

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155506	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/21/2013
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NAME OF PROVIDER OR SUPPLIER SANCTUARY AT HOLY CROSS--INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635
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F000000	<p>This survey was for the Investigation of Complaint IN00131232, Complaint IN00133245, and Complaint IN00134780.</p> <p>Complaint IN00131232 - Substantiated. Federal/state deficiencies related to the allegations are cited at F244.</p> <p>Complaint IN00133245 - Substantiated. Federal/state deficiencies related to the allegations are cited at F244.</p> <p>Complaint IN00134780 - Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F309 and F323.</p> <p>Survey dates: August 19-21, 2013</p> <p>Facility number: 001201 Provider number: 155506 AIM number: 100380860</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF: 48 SNF/NF: 92 Total: 140</p> <p>Census payor type: Medicare: 39</p>	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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	<p>Medicaid: 65 Other: 36 Total: 140</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on August 28, 2013, by Brenda Meredith, R.N.</p>			

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interviews, the facility failed to ensure a resident who received a burn was seen by a physician for further treatment for 1 of 1 residents</p>	F000157	F-157—It is the intent of Sanctuary of Holy Cross to provide notifications of changes, injury, decline, etc. to the resident's physician, legal representative or an interested	09/13/2013			

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	<p>reviewed for condition changes in a sample of 3. (Resident "B")</p> <p>Finding includes:</p> <p>The record of Resident "B" was reviewed on 08/20/13 at 10:35 a.m. Resident "B" was admitted to the facility on 08/09/07 with diagnoses including, but not limited to, esophageal stricture, asthma, aphasia, COPD (Chronic Obstructive Pulmonary Disease) and HTN (hypertension).</p> <p>Review of "Clinical Notes Report" indicated: "07/13/13 10:36 p.m. [Physician's name] here too [sic] see the patient..."</p> <p>"07/13/13 10:40 p.m. The CNA went to change resident, found a huge pink area to genital (1%). Right leg towards the groin area (4.5%), left leg (1%)....Dr. notified, ordered silvadene to apply BID [twice daily] until healed...."</p> <p>"07/14/14 12:53 p.m. [Physician's name] on call for [Resident's physician's name] notified..., also informed of residents burn to peri area and right upper thigh. Requested routine pain medication for comfort X 10 days. [Physician's</p>		<p>family member. What corrective action will be accomplished for those residents found to have been affected by the deficient practice; Resident B has been assessed by physician. How other residents having the potential to be affected by the same practice will be identified and what corrective action will be taken; an audit has been completed no other residents were identified. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; the policy was reviewed and found to be sufficient. License Nurses were re-educated on the Interact III system for notification guide by the Director of Nursing. How the corrective action will be monitored to ensure the deficient practice will not recur; The Clinical Care Coordinators will for their neighborhoods read the nurses notes and daily reports for follow-up/compliance and will notify the DON/Designee 5 times a week. Director of Nursing/Designee will report monthly to Mission Driven Quality Improvement Committee until 100 % compliance for 3 months or a minimum of 6 months then the committee will determine need for further monitoring. Informal Dispute Resolution Requested.</p>		

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	<p>name] states use PRN pain med at this time and have [Resident's physician's name] review tomorrow [sic]. No new orders received."</p> <p>"07/15/13 10:52 a.m. ...Called [Physician's name] office...requested a stronger analgesic..."</p> <p>"07/22/13 10:17 p.m. New order to apply silvadene [medication specific to burn treatment] to burn areas on right groin, right leg, left leg, cover with telfa pad twice daily, per [Physician's name]..."</p> <p>"07/24/13 11:35 p.m. New order to cleanse burnt areas on right groin, right leg and genital with saline, apply silvadene BID and leave open to air until healed....[Physician's name] stated she would come to see the patient in course of the week."</p> <p>"07/25/13 2:17 p.m. Resident seen by [Physician's name]. N.O. [New Order] to sent pt [patient] to [hospital name] for a direct admit..."</p> <p>The resident was admitted to the ACF [Acute Care Facility - hospital] on 07/25/13. Review of the physician's hospital H&P (History & Physical) for Resident "B" indicated: "07/25/13...CHIEF COMPLAINT: Burn</p>			

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	<p>to the leg....I had seen her about 10 days ago on a routine visit. She, however, approximately one week ago spilled a cup of coffee in her lap. I was called that she had some burns in the inguinal and peri region....I went by this morning to see another client there and stopped in to look at her wounds...found to have a very large area of burn in her right lower quadrant, inguinal, right perineal region and extending down most of her right inner thigh it looked quite red, inflamed extremely painful to her. There are some areas of eschar in the thigh that looks as though it needs debridement. I am questioning also she might need a skin graft as the areas is quite extensive...."</p> <p>The Administrator and the DNS (Director Nursing Services) were interviewed on 08/21/13 at 1:15 p.m. The DNS was queried in regards to a notification Policy & Procedure for change of condition. The DNS indicated physician's were notified in relation to the diagnosis and related treatments as needed. The DNS indicated the physicians associated with the facility are very involved and round frequently and the staff communicated with Resident "B"'s physician. The Administrator indicated the physician for Resident</p>			

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	<p>"B" was updated by the staff and new orders received. The Administrator indicated the POA (Power of Attorney) for Resident "B" requested the physician examined the resident.</p> <p>This Federal tag relates to Complaint IN00134780.</p> <p>3.1-5(a)(3)</p>				

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F000244 SS=D	<p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. Based on record reviews and interviews, the facility failed to respond to grievances and concerns in a manner to indicate areas had been addressed satisfactorily for 3 of 3 families interviewed during the survey in a sample of 5.</p> <p>Findings include:</p> <p>The Administrator was interviewed on 08/19/13 at 10:30 a.m. in regards to Grievances. The Administrator provided a grievance for review during the survey and indicated grievances were acted upon and follow-up with the family occurred in a timely manner. Review of a Policy & Procedure, provided at the time, titled, "Concern/Complaint/Grievance: 09/2007", indicated:</p> <p>"Purpose: To provide a reporting process in which residents and family members can express a complaint and receive a written follow-up action related to that complaint....</p>	F000244	<p>F 244- It is the intent of Sanctuary of Holy Cross to respond to resident and family concerns. What corrective action will be accomplished for those residents found to have been affected by the deficient practice. No residents were identified. How other residents having a potential to be affected by the same practice will be identified. No other residents were identified after random audit of residents and family meeting held. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; all staff were re-educated with customer service and the grievance process. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; The Social Service Director/Designee will audit grievance reports monthly for compliance and report finding to Mission Driven Quality Improvement Committee until 3 months of 100% compliance or a minimum of 6 months then the</p>	09/13/2013			

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	<p>3. It is expected that the community respond in a timely manner to the concern/complaint..."</p> <p>Review of the grievance, as provided, indicated multiple interviews with staff members, portions of the resident's records and recorded statements of the complainant. The grievance did not contain any written documentation by the complainant. There was no documentation in regards to resolution, updated care plans, or other follow-up with the complainant.</p> <p>The Administrator was interviewed on 08/20/13 at 10:00 a.m. The Administrator indicated the complainant chose not to document the voiced concerns and there was no written follow-up following the investigation.</p> <p>Confidential interviews were conducted with 5 resident family members throughout the survey and indicated:</p> <p>1. Family member #2 indicated a concern regarding toileting needs was voiced to a unit nurse and the staff member indicated the situation would be investigated. Family member #2 indicated the resident was frequently</p>		committee will determine need for further monitoring.	

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	<p>found with "heavily, soaked briefs." Family member #2 indicated when the staff member was asked if the issue had been addressed, the staff member rebuffed the query as not needing follow-up. The family member was asked if they pursued filing a grievance and indicated the facility "will do what they want to do" and there was no recourse for family concerns.</p> <p>2. Family member #4 indicated a grievance in regards to lack of care and requested care needs was filed with the facility. Family member #4 indicated there had been no written follow-up or care conference to address the concerns. Family member #4 indicated all communication was verbal between direct care staff, unit nurses and administration.</p> <p>3. Family member #5 indicated communicating with the unit nurse daily and asking for direct answers in regards to the resident's care. Family member #5 indicated the nurse never responded to her inquiries despite being in the facility daily. The family member was unaware of who was the DNS (Director Nursing Services) or the Administrator. Family member #5 indicated she was not remember</p>			

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	<p>receiving any information in regards to pursuing a concern when the resident was admitted.</p> <p>This Federal tag relates to Complaint IN00131232 and Complaint IN00133245.</p> <p>3.1-3(l)</p>			

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F000309 SS=G	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</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 record review and interviews, the facility failed to accurately assess a resident who incurred a burn, had recurring complaints of pain and resulted in hospitalization 10 days post occurrence. (Resident "B")</p> <p>Finding includes:</p> <p>The record of Resident "B" was reviewed on 08/20/13 at 10:35 a.m. Resident "B" was admitted to the facility, on 08/09/07, with diagnoses including, but not limited to, esophageal stricture, asthma, aphasia, COPD (Chronic Obstructive Pulmonary Disease), HTN (hypertension) and CVA (CerebroVascular Accident: stroke) with Right Hemiplegia (loss of full use of R side). Review of the most recent quarterly MDS (Minimum Data Set: a tool to assist in assessing resident care needs), dated 07/03/13, indicated Resident "B" understood, required supervision (oversight,</p>	F000309	F-309—It is the intent of Sanctuary at Holy Cross to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being. What corrective action will be accomplished for those residents found to have been affected by the deficient practice; Resident B has been assessed by the physician and physician orders are being followed. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; An assessment with use of the Interact tools completed for all residents was completed no other residents identified. What measures will be put in to place or what systemic changes will be made to ensure that the deficient practice does not recur; Licensed Nurses were re-educated by the Director of Nursing for the utilization of the Interact III program How will the corrective action be monitored to ensure the deficient practice will not recur,	09/13/2013

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	<p>supervision and cueing) for eating, and required extensive assistance of 1 for transfers, dressing, bathing, and toileting. Review of a facility reportable event, provided by the Administrator on 08/20/13 at 1:00 p.m., indicated Resident "B" normally ate in the dining room and occasionally took her meals in her room without incident. Resident "B" chose to eat her evening meal, on 07/13/13, in her room and was found by a CNA to have spilled hot tea on her person.</p> <p>Review of "Clinical Notes Report" indicated:</p> <p>"07/13/13 10:40 p.m. The CNA went to change resident, found a huge pink area to genital (1%). Right leg towards the groin area (4.5%), left leg (1%)....Dr. notified, ordered silvadene [medication specific to burns] to apply BID [twice daily] until healed. Cold ice water poured to the area."</p> <p>"07/14/13 9:40 a.m. ...silvadene applied to burn areas as ordered....several fluid filled blisters present on periaera [sic] and right upper thigh with redness covering large area. PRN pain medication given at this time for comfort. Resident keeping clothes off to lower</p>		<p>i.e., what quality assurance program will be put into place: Audits for completion of the SBAR with change in condition will be conducted by the Clinical Care Coordinators followed by random audits of 10 or 100% if less than 10 a week by the Director of Nursing / Designee which will be reported to Mission Driven Quality Improvement Committee monthly until 3 months of 100 % compliance or a minimum of 6 months then the committee will determine need for further monitoring. Informal Dispute Resolution requested</p>	

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	<p>body as precaution to not irritate area further...."</p> <p>"07/14/13 12:53 p.m. [Physician's name] on call for [Resident's physician's name] notified..., also informed of residents burn to peri area and right upper thigh. Requested routine pain medication for comfort X 10 days. [Physician's name] states use PRN pain med at this time and have [Resident's physician's name] review tomorrow (sic). No new orders received."</p> <p>"07/14/13 8:00 p.m. ...burn areas on her groin and upper thigh still pink with several blisters present and intact...."</p> <p>"07/15/13 9:44 a.m. In to asses [sic] residents burn to her [right] thigh. It measures 21 X [times] 5.2 right lateral non pubis and on the right upper thigh from outer to inner aspect it measures 35.8 X 9.9. There are 4 fluid filled blisters noted two on the anterior upper thigh, one in the posterior thigh that appears to be draining some fluid, and one on the inner aspect of the thigh. Resident c/o [complains of] of pain...Silvadine applied to area....Will continue to monitor resident."</p>			

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	<p>"07/15/13 10:52 a.m. Administered 1 PRN [as needed] ibuprofen tablet with morning med pass. Reassessed pain and rated at 4/10 from 6/10 upon rising [pain scale of 1 to 10 with 10 being the worst] ...Called [Physician's name] office...left message with current pain medication orders and requested a stronger analgesic...."</p> <p>"07/16/13 2:33 p.m. N.O. [New Order] received Keflex [antibiotic] 500 mg PO [Per Os: by mouth] X 5 days for UTI [Urinary Tract Infection]...."</p> <p>"07/20/13 10:45 p.m. Silvadene applied to burnt areas to bilateral legs. Blisters yellow and pink towards the edges...."</p> <p>"07/21/13 1:28 a.m. ...areas remain redden [sic] and some are open...treatment cont [continued] is uncomfortable with turns. Will monitor for pain control...."</p> <p>"07/22/13 10:17 p.m. New order to apply silvadene to burnt areas on right groin, right leg, left leg, cover with telfa pad twice daily, per [Physician's name]...Treatment done to burnt areas no s/s [Signs and Symptoms] of infection noted. Wound bed to open blisters remains yellow...."</p>			

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NAME OF PROVIDER OR SUPPLIER SANCTUARY AT HOLY CROSS--INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635
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	<p>"07/24/13 11:35 p.m. New order to cleanse burnt areas on right groin, right leg and genital with saline, apply silvadene BID and leave open to air until healed....[Physician's name] stated she would come to see the patient in course of the week."</p> <p>"07/25/13 2:17 p.m. Resident seen by [Physician's name]. N.O. [New Order] to sent pt [patient] to [hospital name] for a direct admit...."</p> <p>The resident was admitted to the ACF [Acute Care Facility - hospital] on 07/25/13. Review of the physician's hospital H&P (History & Physical) for Resident "B" indicated: "07/25/13...CHIEF COMPLAINT: Burn to the leg....I had seen her about 10 days ago on a routine visit. She, however, approximately one week ago spilled a cup of coffee in her lap. I was called that she had some burns in the inguinal and peri region....I went by this morning to see another client there and stopped in to look at her wounds...found to have a very large area of burn in her right lower quadrant, inguinal, right perineal region and extending down most of her right inner thigh it looked quite red, inflamed extremely painful to her. There are some areas of eschar in</p>			

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	<p>the thigh that looks as though it needs debridement. I am questioning also she might need a skin graft as the areas is quite extensive...."</p> <p>The Administrator and the DNS (Director Nursing Services) were interviewed on 08/21/13 at 1:15 p.m. The DNS indicated physician's had been notified in relation to the diagnosis and related treatments as needed. The Administrator indicated the physician for Resident "B" was updated by the staff and new orders received.</p> <p>This Federal tag relates to Complaint IN00134780.</p> <p>3.1-37(a)</p>				

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F000323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review and interviews, the facility failed to provide supervision for a resident with a diagnosis of right sided hemiplegia (loss of movement) which resulted in a burn from a spilled hot beverage and which went undetected for an unknown amount of time following the tray set-up and a later bed change. This deficiency affected 1 of 1 residents reviewed for accidents in a sample of 6. (Resident "B")</p> <p>Finding includes:</p> <p>The record of Resident "B" was reviewed on 08/20/13 at 10:35 a.m. Resident "B" was admitted to the facility, on 08/09/07, with diagnoses including, but not limited to, esophageal stricture, asthma, aphasia, COPD (Chronic Obstructive Pulmonary Disease), HTN (hypertension) and CVA (CerebroVascular Accident: stroke) with Right Hemiplegia.</p> <p>Review of the most recent quarterly</p>	F000323	F-323—It is the intent of Sanctuary at Holy Cross to provide an environment that is as free of accidents hazard as is possible; and the each resident receives the adequate supervision and assistance devices to prevent accidents. What corrective action will be accomplished for those residents found to have been affected by the deficient practice; Resident B has been assessed by the physician and physician orders are being followed. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; An audit of residents that prefer to take a meal in their rooms was completed with education provided on the risk. This was completed. No other residents identified. What measures will be put in to place or what systemic changes will be made to ensure that the deficient practice does not recur; Policies were reviewed and found to be sufficient. Licensed Nurses were re-educated by the Director of Nursing. Education provided on supervision of the dining	09/13/2013			

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	<p>MDS (Minimum Data Set: a tool to assist in assessing resident care needs), dated 07/03/13, indicated Resident "B" understood, required supervision (oversight, supervision and cueing) for eating, and required extensive assistance of 1 for transfers, dressing, bathing, and toileting.</p> <p>Review of a facility reportable event, provided by the Administrator on 08/20/13 at 1:00 p.m., indicated Resident "B" normally ate in the dining room and occasionally took her meals in her room without incident. Resident "B" chose to eat her evening meal, on 07/13/13, in her room and was found by a CNA to have spilled hot tea on her person.</p> <p>Review of "Clinical Notes Report" indicated:</p> <p>"07/13/13 10:40 p.m. The CNA went to change resident, found a huge pink area to genital (1%). Right leg towards the groin area (4.5%), left leg (1%)....Dr. notified, ordered silvadene [medication specific to burns] to apply BID until healed. Cold ice water poured to the area."</p> <p>"07/14/13 9:40 a.m. ...silvadene applied to burn areas as</p>		<p>experience; use of safety devices with hot liquids. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Audits for dining safety supervision will be conducted by the Fine Diner(a department manager responsible for overseeing the meal service) Director of Nursing / Designee will report compliance to Mission Driven Quality Improvement Committee monthly until 3 months of 100 % compliance or a minimum of 6 months then the committee will determine need for further monitoring. Informal Dispute Resolution Requested.</p>				

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	<p>ordered....several fluid filled blisters present on periaerea [sic] and right upper thigh with redness covering large area. PRN pain medication given at this time for comfort. Resident keeping clothes off to lower body as precaution to not irritate area further...."</p> <p>"07/14/13 12:53 p.m. [Physician's name] on call for [Resident's physician's name] notified..., also informed of residents burn to peri area and right upper thigh. Requested routine pain medication for comfort X 10 days. [Physician's name] states use PRN pain med at this time and have [Resident's physician's name]review tomorrow (sic). No new orders received."</p> <p>"07/14/13 8:00 p.m. ...burn areas on her groin and upper thigh still pink with several blisters present and intact..."</p> <p>"07/15/13 9:44 a.m. In to asses [sic] residents burn to her [right] thigh. It measures 21 X [times] 5.2 right lateral non pubis and on the right upper thigh from outer to inner aspect it measures 35.8 X 9.9. There are 4 fluid filled blisters noted two on the anterior upper thigh, one in the posterior thigh that appears to be draining some</p>						

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	<p>fluid, and one on the inner aspect of the thigh. Resident c/o [complains of] of pain...Silvadine applied to area....Will continue to monitor resident."</p> <p>"07/15/13 10:52 a.m. Administered 1 PRN ibuprofen tablet with morning med pass. Reassessed pain and rated at 4/10 from 6/10 upon rising [pain scale of 1 to 10 with 10 being the worst] ...Called [Physician's name] office...left message with current pain medication orders and requested a stronger analgesic...."</p> <p>"07/16/13 2:33 p.m. N.O. [New Order] received Keflex [antibiotic] 500 mg PO [Per Os: by mouth] X 5 days for UTI [Urinary Tract Infection]..."</p> <p>"07/20/13 10:45 p.m. Silvadene applied to burnt areas to bilateral legs. Blisters yellow and pink towards the edges...."</p> <p>"07/21/13 1:28 a.m. ...areas remain redden [sic] and some are open...treatment cont [continued] is uncomfortable with turns. Will monitor for pain control...."</p> <p>"07/22/13 10:17 p.m. New order to apply silvadene to burnt areas on right groin, right leg, left leg, cover</p>			

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	<p>area of burn in her right lower quadrant, inguinal, right perineal region and extending down most of her right inner thigh it looked quite red, inflamed extremely painful to her. There are some areas of eschar in the thigh that looks as though it needs debridement. I am questioning also she might need a skin graft as the areas is quite extensive...."</p> <p>The Administrator and the DNS (Director Nursing Services) were interviewed on 08/21/13 at 1:15 p.m. The DNS indicated physician's were notified in relation to the diagnosis and related treatments as needed. The Administrator indicated the physician for Resident "B" was updated by the staff and new orders received. Review of the facility investigation indicated the resident stated to the staff she spilled her tea. The investigation indicated the facility was unable to determine the time lapse from the spill to the discovery which was documented in the investigation as 07/13/13 at 7:00 p.m.</p> <p>This Federal tag relates to Complaint IN00134780.</p> <p>3.1-45(a)(2)</p>			

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