

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155120	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2011
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-BRANDYWINE	STREET ADDRESS, CITY, STATE, ZIP CODE 745 N SWOPE ST GREENFIELD, IN46140
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 26, 27, 28, 29, and 30, 2011</p> <p>Facility number: 000050 Provider number: 155120 AIM number: 100266170</p> <p>Survey team: Barbara Gray RN TC Sharon Lasher RN Angel Tomlinson RN Vallie Cassette RN</p> <p>Census bed type: SNF/NF: 121 Total: 121</p> <p>Census payor type: Medicare: 13 Medicaid: 78 Other: 30 Total: 121</p> <p>Stage 2 sample: 40</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/6/11</p>	F0000		

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/24/2011

FORM APPROVED

OMB NO. 0938-0391

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	Cathy Emswiller RN				

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F0156 SS=B	<p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p>			

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	<p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p>			

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	<p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to inform residents or their Power Of Attorney (POA) of a reason for discharge from skilled services for 3 of 3 residents sampled for liability notice and beneficiary appeal rights in a total sample of 3 residents that met the criteria (Resident # 130 #47 and #49).</p> <p>Finding include:</p> <p>Review of Resident #130's discharge notice from skilled services dated 8-3-11 indicated no documentation of a detailed reason for discharge. The discharge notice indicated the reason was services do not require daily skilled nursing and rehabilitation.</p> <p>Review of Resident #47's discharge notice from skilled services dated 4-14-11 indicated no documentation</p>	F0156	<p>1.Residents #47, 49, and 130 or their POA were notified verbally in detail regarding the reason that they were being discharged from skilled service. The information provided was used to make a decision whether to submit a request for an Expedited Review or agree with the facility decision of the discharge from skilled service. No Expedited Review was requested.</p> <p>2.Any other resident being discharged from skilled service has been notified or their POA notified of the reason for discharge.</p> <p>3.The RN responsible for detailed notification to the resident or their POA of the reason for discharge from</p>	10/30/2011

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	<p>of a detailed reason for discharge. The discharge notice indicated the reason was services do not require daily skilled nursing and rehabilitation.</p> <p>Review of Resident #49's discharge notice from skilled services dated 8-3-11 indicated no documentation of a detailed reason for discharge. The discharge notice indicated the reason was services do not require daily skilled nursing and rehabilitation.</p> <p>Interview on 9-30-11 at 10:37 a.m. with R.N. #3 indicated she was responsible for sending out the discharge notices from skilled services. R.N. #3 indicated she attempts to talk with the POA or resident first and then sends the notice through the mail. RN #3 indicated an explanation for the reason of discharge was not documented in detail on the discharge notices because there was not a place to document the reason why the resident was discharged from skilled services on the paper work.</p> <p>3.1-4(a)</p>		<p>skilled service will document the verbal notification and attach this written detailed information to the "denial letter". This written information will demonstrate the facility compliance with the notification requirements and prove that the resident or their POA made an informed decision regarding their right to request an Expedited Review to the QIO. Additionally, the facility cost will be reviewed with same to ensure that they are prepared to meet their financial obligation in the event that the discharge is upheld on the Expedited Review.</p> <p>4.Compliance will be monitored by the Executive Director through review of all "Denial Letters" for facility decision to discharge residents from skilled services for the attached documentation supporting the decision.</p>		

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F0248 SS=D	<p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, interview and record review, the facility failed to meet the needs and interest of 2 of 3 residents sampled for activity interests in a total sample of 11 residents that met the criteria for activities (Resident #161 and #31).</p> <p>Findings include:</p> <p>1.) Review of the resident #161's record on 9-27-11 at 9:23 a.m. indicated the resident's diagnoses included, but were not limited to, diabetes type II, depression, senile dementia, anaplastic large cell lymphoma of the intrapelvic nodes, allergic rhinitis, esophagitis, hypothyroidism and hypertension.</p> <p>Resident #161's admission date was 9-9-11.</p> <p>Review of the Minimum Data Set</p>	F0248	<p>1. The activity assessment was completed for resident #161; hobbies and interests have been identified; the care plan and activity participation reviewed to ensure the needs have been met. The activity participation record for resident #31 has been reviewed to ensure that the documentation reflects the level of participation and that the needs have been met.</p> <p>2. All residents have been reviewed to ensure that the hobbies and interests have been identified and included in the activity plan and that the participation records reflect that the needs are being met. Any issues identified</p>	10/30/2011	

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	<p>(MDS) assessment for Resident #161 dated 9-16-11, indicated the following: Transfer- total dependence of two people, walk in room did not occur, locomotion on unit- extensive assistance of one person, dressing extensive assistance of two people, functional limitation in range of motion impairment on both sides, mobility device -wheelchair, Cognitive skills for daily decision making- severely impaired, no behaviors marked, staff assessment of daily and activity preferences- listening to music, being around animals such as pets, doing things in a group, participating in religious activities, ability to make self understood- sometimes understood, ability to understand others-sometimes understands.</p> <p>The care plan dated 9-27-11 indicated the resident's ability to communicate with others in activities is impaired due to unclear speech, needing extra time to express myself. The goal was "I would like to be able to activity participation in programs that I don't depend on my ability to speak such as short stories, reminiscing stories, music, etc." The interventions were encourage me to use nonverbal responses such as blinking my eyes, nodding, winking, or hand</p>		<p>were resolved immediately</p> <p>3. Training was conducted by the Activity Director on October 6, 2011 for the Activity Staff and included use of Life Simple Pleasures identified on admission, activity assessment to identify hobbies and interests, and proper completion of the participation records. Activity Assessments will be completed within 5 days of admission and all failed attempts to obtain this information will be documented in the medical record.</p> <p>4. Compliance will be monitored audit of new admissions for the timely completion of the Activity Assessment, daily audits of the participation records, and observation of activity programming and one on one activity intervention for residents unable or unwilling to attend group programs. This review will be conducted by the health information manager, activity director, and executive director. Any</p>		

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	<p>movements when that will work better, gently touch my arm or hand to help me keep aware of activity going on around me, invite me to sit in during activity programs, allowing me to join in at my own comfort level, seat me near the activity leader or volunteer for assistance as needed. The care plan did not reflect resident interest or preferences.</p> <p>The activity documentation for September 2011 for Resident #161 had the resident marked for Visiting, TV/radio for 9-10-11 to 9-29-11.</p> <p>There was no documentation in Resident #161's chart for an activity assessment of interest or preferences and no documentation of resident hobbies, skills or how the resident would receive the assistance to activities.</p> <p>During observation on 9-28-11 at 3:20 p.m. of Resident #161's bedroom, the resident had artificial flowers, a stuffed animal, a newspaper still in plastic wrap with a date of September 25, 2011 on dresser out of the reach of the resident. The activity program schedule was taped on the door far from the residents bed. The resident had a TV that was not on and no</p>		<p>non-compliance will be reviewed during the QAA for root cause analysis and possible action planning</p>		

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	<p>remote for the TV was observed in the resident's room. Resident #161 was asleep in the bed.</p> <p>Interview with Resident #161's family member #1 on 9-29-11 at 11:25 a.m. indicated the resident's interest and hobbies were crafts, euchre, cards, watching TV, word puzzles, country music and use to read the paper. Family member #1 indicated she did not know if staff had read to the resident. Family member #1 indicated the resident would enjoy someone reading through the highlights of news to her.</p> <p>During observation on 9-29-11 at 1:11 p.m., Resident #161 asleep in bed there was no TV or music playing.</p> <p>During observation on 9-29-11 at 2:10 p.m., facility had an singer musician in the dining room.</p> <p>Interview with Resident #161 on 9-29-11 at 2:15 p.m., the resident was in the bed awake, the resident indicated she liked music and it was probably too late to go down to the music activity that was taking place. The resident indicated it would be too much trouble for them to get me up.</p>			

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	<p>Interview on 9-29-11 at 2:45 p.m. with the Activity Director indicated there was no documentation of resident #161's reaction to activities marked .The Activity Director indicated Resident#161 had not been on 1 to 1 activities and the resident should have been. The Activity Director indicated the activity staff went around and ask people to go to activities and it was nursing responsibility to assist residents to get up to go to the activities.</p> <p>Interview with the Activity Director on 9-29-11 at 2:46 p.m., indicated she had not been able to do an assessment on Resident #161 because she could not talk to the resident, the resident was not talking at that time. The Activity Director indicated there no documentation of attempts to talk with Resident #161. The Activity Director indicated when she attempted to call the resident's family, there was no one answered the first time and then the resident's daughter came in and she was in a hurry. The Activity Director indicated she had not gotten back with family yet. The Activity Director indicated that she does the activity care plans and the reason it did not have the resident's hobbies and interest was she had not been able to do the</p>				

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	<p>assessment for Resident #161 yet.</p> <p>Interview with the Activity Assistant on 9-29-11 at 2:50 p.m., indicated resident # 161 had been in therapy when she would go down to see the resident for activities.</p> <p>2.) Review of the resident #31's record on 9-29-11 at 9:50 a.m., indicated the resident's diagnoses included, but were not limited to, dementia with behavioral disturbances, closed fracture of upper end of tibia, depression, osteoporosis, hypertension, convulsions, tear film insufficiency and allergies.</p> <p>During observation on 9-29-11 at 9:54 a.m. Resident # 31 was sitting with her eyes closed next to the bird cage.</p> <p>During observation on 9-29-11 at 10:43 a.m., Resident #31 was sitting with her eyes closed next to the bird cage and had a tray on bedside table covered next to her.</p> <p>During observation on 9-29-11 at 10:56 a.m., the staff was assisting</p>			

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	<p>resident #31 with her meal.</p> <p>The activity assessment for Resident #31, dated 8-20-11 indicated the resident liked Lawrence Welk, music, read in the past romance novels, loves dogs, all kinds of outdoor activities, loves to watch birds and religious in the past.</p> <p>Resident #31's care plan dated, 6-10-10, indicated " I enjoy watching listening to activities I use to have birds and do enjoy sitting next to aviary ." The interventions were simple life pleasures sweets, encourage me to make verbal responses to questions, situations, encourage my family member to attend, invite me to sit in during programs and "I still enjoy manicures and hand massage with my daughter."</p> <p>Interview with the Activity Director 9-30-11 at 10:50 a.m., indicated Resident #31 sits in front of bird cage and the resident use to raise birds. Review of the activity participation at this time indicated on 9-27-11, the resident was marked for active listening and documented independent with (ball toss), cards/games on 9-29-11, all month TV/radio and visiting marked with</p>			

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	<p>check marks. The Activity Director indicated the activity staff were not documenting on the resident and she knew there had been more activities done with Resident #31. The Activity Director indicated the Activity assistant was suppose to be documenting. The Activity Director indicated the family does take the resident outside. The Activity Director indicated the resident's response should have been documented on the resident participation sheet. The August 2011 was marked the same with TV radio and visiting except 8-14-11 was active listening in church religious activity, there was no resident response documented.</p> <p>3.1-33(a)</p>				

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F0279 SS=D	<p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). Based on interview and record review, the facility failed to develop a care plan with interventions related to behaviors for 1 of 6 residents (Resident #161) reviewed for Risperidol (antipsychotic medication) use. This deficient practice affected 1 of 6 residents who met the criteria for care plans in a stage 2 sample of 40.</p> <p>Finding include:</p> <p>Review of the record of resident #161 on 9-27-11 at 9:23 a.m. indicated the resident's diagnosis included, but were not limited to, diabetes type II, depression, senile dementia, anaplastic large cell lymphoma of the</p>	F0279	<ol style="list-style-type: none"> <li>The Plan of Care for resident #161 was updated to include interventions for behaviors identified to support the use of an antipsychotic.</li> <li>The Care Plans of any resident receiving an antipsychotic will be reviewed to ensure that the behaviors exhibited requiring its use have been identified and included in the plan of care.</li> <li>Nursing Unit Coordinators and the MDS nurses were retrained on October 13, 2011 by</li> </ol>	10/30/2011

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	<p>intrapelvic nodes, allergic rhinitis, esophagitis, hypothyroidism and hypertension.</p> <p>The physician order for Resident #161 dated 9-9-11, indicated the resident was ordered risperidol 0.5 milligrams at bedtime. There was no documentation of a diagnosis for the use of an antipsychotic medication.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #161 dated 9-16-11, indicated the following: psychotic disorder other than schizophrenia- not marked, schizophrenia- not marked, the only psychiatric/mood disorder marked was depression. The MDS assessment indicated the resident was on an antipsychotic, no behaviors were marked.</p> <p>The care plan dated 9-26-11, indicated the resident had potential for drug related complications associated with use of psychotropic medications related to antidepressant medication, antipsychotic medication. The goal was will be free of psychotropic drug complications. The interventions were observe for side effects and report to physician: antipsychotic medication- sedation,</p>		<p>Nursing Managers including the completion of a plan of care to address behaviors and intervention for any resident taking an antipsychotic medication.</p> <p>4. Compliance with care planning for behaviors will be monitored through audit of new medication orders during morning communication meeting by Nurse Managers and through the weekly Quality of Life review for any existing resident who begins an antipsychotic medication by the SSD.</p>	

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	<p>drowsiness, dry mouth, constipation, blurred vision, , weight gain , extra pyramidal symptoms [EPS], edema, postural hypotension, sweating, loss of appetite, urinary retention, provide medications as ordered by physician, Psychotropic medication evaluation/risk/benefit and reduction plan as recommended by physician and pharmacist and refer to psychologist/psychiatrist of medication and behavior intervention recommendations as needed.</p> <p>Interview with Unit Manager #2 on 9-29-11 at 1:43 p.m. indicated MDS staff was responsible for care plans for antipsychotic medication. Unit Manager #2 indicated she was unable to find any behaviors or intervention for the medication risperidol and agreed it was difficult to know the effectiveness of this medication with no behaviors or interventions on the care plan.</p> <p>3.1-35(a) 3.1-35(b)(1)</p>				

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F0282 SS=D	<p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the resident's nutritional care plan was followed for 1 of 4 stage 2 residents reviewed from the sample of 11 who met the criteria for weight loss. (Resident #148)</p> <p>Findings include:</p> <p>The Admission Minimum Data Set dated 5/12/11, indicated Resident # 148 needed oversight, supervision, cueing, and encouragement to eat, was on a mechanical soft diet and did not have natural teeth.</p> <p>The weight records indicated Resident #148 had been losing weight since admission on 5/2/11. The weights were recorded as, 113.2 lbs. on 5/5/11, 102.1 lbs. on 6/26/11, 104.9 lbs. on 7/17/11, 99 lbs. on 8/21/1, and 96.9 lbs. on 9/25/11.</p> <p>Physician progress notes 6/10/11, indicated Resident #148 lost 4.2 pounds in 30 days</p> <p>The 8/14/11, Registered Dietitian</p>	F0282	<p>1. The medical record for resident #148 was reviewed by the Registered Dietician on 10/06/2011 and 10/14/2011. Recommendations were received and included in residents #148's plan. 2. All residents meeting the criteria for weight loss have been reviewed by the Dining Services Manager and the Nurse Managers to ensure that the recommendation for fortified foods is clearly stated to specify twice per day with meals. Any non-compliance was corrected upon identification. 3. The Nurse Managers conducted training on October 13, 2011 for Licensed Nurses and will conduct training for CNAs on October 20, 2011 including the serving of Fortified Food to reverse weight losses. All Fortified Foods will be portioned into single serve containers, placed on the meal tray by Dining Services for the Main and Fireside dining areas and delivered to the Alzheimer's Care Unit to be provided by Unit Staff to the residents during the two main meals per day. If a resident refuses to accept the fortified food at the meal it will be re-offered by the Licensed Nurse. Refusals will be documented and residents with ongoing refusals will be referred to the Registered Dietician for</p>	10/30/2011

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	<p>progress notes indicated a significant 11% wt loss in 30 days, with a recommendation of fortified foods with meals twice a day.</p> <p>Dietary progress notes dated 9/13/11, noted a significant 9.5% loss in 90 days.</p> <p>The September 2011, physician's orders included an intervention to provide Resident #148 fortified foods with meals.</p> <p>Resident #148's Care plan 8/24/11, dated through 12/7/11, indicated the resident was at risk for inadequate oral food/beverage intake due to dementia, and food and beverage intake was less than required. The interventions included providing fortified food.</p> <p>During observation on 9/29/11 at 3:20 p.m., of the dinner buffet, there were no fortified foods observed served to Resident #148.</p> <p>At 4:25 p.m. the resident left after drinking a glass of chocolate milk and eating a total of about 25% of her meal. During interview with the Dietary Manager and Unit Manager #4, during the observation, both indicated Resident #148 did not get a fortified food at this meal. They</p>		<p>review and recommendation. 4. Compliance will be monitored through direct observation during the meal service and medical record review for refusals and appropriate referrals to the Registered Dietician. Any non-compliance will result in reinstruction. Ongoing non-compliance will be referred to QAA committee for root cause analysis and possible action planning.</p>		

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F0309 SS=D	<p>indicated she gets it once a day.</p> <p>During a 9/30/11, 10:32 a.m. interview with Unit Manager #4, she indicated the resident gets a fortified supplement of pudding at the two main meals, brunch and dinner.</p> <p>3.1-35(g)(2)</p> <p>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 observation, interview, and record review, the facility failed to coordinate dialysis services and care for 1 of 2 residents who met the criteria for dialysis care in the stage 2 sample of 40. (Resident #165)</p> <p>Findings include:</p> <p>On 9/28/11 at 3:06 P.M., Resident #165 was observed lying in bed. Her dialysis fistula was bandaged on her</p>	F0309	<p>1. Resident #165 was discharged to home on October 10, 2011. 2. For the other resident receiving dialysis services, the medical record has been reviewed. All appropriate assessments are being conducted post dialysis as well as Post Dialysis Communication forms returned. 3. Licensed Nurses were trained on Dialysis Guidelines by the Nurse Managers on October 13, 2011. Nurses were instructed to follow the established guidelines for managing the care of</p>	10/30/2011	

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	<p>right upper arm.</p> <p>Resident #165's record was reviewed on 9/28/11 at 2:45 P.M. Resident #165's record indicated she was admitted to the facility from a local hospital on 9/20/11.</p> <p>A local hospital discharge summary for Resident #165 dated 9/21/11 at 9:51 A.M., indicated the following discharge diagnoses: 1. Fever, chronic pneumonia. 2. End stage renal disease on hemodialysis every Monday, Wednesday and Friday. 3. Diabetes mellitus times 15 years with retinopathy, neuropathy and nephropathy. 4. Hypertension times 10 years. 5. Anxiety/depression. 6. Paraplegia secondary to diskitis and spinal abscess 2008. 7. Neurogenic bladder resultant paraplegia with chronic suprapubic foley catheter. 8. History of recurrence decubitus ulcers requiring diverting colostomy. 9. Obesity. 10. Hyperlipidemia. 11. Chronic debility. 12. Osteoarthritis. 13. Cerebral vascular accident (stroke). 14. Gastrointestinal reflux disease. 15. Right hip fracture 3/20/11. 16. Recurrent urinary tract infections. 17. Coronary artery disease. 18. Rheumatic fever. 19. Multiple deep vein thrombosis 20. Rotator cuff tear. 21. History of C.</p>		<p>residents receiving dialysis services. 4. Compliance with following the Dialysis Guidelines will be monitored through Medical Record review. Any Licensed Nurse who is non-compliant with guidelines will be retrained upon identification. Ongoing non-compliance may result in written disciplinary action for the offending Licensed Nurse and referral to the QAA committee for root cause analysis.</p>		

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	<p>Diff colitis. 22. History of infected total knee replacement in 2008 with subsequent amputation.</p> <p>Resident #165's most current facility physician orders indicated the following: 9/20/11 - Hemodialysis every Monday, Wednesday, and Friday. 9/20/11 - 1500 cc fluid restriction in 24 hours. Monitor every shift. Nursing to administer as follows: 7-3 shift 240 cc; 3-11 shift 240 cc; 11-7 shift 240 cc; total 720 cc. Dietary to provide 780 cc with meals and snacks. Document total amount of fluids consumed per shift. Total to be recorded every 24 hours per 11-7 shift. 9/23/11 - Diet - Concentrated Carbohydrate diet with no salt packet, no tomatoes, no bananas, and no orange juice. 9/28/11 - Do not take blood pressure in right arm. Blood pressure every week on Thursday - use left arm. Monitor right arm fistula for signs/symptoms of infection every shift, everyday. Remove fistula site dressing on the evening of dialysis treatment - three times a week - Monday, Wednesday, and Friday. Check fistula in right upper arm (listening to fistula) or feel for a thrill (by touching the fistula) daily (best after dressing removed); if no pulse felt or you do not hear a bruit, check again by placing your fingers gently</p>			

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	<p>over fistula and check for a thrill. Call dialysis unit immediately, if closed, call MD. If bleeding occurs anytime after dialysis, apply pressure with clean gauze for 5-10 minutes, repeat until bleeding stops or call dialysis unit (if open) or MD for further instructions as needed.</p> <p>An Alteration in kidney function care plan for resident #165 dated 9/21/11, indicated the following interventions: 9/21/11 - Diet and fluid restrictions as ordered by physician. Concentrated carbohydrate diet with no salt packet. 1500 cc fluid restriction in 24 hours, monitor every shift, and document every shift. Do not take blood pressure, blood samples, or insert IV in arm with access site. Observe for post dialysis hangover - vital signs, mental status, weight gain between treatments, nausea, vomiting, weakness, headache, and severe leg cramps</p> <p>A printed Post Dialysis Communication form for Resident #165, dated 9/26/11, was available in Resident #165's record. No other Post Treatment Communication forms were provided by the dialysis center for Resident #165 on 9/21/11, 9/23/11, or 9/28/11.</p>			

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	<p>An interview with the Assistant Director of Nursing (ADON) on 9/29/11 at 11:28 A.M., indicated it was the first time the facility had dealt with Resident #165's dialysis center. The ADON indicated she had called numerous times with no return calls concerning the dialysis communication forms not being returned with Resident #165. The ADON indicated the facility was in the process of getting Resident #165 switched to a closer dialysis treatment center. The ADON indicated the facility had sent a Post Dialysis Communication form with Resident #165 to the dialysis center with each visit, but the dialysis center was not completing the required information on the form, and returning it to the facility with the resident. The ADON indicated Resident #165 had been going to the dialysis center from the facility every Monday, Wednesday, and Friday, since 9/21/11, and the dialysis center had only returned one Post Dialysis Communication form, dated 9/26/11. The ADON indicated she would ask the ambulance driver to get the name, phone number, and fax number of a contact person at the dialysis center when the resident went to her next dialysis appointment.</p> <p>On 9/29/11 at 1:12 P.M., an interview</p>				

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	<p>with the Administrator indicated she did not have a contract with Resident #165's dialysis center. She indicated the facility was in the process of transferring Resident #165's dialysis treatment to a closer dialysis center. The Administrator indicated if that was unsuccessful the facility could have a contract with Resident #165's dialysis center within 24 hours.</p> <p>An interview with the ADON on 9/29/11 at 1:20 P.M., indicated Resident #165 informed her on 9/22/11, Resident #165's sister was in the process of trying to get her switched to a closer dialysis treatment center for services. The ADON indicated she was just getting ready to talk with Resident #165 and see if she wanted her to intervene with the dialysis service change. The ADON indicated when she called Resident #165's dialysis center to see where the sister was with getting the resident's dialysis services at a closer dialysis treatment center, there was no answer. The ADON indicated she had called Resident #165's dialysis treatment center on 9/23/11, 9/27/11, 9/28/11, and 9/29/11. The ADON indicated the Administrator had just gave her a fax number, for Resident #165's dialysis treatment center, she retrieved from the Internet. The</p>			

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	<p>ADON indicated she would fax a letter asking for the Post Dialysis Communication forms and where the resident's sister was in the process of switching Resident #165 to a closer dialysis treatment center. The ADON indicated she had just charted the phone call attempts to Resident #165's dialysis treatment center in the progress notes that day.</p> <p>An interview with the ADON on 9/29/11 at 1:33 P.M., indicated the Care of Residents with Dialysis Access site protocol and the Dialysis Clinical guidelines were placed in the medication book for the nurses to follow since Resident #165's admission. The ADON indicated "basically it was difficult to follow, so I put the information on the treatment sheet related to her dialysis site, and received orders on 9/28/11." "Typically we just follow our guidelines and document in nurses notes, but I put it on the treatment sheet for documentation purposes, to make it easier for the nurses." "The nurses are the ones that informed me it was difficult to flip through the pages on the dialysis guidelines."</p> <p>Resident #165's dialysis treatment orders were not received and nursing did not begin documenting on the</p>			

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	<p>treatment record until the following days: 9/29/11 for check blood pressure every week on Thursday; 9/28/11 for check fistula for bruit daily; 9/28/11 for remove fistula site dressing the evening of dialysis, and 9/28/11 for monitor right arm fistula for signs and symptoms of infection every shift.</p> <p>Nursing notes related to Resident #165's dialysis site treatments indicated the following: 9/20/11 at 4:38 P.M. - Vital signs were documented. 9/20 at 10:51 P.M. - Vital signs were documented, weight 168 pounds, fistula intact to right upper arm with positive bruit and thrill, and no complaint of pain or discomfort. 9/21 at 9:58 P.M. - Vital signs were documented. 9/23/11 at 12:48 P.M. - Dressing in place to right upper arm, resident remains alert. 9/25/11 at 6:11 A.M. - Vital signs were documented. 9/26/11 at 6:35 A.M. - Vital signs were documented. 9/29 at 6:34 A.M. - Vital signs were documented. 9/29/11 at 12:26 P.M. - Attempted to contact dialysis center on 9/28/11 and 9/29/11 to obtain a copy of dialysis communication form. Message left on 9/23/11 and 9/27/11, with no return call.</p>			

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	<p>An interview with the ADON on 9/29/11 at 1:50 P.M., indicated the nursing notes contained no other assessments related to the Resident #165's post dialysis status or fistula site.</p> <p>The most current Dialysis Guidelines provided by the Director of Nursing on 9/28/11 at 3:30 P.M., indicated the following: Communication between outpatient dialysis provider and facility should include- Written communication form with review of daily weights and any changes in condition or mood. An identification of the type of vascular access and issues with patency or signs of infection. Pre-Dialysis Protocol - Be cognizant of medications ordered and timing of administration. Be aware of any meals that may be missed and arrange for routine boxed lunches to be provided by dietary. Observe for lethargy, chest pain, headache, unsteady gait or nausea. Communicate symptoms to outpatient dialysis center and physician. Communicate/facilitate plan for preventive skin interventions. Post-dialysis Protocol - Review communication folder for any pertinent information. Remove fistula/graft dressing evening of dialysis treatment. Check fistula for</p>			

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	<p>bruit (listening to fistula) or feel for a thrill (by touching the fistula). If bleeding occurs any time after dialysis, apply pressure with a clean gauze for 5-10 minutes. Repeat until the bleeding stops or call the dialysis unit (if open) or M.D., for further instructions. blood pressure as needed/daily or as the physician orders (do not take blood pressure on arm that fistula is in). Normal activity as tolerated. Observe skin/heels for any pressure areas from extended sitting/lying during dialysis. If you do not feel a pulse or hear a bruit, check again by placing your fingers gently over the fistula and check for a thrill. Call the dialysis unit immediately. If the unit is closed, call the M.D. Daily Fistula/Graft checks - Check for any signs of infection daily, these may appear as: redness, hardness, swelling, pain, drainage, and elevated temperature and body chills, Call the physician promptly. If bleeding occurs at the needle site anytime after dialysis, apply pressure with a clean gauze for 5-10 minutes. Repeat until bleeding stops. If this intervention does not control the bleeding a physician should be notified. Documentation on treatment sheets include - Fistula checks daily: Monitoring for presence of bruit and thrill. check for signs/symptoms of</p>			

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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-BRANDYWINE			STREET ADDRESS, CITY, STATE, ZIP CODE 745 N SWOPE ST GREENFIELD, IN46140		
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	<p>infection daily. Care of the Fistula/Graft - Resident should avoid lying or sleeping on the access arm. Avoid any tight clothing on the access arm. This may restrict the blood flow to the access and increase the risk of clotting. Resident should avoid carrying a purse or heavy items on that arm. Avoid wearing a watch or bracelet on the access arm. No blood pressures are to be taken on the access arm. No blood is to be drawn from that arm or intravenous access to be placed in the access arm unless ordered by Dialysis Unit or resident's Physician. Keep dressings over exit sites clean, dry and in place....</p> <p>3.1-37(a)</p>				

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F0314 SS=D	<p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to complete a skin assessment for 1 of 2 residents reviewed for skin assessments and failed to provide a wound dressing change in a manner to prevent the potential spread of infection, for 1 of 2 residents who met the criteria for pressure in the stage 2 sample of 40. (Resident #163 and Resident #165)</p> <p>Findings include:</p> <p>1.) The closed record review on 9/30/11, of admission notes indicated Resident # 163 was admitted 9/2/11, to the facility without any pressure sores. The resident was admitted to the facility after a hospital stay to treat an open fracture, unspecified part neck fracture of the femur.</p> <p>A care plan dated 9/6/11, indicated to prevent skin breakdown the staff</p>	F0314	<p>1. Resident # 163 was discharged to another care facility in southern Indiana. Resident #165 was discharged to home.</p> <p>2. The Medical Records have been audited to ensure that the required weekly skin assessments have been conducted and any omissions have been corrected immediately.</p> <p>3. Licensed Nurses were trained on October 13, 2011. The therapy department was trained on October 17, 2011. The CNAs will be trained on October 20, 2011. This training was conducted by the Nurse Managers and the Director of Clinical Education included proper hand washing return demonstrations, use of gloves, and completion and</p>	10/30/2011	

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	<p>would conduct weekly skin inspections. There was no documentation in the clinical record to indicate staff had conducted weekly skin inspections prior to the resident developing a pressure sore. Wound assessments were started after the staff on, 9/14/11 found a dark area on Resident #163'S midback.</p> <p>During interview on 9/26/11 10:46 a.m., Unit Manager #4 indicated skin assessments should be noted weekly in the nurses notes. Review of the nurses progress notes dated 9/2-27/11, lacked documentation of weekly skin assessments. During review of the clinical record with Unit Manager #4, she indicated there was no documentation of skin assessments prior to the development of the dark area on the midback. After consulting with other facility nursing staff, Unit Manager #4 indicated there was no documentation of skin assessments prior to the development of the pressure sore. Unit Manager #4 did indicate who did the assessments and when the assessments were conducted.</p> <p>Review of the wound evaluation flow sheet submitted by Unit Manager #4</p>		<p>documentation of the weekly skin assessments.</p> <p>4. Compliance will be monitored through Medical Record review and direct observation by the Unit Coordinators, and Nurse Managers. Non-compliance will be corrected immediately and retraining will occur. Ongoing non-compliance may result in written disciplinary action for the offending Licensed Nurse and referral to the QAA committee for root cause analysis.</p>		

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	<p>on 9/29/11, indicated a pressure ulcer at the right mid spine with measurements dated 9/14/11 of a stage 4 dark tender area with redness of 3 x 3 c.m. surrounding the dark area. The dark area measured 0.5 length, by 1.0 depth, with an inability to measure depth.</p> <p>On 9/21/11 the wound was noted as stage 4 measuring 0.4 length, by 0.9 width, by 0.5 c.m. depth, tender with redness measuring 3 x 3 cm around the dark area.</p> <p>9/27/11 measurements indicated a stage 2 measuring 0.3 length, by 0.4 width, by 0.1 c.m. depth, pink and tender.</p> <p>2.) Resident #165's record was reviewed on 9/28/11 at 2:45 P.M. Resident #165's record indicated she was admitted to the facility from a</p>			

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	<p>local hospital on 9/20/11. Diagnoses included but were not limited to End Stage Renal disease, nutritional deficiency, hypertension, insulin dependent diabetes mellitus, debility, paraplegia, and pressure ulcer.</p> <p>A Wound Evaluation Flow record for Resident #165 indicated the following: Admission 9/20/11 - coccyx stage 3 pressure ulcer - 2.3 centimeters (cm) wide, 0.3 cm long and 0.3 cm deep. No pain or odor. Surrounding tissue deep red. Yellow slough in center of wound. 0.4 cm by 0.3 cm, small areas of eschar on edges. 0.2 cm by 0.2 cm each, at 10, 5 and 8 o' clock. Treatment - Silvermed. Cleanse the wound with cleanser, apply 2 by 2 dressing topical to sacral open area, and cover with bordered gauze 6 by 6 inches twice daily. 9/21/11 - coccyx stage 3 pressure ulcer. 2.3 cm wide by 0.3 cm long by 1.2 cm deep. No pain or odor. Surrounding tissue deep red. Yellow slough in the center of the wound. 0.4 cm by 0.3 cm, small areas of eschar on edges, 0.2 cm by 0.2 cm each at 10, 5 and 8 o' clock. Treatment - Silvermed.. Cleanse with wound cleanser, apply 2 by 2 dressing to area, and cover with bordered gauze 6 by 6 inch 2 times a day. 9/28/11 - Coccyx- 4.5 cm x 2.9 cm x</p>			

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	<p>0.2 cm, stage 3 with scant drainage. Macerated wound edges, with small area of dark tissue on inner edges, light yellowish tissue in center, and dark red surrounding tissue.</p> <p>A Non-Pressure skin conditions sheet for Resident #165 dated 9/20/11 indicated the following: Above knee amputee. Right heel old scar tissue from past decubitus ulcer. Colostomy with red surrounding tissue. Suprapubic catheter site dark pink. Coccyx 2.3 cm x 1.2 cm x 0.2 cm yellow slough center, with eschar surrounding. Right buttock 0.4 cm x 0.3 cm x 0.1 cm granulating red/moist. Has hemorrhoids - red. 9/21/11 - No change. 9/28/11 - Right and left buttock 1.1 cm x 0.6 cm x 0.1 cm surrounding tissue red. Colostomy and suprapubic site intact. No redness. No redness or drainage at suprapubic site. Colostomy stoma site somewhat red. Skin tear right posterior thigh 4.2 cm x 0.1 cm x 0.1 cm.</p> <p>The most current Physician's order for Resident #165 dated 9/29/11, indicated the following order: Maxorb Extra 2 x 2 (Calcium Alginate - Carboxymethylcellulose Sodium), eternal once daily everyday. Clean coccyx wound with wound cleanser,</p>			

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	<p>apply Maxorb Extra AG plus 2 x 2 inch dressing (may use 1-2 Abdomen extra absorbent pads (may cut to size), secure dressing with Medfix 6 inch tape, use skin prep to perineal wound before applying adhesive daily., and as needed. Order 9/30/11 - Duoderm CGF Extra Thin (Control Gel Formula Dressing) every other day. Replicare Thin (May use Duoderm CGF Extra Thin 3 x 3). Cleanse area left and right ischium and right posterior thigh with wound cleanser, apply dressing to areas (may cut to size), Medifix tape to secure, use skin prep to perineal wound before applying adhesive, and as needed.</p> <p>9/26/11 CARE PLAN - Focus - Pressure ulcer. Assistance required in bed mobility, coccyx, ischium. Interventions - Weekly skin inspection. Do not massage bony prominence. Encourage adequate nutrition and hydration. Provide pressure reduction mattress - Hill ROM low air loss pressure alleviating mattress on bed. Treatments as ordered. Turn and reposition every 2-4 hours.</p> <p>An interview with The Assistant Director of Nursing on 9/27/11 at 2:10 P.M., indicated Resident #165 had a</p>			

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	<p>stage 3 pressure ulcer on her coccyx, that she was admitted with on 9/20/11. The ADON indicated Resident #165's treatment was changed to once a day at bedtime and was seen at the wound clinic.</p> <p>On 9/29/11 at 3:20 P.M., LPN #7 was observed providing Resident #165 with a dressing change to her coccyx area with the assistance of Physical Therapist (PT) #8. LPN #7 had her supplies set up on a towel on Resident #165's bedside table. LPN #7 was observed not using proper hand washing technique. LPN # 7 was unable to thoroughly wash her hands before starting the wound care procedure due to an ace wrap around her left arm, down to and including her wrist. The resident turned on her right side and PT #8 held Resident #165's buttock apart to provide a full view of her wounds. Resident #165's old dressing was sprayed with wound cleanser to loosen the tape. The old dressing was removed by LPN #7 and had a large amount of yellowish/brownish drainage. LPN #7 donned clean gloves without washing her hands. A wound was visible on Resident #165's coccyx approximately the side of a half dollar. The wound bed had red granulation tissue and was beefy red in color. The wound</p>			

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	<p>bed also had a small amount of yellow tissue. The surrounding tissue color was red with some scattered white. 2 Red areas were observed on Resident #165's right buttock and 1 red area on the left buttock that were not open. PT #8 pulled off his gloves, left Resident #165's bedroom, and returned with some 4 x 4 dressings. PT #8 donned clean gloves without washing his hands and resumed holding Resident #165's buttock in position. LPN #7 washed Resident #165's coccyx and buttock with wetted 4 x 4 gauze from the rectum into the wound site at the coccyx. The second wash with the wetted 4 x 4 gauze went from the skin into the wound site. LPN #7 pulled off her gloves, washed her hands, and donned clean gloves. LPN #7 indicated that was the second time she had washed her hands. PT #8 preceded to open the dressings for LPN #7 as she needed them, wearing gloves, having not washed his hands. PT #8 then cut and applied the tape over the dressings, still wearing the same gloves, still without washing his hands. Skin prep was applied to surrounding skin, Maxorb was placed on coccyx area and the 2 red areas on the right buttock, and 2 abdomen pads were secured over all areas with Medfix. Resident #165 was</p>			

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	<p>positioned for comfort and a CNA was informed of the need to change the residents brief that was wet with wound cleanser.</p> <p>The most recent dressing change procedure provided by the ADON on 9/30/11 at 12:18 P.M., indicated the following: Steps in procedure - 7.) Wash and dry you hands thoroughly. 8.) Put on clean gloves. Loosen tape and remove soiled dressing. 9.) Pull glove over dressing and discard into plastic or biohazard bag. 10.) Wash and dry your hands thoroughly. 11.) Open dry, clean dressing(s) by pulling corners of the exterior wrapping, outward, touching only the exterior surface. 12.) Using clean technique, open other products (i.e., prescribed dressing; dry, clean gauze.). 14.) Put on clean gloves. 15.) Assess the wound and surrounding skin for edema, redness, drainage, tissue healing progress, and wound drainage. 16.) Cleanse the wound. Use a syringe to irrigate the wound, if ordered. If using gauze, use a clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward). 17.) Use dry gauze to pat the wound dry....</p>						

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	<p>The most recent handwashing/hand hygiene procedure provided by the ADON on 9/30/11 at 12:18 P.M., indicated the following: General guidelines - 1.) Appropriate ten (10) to fifteen (15) second handwashing with antimicrobial or non-antimicrobial soap and water must be performed under the following conditions: a.) When hands are visibly dirty or soiled with blood or other body fluids; b.) After contact with blood, body fluids, secretions, mucous membranes, or non-intact skin; c.) After handling items potentially contaminated with blood, body fluids, or secretions... Steps in procedure - 1.) Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for ten (10) to fifteen (15) seconds under a moderate stream of running water, at a comfortable temperature. Hot water is unnecessarily rough on hands. 2.) Rinse hands thoroughly under running water. Hold hands lower than wrists. Do not touch fingertips to inside of sink....</p> <p>The most recent glove procedure provided by the ADON on 9/30/11 at 12:18 P.M., indicated the following: When to use disposable gloves - The use of disposable gloves is indicated for procedures where body fluids are</p>			

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	<p>handled and includes the circumstances listed below. Gloves will be worn whenever exposure to the following (or to an item contaminated with such) is planned or anticipated - Blood, blood products, body fluids with visible blood, urine, feces, saliva, mucous membranes, wound drainage, drainage tubes, non-intact skin... Single - use and multi - use gloves - Shall be replaced as soon as practical when contaminated, or as soon as feasible if they are torn or punctured or when their ability to function as a barrier is compromised. Handwashing and gloves - Handwashing is necessary even if gloves are worn....</p> <p>3.1-40(a)(2)</p>				

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F0325 SS=D	<p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, interview, and record review, the facility failed to provide interventions in a dining environment conducive to maintaining acceptable weights for 1 of 4 stage 2 residents reviewed, from the sample of the 11 residents who met the criteria for weight loss. (Resident #148)</p> <p>Findings include:</p> <p>The Admission Minimum Data Set dated 5/12/11, indicated Resident # 148 needs oversight, supervision, cueing, and encouragement to eat, was on a mechanical soft diet and did not have natural teeth.</p> <p>The weight records indicated Resident #148 had been losing weight since admission on 5/2/11. The weights were recorded as, 113.2 lbs. on 5/5/11, 102.1 lbs. on 6/26/11, 104.9 lbs. on 7/17/11, 99 lbs. on 8/21/1, and 96.9 lbs. on 9/25/11.</p>	F0325	<p>1. The medical record for resident #148 was reviewed by the Registered Dietician on 10/06/11 and 10/14/2011. Recommendations were received and included in residents #148's plan.</p> <p>2. All residents meeting the criteria for weight loss have been reviewed by the Dining Services Manager or Nurse Managers to ensure that the physician order for fortified foods is clearly stated to specify twice per day with meals. Any non-compliance was corrected upon identification.</p> <p>3. The Nurse Managers conducted training on October 13, 2011 for Licensed Nurses and will conduct training for CNAs on October 20, 2011</p>	10/30/2011			

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	<p>Physician progress notes dated 6/10/11, indicated Resident #148 lost 4.2 pounds in 30 days.</p> <p>8/14/11, Registered Dietitian progress notes indicated a significant 11% wt loss in 30 days, with a recommendation of fortified foods with meals twice a day.</p> <p>Dietary progress notes dated 9/13/11, noted a significant 9.5% loss in 90 days.</p> <p>The September 2011, physician's orders included an intervention to provide Resident #148 fortified foods with meals.</p> <p>Resident #148's Care plan 8/24/11, dated through 12/7/11, indicated the resident was at risk for inadequate oral food/beverage intake due to dementia, and food and beverage intake was less than required. The interventions included providing fortified food.</p> <p>At 3:20 p.m. on 9/29/11, during the dinner buffet, Resident #148 was assisted to the dining room by two staff and seated at a table.</p> <p>At 4:03 p.m. Resident #148, had not been served dinner and left the dining</p>		<p>including the serving of Fortified Food to reverse weight losses. All Fortified Foods will be portioned into single serve containers, placed on the meal tray by Dining Services for the Main and Fireside dining areas and delivered to the Alzheimer's Care Unit to be provided by Unit Staff to the residents during the two main meals per day. If a resident refuses to accept the fortified food at the meal it will be re-offered by the Licensed Nurse. Refusals will be documented and residents with ongoing refusals and weight losses will be referred to the Registered Dietician for review and recommendation.</p> <p>4. Compliance will be monitored by the Unit Coordinators, the Alzheimer's Care Director, and the Nurse Managers through direct observation during the meal service and medical record review for refusals and appropriate referrals to the Registered Dietician. Any</p>		

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	<p>room. Unit Manager #4 indicated the resident told her she would come back when her food was on the table. Between 3:20 p.m. and 4:03 p.m. Resident #148 was observed restless. During this time program manager #4 was standing above Resident #148's chair talking loudly to the group in the dining room, and was observed patting Resident #148's back. Resident #148 started grimacing before she got up to leave the dining room at 4:03 p.m. Unit Manager #4 brought her back, to the dining room at 4:15 p.m. At 4:25 p.m. the resident left after drinking glass of chocolate milk and eating a total of about 25% of her meal. There were no fortified foods observed served to Resident #148.</p> <p>During interview of the Dietary Manager and Unit Manager #4, after Resident #148 left the dining room, and both indicated Resident #148 did not get a fortified food at this meal. Unit Manager #4 indicated she gets it once a day.</p> <p>During a 9/30/11, 10:32 am interview with Unit Manager #4 she indicated the resident gets a fortified supplement of pudding at the two main meals, brunch and dinner.</p>		<p>non-compliance will result in reinstruction. Ongoing non-compliance will be referred to QAA committee for root cause analysis and possible action planning.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/24/2011

FORM APPROVED

OMB NO. 0938-0391

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	3.1-46(a)(1)				

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F0329 SS=E	<p>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 interview and record review, the facility failed to ensure 3 of 11 residents who met the criteria for antipsychotic medication use in the stage 2 sample of 40, had medical symptoms, justification and monitoring for extra pyramidal symptoms (EPS) for the use of the medications and that nonpharmacological interventions were attempted prior to administering the antipsychotic medication (Resident #161, # 31 and #148).</p> <p>Findings include:</p>	F0329	<p>1. The medical record of resident #161 was reviewed. A corrected diagnosis supporting the use of the antipsychotic was received from the attending physician. Behaviors were identified and documentation initiated to support ongoing use of an antipsychotic medication. The resident will be evaluated by the physician psychiatric doctor to ensure proper use of the medication including</p>	10/30/2011

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	<p>1.) Review of the record of resident #161 on 9-27-11 at 9:23 a.m. indicated the resident's diagnoses included, but were not limited to, diabetes type II, depression, senile dementia, anaplastic large cell lymphoma of the intrapelvic nodes, allergic rhinitis, esophagitis, hypothyroidism and hypertension.</p> <p>The physician order for Resident #161, dated 9-9-11, indicated the resident was ordered risperidol 0.5 milligrams at bedtime. There was no documentation of an diagnosis for the use of an antipsychotic.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #161, dated 9-16-11, indicated the following: psychotic disorder other than schizophrenia- not marked, schizophrenia- not marked, the only psychiatric/mood disorder marked was depression. The MDS assessment indicated the resident was on an antipsychotic, no behaviors were marked.</p> <p>The care plan for Resident #161, dated 9-26-11, indicated the resident</p>		<p>dosage, duration, and proper monitoring for effectiveness and absence of side effects. The Medical Record of Resident #31 has been reviewed and the appropriate behavior monitoring updated to support the required use of the antipsychotic medication. Resident #148 has been assessed for presence of the chewing-like mouth movement. No further observations of the cited side effects.</p> <p>2. The medical records for any resident receiving antipsychotic medications have been reviewed for appropriate diagnosis, dosage, and behavior monitoring to support the medication use. Any missing documentation will be corrected upon identification.</p> <p>3. The Guidelines for Antipsychotic use and Behavior Management have been reviewed and revised. Observations of behaviors will be documented on the</p>		

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	<p>had potential for drug related complications associated with use of psychotropic mediations related to antidepressant medication, antipsychotic medication. The goal was will be free of psychotropic drug complications. The interventions were observe for side effects and report to physician: antipsychotic medication-sedation, drowsiness, dry mouth, constipation, blurred vision, EPS, weight gain, edema, postural hypotension, sweating, loss of appetite, urinary retention, provide medications as ordered by physician, Psychotropic medication evaluation/risk/benefit and reduction plan as recommended by the physician and pharmacist and refer to the psychologist/psychiatrist of medication and behavior intervention recommendations as needed.</p> <p>Interview with LPN # 6 on 9-29-11 1:14 p.m. indicated there was not a behavior monitoring sheet for Resident # 161.</p> <p>Interview with Unit Manager #2 on 9-29-11 at 1:43 p.m. indicated MDS staff was responsible for care plans for antipsychotic medication. Unit Manager #2 indicated she was unable to find any behaviors or intervention</p>		<p>Antecedent Behavior Monitoring Log and the Care Tracker documentation system. Side effect monitoring will be documented on the Licensed Nurse document Medication Administration Record. The Medical Records for any residents admitted with Antipsychotic medication will be reviewed by the Consultant Pharmacist and with the Psychiatrist Medical Director to ensure that all appropriate diagnosis, dosages, duration, and behavior monitoring systems are in place for the resident. A referral will be made by the attending physician for evaluation and ongoing treatment by the Psychiatrist as deemed necessary. The Licensed Nurses were informed of this process on October 13, 2011 during training conducted by the Nurse Managers. Compliance will be monitored through record reviews by the Consulting Pharmacist, Health</p>		

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	<p>for the medication risperidol and agreed it was difficult to know the effectiveness of this medication with no behaviors or interventions on the care plan. The Unit Manager #2 indicated usually Social services contacts the psychiatric physician and sets up appointments for behaviors, treatment and evaluation. Unit Manager #2 indicated she was unable to find any social service notes in Resident #161's chart. Unit manager #2 indicated she was unable to find a medical justification or diagnosis for Resident #161 being on risperidol and the resident had been on it since admission to the facility. Unit Manager #2 indicated the local hospital had discharged the resident to the facility on the medication.</p> <p>Interview with the Director Of Nursing (DON) on 9-30-11 at 9:24 a.m., indicated medication monitoring was done by email every day by a pharmacist with alerts and clarifications. The DON indicated the nurses are also to look at new admission medications. The DON or the Assistant Director Of Nursing (ADON) also go through the medications to check for unnecessary medications. The DON indicated the facility was not relying solely on the pharmacy reviews for unnecessary</p>		Information Manager, and Nursing Managers. Any noncompliance will be corrected immediately.		

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	<p>medications. The DON indicated the Pharmacy reviews are checked by herself or the ADON. The DON indicated the facility will call a psychiatric physician if there is behaviors or if a resident is admitted to the facility with antipsychotic. The DON indicated Resident # 161 should have been referred to psych services for the medication risperidol and was unsure why the resident was not.</p> <p>2.) Review of the resident #31's record on 9-29-11 at 9:50 a.m., indicated the resident's diagnoses included, but were not limited to, dementia with behavior disturbances, closed fracture of upper end of tibia, depression, osteoporosis, hypertension, convulsions, tear film insufficiency and allergies.</p> <p>The MDS assessment for Resident #31, dated 8-23-11, indicated the resident had behavioral symptoms present, rejection of care occurred 4 to 6 days, but less than daily and the resident's behavior had remained the same since the last assessment.</p> <p>The behavior monitoring sheet for Resident #31 indicated no documented behaviors for September</p>			

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	<p>2011.</p> <p>The Care plan for Resident #31 Zyprexa indicated the interventions were as follows: observe for side effects and report to the doctor, Psychotropic medication evaluation and reduction plan, refer to psychiatric doctor for medication evaluation and reduction as recommended and behavior intervention recommendations.</p> <p>Physician psychiatric doctor order dated, 8-25-11, indicated Zyprexa 5 mg every 5 p.m. for dementia with behaviors.</p> <p>The psychiatric progress note for Resident #31, dated 8-25-11, indicated the resident had been on Zyprexa in the past and will retry Zyprexa 5 mg at 5 p.m., again. The resident had been combative, refusing care and had an recent fracture of knee cap, unsure how she did it.</p> <p>Interview with the Social Service Director (S.S.D.) on 9-30-11 at 11:56 a.m. indicated behaviors related to resident #31 had not come up in morning meeting. Normally there would be behaviors documented and interventions. The S.S.D. indicated</p>				

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	<p>nursing is responsible for documenting behaviors and interventions. The S.S.D. indicated she did not know where the psychiatric physician got the information of behaviors for Resident #31. The S.S.D. was unable to find behaviors or interventions for the resident for August 2011 or July 2011. The S.S.D. indicated normally she would set up an appointment for residents to see the psychiatric physician and that she did not set up the appointment for Resident #31 for behaviors.</p> <p>The S.S.D. a resident behavior sheet for Resident #31 on 9-30-11 at 12:02 p.m., that indicated from 7-3-11 to 9-30-11 the resident had one verbal behavior toward others, the resident had 6 physical behaviors toward others and 16 times of rejecting care. The S.S.D. indicated there were no interventions documented.</p> <p>3.) Record review on 9/30/11, indicated Resident #148 was admitted to the facility on 05/02/11. The resident had a current order for</p>				

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	<p>Risperdal 0.5 mg twice a day, and had diagnoses of dementia with depression and delusions.</p> <p>At 3:20 p.m. on 9/29/11, during the dinner buffet, Resident #148 was observed assisted by two staff to walk to the dining room, with one staff on either side of the resident, each holding one hand. The resident was observed to have constant chewing motions of her mouth.</p> <p>On 9/30/11 at 9:45 a.m., Resident #148 was observed in the dining room for brunch and there were some slight constant movements of her mouth.</p> <p>At 10:32 a.m. on 9/30/11, Unit Manager #4 indicated had she just noticed the chewing movements yesterday at dinner. She indicated the movements yesterday made it appear like Resident #148 was chewing gum. Unit Manager #4 said she had not documented anything yet, but planned to have the Nurse</p>			

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	<p>Practitioner examine the resident.</p> <p>Review of the medication administration record documentation for monitoring Extra pyramidal body movements indicated, Unit Manager #4 noted movements of Resident #148's mouth on 9/29/11 and 9/30/11. There was lack of documentation of any movements prior to 9/29/11. On 9/30/11 at 10:43 a.m. Unit Manager #4 indicated the physician had contacted the facility, and was now lowering the Risperdal to 0.25 milligrams.</p> <p>3.1-48[a][4] 3.1-48[b]</p>				

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F0356 SS=B	<p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> </li> <li>o Resident census.</li> </ul> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, the facility failed to ensure the posted nurse staffing information included the name of the facility, the census and was readily accessible to residents at wheel chair height.</p> <p>Findings include:</p>	F0356	<ol style="list-style-type: none"> <li>1. No residents were directly affected by this nursing staffing posting</li> <li>2. The form used for posting the nursing staffing was revised to include all required information. The bulletin board used to post</li> </ol>	10/30/2011

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F0428 SS=D	<p>During tour of the facility on 9/26/11 at 12:22 p.m., the posted licensed nursing staffing information was observed to lack the name of the facility and current resident census. The posting was also above wheelchair eye level.</p> <p>3.1-13(a)</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on interview and record review, the facility failed to ensure the contracted pharmacy identified a resident receiving an antipsychotic medication risperidol without any documented medical justification for its use and Detrol (medication to reduce urinary frequency) for a resident who was incontinent for 1 of 10 residents sampled for unnecessary medication in a total sample of 10</p>	F0428	<p>the information on the nursing unit was lowered to be at wheelchair height.</p> <p>3. Compliance will be monitored during regular unit rounds. Any non-compliance will be corrected immediately.</p> <p>1. The Medical Record for Resident #161 was reviewed electronically by the Consulting Pharmacist communicated via electronic mail for physician or nursing recommendations.</p> <p>2. The medical records are reviewed monthly by the Consulting Pharmacist</p>	10/30/2011	

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	<p>residents that met the criteria., (Resident #161).</p> <p>Findings include:</p> <p>1.) Review of the record of resident #161 on 9-27-11 at 9:23 a.m. indicated the resident's diagnoses included, but were not limited to, diabetes type II, depression, senile dementia, anaplastic large cell lymphoma of the intrapelvic nodes, allergic rhinitis, esophagitis, hypothyroidism and hypertension.</p> <p>The admission physician order for Resident #161, dated 9-9-11, indicated the resident was ordered risperidol 0.5 milligrams at bedtime. There was no documentation of a diagnosis for the use of a antipsychotic. The physician order also indicated the resident was ordered Detrol 4 milligrams every day.</p> <p>The Minimum Data Set (MDS) assessment for Resident # 161 dated 9-16-11, indicated the resident was always incontinent of bowel and bladder and was not on a toileting program.</p> <p>The Pharmacy review for Resident #161, dated 9-15-11, indicated no recommendations were made.</p>		<p>and communicated to the facility and physician for any recommended change in dosage, diagnosis, monitoring, or duration.</p> <p>3. The consulting pharmacist will review the medical record of all new admissions to ensure that there are no potentially unnecessary medications and that all behavior monitoring, diagnosis, and dose reductions are recommended promptly. Current residents medical records continue to be reviewed monthly by the consultant pharmacist during facility visits. The Licensed Nurses were trained on this system during training conducted on October 13, 2011.</p> <p>4. Compliance will be monitored by the Executive Director and Director of Nurses through review of the electronic communication from the off-site consulting pharmacist, review of the pharmacy consultant report in preparation for the monthly and quarterly QAA</p>		

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	<p>Interview with the Director Of Nursing (DON) on 9-30-11 at 9:24 a.m., indicated medication monitoring was done by email every day by a pharmacist with alerts and clarifications. The DON indicated the nurses are also to look at new admission medications. The DON or the Assistant Director Of Nursing (ADON) also go through the medications to check for unnecessary medications. The DON indicated she did not know why Resident #161 was on Detrol since the resident was incontinent of her bladder. The DON indicated the facility was not relying solely on the pharmacy reviews for unnecessary medications. The DON indicated the Pharmacy reviews are checked by herself or the ADON. The DON indicated the facility will call a psychiatric physician if there is behaviors or if a resident is admitted to the facility with antipsychotic. The DON indicated Resident # 161 should have been referred to psych services for the medication risperidol and was unsure why the resident was not.</p> <p>3.1-25(j)</p>		meetings.		

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FORM APPROVED

OMB NO. 0938-0391

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F0441 SS=D	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview, and record review, the facility failed to change gloves and follow proper hand washing techniques to prevent the potential spread of infection for LPN #</p>	F0441	<p>1. Resident #165 was discharged to home. 2. No other residents were affected by the observed practice.</p>	10/30/2011

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	<p>7 who provided care to 1 (Resident #165) of 2 residents observed in the stage 2 sample who met the criteria for pressure ulcers. (LPN#7)</p> <p>Findings include:</p> <p>1.) Resident #165's record was reviewed on 9/28/11 at 2:45 P.M. Resident #165's record indicated she was admitted to the facility from a local hospital on 9/20/11. Diagnoses included but were not limited to End Stage Renal disease, nutritional deficiency, hypertension, insulin dependent diabetes mellitus, debility, paraplegia, and pressure ulcer.</p> <p>A Wound Evaluation Flow record for Resident #165 indicated the following: 9/28/11 - Coccyx- 4.5 cm x 2.9 cm x 0.2 cm, stage 3 with scant drainage. Macerated wound edges, with small area of dark tissue on inner edges, light yellowish tissue in center, and dark red surrounding tissue</p> <p>The most current Physician's order for Resident #165 dated 9/29/11, indicated the following order: Maxorb Extra 2 x 2 (Calcium Alginate - Carboxymethylcellulose Sodium), eternal once daily everyday. Clean coccyx wound with wound cleanser, apply Maxorb Extra AG plus 2 x 2</p>		<p>3. Licensed Nurses were trained on October 13, 2011. The therapy department was trained on October 17, 2011. The CNAs will be trained on October 20, 2011. This training was conducted by the Nurse Managers and the Director of Clinical Education included proper use of gloves and hand washing.</p> <p>4. Compliance will be monitored through direct observation by the Director of Clinical Education, Unit Coordinators, and Nurse Managers.</p> <p>Non-compliance will be corrected immediately and retraining will occur. Ongoing non-compliance may result in written disciplinary action for the offending Licensed Nurse and referral to the QAA committee for root cause analysis.</p>	

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	<p>inch dressing (may use 1-2 Abdomen extra absorbent pads (may cut to size), secure dressing with Medfix 6 inch tape, use skin prep to perineal wound before applying adhesive daily., and as needed. Order 9/30/11 - Duoderm CGF Extra Thin (Control Gel Formula Dressing) every other day. Replicare Thin (May use Duoderm CGF Extra Thin 3 x 3. Cleanse area left and right ischium and right posterior thigh with wound cleanser, apply dressing to areas (may cut to size), Medifix tape to secure, use skin prep to perineal wound before applying adhesive, and as needed.</p> <p>On 9/29/11 at 3:20 P.M., LPN #7 was observed providing Resident #165 with a dressing change to her coccyx area with the assistance of Physical Therapist (PT) #8. LPN #7 had her supplies set up on a towel on Resident #165's bedside table. LPN #7 was observed not using proper hand washing technique. LPN # 7 was unable to thoroughly wash her hands before starting the wound care procedure due to an ace wrap around her left arm, down to and including her wrist. The resident turned on her right side and PT #8 held Resident #165's buttock apart to provide a full view of her wounds. Resident #165's</p>			

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	old dressing was sprayed with wound cleanser to loosen the tape. The old dressing was removed by LPN #7 and had a large amount of yellowish/brownish drainage. LPN #7 donned clean gloves without washing her hands. A wound was visible on Resident #165's coccyx approximately the side of a half dollar. The wound bed had red granulation tissue and was beefy red in color. The wound bed also had a small amount of yellow tissue. The surrounding tissue color was red with some scattered white. 2 Red areas were observed on Resident #165's right buttock and 1 red area on the left buttock that were not open. PT #8 pulled off his gloves, left Resident #165's bedroom, and returned with some 4 x 4 dressings. PT #8 donned clean gloves without washing his hands and resumed holding Resident #165's buttock in position. LPN #7 washed Resident #165's coccyx and buttock with wetted 4 x 4 gauze from the rectum into the wound site at the coccyx. The second wash with the wetted 4 x 4 gauze went from the skin into the wound site. LPN #7 pulled off her gloves, washed her hands, and donned clean gloves. LPN #7 indicated that was the second time she had washed her hands. PT #8 preceded to open the dressings for			

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	<p>LPN #7 as she needed them, wearing gloves, having not washed his hands. PT #8 then cut and applied the tape over the dressings, still wearing the same gloves, still without washing his hands. Skin prep was applied to surrounding skin, Maxorb was placed on coccyx area and the 2 red areas on the right buttock, and 2 abdomen pads were secured over all areas with Medfix. Resident #165 was positioned for comfort and a CNA was informed of the need to change the residents brief that was wet with wound cleanser.</p> <p>The most recent dressing change procedure provided by the ADON on 9/30/11 at 12:18 P.M., indicated the following: Steps in procedure - 7.) Wash and dry you hands thoroughly. 8.) Put on clean gloves. Loosen tape and remove soiled dressing. 9.) Pull glove over dressing and discard into plastic or biohazard bag. 10.) Wash and dry your hands thoroughly. 11.) Open dry, clean dressing(s) by pulling corners of the exterior wrapping, outward, touching only the exterior surface. 12.) Using clean technique, open other products (i.e., prescribed dressing; dry, clean gauze.). 14.) Put on clean gloves. 15.) Assess the wound and surrounding skin for edema, redness, drainage, tissue</p>			

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	<p>healing progress, and wound drainage. 16.) Cleanse the wound. Use a syringe to irrigate the wound, if ordered. If using gauze, use a clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward). 17.) Use dry gauze to pat the wound dry....</p> <p>The most recent handwashing/hand hygiene procedure provided by the ADON on 9/30/11 at 12:18 P.M., indicated the following: General guidelines - 1.) Appropriate ten (10) to fifteen (15) second handwashing with antimicrobial or non-antimicrobial soap and water must be performed under the following conditions: a.) When hands are visibly dirty or soiled with blood or other body fluids; b.) After contact with blood, body fluids, secretions, mucous membranes, or non-intact skin; c.) After handling items potentially contaminated with blood, body fluids, or secretions... Steps in procedure - 1.) Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for ten (10) to fifteen (15) seconds under a moderate stream of running water, at a comfortable temperature. Hot water is unnecessarily rough on hands. 2.)</p>			

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	<p>Rinse hands thoroughly under running water. Hold hands lower than wrists. Do not touch fingertips to inside of sink....</p> <p>The most recent glove procedure provided by the ADON on 9/30/11 at 12:18 P.M., indicated the following: When to use disposable gloves - The use of disposable gloves is indicated for procedures where body fluids are handled and includes the circumstances listed below. Gloves will be worn whenever exposure to the following (or to an item contaminated with such) is planned or anticipated - Blood, blood products, body fluids with visible blood, urine, feces, saliva, mucous membranes, wound drainage, drainage tubes, non-intact skin... Single - use and multi - use gloves - Shall be replaced as soon as practical when contaminated, or as soon as feasible if they are torn or punctured or when their ability to function as a barrier is compromised. Handwashing and gloves - Handwashing is necessary even if gloves are worn....</p> <p>3.1-18(j) 3.1-18(l)</p>				

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F0500 SS=D	<p>If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under an arrangement described in section 1861(w) of the Act or an agreement described in paragraph (h)(2) of this section.</p> <p>Arrangements as described in section 1861(w) of the Act or agreements pertaining to services furnished by outside resources must specify in writing that the facility assumes responsibility for obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and the timeliness of the services.</p> <p>Based on interview and record review, the facility failed to obtain a Health Care Service Agreement for 1 of 2 residents who met the criteria in the stage 2 sample for dialysis services. (Resident #165)</p> <p>Findings include.</p>	F0500	<p>1. Resident #165 was discharged to home. A Health Care Service Agreement contract was submitted to Golden Living on September 30, 2011 and submitted to Davita Dialysis for signature on October 4,</p>	10/30/2011

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	<p>Resident #165's record was reviewed on 9/28/11 at 2:45 P.M. Resident #165's record indicated she was admitted to the facility from a local hospital on 9/20/11.</p> <p>Resident #165's most current facility physician orders indicated the following: 9/20/11 - Hemodialysis every Monday, Wednesday, and Friday. 9/20/11 - 1500 cc fluid restriction in 24 hours. Monitor every shift. Nursing to administer as follows: 7-3 shift 240 cc; 3-11 shift 240 cc; 11-7 shift 240 cc; total 720 cc. Dietary to provide 780 cc with meals and snacks. Document total amount of fluids consumed per shift. Total to be recorded every 24 hours per 11-7 shift. 9/23/11 - Diet - Concentrated Carbohydrate diet with no salt packet, no tomatoes, no bananas, and no orange juice. 9/28/11 - Do not take blood pressure in right arm. Blood pressure every week on Thursday - use left arm. Monitor right arm fistula for signs/symptoms of infection every shift, everyday. Remove fistula site dressing on the evening of dialysis treatment - three times a week - Monday, Wednesday, and Friday. Check fistula right upper arm (listening to fistula) or feel for a thrill (by touching the fistula) daily (best</p>		<p>2011.</p> <p>2. A Health Care Service Agreement for a currently used Dialysis Center was provided to the survey team on September 27, 2011. No other residents had the potential to be affected by this practice.</p> <p>3. Residents of Golden LivingCenter – Brandywine will receive Dialysis Services only by centers for whom a Health Care Services Agreement is in effect.</p> <p>4. Compliance with this practice will be monitored during the pre-admission process. Potential admissions of patients using Dialysis Centers without an existing agreement will be denied admission until an agreement can be fully executed by Golden LivingCenter – Brandywine.</p>				

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	<p>after dressing removed); if no pulse felt or you do not hear a bruit, check again by placing your fingers gently over fistula and check for a thrill. Call dialysis unit immediately, if closed, call MD. If bleeding occurs anytime after dialysis, apply pressure with clean gauze for 5-10 minutes, repeat until bleeding stops or call dialysis unit (if open) or MD for further instructions as needed.</p> <p>A Dialysis Post Treatment was available in Resident #165's record dated 9/26/11, with the correct information documented. No other post treatment communication forms were provided by the dialysis center for Resident #165 on 9/21/11, 9/23/11, or 9/28/11.</p> <p>An interview with the Assistant Director of Nursing (ADON) on 9/29/11 at 11:28 A.M., indicated it was the first time the facility had dealt with Resident #165's dialysis center. The ADON indicated she had called numerous times with no return calls concerning the dialysis communication forms not being returned with Resident #165. The ADON indicated the facility was in the process of getting Resident #165 switched to a closer dialysis treatment center. The ADON indicated the</p>			

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	<p>dialysis center who cared for Resident #165 had only returned one post dialysis treatment printout dated 9/26/11, since Resident #165's admission to the facility. The ADON indicated the facility had sent a dialysis communication form with Resident #165 to the dialysis center with each visit, but the dialysis center was not completing the required information on the form, and returning it to the facility with the resident. The ADON indicated she would ask the ambulance driver to get the name, phone number, and fax number of a contact person at the dialysis center when the resident went to her next dialysis appointment. The ADON indicated Resident #165 had been going to the dialysis center from the facility every Monday, Wednesday, and Friday, since 9/21/11.</p> <p>On 9/29/11 at 1:12 P.M., an interview with the Administrator indicated she did not have a contract with Resident #165's dialysis center. She indicated the facility was in the process of transferring Resident #165's dialysis treatment to a closer dialysis center. The Administrator indicated if that was unsuccessful the facility could have a contract with Resident #165's dialysis center within 24 hours.</p>			

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	<p>An interview with the ADON on 9/29/11 at 1:20 P.M., indicated Resident #165 informed her on 9/22/11, Resident #165's sister was in the process of trying to get her switched to a closer dialysis treatment center for services. The ADON indicated she was just getting ready to talk with Resident #165 and see if she wanted her to intervene with the dialysis service change. The ADON indicated when she called Resident #165's dialysis center to see where the sister was with getting the resident's dialysis services at a closer dialysis treatment center, there was no answer. The ADON indicated she had called Resident #165's dialysis treatment center on 9/23/11, 9/27/11, 9/28/11, and 9/29/11. The ADON indicated the Administrator had just gave her a fax number, for Resident #165's dialysis treatment center, she retrieved from the Internet. The ADON indicated she would fax a letter asking for the communication forms and where the resident's sister was in the process of switching Resident #165 to a closer dialysis treatment center. The ADON indicated she had just charted the phone call attempts to Resident #165's dialysis treatment center in the progress notes that day.</p> <p>3.1-13(m)</p>				

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155120	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  09/30/2011
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-BRANDYWINE			STREET ADDRESS, CITY, STATE, ZIP CODE 745 N SWOPE ST GREENFIELD, IN46140		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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	