

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155322	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/22/2013
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NAME OF PROVIDER OR SUPPLIER RENAISSANCE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6050 S CR 800 E 92 FORT WAYNE, IN 46814
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00139188.</p> <p>Complaint IN00139188 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: November 18, 19, 20, 21, & 22, 2013</p> <p>Facility number: 000215 Provider number: 155322 AIM number: 100267600</p> <p>Survey team: Rick Blain, RN - TC Tim Long, RN Carol Miller, RN Diane Nilson, RN</p> <p>Census bed type: NF: 45 SNF/NF: 17 Total: 62</p> <p>Census payor type: Medicare: 1 Medicaid: 50 Other: 11 Total: 62</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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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 25, 2013 by Randy Fry RN.</p>				

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F000225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review</p>	F000225	CORRECTIVE ACTION FOR	12/20/2013			

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	<p>the facility failed to ensure an allegation of abuse was reported in a timely manner for 1 of 4 residents (#82) reviewed for allegations of abuse.</p> <p>Findings include:</p> <p>On 11/18/13 at 1:54 P.M., Resident #82 indicated the answer "yes" when asked if a staff, resident or anyone else here abused you. The resident further indicated about a month or so ago, a staff person came in and laid on top of her and she felt it was an invasion. Resident #82 indicated she reported it to staff and two women came in and talked to her. Resident #82 stated the staff person is still working at the facility and she is nice to her now and was also nice before the incident.</p> <p>Review of Resident #82's nurse's notes indicated on 9/9/13 at 9:05 A.M., the resident had stated she was molested. The nurses note also indicated Resident #82 stated "they climbed on me" and stated she just wanted to die. The nurse's note indicated the Social Service Director (SSD) and the Assistant Director of Nursing (ADN) were notified.</p> <p>An interview with LPN #3 indicated</p>		<p>AFFECTED RESIDENTS Resident #82 was evaluated by psych services on 11/29/13. IDENTIFICATION/CORRECTIVE ACTION FOR POTENTIALLY AFFECTED RESIDENTS All residents have the potential to be affected and have been interviewed for potential abuse. No other residents were found to be affected. MEASURES FOR PREVENTION In all abuse allegations, the Administrator will be contacted immediately. An incident report will be completed using for each resident involved. Immediately, or as soon as possible, not to exceed 24 hours, the allegation will be reported to the appropriate agencies, including but not limited to the following: a. Indiana State Department of Health b. Adult Protective Services c. Area Ombudsman d. Health Professions Service Bureau (if applicable) e. County Law Enforcement (if applicable), Sheriff's Office and or Prosecuting Attorney Note: The Administrator or designee will determine if the Health Professions Service Bureau and/or county law enforcement officials are to be notified. The DON has re-educated staff on the Abuse Policy and Procedure including immediate notification of the administrator, gathering documentation for investigating and reporting the allegation to the</p>		

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	<p>she wrote the nurse's note on 9/9/13 at 9:05 A.M. and indicated Resident #82 was very confused, talking about people who weren't there and was talking about a supervisor who had overdosed. LPN #3 indicated Resident #82 had not been sleeping well and had been going to the bathroom a lot. LPN #3 indicated she contacted the SSD and ADN immediately.</p> <p>An interview with RN #1 (who was referred to as the ADON by LPN #3) on 11/21/13 at 9:35 A.M. indicated she interviewed the resident after being told about the accusation by Resident #82 along with the SSD. RN #1 indicated they contacted the Administrator and Director of Nursing (DN) at about 11:00 A.M. on 9/9/13 but did not document the notification.</p> <p>An interview with the SSD on 11/21/13 at 10:45 A.M. indicated LPN #3 first reported the incident involving resident #82 to her on 9/9/13 at 10:30 A.M. The SSD indicated she and RN #1 then went and interviewed resident #82 and RN #1 contacted the DN right after the interview.</p> <p>An interview with the DN on 11/20/13 at 1:25 P.M. indicated she did not work at the facility on 9/9/13 at the</p>		<p>appropriate agencies. QA FOR PREVENTIONResidents have been interviewed and observed and will continue to be interviewed and observed monthly and as needed for prevention monitoring by the IDT (See Attachment #1). The Director of Nursing or designee will monitor the results of the "prevention monitoring" for compliance and report monthly and quarterly to QA&A Committee. EFFECTIVE DATEThe changes are completed and effective by December 20, 2013</p>		

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	<p>time of the incident involving Resident #82. The DN indicated she spoke with the previous DN who worked at the facility on 9/9/13 and she indicated she had the SSD and RN #1 investigate the allegation and then decided the incident was not reportable due to the resident's confusion.</p> <p>An interview with the Administrator on 11/21/13 at 9:50 A.M. indicated the incident was reported to her immediately. The Administrator indicated she was traveling and she believed 3-4 hours was immediate. The administrator indicated due to the resident's diagnoses and changing story, they felt the incident with Resident #82 on 9/9/13 was not reportable and did not require a full investigation.</p> <p>Review of the undated facility policy provided by the Administrator on 11/21/13 at 10:00 A.M., entitled: "Abuse of Resident by staff, family member, visitor, consultant, or other individual", indicated under procedure: #1: "In all abuse allegations or situations, the Administrator must be contacted immediately." #6: "Documentation shall be gathered regarding the incident. The Administrator or</p>			

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	<p>designee(s) will notify and send the appropriate written documentation to the appropriate agencies, including, but not limited to the following: a. Indiana State Department of Health; b. Adult Protective Services; c. Area Ombudsman.</p> <p>3.1-28(c)</p>				

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review the facility failed to ensure an allegation of abuse was reported and investigated in a timely manner as indicated in their policy, for 1 of 4 residents (#82) reviewed for allegations of abuse.</p> <p>Findings include:</p> <p>On 11/18/13 at 1:54 P.M., Resident #82 indicated the answer "yes" when asked if a staff, resident or anyone else here abused you. The resident further indicated about a month or so ago, a staff person came in and laid on top of her and she felt it was an invasion. Resident #82 indicated she reported it to staff and two women came in and talked to her. Resident #82 stated the staff person was still working at the facility and she is nice to her now and was also nice before the incident.</p> <p>Review of the Resident #82's nurse's notes indicated on 9/9/13 at 9:05 A.M., the resident had stated she was</p>	F000226	<p>CORRECTIVE ACTION FOR AFFECTED RESIDENTS Resident #82 was evaluated by psych services on 11/29/13. IDENTIFICATION/CORRECTIVE ACTION FOR POTENTIALLY AFFECTED RESIDENTS All residents have the potential to be affected and have been interviewed for potential abuse. No other residents were found to be affected. MEASURES FOR PREVENTION In all abuse allegations, the Administrator will be contacted immediately. An incident report will be completed for each resident involved. Immediately, or as soon as possible, not to exceed 24 hours, the allegation will be reported to the appropriate agencies, including but not limited to the following: a. Indiana State Department of Health b. Adult Protective Services c. Area Ombudsman d. Health Professions Service Bureau (if applicable) e. County Law Enforcement (if applicable), Sheriff's Office and or Prosecuting Attorney Note: The Administrator or designee will determine if the Health</p>	12/20/2013	

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	<p>molested. The nurses note also indicated Resident #82 stated "they climbed on me" and stated she just wanted to die. The nurse's note indicated the Social Service Director (SSD) and the Assistant Director of Nursing (ADN) were notified.</p> <p>An interview with LPN #3 indicated she wrote the nurse's note on 9/9/13 at 9:05 A.M. and indicated Resident #82 was very confused, talking about people who weren't there and was talking about a supervisor who had overdosed. LPN #3 indicated Resident #82 had not been sleeping well and had been going to the bathroom a lot. LPN #3 indicated she contacted the SSD and ADN immediately.</p> <p>An interview with RN #1 (who was referred to as the ADON by LPN #3) on 11/21/13 at 9:35 A.M. indicated she interviewed the resident after told about the accusation by Resident #82 along with the SSD. RN #1 indicated they contacted the Administrator and Director of Nursing (DN) at about 11:00 A.M. on 9/9/13 but did not document the notification.</p> <p>An interview with the SSD on 11/21/13 at 10:45 A.M. indicated LPN #3 first reported the incident involving</p>		<p>Professions Service Bureau and/or country law enforcement officials are to be notified. The DON has re-educated staff on the Abuse Policy and Procedure including immediate notification of the administrator, gathering documentation for investigating and reporting the allegation to the appropriate agencies QA FOR PREVENTION Residents have been interviewed and observed and will continue to be interviewed and observed monthly and as needed for prevention monitoring by the IDT (See Attachment #1). The Director of Nursing or designee will monitor the results of the "prevention monitoring" for compliance and report monthly and quarterly to QA&A. EFFECTIVE DATE The changes are completed and effective by December 20, 2013</p>				

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	<p>Resident #82 to her on 9/9/13 at 10:30 A.M. The SSD indicated she and RN #1 then went and interviewed Resident #82 and RN #1 contacted the DN right after the interview.</p> <p>An interview with the DN on 11/20/13 at 1:25 P.M. indicated she did not work at the facility on 9/9/13 at the time of the incident involving Resident #82. The DN indicated she spoke with the previous DN who worked at the facility on 9/9/13 and she indicated she had the SSD and RN #1 investigate the allegation and then decided the incident was not reportable due to the resident's confusion.</p> <p>An interview with the Administrator on 11/21/13 at 9:50 A.M. indicated the incident was reported to her immediately. The Administrator indicated she was traveling and she believed 3-4 hours was immediate. The administrator indicated due to the resident's diagnoses and changing story they felt the incident with Resident #82 on 9/9/13 was not reportable and did not require a full investigation.</p> <p>Review of the undated facility policy provided by the Administrator on 11/21/13 at 10:00 A.M., entitled:</p>			

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	<p>"Abuse of Resident by staff, family member, visitor, consultant, or other individual", indicated under procedure: #1: "In all abuse allegations or situations, the Administrator must be contacted immediately." #6: "Documentation shall be gathered regarding the incident. The Administrator or designee(s) will notify and send the appropriate written documentation to the appropriate agencies, including, but not limited to the following: a. Indiana State Department of Health; b. Adult Protective Services: c. Area Ombudsman.</p> <p>3.1-28(a)</p>			

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F000242 SS=E	<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 record review and interview, the facility failed to provide showers according to individual preferences for 4 of 16 residents interviewed for shower preferences (Residents #34, #25, #82, and #29).</p> <p>Findings include:</p> <p>1. Resident #34 was interviewed on 11/18/2013 at 10:50 A.M. During the interview, the resident indicated she received two showers each week. The resident indicated she would like to shower more frequently, even daily like she did at home. The resident further indicated she had not been asked how often she preferred to shower.</p> <p>A list provided by the facility on 11/8/2013, indicated Resident #34 was interviewable based on a Brief Interview for Mental Status assessment.</p>	F000242	<p>CORRECTIVE ACTION FOR AFFECTED RESIDENTS Resident # 34, 25, 82 and 29 bath/shower schedules have been changed to accommodate their individual requests. IDENTIFICATION/CORRECTIVE ACTION FOR POTENTIALLY AFFECTED RESIDENTS All residents have the potential to be affected and have been interviewed regarding bath/shower days and times. Schedules have been changed to accommodate their individual requests. Group assignment sheets have been updated to reflect the changes. MEASURES FOR PREVENTION The DON has re-educated the nursing staff on the resident's right to choose bath/shower times and days. QA FOR PREVENTION Residents have been interviewed and will continue to be interviewed monthly and as needed for prevention monitoring by the IDT. (See Attachment # 2). The Director of Nursing or designee will monitor the results of the "prevention monitoring" for</p>	12/20/2013			

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	<p>A Minimum Data Set Assessment, dated 9/2/2013, indicated Resident #34 was dependent on staff for showering and bathing.</p> <p>A care plan for Resident #34, with a review date of 9/2/2013, for activities of daily living indicated "Assist (resident's name) with a shower 2 x weekly...."</p> <p>A CNA worksheet provided by RN#1 on 11/20/2013 at 11:00 A.M. indicated Resident #34's bath days were Monday and Thursday.</p> <p>2. Resident #25 was interviewed at 2:45 p.m., on 11/18/13, and indicated he was showered on Wednesdays and Saturdays, but would prefer to have more shower days. He indicated when he was at home he showered every other day, but was not offered to have more showers at the facility.</p> <p>RN #1 was interviewed, at 3:48 p.m., on 11/19/13, and indicated when the initial resident assessment was completed, residents were asked a preference time for their showers,</p>		<p>compliance and report monthly and quarterly to QA&A Committee. EFFECTIVE DATE The changes are completed and effective by December 20, 2013</p>		

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	<p>then the showers were scheduled according to the room schedule. She indicated the staff would set up the days for the showers, give the schedule to residents or family for approval, and if they approved, would leave on that schedule, but if the resident preferred something different, they would schedule according to the resident's choice. RN #1 indicated the CNA assignment sheet indicated Resident #25 was receiving 2 showers per week on Wednesdays and Saturdays, but could not find an assessment indicating shower preferences.</p> <p>The care plan was reviewed, at 4:28 p.m., on 11/19/13, and indicated the resident required assistance with showers 2 times per week. The care plan indicated the resident was moderately impaired in cognition and independent in daily decision making skills, and able to understand others and make his needs known with clear speech.</p> <p>The Director of Nursing Services (DNS) was interviewed, at 9:33 a.m., on 11/20/13, and indicated Resident #25 was scheduled for shower days according to a room schedule, and she could not find documentation of an assessment to indicate the</p>			

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	<p>resident was given a choice regarding showers.</p> <p>3. An interview with resident #82 on 11/18/20 at 1:49 P.M. indicated she received two or three showers a week, but would take one daily if she could. Resident #82 indicated the facility had never asked her how many showers she would like to take.</p> <p>4. An interview with resident #29 on 11/19/2013 at 11:09 A.M. indicated she was told when she moved in, two showers a week as what they got. Resident #29 indicated the facility had never offered her more showers and stated if she could she would take a shower daily.</p> <p>On 11/20/13 at 10:30 A.M. an interview with RN #1 indicated she could not locate any assessments the facility had conducted for choices for the residents for showering. RN #1 indicated each of the facilities rooms</p>				

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	<p>had assigned shower days. RN #1 indicated upon admission to the facility they ask the residents if the timing is okay as far as getting a shower on days or nights.</p> <p>3.1-3(u)(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 routinely invite 1 of 3 resident's (Resident #58) family member/Power of Attorney (POA) to quarterly health care planning meetings.</p> <p>Findings include:</p> <p>An interview with Resident #58's daughter/POA on 11/19/13 indicated she had not been invited to a health care plan meeting since the admission meeting two and a half years ago.</p> <p>An interview with the Social Service</p>	F000280	CORRECTIVE ACTION FOR AFFECTED RESIDENTS Invited affected # 58's daughter/POA to resident's health care plan.IDENTIFICATION/CORRECTIVE ACTION FOR POTENTIALLY AFFECTED RESIDENTSUpdated Health Care Plan Invitation Policy to reflect invitation date and time (See Attachment #3)MEASURES FOR PREVENTION Health Care Plan notices with date and time, were sent to all residents/responsible parties allowingrescheduling if necessary (See Attachment # 4). Audit tool developed to review and update the dates and times of health care plan meetings for the month	12/20/2013	

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	<p>Director (SSD) on 11/20/13 at 10:50 A.M. indicated no routine invitations are sent out to family members/POA's to attend quarterly health care plan meetings. The SSD indicated the family members/POA's receive a monthly billing statement which includes under the section Notes: "If you would like to schedule a health care plan concerning your loved one's care, please contact" the members of the Social Service Department.</p> <p>On 11/20/13 at 11:50 A.M., the SSD provided copies of the signature sheets for 10 health care plan meetings starting on 8/18/10 which indicated a family member has not attended a meeting since the initial meeting on 8/10/10.</p> <p>3.1-35(c)(2)(C)</p>		(See Attachment # 5). QA FOR PREVENTION The Director of Nursing or designee will monitor monthly for 6 months, the results of the "prevention monitoring" for compliance and report monthly for 6 months to QA&A Committee. EFFECTIVE DATEThe changes are completed and effective by December 20, 2013		

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F000309 SS=D	<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 record review and interview, the facility failed to consistently evaluate and document pain assessments according to the facility's policy for pain assessment, documentation, and effectiveness of PRN (as needed) medication. This affected 1 of 3 Residents, #25, reviewed for pain recognition and management.</p> <p>Findings include:</p> <p>Resident #25 was interviewed, at 3:06 p.m. on 11/18/13, and indicated he had back pain and had a history of back surgery.</p> <p>The record for Resident #25 was reviewed at 9:56 a.m. on 11/20/13 and indicated diagnoses included, but were not limited to, spinal stenosis and lumbago.</p> <p>Current physician orders for November, 2013, indicated orders for the following pain medications:</p>	F000309	<p>CORRECTIVE ACTION FOR AFFECTED RESIDENTS Resident #25 has had a medication review to address pain. Documentation issues have been addressed in the staff in-service. IDENTIFICATION/CORRECTIVE ACTION FOR POTENTIALLY AFFECTED RESIDENTSAll residents have the potential to be affected and documentation issues have been addressed in the staff in-service. MEASURES FOR PREVENTION The DON has re-educated nurses on the implementation of PRN medication documentation guidelines. QA FOR PREVENTIONPrevention monitoring will continue monthly for 6 months, by cross checking PRN medication administered with the PRN medications sheet (See Attachment # 6).The Director of Nursing or designee will monitor the results of the "prevention monitoring" for compliance and report monthly for 6 months, to QA&A Committee. EFFECTIVE DATE The changes are completed and</p>	12/20/2013	

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	<p>Acetaminophen 325 milligrams, take 2 tablets by mouth every 4 hours as needed for pain; Hydroco/APAP tab 5-325 milligrams, take 1 tablet by mouth every 4 hours as needed for pain; Oxycod/Apap tab 5-325 milligrams, take 1 tablet by mouth 4 times daily as needed for pain.</p> <p>The Director of Nursing Services (DNS) was interviewed at 2:00 p.m. on 11/20/13 regarding documentation requirements when a pain medication was given. The DNS indicated the facility used a "PRN (as needed) list", which she indicated was similar to a 24 hour report sheet, which the nurses documented and provided to the DNS. She indicated the PRN list contained information about all the PRN medication, including pain medication which was given to the residents in the facility. She indicated this PRN list was not part of the medical record.</p> <p>At 2:45 p.m., on 11/20/13, the DNS provided the policy for Administration of PRN medications. The policy indicated the following: "As PRN medications are administered, the medication/treatment nurse list the resident's name, medication given, site, time given, pain scale if for</p>		effective by December 20, 2013				

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	<p>analgesics. The follow-up time and pain score are also listed on the PRN Record. All PRN medications are documented in the nurses note for reason given, date, and time. A follow-up assessment of medication effectiveness is performed within one hour and documented in the nursing notes. If not effective, further intervention is necessary."</p> <p>The Medication Administration Record (MAR) for November, 2013 indicated Hydroco/APAP 5-325 milligrams, 1 tablet, by mouth, was given to Resident #25 as follows: 11/1/13 at 5:00 p.m. Documentation on the MAR indicated "0" with a line through it under the result area. There was no documentation on the back of the MAR or in the nursing notes regarding the pain assessment scale, or where the pain was located. The PRN list, provided by DNS, indicated pain was in the back, a score of "6" on the pain scale, and follow up was done in 1 hours.</p> <p>11/2/13 at 3:00 p.m., "0" was written under results, but there was no documentation on the back of the MAR or nursing notes regarding the location of the pain or use of the pain scale. The PRN list indicated the pain was generalized, but there was no</p>			

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	<p>pain scale.</p> <p>11/5 /13 at 9:00 p.m. the MAR indicated the medication was given at this time, however, nursing notes indicated the medication was given on 11/5/13 at 8:00 p.m. The PRN list indicated the medication was given at 8:00 p.m.</p> <p>11/14 8:00 p.m., indicated what degree of pain (6) under the result section and staff initials under this, but no results of the effect of the medication, no pain location and no nursing notes. The PRN list did list all the information.</p> <p>11/16/13 at 9:30 (did not indicate a.m. or p.m.), 11/17/13 at 7:00 p.m., and 11/19/13 at 8:00 p.m. The degree of pain was documented under the results section of the MAR and initials documented under this, but no pain location, results of the pain medication, and nothing was documented in the nursing notes. The PRN list indicated on 11/16 no site/location of the pain , no results of the medication; 11/17/13 no location of the pain and no results to indicate if the medication was effective.</p> <p>Resident #25 was Interviewed at 8:00 a.m. on 11/21/13 and indicated his</p>						

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	<p>pain was better since he had been in therapy, but he had pain sometimes after attending therapy. He indicated he could ask for a pain medication if he needed to and it normally helped him.</p> <p>RN #1 was interviewed at 9:50 a.m. on 11/22/13 and indicated when documenting a PRN medication on the MAR, staff was supposed to document the date, time, their initials, and the pain assessment scale to indicate the degree of pain. She indicated she was not sure what the "0" meant under the result area, but this was not part of the coding staff was to document. She indicated staff were then supposed to document this information and the degree of relief obtained from the medication in the nursing notes.</p> <p>RN #1 was interviewed at 10:16 a.m. on 11/22/13 and indicated she had talked to staff about the meaning of the "0" and "E" documented on the MAR and staff had told her the "0" and "E" meant the results were effective and the resident no longer had pain.</p> <p>3.1-37(a)</p>			

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to accurately document assessments according to the facility's policy for PRN (as needed) medication for 2 of 3 residents reviewed for pain recognition and management (Residents #25, and #9).</p> <p>Findings include:</p> <p>1. Resident #25 was interviewed at 3:06 p.m. on 11/18/13 and indicated he had back pain and had a history of back surgery.</p> <p>The record for Resident #25 was reviewed at 9:56 a.m. on 11/20/13 and indicated diagnoses included, but were not limited to, spinal stenosis</p>	F000514	<p>CORRECTIVE ACTION FOR AFFECTED RESIDENTS Resident # 25 and # 9 have had medication reviews to address pain. IDENTIFICATION/CORRECTIVE ACTION FOR POTENTIALLY AFFECTED RESIDENTS All residents have the potential to be affected and documentation issues have been addressed in the staff education in-service. MEASURES FOR PREVENTION The DON has re-educated nurses on the implementation of PRN medication documentation guidelines. QA FOR PREVENTION Prevention monitoring will continue by cross checking PRN medication administered with the PRN medications sheet (See Attachment # 6). The Director of Nursing or designee will monitor</p>	12/20/2013	

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	<p>and lumbago.</p> <p>Current physician orders for November, 2013, indicated orders for the following pain medications: Acetaminophen 325 milligrams, take 2 tablets by mouth every 4 hours as needed for pain; Hydroco/APAP tab 5-325 milligrams, take 1 tablet by mouth every 4 hours as needed for pain; Oxycod/Apap tab 5-325 milligrams, take 1 tablet by mouth 4 times daily as needed for pain.</p> <p>The Director of Nursing Services (DNS) was interviewed at 2:00 p.m. on 11/20/13 regarding documentation requirements when a pain medication was given. The DNS indicated the facility used a "PRN (as needed) list", which she indicated was similar to a 24 hour report sheet, which the nurses documented and provided to the DNS. She indicated the PRN list contained information about all the PRN medication, including pain medication which was given to the residents in the facility. She indicated this PRN list was not part of the medical record.</p> <p>At 2:45 p.m. on 11/20/13 the DNS provided the policy for administration of PRN medications. The policy</p>		the results of the "prevention monitoring" for compliance and report monthly to QA&A. EFFECTIVE DATE The changes are completed and effective by December 20, 2013		

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	<p>indicated the following: "As PRN medications are administered, the medication/treatment nurse list the resident's name, medication given, site, time given, pain scale if for analgesics. The follow-up time and pain score are also listed on the PRN Record. All PRN medications are documented in the nurses note for reason given, date, and time. A follow-up assessment of medication effectiveness is performed within one hour and documented in the nursing notes. If not effective, further intervention is necessary."</p> <p>The Medication Administration Record (MAR) for November, 2013 indicated Hydroco/APAP 5-325 milligrams, 1 tablet, by mouth, was given to Resident #25 as follows: 11/1/13 at 5:00 p.m. Documentation on the MAR indicated "0" with a line through it under the result area. There was no documentation on the back of the MAR or in the nursing notes regarding the pain assessment scale, or where the pain was located. The PRN list, provided by DNS, indicated pain was in the back, a score of "6" on the pain scale, and follow up was done in 1 hour.</p> <p>11/2/13 at 3:00 p.m., "0" was written</p>			

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	<p>under results, but there was no documentation on the back of the MAR or nursing notes regarding the location of the pain or use of the pain scale. The PRN list indicated the pain was generalized, but there was no pain scale.</p> <p>11/5 /13 at 9:00 p.m. the MAR indicated the medication was given at this time, however, nursing notes indicated the medication was given on 11/5/13 at 8:00 p.m. The PRN list indicated the medication was given at 8:00 p.m.</p> <p>11/14 8:00 p.m., indicated what degree of pain (6) under the result section and staff initials under this, but no results of the effect of the medication, no pain location and no nursing notes The PRN list did list all the information.</p> <p>11/16/13 at 9:30 (did not indicate a.m. or p.m.), 11/17/13 at 7:00 p.m., and 11/19/13 at 8:00 p.m. The degree of pain was documented under the results section of the MAR and initials documented under this, but no pain location, results of the pain medication, and nothing was documented in the nursing notes. The PRN list indicated on 11/16 no site/location of the pain , no results of</p>			

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	<p>the medication; 11/17 no location of the pain and no results to indicate if the medication was effective.</p> <p>RN #1 was interviewed at 9:50 a.m. on 11/22/13 and indicated when documenting a PRN (as needed) medication on the MAR, staff was supposed to document the date, time, their initials, and the pain assessment scale to indicate the degree of pain. She indicated she was not sure what the "0" meant under the result area, but this was not part of the coding staff was to document. She indicated staff were then supposed to document this information and the degree of relief obtained from the medication in the nursing notes.</p> <p>RN #1 was interviewed at 10:16 a.m. on 11/22/13 and indicated she had talked to staff about the meaning of the "0" and "E" documented on the MAR and staff had told her the "0" and "E" meant the results were effective and the resident no longer had pain.</p>				

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	<p>2. The clinical record of Resident #9 was reviewed on 11/21/13 at 10:15 a.m. The clinical record indicated Resident #9's diagnoses included, but were not limited to, C2-C4 (cervical vertebrae) discitis/osteomyelitis.</p> <p>The Physician's Orders Sheet dated 11/2013 indicated an order from 1/29/11 for the medication Flexeril 5 milligrams (mg) by mouth three times a day prn (as needed) for muscle spasms.</p> <p>The Medication Administration Record (MAR) dated 10/2013 indicated documentation Resident #9 had received the prn medication Flexeril 5 mg on 10/3/13 at 8:00 p.m. and 10/9/13 at 8:00 a.m.</p> <p>The Nurses Notes dated 10/3/13 at 8:00 p.m. and 10/9/13 at 8:00 a.m. indicated there was no documentation the resident had received the prn medication Flexeril or what the results were of the muscle relaxer.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155322	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/22/2013
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NAME OF PROVIDER OR SUPPLIER RENAISSANCE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6050 S CR 800 E 92 FORT WAYNE, IN 46814
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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>On 11/21/13 at 1:45 p.m. RN #2 was interviewed in regard to Resident #9's prn medication. RN #2 indicated all prn medications are to be documented in the Nurses Notes.</p> <p>3.1-50(a)(1)</p>			