

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155768	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/13/2013
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NAME OF PROVIDER OR SUPPLIER  EVANSVILLE PROTESTANT HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WASHINGTON AVE EVANSVILLE, IN 47714
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F000000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: May 1, 2, 3, 6, 8, 9, 10, 13, 2013.</p> <p>Facility Number: 001125 Provider Number: 155768 AIMS Number: NA</p> <p>Survey Team: Barbara Fowler, RN TC Diane Hancock, RN Amy Winingar, RN 5/6, 5/8, 5/9, 5/10. 5/13/2013.</p> <p>Census Bed Type: SNF: 34 NCC [Non-Certified Comprehensive]: 17 Residential: 62 Total: 113</p> <p>Census Payor Type: Medicare: 11 Other: 102 Total: 113</p> <p>These deficiencies also reflect the state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on May 20,</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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	2013, by Jodi Meyer, RN				

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F000250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on record review, observation, and interview, the facility failed to provide adequate social service monitoring in 2 of 10 resident reviewed for unnecessary medications, in that the residents did not have any monitoring of their behaviors while receiving psychotropic medications. (Resident #40, Resident #33)</p> <p>Findings include:</p> <p>1. Resident #40's record was reviewed on 5/3/13 at 2:22 p.m. Resident #40 was admitted with diagnoses including, but not limited to, diabetes mellitus, Alzheimer's dementia, hypothyroidism, anemia, and osteoporosis.</p> <p>Resident #40 had a physician's order, dated 11/07/12, for Ativan 0.5 mg 1 (one) tablet po([by mouth) every 4 hours as needed for anxiety.</p> <p>Resident #40's quarterly MDS (Minimum Data Set) assessment indicated the resident had a BIMS</p>	F000250	<p>Please accept this plan of correction as our credible allegation of compliance. This plan of correction is submitted as part of regulatory required response and is not to be construed as agreement with the deficiencies cited. <b><u>F250-adequate social service monitoring of psychotropic medications</u></b></p> <p><b>What corrective action will be accomplished for resident found to be affected by deficient practice?</b> Resident #40 and Resident #33 have suffered no ill effects. The pharmacist shall review the chart and make recommendations for reduction or deletion of medications. The physician has made no changes to the resident's drug regimen at this time. Social Service has updated the care plan and behavior management plan. <b>How other residents potentially affected will be identified and corrective actions taken?</b> All residents are potentially affected by the cited deficiency All residents receiving psychotropic medications will be audited by social service director or designee for behavior management programming</p>	06/13/2013			

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	<p>(Brief interview for Mental Status) score of 9/15 which indicated the resident had moderate mental impairment.</p> <p>The Care Plans for Psychotropic drug use and antianxiety medications, dated 3/3/13, indicated the facility was to assess and document any change in the resident's mood and behavior and notify the physician as warranted, document the resident's behavior and interventions on the monthly "Behavior Monitoring Form," monitor for signs and symptoms of EPS (extrapyramidal symptoms) every shift, complete the Behavior Intervention form every shift, and follow the resident's behavior plan and interventions prior to administering any prn (as needed) medications.</p> <p>The MAR ([Medication Administration Record), dated 01/01/13 - 01/31/13 and obtained from the Adm (Administrator) on 5/9/13 at 3:45 p.m., indicated Resident #40 had received Ativan 0.5 mg on 1/5/13, 1/9/13, and 1/27/13. The "PRN, STAT, and Medications Omitted" form for the month of January, 2013 indicated the resident was given the Ativan for increased anxiety. The form indicated the medication was either</p>		<p>implementation and effectiveness. <b>What measures will be put in place or systemic changes made to ensure the deficient practice does not recur?</b> Social Service Director or designee shall provide in servicing to nursing staff regarding how to document the resident's behavior and interventions on the Behavior Monitoring Form. Social Service director or designee shall complete a monthly narrative regarding behavior management programming and effectiveness. <b>How the corrective actions will be monitored to ensure the deficient practice will not recur?</b> All residents on psychotropic medications will have the behavior management program audited for congruence with social service documentation. Audits will be completed by social service director or designee and be monitored 5 times a week for 4 weeks, 3 times a week for 4 weeks, and weekly for four weeks, and then monthly audits will continue. Any variation in protocol or processing will result in immediate correction. All audits shall be submitted to the Quality Assurance Committee for review and/or further corrective action. Audits will not titrate down unless QA committee deems 100% compliance was achieved.</p>				

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	<p>helpful or effective with no interventions documented prior to the resident receiving the medication.</p> <p>The MAR, dated 03/01/13 - 03/31/13 and obtained from the Adm on 5/9/13 at 3:45 p.m., indicated Resident #40 had received Ativan 0.5 mg on 3/7/13, 3/12/13, 3/13/13, 3/14/13, 3/15/13, 3/16/13, 3/18/13, 3/19/13, 3/23/13, and 3/29/13. The "PRN, STAT, and Medications Omitted" form for the month of March, 2013, indicated the resident had been given Ativan for anxiety and agitation. The form indicated the Ativan had been effective but no interventions were documented prior to the resident receiving the medication.</p> <p>The resident was observed on 5/8/13 at 8:05 a.m. eating in the dining room,</p> <p>The resident was observed on 5/8/13 at 2:30 p.m. to be sleeping in bed.</p> <p>An interview with LPN #1 on 5/9/13 at 1:30 p.m., indicated the resident had periods of increased anxiety and agitation.</p> <p>The Social Services Progress Notes, dated 3/4/13, indicated the following: behavior plan in place; resident sundowns in afternoon/evening;</p>			

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	<p>interventions applied prior to medication given.</p> <p>The "Behavior Monitoring Form," for the months of January and March, 2013, did not have any documentation. The "Behavior/Intervention Monthly Flow Record" did not have any documentation for the months of January and March, 2013.</p> <p>A Nurse's Note, dated 3/3/13, indicated the resident had increased anxiety and agitation with the staff. The physician was notified and an order received to give Ativan 0.5 mg po every 4 hrs prn for 48 hours and Risperdal 0.5 mg po every HS (hour of sleep). No follow up documentation was found in the nurse's notes. The Risperdal was discontinued on 3/4/13.</p> <p>2. Resident #33's record was reviewed on 5/8/13 at 11:20 a.m. The resident had diagnoses including, but not limited to, dementia, diabetes mellitus, HTN (hypertension), atrial fibrillation, gout, and COPD (chronic obstruction pulmonary disease).</p> <p>Resident #33 had a physician's order, dated 3/28/13, for Ativan 0.25 mg 1 (one) tablet bid (twice a day) prn (as</p>				

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	<p>needed) for anxiety.</p> <p>Resident #33's admission MDS (Minimum Data Set) assessment, dated 3/21/13, indicated the resident's BIMS (Brief Interview for Mental Status) score as a 99, indicating the resident was unable to be interviewed. A staff assessment was completed which indicated the resident had short-term and long-term memory problems and was moderately impaired in decision-making skills.</p> <p>Resident #33's care plan, dated 4/12/13, for antianxiety medication indicated the facility was to assess and document any changes in the resident's mood and behavior and notify the physician as warranted, complete the behavior intervention flow sheet every shift, educated the resident/family about medication, and complete the "Behavior Intervention Monitor" form every shift, and follow the resident's behavior plan and interventions prior to administering any prn (as needed) and medications.</p> <p>The Behavior Care Plan, dated 3/21/13, indicated the facility was to monitor effectiveness/side effects of medications as ordered.</p>			

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	<p>The MAR (Medication Administration Record), dated 03/14/13 - 03/31/13 and obtained from the Adm on 5/9/13 at 3:45 p.m., indicated Resident #33 had received Ativan on 3/29/13 and 3/31/13. The "PRN, STAT, and Medications Omitted" form indicated the resident had received Ativan on 3/29/13 at 8:00 a.m. and 4:00 p.m. for increased anxiety. The form indicated no interventions had been given and the medication was effective.</p> <p>The MAR, dated 04/1/13 - 04/30/13, indicated the resident received Ativan on 4/2/13 (2 times), 4/4/13, 4/6/13 (2 times), 4/7/13, 4/8/13, 4/10/13, 4/11/13, 4/12/13 (2 times), 4/15/13, 4/16/13 (2 times), 4/17/13 (2 times), 4/18/13, 4/19/13, 4/22/13, and 4/24/13. The Ativan was discontinued on 4/24/13. The MAR indicated the Ativan was given for increased anxiety and restlessness with no interventions prior to giving the medication. The form indicated the medication was helpful or effective or the resident was sleeping.</p> <p>The resident was observed on 5/6/13 at 11:18 a.m., being toileted with assistance.</p> <p>The resident was observed on 5/8/13</p>			

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	<p>at 8:10 a.m. to be eating breakfast in the dining room.</p> <p>The resident was observed on 5/10/13 at 10:20 a.m. to be propelling herself in her wheelchair in the hall.</p> <p>Interview with LPN #1 on 5/9/13 at 1:35 p.m., indicated Resident #33 has periods of increased anxiety and restlessness.</p> <p>The Social Service Progress Notes, dated 4/18/13, indicated the resident continues to sundown with increased wandering in the afternoon and evening; behavior and care plan in place.</p> <p>The "Behavior Monitoring Form," for the months of March and April, 2013, did not have any documentation. The "Behavior/Intervention Monthly Flow Record" did not have any documentation for the months of January and March, 2013.</p> <p>An interview with the Administrator on 5/10/13 at 11:30 a.m., indicated the staff was to document interventions in the nurse's notes whenever a PRN medication was given. The Adm indicated the "Behavior/ Intervention Monthly Flow Record" and the "Behavior Monitoring Form" were to</p>			

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	<p>be completed every shift.</p> <p>A policy for the "Behavior Management and Monitoring Program, obtained from the Adm on 5/9/13 at 10:30 a.m., indicated a resident receiving an antipsychotic drug with or without behavioral symptoms will be included in the behavior monitoring program.</p> <p>3.1-34(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 observation, interview and record review, the facility failed to ensure care plan interventions for behaviors were monitored for effectiveness so that care plans could be reviewed and revised in accordance with the residents' responses, for 2 of 10 residents reviewed for psychoactive medications, in that the residents had behaviors and had care plans to address the behaviors, but the behavior tracking was incomplete. (Residents #34, #52)</p> <p>Findings include:</p>	F000280	<p><b><u>F-280 care plan interventions</u></b> <b>What corrective action will be accomplished for resident found to be affected by deficient practice?</b> Resident # 34 and #52 continue to reside at the facility. Social Service shall update the care plan and behavior management program to reflect resident's current personalized needs. <b>How other residents potentially affected will be identified and corrective actions taken?</b> It is the policy of this facility to provide care by qualified persons in written accordance with the resident's plan of care as order by the physician. All residents are potentially affected by the cited</p>	06/13/2013			

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	<p>1. Resident #34 was observed in the resident's room on 5/1/13 at 2:00 p.m., seated in a wheelchair. The resident indicated, when conversation was attempted, "who are you, leave me the hell alone."</p> <p>Resident #34's clinical record was reviewed on 5/8/13 at 1:55 p.m. The resident was admitted to the facility on 8/9/10 with diagnoses including, but not limited to, dementia, hypertension, congestive heart failure, osteoarthritis, osteoporosis, and dislocated shoulder.</p> <p>The resident's most recent quarterly Minimum Data Set (MDS) assessment, dated 4/1/13, indicated the resident exhibited physically abusive behaviors 4-6 days, but less than daily. She exhibited verbally abusive behavior and other behaviors at the same frequency. The MDS indicated the resident rejected care daily.</p> <p>Social Service progress notes, dated 4/1/13, include, but were not limited to, the following: "Interview attempted with res [resident] in room in AM. Resident agreed at first, then stated 'Leave me alone, Get the hell out...' Declined to answer mood questions...Staff</p>		<p>deficiency. All residents receiving psychotropic medications will be audited by social service director or designee for use of behavior tracking form and interventions utilization required with use of psychotropic medications. All residents receiving psychotropic medication shall have the behavior management program updated. <b>What measures will be put in place or systemic changes made to ensure the deficient practice does not recur?</b> To enhance currently compliant operations, Social Service Director or designee shall provide inservicing regarding how to document the resident's behavior and interventions on the Behavior Monitoring Form every shift, and follow the residents behavior plan with intervention utilization. <b>How the corrective actions will be monitored to ensure the deficient practice will not recur?</b> All residents on psychotropic medications will have the behavior tracking form which includes intervention documentation reviewed by social service director or designee and be monitored 5 times a week for 4 weeks, 3 times a week for 4 weeks, and weekly for four weeks, and then monthly audits will continue. Any variation in protocol or processing will result in immediate correction. All audits shall be submitted to the Quality Assurance Committee for review and/or further corrective</p>				

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	<p>interview as res. declined to answer mood questions...Tires 7-11 days but not dly [daily] per staff's report, poor concentration 7-11 days. Easily annoyed angry - daily especially @ care i.e. cursing, pushes away, yells at staff. 4-6 days inappropriate behavior, resistive to care dly..."</p> <p>The resident had a care plan, dated 3/11/13, for resident being on a behavior management program. The behavior management plan indicated the resident at times had inappropriate behaviors, yelled out and was disruptive. The behavior plan was initially dated 1/1/13 and reviewed 2/19/13 and 4/1/13. The Behavior Book had the following Behavior Management Plan and Interventions in it, reviewed at the same time as the clinical record: Identified Behavior Problem Psychosis Verbal behaviors directed toward others, cursing at others Rejection of care, "pushes away et swats @ care, hits et curses @ care," slapping at care, fighting at care, exit seeking, inappropriate repetitive verbalizations. Interventions included, but were not limited to, the following: "Approach in a calm manner and address resident by their preferred</p>		<p>action. Audits will not titrate down unless QA committee deems 100% compliance was achieved.</p>	

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	<p>name [name listed] Speak in a calm soothing manner Assess for unmet needs... Offer to toilet Offer a snack Seek familiar staff to assist if available Offer a walk or wheelchair ride, Resident preferences busy box, stuff animals in room Offer to assist to room to reduce stimulation Redirect from doorways if wandering One on one Accept resident reality as real to them..." Resident specific interventions, "flowers, weather from newspaper..."</p> <p>The Behavior Book included Behavior Monitoring Forms. For the month of May, 2013, behaviors being tracked were the following: 1) Hits/slaps @ staff with care, resistive. Interventions included to redirect, one to one, preferred activity, change caregiver. 2) Verbally abrasive (sic), cursing. Interventions: Redirect, one to one, preferred activity, change caregivers. 3) Risk of exit seeking. Code alert, redirect, provide preferences, one to one</p> <p>Upon review of the May, 2013</p>						

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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>Behavior Monitoring Forms, there had been none documented. The forms were reviewed again on 5/13/13 at 9:30 a.m. and indicated no behaviors had occurred during the month of May, 2013 to date. April, 2013 Behavior records were reviewed and indicated the following:</p> <p>4/2/13 day shift 1 episode of being verbally abrasive (sic) and cursing. The resident was redirected and the behavior improved</p> <p>4/9/13 day shift, 1 episode of being verbally abrasive (sic) and cursing. The resident was redirected and it improved.</p> <p>4/25/13 day shift, 2 episodes of being verbally abrasive (sic) and cursing. The resident was redirected and the behavior was unchanged.</p> <p>4/25/13 day shift, 2 episodes of hitting/slapping at staff, redirected, unchanged.</p> <p>Interview with CNA #1, at 6:55 a.m. on 5/9/13, indicated Resident #34 calls them names, resists care, claws at them whenever they try to care for her, every time.</p> <p>As the behaviors and interventions were not tracked, it prevented revision of the care plan to include the most effective interventions.</p>				

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	<p>2. On 5/2/13 at 9:15 a.m., Resident #52 was observed to be in a wheelchair in the hallway by the nurses' station. He was singing loudly. Unidentified staff members would stop and talk to the resident from time to time.</p> <p>Resident #52's clinical record was reviewed on 5/9/13 at 7:00 a.m. The resident was admitted to the facility on 2/1/11 with diagnoses including, but not limited to, history of pneumonia, sinus bradycardia, chronic anemia, dementia, hypertension, hypokalemia, behaviors, acute renal failure, mental status alteration.</p> <p>The resident's quarterly Minimum Data Set (MDS) assessment, dated 3/28/13, indicated the resident exhibited other behaviors, including, but not limited to, verbal/vocal symptoms such as screaming and/or disruptive sounds.</p> <p>The resident had a Behavior Care Plan, dated 10/12/12 and reviewed 1/12/13 for socially inappropriate behaviors such as yelling, resisting care, and spitting. Interventions included, but were not limited to, the following: Assess/record changes in behavior</p>			

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	<p>Report to physician changes Non-confrontational Anticipate needs Explain care Reduce stressors, specifically, too much stimuli, toilet, food Intervene to protect safety Walk with resident in geri-chair Redirect Diversional activities In house psychiatrist in place</p> <p>The resident also had a care plan for agitation behavior which disrupts care/living environment, dated 9/18/12. Interventions included, but were not limited to, follow individualized best practices for him, avoid confrontation, follow his behavior escalation plan, rule out medical issues, reassure...</p> <p>The Behavior Book included a Behavior Management Plan and Interventions form, dated 2/2013 and reviewed 5/2013, included the following: Identified Behavior Problem, Psychosis, spits Rejection of Care, mumbles incoherently inappropriate loud noises, spits, continuous yelling, continuous screaming, fighting Interventions: Approach in a calm manner and</p>				

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	<p>address resident by their preferred name (name listed) Speak in a calm soothing manner. Assess for unmet needs - cold, hungry, thirsty, ADL (activities of daily living) assistance, pain, etc. Offer to toilet Offer a snack. Loves Cookies Seek familiar staff to assist if available Offer a wheelchair ride, resident preference - busy box Offer to assist to room to reduce stimulation Redirect from doorways if wandering One on one Accept resident reality as real to them Provide comfort and reassurance</p> <p>A Behavior Monitoring Form, dated 5/2013, included the following behaviors being tracked: 1) Resistive to care Interventions: Redirect, 1:1 (one to one monitoring), preferred activity, food/fluids "cookie" 2) Inappropriate loud noises Interventions: 1:1, Redirect, Offer snacks-cookie, change of caregivers</p> <p>No behaviors were documented for May, 2013 when reviewed on 5/9/13 at 3:00 p.m. and again on 5/13/13 at 10:10 a.m.</p>				

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	<p>On 5/9/13 at 8:47 a.m., Resident #52 was observed seated in a wheelchair with a lap buddy positioning device in place. He was yelling out in a sing/song voice loudly.</p> <p>On 5/9/13 at 9:48 a.m., Resident #52 was seated in a wheelchair in the hallway. He was yelling out, "hey, hey" and coughing loudly. LPN #1 approached the resident, repositioned him, and then started wheeling him down the hall in his wheelchair.</p> <p>When the behavior monitoring was reviewed with the Director of Nurses and the Administrator on 5/10/13 at 11:30 a.m., they indicated the resident was doing better, but still yelled out loudly most days.</p> <p>Failure to monitor the behaviors and responses to interventions prevented revision of the care plan to include the most effective interventions.</p> <p>3.1-35(d)(2)(B)</p>			

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F000315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview and record review, the facility failed to ensure incontinent residents were assessed for voiding patterns in order to potentially prevent incontinence, for 2 of 2 residents reviewed for incontinence, in the sample of 2 who met the criteria. (Residents #16, #52)</p> <p>Findings include:</p> <p>1. Resident #16's clinical record was reviewed on 5/6/13 at 11:28 a.m. The resident was admitted to the facility on 11/23/12 with diagnoses including, but not limited to, anemia, atrial fibrillation, congestive heart failure, hypertension, diabetes mellitus, and chronic renal insufficiency. The resident transferred to another facility on 2/15/13, upon request.</p> <p>A readmission Minimum Data Set</p>	F000315	<p><b><u>F-315 No Catheter-incontinence</u></b> What corrective action will be accomplished for resident found to be affected by deficient practice? Resident # 16 was a discharge record review. Resident #52 the incontinent pattern tracking form shall be completed. <b>How other residents potentially affected will be identified and corrective actions taken?</b> It is the policy of this facility to provide care by qualified persons in written accordance with the resident's plan of care as order by the physician. All residents are potentially affected by the cited deficiency. The Director of Nursing or designee shall complete the Incontinence pattern tracking form for all nursing residents. <b>What measures will be put in place or systemic changes made to ensure the deficient practice does not recur?</b> To enhance currently</p>	06/13/2013			

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	<p>(MDS) assessment, dated 1/10/13, indicated the resident was frequently incontinent with 7 or more episodes of urinary incontinence, but at least one episode of continent voiding.</p> <p>A significant change in status MDS, dated 2/10/13, indicated the resident was always incontinent with no episodes of continent voiding.</p> <p>A care plan for urinary incontinence, dated 2/13/13, indicated the resident was always incontinent due to diuretic medication and compromised mobility. Interventions included, but were not limited to, the following: Use incontinence garments to contain urine and minimize skin irritation Facilitate normal bowel movements to occur every 1-3 days; provide roughage in diet and enough fluids for healthy bowel function and to improve urinary results. Time administration of diuretic to avoid increased urination during preferred activities and the nighttime Have resident wear clothing that facilitates toileting: elastic waistband, velcro closures. Promote involvement in activities, reassuring her that toileting needs will be promptly met. Insure visual cues for toilet location Modify environment for ease and</p>		<p>compliant operations, under the direction of the Director of Nursing or designee, licensed nursing staff shall receive in-servicing on completion of incontinence pattern tracking form with new admissions, quarterly MDS, annual MDS, and significant change MDS/ and or return from hospital. <b>How the corrective actions will be monitored to ensure the deficient practice will not recur?</b> Incontinence pattern tracking forms will be reviewed for completion for new admissions, quarterly MDS, annual MDS and significant change MDS or return from hospital by DON or designee. The incontinence pattern tracking form will be monitored for completion 5 times a week for 4 weeks, 3 times a week for 4 weeks, and weekly for four weeks, and then monthly audits will continue for new admissions, quarterly MDS, annual MDS, and significant change/and or return from hospital. Any variation in protocol or processing will result in immediate correction. All audits shall be submitted to the Quality Assurance Committee for review and/or further corrective action. Audits will not titrate down unless QA committee deems 100% compliance was achieved.</p>		

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	<p>safety of toilet use.</p> <p>A Bladder Assessment, dated 2/3/13, indicated the following: History of urinary incontinence in past 90 days Transfer with 2 assist Wheelchair for mobility Congestive heart failure, diabetes, obesity Leakage with cough, sneeze, physical activity Incontinence in small amounts Moderate/large volume of urine loss Weak or intermittent stream Mobility impairments Depression, delirium, dementia Based on data collected above, the type of urinary incontinence was documented as: stress, mixed, functional incontinence The resident was placed on a scheduled check and change program.</p> <p>The resident had an Incontinence Patterns Tracking form in the record. The Incontinence Patterns Tracking was documented as being conducted on 2/3/13, 2/4/13, and 2/5/13. The instructions on the form were as follows: "Track episodes of bowel/bladder incontinence for 3 days after admission. After 3 days, review the</p>			
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	<p>incontinence patterns on this form and complete the Bowel Assessment and the Urinary Incontinence Assessments..."</p> <p>The Incontinence Patterns Tracking form contained no documentation of any checking for incontinence on 2/3/13; that day was blank. On 2/4/13, the following was documented regarding bladder incontinence: 7:00 a.m. yes incontinent, 9:00 a.m. no incontinent, 11:00 a.m. yes incontinent, 1:00 p.m. no incontinent, 3:00 p.m. no incontinent.</p> <p>The rest of 2/4/13 on the tracking form was blank.</p> <p>On 2/5/13, the resident was documented as incontinent at 7:00 a.m., 9:00 a.m., 11:00 a.m., 1:00 p.m., 3:00 p.m., 1:00 a.m., 3:00 a.m., and 5:00 a.m. The evening shift times were blank.</p> <p>The Bladder Assessment had already been completed on 2/3/13, so this information was not used to complete the assessment.</p> <p>The policy and procedure for Urinary Continence and Incontinence - Assessment and Management, dated 2001 and revised October 2010, was</p>			

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	<p>provided by the Administrator on 5/9/13 at 10:30 a.m. and included, but was not limited to, the following: "As part of its assessment, nursing staff will seek and document details related to continence. Relevant details include:</p> <ul style="list-style-type: none"> <li>a. Voiding patterns (frequency, volume, nighttime or daytime, quality of stream, etc.);</li> <li>b. Associated pain or discomfort...and</li> <li>c. Types of incontinence..."</li> </ul> <p>2. Resident #52 was observed during incontinence care provided by CNAs #2 and #3 at 3:20 p.m. on 5/6/13. The resident was observed to be incontinent of a large amount of urine and feces. The CNAs provided the care and placed a clean incontinence brief on the resident.</p> <p>Resident #52's clinical record was reviewed on 5/9/13 at 7:00 a.m. The resident was admitted to the facility on 2/1/11 with diagnoses including, but not limited to, history of pneumonia, sinus bradycardia, chronic anemia, dementia, hypertension, hypokalemia, behaviors, acute renal failure, and mental status alteration.</p> <p>Resident #52 had a quarterly</p>						

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	<p>Minimum Data Set (MDS) assessment, also a readmission assessment, dated 12/27/12, indicating he was frequently incontinent, 7 or more episodes of urinary incontinence, but at least one episode of continent voiding. A quarterly review MDS, dated 3/28/13, indicated the resident was always incontinent with no episodes of continent voiding.</p> <p>The resident had a Bladder Assessment, dated 12/20/12, indicating the following: History of urinary incontinence in the past 90 days Wheelchair with lap tray Resident has ability to respond to prompts to void Alzheimer's or other dementia Narcotics Incontinence symptoms: Functional incontinence, mobility/manual dexterity impairments, restraints, depression, delirium, dementia Assessment: Functional incontinence Scheduled check and change program</p> <p>Another Bladder Assessment was completed, dated 3/28/13. The assessment indicated the following: History of urinary incontinence greater than 90 days</p>			

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	<p>Wheelchair with lap tray Alzheimer's or other dementia Narcotics Incontinence symptoms (section not completed) Unable to determine type of urinary incontinence due to dementia. Scheduled check and change program</p> <p>The resident had a care plan for urinary incontinence, dated 9/18/12. The care plan indicated it was for frequent urinary incontinence due to disordered thinking and compromised mobility. Interventions included, but were not limited to, the following: Address toileting needs 2 times per shift, as needed and before he goes to activities Have him wear clothing that facilitates toileting Provide peri-care after incontinent episodes...</p> <p>The resident was observed being toileted at 9:40 a.m. on 5/9/13. CNA #4 indicated he was continent of urine at that time; he had voided while on the toilet and had a bowel movement while on the toilet. She indicated he was continent quite a bit during the day, if taken to the toilet.</p> <p>3.1-41(a)(2)</p>						

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review, observation, and interview, the facility failed to ensure 2 residents given psychotropic medications in a sample of 10 residents that met the criteria, were given psychotropic medications with no interventions or behavior monitoring prior to receiving the medication. (Resident #40, Resident #33)</p> <p>Findings include:</p>	F000329	<p><b><u>F-329 –unnecessary drugs</u></b> <b>What corrective action will be accomplished for resident found to be affected by deficient practice?</b> Resident #40 and #33 have had pharmacist and physician review medication regimen for appropriate psychotropic utilization. <b>How other residents potentially affected will be identified and corrective actions taken?</b> All residents are potentially affected by the cited deficiency. All residents receiving psychotropic medications will be</p>	06/13/2013			

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	<p>1. Resident #40's record was reviewed on 5/3/13 at 2:22 p.m. Resident #40 was admitted with diagnoses including, but not limited to, diabetes mellitus, Alzheimer's dementia, hypothyroidism, anemia, and osteoporosis.</p> <p>Resident #40 had a physician's order, dated 11/07/12, for Ativan 0.5 mg 1 (one) tablet po (by mouth) every 4 hours as needed for anxiety.</p> <p>Resident #40's quarterly MDS (Minimum Data Set) assessment, dated 2/11/13, indicated the resident had a BIMS (Brief interview for Mental Status) score of 9/15 which indicated the resident had moderate mental impairment.</p> <p>The Care Plans for Psychotropic drug use and antianxiety medications, dated 3/3/13, indicated the facility was to assess and document any change in the resident's mood and behavior and notify the physician as warranted, document the resident's behavior and interventions on the monthly "Behavior Monitoring Form", monitor for signs and symptoms of EPS (extrapyramidal symptoms) every shift, complete the Behavior Intervention form every shift, and follow the resident's behavior plan</p>		<p>audited by social service director or designee for behavior tracking form documentation and documented use of interventions. <b>What measures will be put in place or systemic changes made to ensure the deficient practice does not recur?</b> To enhance currently compliant operations, Social Service Director or designee shall provide in servicing to nursing staff regarding how to document the resident's behavior, and document interventions on the Behavior Monitoring Form. <b>How the corrective actions will be monitored to ensure the deficient practice will not recur?</b> All residents receiving psychotropic medications will have the behavior tracking form which includes intervention documentation reviewed by social service director or designee 5 times a week for 4 weeks, 3 times a week for 4 weeks, and weekly for four weeks, and then monthly audits will continue. Any variation in protocol or processing will result in immediate correction. All audits shall be submitted to the Quality Assurance Committee for review and/or further corrective action. Audits will not titrate down unless QA committee deems 100% compliance was achieved.</p>		

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	<p>and interventions prior to administering any prn (as needed) and medications.</p> <p>The MAR (Medication Administration Record), dated 01/01/13 - 01/31/13 and obtained from the Adm (Administrator) on 5/9/13 at 3:45 p.m., indicated Resident #40 had received Ativan 0.5 mg on 1/5/13, 1/9/13, and 1/27/13. The "PRN, STAT, and Medications Omitted" form for the month of January, 2013 indicated the resident was given the Ativan for increased anxiety. The form indicated the medication was either helpful or effective with no interventions documented prior to the resident receiving the medication.</p> <p>The MAR, dated 03/01/13 - 03/31/13 and obtained from the Adm on 5/9/13 at 3:45 p.m., indicated Resident # 40 had received Ativan 0.5 mg on 3/7/13, 3/12/13, 3/13/13, 3/14/13, 3/15/13, 3/16/13, 3/18/13, 3/19/13, 3/23/13, and 3/29/13. The "PRN, STAT, and Medications Omitted" form for the month of March, 2013, indicated the resident had been given Ativan for anxiety and agitation. The form indicated the Ativan had been effective but no interventions were documented prior to the resident receiving the medication.</p>			

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	<p>The "Behavior Monitoring Form," for the months of January and March, 2013, did not have any documentation. The "Behavior/Intervention Monthly Flow Record" did not have any documentation for the months of January and March, 2013.</p> <p>A Nurse's Note, dated 3/3/13, indicated the resident had increased anxiety and agitation with the staff. The physician was notified and an order received to give Ativan 0.5 mg po every 4 hrs prn for 48 hours and Risperdal 0.5 mg po every HS [hour of sleep] for 48 hours. No follow up documentation was found in the nurse's notes. The Risperdal was discontinued on 3/4/13.</p> <p>Resident #40 was observed on 5/8/13 at 8:05 a.m., in the dining room eating breakfast.</p> <p>Resident #40 was observed on 5/8/13 at 2:30 p.m., in bed sleeping.</p> <p>Resident #40 was observed on 5/10/13 at 3:15 p.m., sleeping in bed.</p> <p>During interview with LPN #1 on 5/9/13 at 1:30 p.m., she indicated the resident had periods of increased</p>			
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	<p>anxiety and agitation.</p> <p>2. Resident #33's record was reviewed on 5/8/13 at 11:20 a.m. The resident had diagnoses including, but not limited to, dementia, diabetes mellitus, HTN (hypertension), atrial fibrillation, gout, and COPD (chronic obstruction pulmonary disease).</p> <p>Resident #33 had a physician's order, dated 3/28/13, for Ativan 0.25 mg 1 (one)tablet bid (twice a day) prn (as needed) for anxiety.</p> <p>Resident #33's admission MDS assessment, dated 3/21/13, indicated the resident's BIMS (Brief Interview for Mental Status) score as a 99, indicating she was unable to be interviewed. A staff assessment was completed which indicated the resident had short-term and long-term memory problems and was moderately impaired in decision-making skills.</p> <p>Resident #33's care plan, dated 4/12/13, for antianxiety medication indicated the facility was to assess and document any changes in the resident's mood and behavior and notify the physician as warranted, complete; the behavior intervention flow sheet every shift, educated the</p>				

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	<p>resident/family about medication, and complete the "Behavior Intervention Monitor" form every shift, and follow the resident's behavior plan and interventions prior to administering any prn (as needed) and medications.</p> <p>The Behavior Care Plan, dated 3/21/13, indicated the facility was to monitor effectiveness/side effects of medications as ordered.</p> <p>The MAR (medication administration record), dated 03/14/13 - 03/31/13 and obtained from the Adm on 5/9/13 at 3:45 p.m., indicated Resident #33 had received Ativan on 3/29/13 and 3/31/13. The "PRN, STAT, and Medications Omitted" form indicated the resident had received Ativan on 3/29/13 at 8:00 a.m. and 4:00 p.m. for increased anxiety. The form indicated no interventions had been given and the medication was effective.</p> <p>The MAR, dated 04/04/13 - 04/30/13, indicated the resident received Ativan on 4/2/13 (2 times), 4/4/13, 4/6/13 (2 times), 4/7/13, 4/8/13, 4/10/13, 4/11/13, 4/12/13 (2 times), 4/15/13, 4/16/13 (2 times), 4/17/13 (2 times), 4/18/13, 4/19/13, 4/22/13, and 4/24/13. The Ativan was discontinued on 4/24/13. The MAR</p>			

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	<p>indicated the Ativan was given for increased anxiety and restlessness with no interventions prior to giving the medication. The form indicated the medication was helpful or effective or the resident was sleeping.</p> <p>The "Behavior Monitoring Form," for the months of March and April, 2013, did not have any documentation. The "Behavior/Intervention Monthly Flow Record" did not have any documentation for the months of March and April, 2013.</p> <p>Resident #33 was observed on 5/6/13 at 11:18 a.m., being toileted with assistance.</p> <p>Resident #33 was observed on 5/8/13 at 8:10 a.m., eating breakfast in the dining room.</p> <p>Resident #33 was observed on 5/10/13 at 10:20 a.m., propelling self in her wheelchair in the hall.</p> <p>Interview with LPN #1 on 5/9/13 at 1:35 p.m., indicated Resident #33 has periods of increased anxiety and restlessness.</p> <p>An interview with the Administrator on 5/10/13 at 11:30 a.m., indicated the staff was to document interventions in</p>			

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	<p>the nurse's notes whenever a PRN medication was given. The Adm indicated the "Behavior/ Intervention Monthly Flow Record" and the "Behavior Monitoring Form" were to be completed every shift.</p> <p>A policy for "Behavior Management and Monitoring Program, obtained from the Adm on 5/9/13 at 10:30 a.m., indicated a resident receiving an antipsychotic drug with or without behavioral symptoms will be included in the behavior monitoring program.</p> <p>3.1-48(b)(2)</p>			