaint IN00154157.</p> <p>3.1-31(d)(3)</p> <p>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.</p> <p>Based on interview and record review, the facility failed to ensure a resident's complaints of leg and hip pain was adequately assessed, resulting in contractures, unrelieved pain, hospitalization, and surgery to remove a dislocated prosthesis, for 1 of 5 residents reviewed for pain control, in a sample of 10. Resident B</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident B was reviewed on 8/18/14 at 2:00 P.M. Diagnoses included, but were not limited to, 8/20/13 stress fracture of left femoral</p>	F000309	<p>F309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>It is the practice of this provider to ensure that all alleged violations involving provide care services for highest well being are in accordance with State and Federal law.</p> <p>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</p> <p>Resident B no longer resides in the facility and was discharged at the time of this survey.</p> <p>How will you identify other residents having the potential to</p>	09/15/2014

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	<p>neck (hip), bipolar disorder, and Parkinson's disease.</p> <p>A resident care plan, dated 8/28/13 and with a long term goal date of 10/21/14, indicated: "Problem: Potential for pain related to disease process, Parkinsons. Approach: Notify MD if pain is unrelieved and/or worsening. Observe for changes in day to day activities. Observe for non verbal signs of pain: changes in breathing, vocalizations, mood/behavior changes...."</p> <p>Physician orders, dated July 2014, included the following: 1/10/14 Percocet 7.5 mg-325 mg every 6 hours as needed for pain, 1/10/14 Tylenol 325 mg Take 2 tablets every 4 hours as needed for pain, 5/29/14 Percocet 5-325 mg Take 2 tablets twice daily 8:00 A.M. and 4:00 P.M.</p> <p>A "Therapy Assessment" Screening form, dated 4/9/14 at 11:42 A.M., indicated: "Reason for screen...nursing referral...Hygiene, Extensive Assist, Decline; Bed mobility, Dependent, Decline; Transfers, Dependent, Decline; Walking, Dependent, Decline...ADL [activities of daily living] - has the resident had a decline in ADL's...Yes - bed mobility...Does the resident have ROM [range of motion] that is impaired</p>		<p>beaffected by the same deficient practice and what corrective action will betaken?</p> <p>All residents who experience painare at risk to be affected by the alleged deficient practice.</p> <p>Facility nurses will be educatedon pain assessments, pain relief interventions, pain assessment documentationand reporting uncontrolled and or unrelieved pain to the MD by the CEC ordesignee on or before 9/15/14.</p> <p>A pain assessment will becompleted on all residents who reside in the facility and the MD will benotified of any resident with unrelieved or uncontrolled pain. A pain medication regimen review and testingif applicable will be requested from the MD. This audit will occur on or before9/15/14.</p> <p>What measures will be put into place or what systemic changes will youmake to ensure that the deficient practice does not recur?</p> <p>Facility nurses will be educatedon pain assessments, pain relief interventions, pain assessment documentationand reporting uncontrolled and or unrelieved pain to the MD by the CEC ordesignee on or before 9/15/14.</p> <p>A resident's pain will beassessed</p>				

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	<p>putting the resident at high risk for skin breakdown, poor hygiene or pain, Yes-BLEs [bilateral lower extremities]...Recommendation, Physical Therapy Eval [evaluation]."</p> <p>A Physical Therapy Plan of Care, dated 4/14/14, indicated: "This therapist performed quarterly screen this resident [sic]. Pt [patient] demo [demonstrated] significant decline in overall mobility, BLE contracture, and severe pain during movement. PT [physical therapy] is appropriate to improve ROM, decrease pain in order to improve bed mobility and w/c [wheelchair] positioning. Therapy necessity: Therapy necessary for contracture and pain...Medical History...recent left hemiarthroplasty [hip replacement]...Precautions:...pain to BLE >LLE during movement...Pain Intensity: 9/10...Effect of Pain on Function, severe effect on function...ROM...L [left] knee extension limited to -50 degrees to neutral...L hip abducted to -29 to neutral...Current Level of Function, Patient demonstrates PROM [partial range of motion] of L LE [lower extremity] adduction -29 degrees with complaints of pain...."</p> <p>A nursing Weekly Summary, dated 4/15/14 at 2:38 P.M., included: "Pain, In last 7 days have pain medications been</p>		<p>upon admission, weekly and during medication administration. The resident's pain will be documented on the admission assessment, weekly summary observation, and MAR (for prn administration). Residents who receive routine pain medication will be assessed each shift by the charge nurse during ground and/or medication pass. If a resident receives prn pain medication the mar will be initiated on the front as administered. On the back of the mar the nurse will document the reason for administration, interventions, and effectiveness. The nurse will notify the MD of any changes in a resident's verbal or nonverbal expression of pain. The MD will be notified of any resident who has uncontrolled or unrelieved pain.</p> <p>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 into place?</p> <p>A Pain CQI audit tool will be completed for six months with audits being completed once weekly for one month, and then monthly for 6 months by a nurse manager or designee.</p> <p>The Pain CQI audit tool will be reviewed monthly by the CQI Committee for six months after which the CQI team will re-evaluate</p>				

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	<p>administered, Yes; Ask resident: Have you had pain or hurting at any time in the last 5 days? Yes; Ask resident: Please rate the intensity of your worst pain over the last 5 days, Unable to answer; Ask resident: How much of the time have you experienced pain or hurting over the last 5 days? Unable to answer; Resident makes vocal complaints: i.e. ouch, that hurts, stop...."</p> <p>A Minimum Data Set (MDS) assessment, dated 4/25/14, indicated the resident scored a 14 out of 15 for cognition, with 15 indicating no memory impairment. The resident exhibited "Inattention" and "Disorganized thinking" as "Behavior present, fluctuates." The resident required extensive assistance of two+ staff for transfer and hygiene, and did not ambulate. A "Functional Limitation in Range of Motion" was coded as "No Impairment" for either the upper extremities or lower extremities. The MDS assessment indicated the resident received a scheduled pain medication regime in the previous 5 days, and did not receive a PRN (as needed) pain medication. The resident received non-medication interventions for pain. The Pain Assessment Interview indicated the resident was unable to answer if she had pain. "Indicators of Pain or Possible Pain in the last 5 days" indicated the</p>		<p>the continued need for the audit. If a 100% threshold is not achieved an action plan will be developed.</p> <p>Deficiency in this practice will result in disciplinary action up to and including termination of responsible employee. Date of Compliance 9/15/2014.</p>	

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	<p>resident had "Vocal complaints of pain."</p> <p>A Physical Therapy note, dated 5/4/14, indicated, "Resident refuses PT treatment this date. Resident states that she 'doesn't want to be tortured.' Resident to be d/c'd [discontinued] from PT secondary to refusals and no progress this time."</p> <p>An Occupational Therapy (OT) Plan of Care, dated 5/7/14, included: "Pt referred to skilled OT for w/c positioning d/t [due to] Nsg [nursing] staff trying to encouraged [sic] sitting up with pt c/o pain in w/c...Pain Intensity, 10/10...The patient refusing to utilize abductor pillow between legs for increased positioning seated in w/c...The patient exhibits BLE [bilateral lower extremities] internal rotation...Note: Changing and maintaining body position functional limitation, current status has been documented based on pt c/o [complaints of] pain 'all over' 10/10...Pt presents with L LE internal rotation and hips thrust. To trial different w/c's to increase positioning and decrease pain...."</p> <p>An OT note, dated 5/7/14 at 2:50 P.M., indicated, "...Pt. c/o B LE pain immediately upon sitting in w/c. Pt educated on just getting up from bed and B LE tight cause pain...Pt wanting leg rests d/t pain. Pt presents with good</p>			

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	<p>posture but L LE internal rotation. Pt refused abductor pillow. Pt seated in w/c x 1 hour with request to get out and try different w/c...Pt set-up with different regular 18 in w/c...only seated x 30 min before c/o w/c being too small and crying to get out...."</p> <p>Additional OT notes included:</p> <p>5/8/14: "...Pt refusal to get in chair multiple times this date...."</p> <p>5/9/14: "Pt refusal to get up this date with multiple attempts...."</p> <p>A nursing Weekly Summary, dated 5/10/14 at 10:39 A.M., included: "Pain, In last 7 days have pain medications been administered, Yes; Ask resident: Have you had pain or hurting at any time in the last 5 days? Yes; Ask resident: Please rate the intensity of your worst pain over the last 5 days, Unable to answer; Ask resident: How much of the time have you experienced pain or hurting over the last 5 days? Unable to answer; Resident makes non-verbal sounds that may indicate pain: i.e. crying, whining, gasping, moaning or groaning; Resident makes vocal complaints: i.e. ouch, that hurts, stop...Over the past five days have you limited your day to day activities because of pain? N/A [not applicable]...."</p>			

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	<p>OT notes continued:</p> <p>5/12/14: "Pt refusal to get up in w/c this date with multiple attempts...."</p> <p>5/15/14: "Pt max x 2 transfer to chair...Pt immediately c/o pain and requesting to get out. Encouraged pt to trial for a day or a few hours. Pt stated, 'Why are you trying to punish me? You're trying to punish me....'"</p> <p>5/16/14: "Res [resident] noted to have increased confusion and disorientation...Res. reported having a 'broken leg,' reported to nsg'ing [sic]...."</p> <p>5/19/14: "...Patient refusing to get up from bed d/t pain, nursing notified."</p> <p>5/22/14: "...Pt requesting a wider w/c d/t hips hurting. Educated and explained to pt we have tried wider chair and too wide with 18 in appropriate...."</p> <p>5/28/14: "Pt increase [sic] behaviors and crying with non-inteligible [sic] speech...."</p> <p>5/29/14: "Pt refusing original 18 in highback [W/C] stating, 'It's old, I need a new one. I [sic] causes pain in my hip.' Pt set-up with a different 18 in highback...Pt</p>			

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	<p>seated in w/c and req repositioning of hips...."</p> <p>5/30/14: "...Pt refusing to get up in w/c d/t increased B LE pain and 'allowing legs to rest.'...."</p> <p>6/2/14: "...Patient states she has 'leg pain,' nursing aware....."</p> <p>A nursing Weekly Summary, dated 6/6/14 at 1:31 P.M., included: "Pain, In last 7 days have pain medications been administered, Yes; Ask resident: Have you had pain or hurting at any time in the last 5 days? Yes; Ask resident: Please rate the intensity of your worst pain over the last 5 days, Unable to answer; Ask resident: How much of the time have you experienced pain or hurting over the last 5 days? Unable to answer; Resident makes non-verbal sounds that may indicate pain: i.e. crying, whining, gasping, moaning or groaning, Resident makes vocal complaints: i.e. ouch, that hurts, stop...Resident makes facial expressions: i.e. grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth, Over the past five days have you limited your day to day activities because of pain? N/A [not applicable]...."</p> <p>OT notes continued:</p>			

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	<p>6/10/14: "Patient refused to get up today verbalizing she has a 'broken hip.' Reported to nursing. Patient educated to benefits of getting up from bed daily...."</p> <p>A nursing Progress Note, dated 6/15/14 at 10:36 A.M., indicated, "...Was yelling this am. Leg broke. Wanted to go to hospital. Informed her leg was not broke. Than stated someone was under her pillow...Had routine pain med and anxiety med...."</p> <p>OT notes continued:</p> <p>6/16/14: "...Patient refused to get up this date d/t her 'broken hip.' Nursing aware...."</p> <p>6/17/14: "Pt located in bed with c/o leg pain. Report to nursing...continue to c/o LE pain seated in w/c. Pt educated on ROM to work on decreased tightness...."</p> <p>6/18/14: "Patient located in bed and refusing to get up verbalizing she swallowed 'ammonia' and needs to go to the hospital, reported to nursing. Patient unable to give a number to leg pain...."</p> <p>A nursing Progress Note, dated 6/19/14 at 10:26 A.M., indicated, "...Has been yelling most of am with various</p>			

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	<p>complaints. Wanted up. Then complained she was up. Stated it was not her w/c...Wanted foot rest lowered. Stated they were too high...Continued yelling. Refused to eat breakfast...."</p> <p>A OT Discharge Summary, dated 6/27/14, indicated, "Short Term Goals History, Pain, Goal Not Met, The patient reports a pain scale rating of 8/10 (1-10 pain scale measure) for B LE with refusal to received therapy treatment...."</p> <p>Nursing Progress Notes included the following notations:</p> <p>6/27/14 at 3:14 P.M.: "...Sitting in bed and moaning continuously...Fluids encouraged...moans continuously when attempting to give drink by cup...."</p> <p>6/28/14 at 6:25 A.M.: "Res has been awake most of noc...Res chanting. States leg is broken...Refused to drink...mumbled speech."</p> <p>7/2/14 at 7:04 A.M.: "Res has been awake off and on. Quietly chanting. Unable to determine what she was saying...."</p> <p>7/6/14 at 2:44 P.M.: "...Asked this nurse if she could have her two pain pills while eating lunch. I explained to resident that</p>			

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	<p>it was not in compliance with med times to give since she refused this am. PRN pain pill given...."</p> <p>A MDS assessment, dated 7/13/14, indicated the resident scored a 12 out of 15 for cognition, was totally dependent on two + assist for transfer, did not ambulate, and had no impairment in Range of Motion. The MDS assessment indicated the resident received scheduled pain management in the previous 5 days, and did not receive PRN pain medication, nor non-medication intervention for pain. The assessment indicated no pain assessment interview was conducted. Staff assessment of pain indicated the resident had vocal complaints of pain.</p> <p>Nurses notes continued:</p> <p>7/13/14 at 12:11 P.M.: "...Laying in bed with hand on her face most of am, mouth open and yelling. Was unable to redirect...."</p> <p>7/18/14 at 10:56 A.M.: "...At first refused meds this am. When told her pain med was included, resident then took all meds...."</p> <p>A nursing Weekly Summary, dated 7/22/14 at 2:17 P.M., included: "Pain, In last 7 days have pain medications been</p>			

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	<p>administered, Yes; Ask resident: Have you had pain or hurting at any time in the last 5 days? Yes; Ask resident: Please rate the intensity of your worst pain over the last 5 days, Unable to answer; Ask resident: How much of the time have you experienced pain or hurting over the last 5 days? Unable to answer; Resident makes vocal complaints: i.e. ouch, that hurts, stop...Over the past five days have you limited your day to day activities because of pain? N/A [not applicable]...."</p> <p>7/22/14 at 2:25 P.M.: "...Turned side to side. Is very resistive to being on side. Still will not allow her feet to be elevated...."</p> <p>7/27/14 at 6:12 P.M. [sic]: "N.O. [new order] recvd [sic] to send pt to [name of hospital] ER for further tx [treatment] and eval...daughters were by the bedside and stated that their mother kept saying she needed to go to hospital and that they felt she may need to go...."</p> <p>A nursing ER flowsheet, dated 7/27/14 at 8:15 P.M., indicated, "Complains of pain /discomfort, Left hip, constant, aching, Pain Rating (0-10) 10, Non Verbal Indicators, moaning...."</p> <p>A hospital physician note, dated 7/29/14, indicated, "[Left] leg contractures [after]</p>			

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	<p>[Left] hip prosthesis placement one year ago...Concern for subluxation/dislocation - Ortho consult..."</p> <p>An Orthopedic Consult, dated 7/31/14, included: "Chief Complaint: Left hip pain...She fell approximately 1 year ago resulting in a left femoral neck fracture. She underwent a hemiarthroplasty...she was able to get up and sit in a chair and could walk short distances with her walker; however, she has complained of pain...Then approximately 2-3 months ago they [family] noted that she continued to complain of worsening hip pain with some significant internal rotation of her hip and associated knee contractures. Family states that they discussed this with the nursing facility; however, as far as they know, there were no x-rays or further studies to investigate...During this admission the family requested that the hip be x-rayed due to her ongoing complaints of pain. X-rays showed a left hip dislocation which is believed to be chronic. She then had a CT scan done of the pelvis which shows a dislocation of the left femoral head prosthesis with chronic remodeling of the hip...Physical Examination:...Her right hip is internally rotated. Her left knee overlies the right thigh, and in fact puts a significant amount of pressure into the right thigh. Her knee is flexed to</p>			
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	<p>greater than 90 degrees. I was unable to straighten the knee and trying to abduct the hip is also painful for the patient...she appears to be in obvious pain with this hip and deformity...."</p> <p>A hospital surgery note, dated 8/4/14, indicated, "Operative Findings: The patient...with findings consistent with a chronic dislocation of hemiarthroplasty of the left hip. She had developed hip and knee flexion contractures, which were confirmed at the time of surgery. On exposing the left hip at surgery today, evidence of chronic dislocation of the hemiarthroplasty was found. At the acetabulum, there appeared to be complete erosion of the superior dome of the acetabulum...removal of the hemiarthroplasty/femoral component was performed...."</p> <p>On 8/20/14 at 9:25 A.M., during interview with RN # 1, she indicated she took care of Resident B occasionally. She indicated Resident B was "sometimes very difficult," and refused medications and treatments a lot of the time. She indicated the resident had an extensive mental health history, and would have frequent delusions.</p> <p>On 8/20/14 at 9:45 A.M., during interview with MDS staff # 1 and MDS</p>			

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	<p>staff # 2, they indicated they obtained their information to complete the resident's MDS by looking at the chart, progress notes, nursing notes, and CNA notes. MDS staff # 2 indicated she also performs ROM on residents, and she felt like Resident B had no impairment in her ROM.</p> <p>On 8/20/14 at 11:20 A.M., during interview with Physical Therapist [PT] # 1, she indicated she was the staff member who assessed Resident B. She indicated she saw the resident from 8/13-11/13, following her left hip fracture. She indicated, "At first she could walk, but she slowly declined." She indicated a quarterly screen revealed the resident had declined, and therapy was restarted. She indicated the resident was discharged from therapy because she refused to walk. PT # 1 indicated the resident "would yell out." When questioned if Resident B had any contractures, PT # 1 indicated, "Oh, yes!" PT # 1 demonstrated how the resident's left leg was contractured and rotated over the resident's right thigh. PT # 1 indicated she was unsure if the resident had any x-rays of the left hip.</p> <p>On 8/20/14 at 12:00 P.M., during interview with the Administrator, he indicated he had only been at the facility</p>			

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	<p>for 2 weeks, and so was not familiar with this resident. He indicated he would have Medical Records staff search the resident's closed records for any x-rays. He indicated although the resident had a mental health history, her pain should have been followed up on.</p> <p>Documentation of x-rays of the resident's left hip were not provided by survey exit.</p> <p>2. On 8/21/14 at 1:00 P.M., the Administrator provided the current facility policy on "Pain Management," revised 9/2013. The policy included: "...It is the responsibility of the facility to ensure that each resident is assessed for pain, and the efficacy of pain medication, while keeping the resident as comfortable and pain free as possible...The following guidelines will be used when assessing pain: Interviewable Resident...will be determined based upon the resident's verbal response to the questions on the pain assessment...Non-Interviewable Resident...will be based upon staff observation of non-verbal signs of pain as follows: Non-verbal signs (crying, whining, gasping, moaning...), Vocal complaints of Pain...Facial Expressions...Protective Body Movements or Postures (bracing, guarding...). A plan of care will be written with the initiation of pain</p>			

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	<p>medication and individualized to the resident, addressing potential side effects, limitations due to pain, behavioral symptoms, and alternative pain relief techniques...."</p> <p>This Federal tag relates to Complaint IN00154157</p> <p>3.1-37(a)</p>			