

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155721	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2013
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NAME OF PROVIDER OR SUPPLIER LAWRENCE MANOR HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: April 15, 16, 17, 18, 19, 2013</p> <p>Facility number: 000383 Provider number: 155721 AIM number: 100289610</p> <p>Survey Team: Courtney Mujic, RN- TC Beth Walsh, RN (April 15, 16, 17, 19, 2013) Karina Gates, Generalist</p> <p>Census Bed Type: SNF/NF: 47 Total: 47</p> <p>Census Payor Type: Medicare: 3 Medicaid: 38 Other: 6 Total: 47</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/29/13 by Suzanne Williams, RN</p>	F000000	<p>This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely because it is required by the provisions of federal and state law.</p>	

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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F000156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <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:</p>			

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <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 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,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits. Based on interview and record review, the facility failed to issue liability and appeal notices timely for 3 of 3 Medicare beneficiaries reviewed for liability and appeal notices. (Resident #3, #22, and #5)</p> <p>Findings include:</p> <p>The liability and appeal notices for Residents #3, #22, and #5 were provided by the Executive Director on 4/17/13 at 2:00 p.m.</p> <p>The notice for Resident #3 indicated his services were no longer covered under Medicare beginning 1/30/13 and the notice was received by Resident #3 on 1/30/13.</p> <p>The notice for Resident #22 indicated his services were no longer covered under Medicare beginning 3/24/13 and the notice was received by Resident #22 on 3/24/13.</p> <p>The notice for Resident #5 indicated services were no longer covered under Medicare beginning 3/26/13 and the notice was received by Resident #5 on 3/25/13.</p> <p>During an interview with the Social</p>	F000156	<p>F156 a. What correction action will be accomplished for those residents found to be affected: Residents 3 and 5 were here for short term rehabilitation to home. They were discharged to home. There is no way to correct the other resident who still resides with us. b. How other residents having the potential to be affected will be identified and what action will be taken: All residents on Medicare at this time were reviewed 5/10/13 to ensure dates of possible discharge and upcoming advanced beneficiary notices given out. All are in compliance at this time. c. What measures will be put into place or what systemic changes will be made: The key personnel responsible for the advanced beneficiary notice will read information from CMS website about ABN. The personnel were Social services, DON, MDS coordinator, therapy department, and Administrator. Acknowledgements will signed by 5/19/13. d. How will the corrective actions be monitored: All Medicare residents will be reviewed by Administrator or designee for possible payor changes weekly for 5 weeks then monthly for three months beginning 5/13/13. Addendum: if 100% accuracy is met monitoring will end, if not it will continue until 100% accuracy</p>	05/19/2013

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	<p>Services Director on 4/17/13 at 2:45 p.m., he indicated his understanding was liability and appeal notices were to be given to a resident 7 days prior to their end date of Medicare covered services, and he knew that wasn't being done. He indicated the therapy department was not notifying him that services were ending for a resident far enough in advance for him to issue the liability and appeal notice to residents timely.</p> <p>During an interview with the Executive Director on 4/19/13 at 11:42 a.m., she indicated there was no facility policy for the issuance of liability and appeal notices to residents.</p> <p>3.1-4(f)(3)</p>		is met. e. Date systemic changes will be completed: by 5/19/13		

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F000225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record</p>	F000225	F225 a. What correction action	05/19/2013			

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	<p>review, the facility failed to conduct a thorough investigation of potential abuse and to report it timely to the appropriate authorities as outlined in the facility policy for 2 of 3 incidents reviewed for abuse prohibition. This affected 1 of 10 residents interviewed for abuse prohibition. (Resident #20)</p> <p>Findings include:</p> <p>During an interview with Resident #20 on 4/16/13 at 2:43 p.m., he indicated, "I'm scared of (name of CNA #7)... He grabbed my wrist and said 'Why don't I just beat the sh** out of you?'" Regarding whether he'd ever been treated roughly by staff, he indicated, "Yes. CNAs turn me roughly and grab me around the neck. I told (name of DON), the DON (Director of Nursing) two months ago. She looked into it. There was some talk about it and it got better. There's one now, about (Resident #20's description of height and age of CNA #8). If she's dressing me, she jerks my arm when putting on my shirt. I told her it hurts. I have a sore arm. Her name is (name of CNA #8). I told the night nurse, can't remember her name. Also, I asked her for hydrocodone last week at 1:00 a.m. and she said I just had one, but it was at 7:00 p.m. She works 3-11. I might</p>		<p>will be accomplished for those residents found to be affected: 1. Resident #20 was telling surveyors a concern he had already told us and was investigated and found immediately to be a turning and positioning issue not abuse issue. 2. As it was investigated immediately and resolved immediately to resident satisfaction it was not reported to the state. 3. This met our concern form criteria of " willful infliction" and #8 on our abuse prohibition policy " verified occurrences of abuse shall be reported" 4. The second incident of timely meds, was also not founded immediately and not reported 5. This resident can make their wishes and concerns known. Specifically one concern that Administrator shared with the surveyors that he brought up continually until it was resolved. b. How other residents having the potential to be affected will be identified and what action will be taken: At the next department head meeting 4/22/13 all concerns the past year were brought to the meeting to ensure none were passed over to be reported. The Social Services person also reviewed to ensure all reported timely. c. What measures will be put into place or what systemic changes will be made: The abuse prohibition policy and procedure was reviewed and updated 4/17/13.</p>				

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	<p>have my times confused."</p> <p>On 4/16/13 at 3:15 p.m., the Executive Director (ED) was informed of the above allegations. She indicated, she would look into it.</p> <p>On 4/18/13 at 10:19 a.m. the ED indicated the investigation was complete regarding the above allegations and provided a copy of the 3 page investigation. The first page indicated the following:</p> <p>"4-16-13 Interview with (name of Resident #20)</p> <p>DON spoke to (name of Resident #20) regarding being handled roughly and (name of Resident #20) stated "That was a month or so ago." DON asked him how were the CNA's doing now he stated "I can't complain." When asked about (name of CNA #8) he stated "Once she took my wrist (he demonstrated what she had done) and put my arm through my sleeve." DON asked did it hurt (Name of Resident #20) stated "not really but I can put my arm in my own sleeve." Asked if he had told her that and he said "yes." (Name of Resident #20) stated "This was awhile back its okay now." Asked how he felt about (name of CNA #8) taking care of him and he</p>		<p>The key personnel responsible for reporting and or other department heads reviewed.</p> <p>Acknowledgements will signed by 5/19/13. Changes were training dates and who will train annually. So all personnel did not retrained. Addendum: Social services, DON, MDS, activities, maintenance, housekeeping, were trained as department heads. The policy includes procedures for reporting/investigation which we went over. d. How will the corrective actions be monitored: The team led by the Administrator or designee will review all concern form at department head meetings weekly for 5 weeks, then monthly for three months starting 5/13/13. Addendum: if 100% accuracy is met monthly monitoring will end, if not it will continue until 100% accuracy is met. for three months. e. Date systemic changes will be completed: by 5/19/13</p>	

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	<p>said "I'm okay with it she does a good job." DON asked if he was afraid of her. He laughed "No" Sometimes they get in a hurry that's all." Asked if he would like me to change her schedule so she would not be on his assignment and he said "No"</p> <p>DON then started discussing the other CNAs and when I brought up (name of CNA #7)'s name he said "...About 2 months ago she was rolling me on my side and it was rough." Asked why he didn't report this. (Name of Resident #20) said "It was only once." DON questioned (name of Resident #20) if he wanted (name of CNA #7) taking care of him and he said "She's fine I don't mind if she cares for me."</p> <p>Explained to (Name of Resident #20) to report any "roughness" or not getting medications immediately to the Charge Nurse so the situation can be dealt with quickly so that he or other residents are treated nicely. (Name of Resident #20) stated "Well I forget sometimes." DON informed him that she would visit with him on her daily rounds so if he had a concern she could handle it quickly. (Name of Resident #20) said "Sounds good." DON will start checking with (Name of Resident #20) during her</p>			

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	<p>rounds to ensure he is being treated with respect and dignity.</p> <p>When discussing his concerns DON asked about his medications. (Name of Resident #20) stated "Sometimes I ask for pain medications and it seems like forever to get them." Asked when was the last time this happened and he said "maybe a few days ago" Informed (name of Resident #20) I would look into the matter and get back with him. (Name of Resident #20) said "okay."</p> <p>DON will review (Name of Resident #20)'s chart for medications given to ensure he receives his pain medications timely."</p> <p>The above statement was signed by the DON and Resident #20 and dated 4/16/13.</p> <p>The other two pages of the investigation were a Communication/CONCERN Form completed by the Activity Director, dated 3/5/13. It indicated the following:</p> <p>"Nature of Concern: CNA Aides are (sic) been pretty rough when it's time to get residents ready in the am. He stated that they grab him by the neck</p>			

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	<p>to get him up which makes his neck hurt.</p> <p>3/5/13 5:05 p.m.- DON interviewed (name of Resident #20) re: his transfers from bed to chair with use of the sit-stand transfer lift- (Name of Resident #20) stated 'The girls put the strap around me then pump the lift and I'm in my chair.' Denies being grabbed by the neck."</p> <p>An interview was conducted with the ED on 4/18/13 at 10:19 a.m. regarding how she identified which incidents were investigated as potential abuse. She indicated, "The ones where the resident feels they've been abused, if they say they are hurt, have bruises. They say they cussed at me, yelled, stole something. We investigate any verbal concern as potential abuse." Regarding whether the 3/5/13 incident was investigated as potential abuse, she indicated, "Yes. When the DON talked to him, she determined it was a problem with the lifting procedure. She watched CNA's do a lift. He also denied being grabbed by the neck. We no longer considered this an allegation of abuse." Regarding Resident #20's 4/16/13 allegations about CNA #7 handling him roughly, she indicated,</p>						

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	"He has dementia issues. If he doesn't have issues now, I think we're clear on any allegations of abuse. I don't know how you would investigate an allegation from 2 months ago when we've already investigated another allegation so recently. I don't think this needed anymore actions. I think we are within our policy." Regarding whether other residents or staff members were interviewed as a part of the investigation, she indicated, "It's more of not having any recent concerns. I don't think it was appropriate to interview other residents about (name of CNA #7). No staff members were interviewed either. As of yesterday, we were not treating this as an allegation of abuse." Regarding whether CNA #7 was suspended until the investigation was completed, whether there was identification and interview of other residents who might have been affected, whether there was identification and interview of other employees who might have additional information, whether they reported to to the state survey agency, ombudsman, or APS, whether there was review of past incidents or reports of concern to identify a possible trend, the ED indicated, "No, but today we will investigate it as an allegation of abuse. I think the			

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	<p>investigation is over, but it's easy for us to do it, so we'll be glad to ensure there are no issues."</p> <p>The Abuse Prohibition policy was provided by the ED on 4/17/13 at 1:40 p.m. It indicated the following:</p> <p>"4.) Any "alleged abuse", to include injuries of unknown origin, state and certification agency shall be notified within 24 hours, as soon as possible, as well as the ombudsman and/or Adult Protective Services, as applicable...</p> <p>5.) The alleged violation shall be thoroughly investigated by the Administrator and his/her designee. The facility must prevent further abuse while the investigation is in process....an individual who has been alleged as exhibiting abusive behavior should not be permitted to continue to care for residents until an investigation has been completed and the allegation found to be unsubstantiated...</p> <p>Staff/Family/Visitor/Volunteer-To-Resident Abuse Procedure: 6.) An investigation of the incident will be initiated immediately, by the charge nurse. Related to the</p>			

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	<p>allegation of abuse to include but not be limited to:</p> <ul style="list-style-type: none"> - suspension of involved employees pending investigation - identification and interview of other residents who might have been affected by the same practice - identification and interview of other employees who might have additional information. <p>7.) The incident shall be reported to the state survey and certification agency as an "alleged abuse" as per state guidance, immediately, but not to exceed 24 hours, as well as t the local ombudsman and Adult Protective Services. Local authorities shall be contacted dependent upon the nature and severity of the abusive act.</p> <p>8.) As an element of the allegation of abuse, past records of incidents/accidents, reports of concern, etc., shall be reviewed by administrative staff in an effort to identify any potential pattern/trend relative to the involved staff member..."</p> <p>3.1-28(c) 3.1-28(e)</p>				

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to conduct a thorough investigation of potential abuse and to report it timely to the appropriate authorities as outlined in the facility policy for 2 of 3 incidents reviewed for abuse prohibition. This affected 1 of 10 residents interviewed for abuse prohibition. (Resident #20)</p> <p>Findings include:</p> <p>During an interview with Resident #20 on 4/16/13 at 2:43 p.m., he indicated, "I'm scared of (name of CNA #7)... He grabbed my wrist and said 'Why don't I just beat the sh** out of you?'" Regarding whether he'd ever been treated roughly by staff, he indicated, "Yes. CNAs turn me roughly and grab me around the neck. I told (name of DON), the DON (Director of Nursing) two months ago. She looked into it. There was some talk about it and it got better. There's one now, about (Resident #20's description of height and age of CNA #8). If she's dressing me, she jerks</p>	F000226	<p>F226 a. What correction action will be accomplished for those residents found to be affected: 1. Resident #20 was telling surveyors a concern he had already told us and was investigated and found immediately to be a turning and positioning issue not abuse issue. 2. As it was investigated immediately and resolved immediately to resident satisfaction it was not reported to the state. 3. We interviewed resident and staff thoroughly. This is how we came to know it was turning and lifting procedures and not abuse. Resident concurred. 4. The second incident of timely medications was not collaborative by facts immediately upon investigation. Therefore it was not reported; this as allowed per policy and procedure. 5. The second incident was investigated by reviewing notes, medication administration notes of times asked, times given and results noted. b. How other residents having the potential to be affected will be identified and what action will be taken: At the next department head meeting 4/22/13</p>	05/19/2013

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	<p>my arm when putting on my shirt. I told her it hurts. I have a sore arm. Her name is (name of CNA #8). I told the night nurse, can't remember her name. Also, I asked her for hydrocodone last week at 1:00 a.m. and she said I just had one, but it was at 7:00 p.m. She works 3-11. I might have my times confused."</p> <p>On 4/16/13 at 3:15 p.m., the Executive Director (ED) was informed of the above allegations. She indicated, she would look into it.</p> <p>On 4/18/13 at 10:19 a.m. the ED indicated the investigation was complete regarding the above allegations and provided a copy of the 3 page investigation. The first page indicated the following:</p> <p>"4-16-13 Interview with (name of Resident #20)</p> <p>DON spoke to (name of Resident #20) regarding being handled roughly and (name of Resident #20) stated "That was a month or so ago." DON asked him how were the CNA's doing now he stated "I can't complain." When asked about (name of CNA #8) he stated "Once she took my wrist (he demonstrated what she had done) and put my arm through my sleeve."</p>		<p>all concerns the past year were brought to the meeting to ensure all were investigated thoroughly. The Social Services person also reviewed to ensure all investigated throughly. c. What measures will be put into place or what systemic changes will be made: The abuse prohibition policy and procedure was reviewed and updated 4/17/13. The key personnel responsible for reporting and or other department heads reviewed. Acknowledgements will signed by 5/19/13. Changes were training dates and who will train annually. So all personnel did not retrained. Addendum: Social services, DON, MDS, activities, maintenance, housekeeping, were trained as department heads. The policy includes procedures for reporting and investigating which we went over. d. How will the corrective actions be monitored: The team will review all concern form at department head meetings weekly for 5 weeks, then monthly for three months starting 5/13/13. Addendum: if 100% accuracy is met monthly monitoring will end, if not it will continue until 100% accuracy is met. for three months. e. Date systemic changes will be completed: by 5/19/13</p>		

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	<p>DON asked did it hurt (Name of Resident #20) stated "not really but I can put my arm in my own sleeve." Asked if he had told her that and he said "yes." (Name of Resident #20) stated "This was awhile back its okay now." Asked how he felt about (name of CNA #8) taking care of him and he said "I'm okay with it she does a good job." DON asked if he was afraid of her. He laughed "No" Sometimes they get in a hurry that's all." Asked if he would like me to change her schedule so she would not be on his assignment and he said "No"</p> <p>DON then started discussing the other CNAs and when I brought up (name of CNA #7)'s name he said "...About 2 months ago she was rolling me on my side and it was rough." Asked why he didn't report this. (Name of Resident #20) said "It was only once." DON questioned (name of Resident #20) if he wanted (name of CNA #7) taking care of him and he said "She's fine I don't mind if she cares for me."</p> <p>Explained to (Name of Resident #20) to report any "roughness" or not getting medications immediately to the Charge Nurse so the situation can be dealt with quickly so that he or other residents are treated nicely.</p>						

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	<p>(Name of Resident #20) stated "Well I forget sometimes." DON informed him that she would visit with him on her daily rounds so if he had a concern she could handle it quickly. (Name of Resident #20) said "Sounds good." DON will start checking with (Name of Resident #20) during her rounds to ensure he is being treated with respect and dignity.</p> <p>When discussing his concerns DON asked about his medications. (Name of Resident #20) stated "Sometimes I ask for pain medications and it seems like forever to get them." Asked when was the last time this happened and he said "maybe a few days ago" Informed (name of Resident #20) I would look into the matter and get back with him. (Name of Resident #20) said "okay."</p> <p>DON will review (Name of Resident #20)'s chart for medications given to ensure he receives his pain medications timely."</p> <p>The above statement was signed by the DON and Resident #20 and dated 4/16/13.</p> <p>The other two pages of the investigation were a Communication/CONCERN Form</p>			

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	<p>completed by the Activity Director, dated 3/5/13. It indicated the following:</p> <p>"Nature of Concern: CNA Aides are (sic) been pretty rough when it's time to get residents ready in the am. He stated that they grab him by the neck to get him up which makes his neck hurt.</p> <p>3/5/13 5:05 p.m.- DON interviewed (name of Resident #20) re: his transfers from bed to chair with use of the sit-stand transfer lift- (Name of Resident #20) stated 'The girls put the strap around me then pump the lift and I'm in my chair.' Denies being grabbed by the neck."</p> <p>An interview was conducted with the ED on 4/18/13 at 10:19 a.m. regarding how she identified which incidents were investigated as potential abuse. She indicated, "The ones where the resident feels they've been abused, if they say they are hurt, have bruises. They say they cussed at me, yelled, stole something. We investigate any verbal concern as potential abuse." Regarding whether the 3/5/13 incident was investigated as potential abuse, she indicated, "Yes. When the DON talked to him, she</p>				

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	<p>determined it was a problem with the lifting procedure. She watched CNA's do a lift. He also denied being grabbed by the neck. We no longer considered this an allegation of abuse." Regarding Resident #20's 4/16/13 allegations about CNA #7 handling him roughly, she indicated, "He has dementia issues. If he doesn't have issues now, I think we're clear on any allegations of abuse. I don't know how you would investigate an allegation from 2 months ago when we've already investigated another allegation so recently. I don't think this needed anymore actions. I think we are within our policy." Regarding whether other residents or staff members were interviewed as a part of the investigation, she indicated, "It's more of not having any recent concerns. I don't think it was appropriate to interview other residents about (name of CNA #7). No staff members were interviewed either. As of yesterday, we were not treating this as an allegation of abuse." Regarding whether CNA #7 was suspended until the investigation was completed, whether there was identification and interview of other residents who might have been affected, whether there was identification and interview of other employees who might have additional</p>			

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	<p>information, whether they reported to to the state survey agency, ombudsman, or APS, whether there was review of past incidents or reports of concern to identify a possible trend, the ED indicated, "No, but today we will investigate it as an allegation of abuse. I think the investigation is over, but it's easy for us to do it, so we'll be glad to ensure there are no issues."</p> <p>The Abuse Prohibition policy was provided by the ED on 4/17/13 at 1:40 p.m. It indicated the following:</p> <p>"4.) Any "alleged abuse", to include injuries of unknown origin, state and certification agency shall be notified within 24 hours, as soon as possible, as well as the ombudsman and/or Adult Protective Services, as applicable...</p> <p>5.) The alleged violation shall be thoroughly investigated by the Administrator and his/her designee. The facility must prevent further abuse while the investigation is in process....an individual who has been alleged as exhibiting abusive behavior should not be permitted to continue to care for residents until an investigation has been completed and the allegation found to be</p>				

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	<p>unsubstantiated...</p> <p>Staff/Family/Visitor/Volunteer-To-Resident Abuse Procedure: 6.) An investigation of the incident will be initiated immediately, by the charge nurse. Related to the allegation of abuse to include but not be limited to:</p> <ul style="list-style-type: none"> - suspension of involved employees pending investigation - identification and interview of other residents who might have been affected by the same practice - identification and interview of other employees who might have additional information. <p>7.) The incident shall be reported to the state survey and certification agency as an "alleged abuse" as per state guidance, immediately, but not to exceed 24 hours, as well as t the local ombudsman and Adult Protective Services. Local authorities shall be contacted dependent upon the nature and severity of the abusive act.</p> <p>8.) As an element of the allegation of abuse, past records of incidents/accidents, reports of concern, etc., shall be reviewed by administrative staff in an effort to identify any potential pattern/trend relative to the involved staff</p>			

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	member..." 3.1-28(a)				

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F000248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <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 ensure a resident was adequately provided activities for 1 of 3 residents reviewed for activities of 16 who met the criteria for activities. (Resident #48)</p> <p>Findings include:</p> <p>Resident #48's clinical record was reviewed on 4/17/2013 at 3 pm. Diagnoses included, but were not limited to, blind in right eye.</p> <p>A MDS (Minimum Data Set) annual assessment, dated 9/25/2012, indicated an interview for activity preferences was completed with the resident. The resident responded: "very important" to the question, "how important is it to you to participate in religious services or practices?"</p> <p>Observations of Resident #48 were made on the following dates and times:</p>	F000248	<p>F248 a. What correction action will be accomplished for those residents found to be affected: Resident 48 does choose religious activities on their own and needs encouragement as stated. Religious activities are offered several times weekly including a church that comes and picks up residents. This resident will be monitored the month of May to ensure goal is being reached of attending new activities, if not a one on one program could be implemented.</p> <p>b. How other residents having the potential to be affected will be identified and what action will be taken: All attendance sheets were reviewed by activity consultants 4/18/13 to ensure new director completing attendance and all residents are participating at various levels. c. What measures will be put into place or what systemic changes will be made: The consultants trained the new Activity Director on 4/18/13 on policies and procedures for activities. d. How will the corrective actions be monitored: The activity director or designee will review her</p>	05/19/2013			

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	<p>On 4/16/2013 at 2:15 pm Resident #48 was sitting in his room in his chair. The television was on.</p> <p>On 4/17/2013 at 2 pm Resident #48 was sitting in his room in his chair. Music was on in his room.</p> <p>On 4/18/2013 at 11:03 am Resident #48 was sitting in his room in his chair. The resident was watching the goings-on at the nurses' station, which is in view of his room, and the t.v. in his room was on.</p> <p>On 4/18/2013 at 1:59 pm the Activity Director was observed to go into his room and ask him if he wanted to come down and play card games. The resident shook his head "no" in response to the question.</p> <p>An activity log calendar for the month of April, provided by the Activity Director on 4/18/2013, at 10:20 a.m., indicated the current week (4/15/2013- 4/18/2013) was not yet filled out. The following dates and times indicated the resident did not attend any religious activities provided from April 1 through April 14th, 2013.</p> <p>On 4/4/2013 at 11:00, "(name of person) bible study" was highlighted in orange to indicate the resident refused the activity.</p> <p>On 4/6/2013 at 2:00, "(name of church)" was highlighted in orange to indicate the resident refused the</p>		<p>attendance monthly to ensure all residents attending per goal. If resident falls short of goal or changes activity level significantly. She will modify their activity care plan. She will start 5/13/13. Addendum: she will monitor for three months, if 100% accuracy is met monitoring will end, if not it will continue until 100% accuracy is met for three months. e. Date systemic changes will be completed: by 5/19/13</p>				

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	<p>activity.</p> <p>On 4/7/2013 at 11:00, "bible study" was highlighted in orange to indicate the resident refused the activity.</p> <p>On 4/13/2013 at 2:00, "(name of church)" was highlighted in orange to indicate the resident refused the activity.</p> <p>On 4/14/2013 at 11:00, "bible study" was highlighted in orange to indicate the resident refused the activity.</p> <p>An interview with the Activity Director on 4/18/2013 at 10:28 a.m. indicated the activity log calendar was blank for this week because the resident hasn't attended any activities this week. The Activity Director indicated Resident #48 doesn't really like to leave his room too much, and she has to beg him to come out of his room. Sometimes she can get him to go to a movie or eat a snack.</p> <p>An interview with the Activity Director on 4/18/2013 at 2 pm indicated she does do one-on-one visits with residents. She indicated doesn't do any with Resident #48. She indicated, "I could, do you think I should?" She also indicated the resident did seem to enjoy when she went into his room to invite him to play card games, so she will plan on setting up some one-on-one visits for</p>						

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	<p>him.</p> <p>An interview with the Activity Director on 4/18/2013 at 4 pm indicated she had to go back to Resident #48's room a second and third time, but "he did finally actually come down to the activity room and participate in a card game. He just needed a lot of encouragement." Resident #48 was observed at this time to be sitting in a chair in the main front dining room watching other resident's play Wii.</p> <p>A care plan, dated 3/19/2013, indicated, "Problem: Res. (resident) only attends a few activities per week. Res is quick to upset when activities [sic] Goal: (Resident's name) will choose different activities this month and each month until next review. Interventions: 1. Encourage res. to come to activities daily. 2. Give res. calendar every month. 3. Remind res. of new upcoming activities each wk. 4. All staff will encourage activities."</p> <p>An Activity Progress note dated 3/19/2013 indicated, "(Resident's name) attends activities that are offered in the back dining room mostly. (Resident's name) socialize (sic) with others that eats (sic) with him in the back dining room. Res. (resident) will come out to same</p>			

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	<p>activities that interest him in the main dining room. (Resident's name) just needs some encouragement and told what's available on the calendar daily. Res. does watch tv in his room which is his independent activity. Res. likes to come down for movies and bingo. My main concern this quarter is to get (Resident's name) a little more involved in more activities."</p> <p>An interview with the A.D. on 4/19/2013 at 9:11 am indicated she is now responsible for activity care plans. She started this position in March. She indicated there is currently no one who does activities on the weekends, but she'll sometimes pop in on the weekends. She doesn't have any activity assistants. She will sometimes set up things for the aides to do with the residents on the weekends. The A.D. indicated she doesn't have anyone providing activities in the evening, after she leaves around 5 pm everyday. She is working on getting a volunteer from a church to come in and do activities with the residents.</p> <p>3.1-33(a) 3.1-33(b)(8)</p>						

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F000278 SS=A	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on interview and record review, the facility failed to correctly document a resident's weight on the MDS (Minimum Data Set) assessment for 1 of 22 residents reviewed for assessments. (Resident #14)</p>	F000278	<p>F278 a. What correction action will be accomplished for those residents found to be affected: The correct weight was relayed to Certified Dietary Manager 4/19/13 to correct dietician record. The resident did not have any negative outcomes.</p> <p>b. How other residents having the potential to be affected</p>	05/19/2013	

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	<p>Findings include:</p> <p>The clinical record for Resident #14 was reviewed on 4/20/13 at 11:30 a.m. The diagnoses for Resident #14 included, but were not limited to: dementia, dysphasia, history of severe hypothermia, and sepsis.</p> <p>A review of the Admission MDS, dated 1/24/13, indicated Resident #14 had a weight of 150 pounds.</p> <p>The Nutritional Assessment for MDS Admission-Admit, dated 1/22/13, indicated Resident #14 was 112 pounds.</p> <p>The V/S (vital signs) and Weight Record for Resident #14 indicated the Resident's Admission weight, on 1/17/13, was 112 pounds.</p> <p>During an interview with the MDS coordinator, on 4/19/13 at 1:15 p.m., she indicated the Dietician documented the values for the Admission MDS, and the weight value documented was incorrect.</p> <p>3.1-31(d)</p>		<p>will be identified and what action will be taken: All residents will be reviewed for correct weights on next Dietician visit in May or by 5/19/13</p> <p>c. What measures will be put into place or what systemic changes will be made: Dietician will confer with MDS coordinator or DON to ensure weight matches care plans, summaries, dietician notes etc. by 5/19/13</p> <p>d. How will the corrective actions be monitored: The Certified Dietary Manager will review Dietary recommendations including weight statements to ensure matches record monthly. Report any discrepancies to dietician. Addendum: if 100% accuracy is met monthly monitoring will end, if not it will continue until 100% accuracy is met for three months.</p> <p>e. Date systemic changes will be completed: by 5/19/13</p>		

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS 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).</p> <p>Based on interview and record review the facility failed to develop a care plan addressing a resident's edema for 1 of 22 residents reviewed for care plans. (Resident #18)</p> <p>Findings include:</p> <p>Resident #18's clinical record was reviewed on 4/18/2013 at 2 pm. Diagnoses included but were not limited to; dementia, hypertension, edema, hypokalemia (low potassium).</p> <p>An interview with the Director of</p>	F000279	F279 a. What correction action will be accomplished for those residents found to be affected: Resident 18 does have edema and hypertension. A current care plan was not in chart at the time as he does not have current signs and symptoms and is well controlled. A care plan was restarted 4/18/13. b. How other residents having the potential to be affected will be identified and what action will be taken: All residents will be reviewed to ensure pertinent diagnosis' have care plans by 5/19/13 c. What measures will be put into place or what systemic	05/19/2013	

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	<p>Nursing (D.O.N.) on 4/18/2013, at 2:40 pm, indicated Resident #18 doesn't have a current problem with edema, it is being well controlled. She indicated she cannot find a care plan with the interventions they used in order to get him to this point of current stability. She indicated she will create one now.</p> <p>An interview with the Nurse Practitioner on 4/18/2013, at 2:40 pm, indicated when the resident first was admitted he had hyponatremia (low sodium), and was fluid overloaded, but this has since been resolved. The Nurse Practitioner indicated he has gotten a lot better due to the D.O.N. and Social Services Director's idea that instead of letting him constantly sip on water all day long, to give him powerade, so that his sodium won't be depleted, because he is a life long fluid guzzler and this was causing his edema.</p> <p>An interview with the D.O.N., on 4/18/2013 at 2:59 pm, indicated she just made a new care plan for Resident #18 related to his edema. She provided a copy of the care plan at this time.</p> <p>3.1-35(a)</p>		<p>changes will be made: MDS coordinator and rewrite nurse will be trained on care plans for diagnosis by 5/19/13. d. How will the corrective actions be monitored: The DON will review charts at care plan meeting to ensure diagnosis are care planned starting 5/19/13. Addendum: 100% accuracy is to be met for 3 months, then weekly monitoring will end, if not it will continue until 100% accuracy is met for 3 months. e. Date systemic changes will be completed: by 5/19/13</p>		

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <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, interview, and record review, the facility failed to ensure a resident was provided a dental consult as care planned for 1 of 22 residents reviewed for care plans. (Resident #46)</p> <p>Findings include:</p> <p>Resident #46's clinical record was reviewed on 4/19/2013 at 10 am. Diagnoses included but were not limited to; dementia.</p> <p>Observations on the following dates and times indicated Resident #46 was missing several teeth on the bottom half of his mouth; on 4/16/2013 at 9:26 am and on 4/19/2013 at 10:52 am.</p> <p>A care plan, dated 12/12/2012, indicated, "(Resident's name) needs a dental consult with the VA (Veteran's Affairs) d/t (due to) likely cavities and some teeth missing. Goal: (Resident's name) will be free of mouth pain and chewing problems daily by next review. Interventions: Assist with</p>	F000282	<p>F282 a. What correction action will be accomplished for those residents found to be affected: Resident 46 had no negative outcomes. Resident 46 dental appointment is still awaiting VA approval. b. How other residents having the potential to be affected will be identified and what action will be taken: All residents were reviewed to ensure dental services are on the calendar. They are all current. c. What measures will be put into place or what systemic changes will be made: Medical records will compile list of VA contracted residents and dental recommendations to ensure appointments scheduled by 5/19/13 d. How will the corrective actions be monitored: The DON will review list weekly for 5 weeks then monthly thereafter starting 5/19/13. Addendum: if 100% accuracy is met monthly monitoring will end, if not it will continue until 100% accuracy is met for three months. e. Date systemic changes will be completed: by 5/19/13</p>	05/19/2013

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	<p>transportation arrangements to and from appointments as needed."</p> <p>An interview and record review with the Director of Nursing (D.O.N.) on 4/19/2013 at 12:58 pm indicated Resident #46 does go to the VA clinic. The D.O.N. indicated the medical records nurse is responsible for following up with ensuring the appointments are set up after a care plan is made. She indicated they are currently working on getting the dental appointment scheduled for Resident #46.</p> <p>3.1-35(g)(2)</p>			

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F000325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <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 interview and record review, the facility failed to follow through with dietary recommendations for a resident with weight loss for 1 of 3 residents reviewed of 4 who met the criteria for nutrition. (Resident #3)</p> <p>Findings include:</p> <p>The clinical record for Resident #3 was reviewed on 4/19/13 at 9:30 a.m. He was admitted to the facility on 11/9/12.</p> <p>The diagnoses for Resident #3 included, but were not limited to: anemia, diabetes mellitus, and hypertension.</p> <p>The V/S (vital signs) and Weight Record for Resident #3 indicated his 11/9/12 admission weight was 165 lbs. On 12/10/12, it indicated his</p>	F000325	<p>F325 a. What correction action will be accomplished for those residents found to be affected: Resident #3 was discharged to home after his skill level ended.</p> <p>b. How other residents having the potential to be affected will be identified and what action will be taken: All dietary recommendations will be reviewed in last twelve months to ensure all are followed by DON or designee by 5/19/13. c. What measures will be put into place or what systemic changes will be made: A policy concerning dietary recommendations will begin by 5/19/13. It will include who is responsible for reviewing and monitoring dietary recommendations. addendum: DON, CDM were trained on new policy 5/16/13. d. How will the corrective actions be monitored: The DON will review all recommendations within seven business days after the consultant has been here to ensure all recommendations were</p>	05/19/2013

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	<p>weight was 154 lbs, which was a 6.7% loss.</p> <p>The 12/7/12 Nutritional Assessment completed by the dietician indicated Resident #3 had a weight loss of 5% or more in the last month and was not on a physician prescribed weight loss regimen. The summary portion of the assessment indicated, "Wgt (weight) loss (symbol for "secondary") to inadequate oral intake & addition of diuretic. Recommended: 1) Appetite stimulant x 6 wks (weeks); 240 cc hi (high) prt (protein) drink (symbol for "with") meals; review of diuretics & cont (continue) ww's (weekly weights)."</p> <p>An interview was conducted with the ADON (Assistant Director of Nursing) on 4/19/13 at 12:51 p.m. regarding Resident #3's weight loss and follow through with the above 12/7/12 dietary recommendations. She indicated she was unaware of the 12/7/12 dietary recommendations. She indicated the dietician usually put any recommendations on the Food & Nutrition Services Resident Audit for the DON (Director of Nursing) to review and follow through with getting any physician orders. She provided the audits completed by the dietician for December, 2012 and January,</p>		<p>initiated. She will start 5/13/13. addendum: the DON will review all recommendations within THREE days. The CDM will monitor the results within seven days to ensure complete or report to Administrator monthly until 100% for three months. e. Date systemic changes will be completed: by 5/19/13</p>	

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	<p>2013. Resident #3 was not included on the audits.</p> <p>The ADON further indicated Resident #3 was never put on an appetite stimulant. She provided verification Resident #3 was offered high protein drinks in November, 2012, but no verification he was provided or offered any after the 12/7/12 recommendation. No information was provided to indicate Resident #3's diuretic use was reviewed specifically regarding his weight loss after the 12/7/12 recommendation to do so. The ADON provided verification Resident #3 was given a hs (night) snack effective 1/3/13 and stated, "I wish we had offered it sooner."</p> <p>3.1-46(a)(1)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <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>A. Based on interview and record review, the facility failed to timely consider a GDR (gradual dose reduction) for a resident receiving an antipsychotic medication for 1 of 10 residents reviewed for unnecessary medications. (Resident #10)</p> <p>B. Based on interview and record review, the facility failed to ensure medications were monitored, related to the failure to ensure residents' pulses were taken before</p>	F000329	F329 a. What correction action will be accomplished for those residents found to be affected: 1. GDR for resident #10 was started 4/18/13. He did not have any adverse effects from not lowering his medications. 2. Pulses were taken during next dose for Residents 47, 24, 12. There were no negative signs or symptoms for these residents. b. How other residents having the potential to be affected will be identified and what action will be taken: 1. All residents were	05/19/2013			

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	<p>administering a blood pressure medication, for 3 of 10 residents reviewed for unnecessary medications. (Resident # 47, 24, 12)</p> <p>Findings include:</p> <p>A.1. The clinical record for Resident #10 was reviewed on 4/18/13 at 11:00 a.m.</p> <p>The diagnoses for Resident #10 included, but were not limited to: senile dementia with depression and delusions.</p> <p>The April, 2013 Physician's Orders for Resident #10 indicated "Risperidone (an antipsychotic medication) 1 mg tablet Give 1 tablet orally 2 times a day for dementia with delusions" at 12:00 p.m. and 8:00 p.m. effective 11/4/10.</p> <p>No information was found in the clinical record to indicate a GDR was considered or attempted for Resident #10's Risperidone use since 11/4/10.</p> <p>An interview was conducted with the Nurse Practitioner on 4/18/13 at 2:15 p.m. regarding Resident #10's Risperidone use. She indicated Resident #10 was easily agitated in the year 2010 and that in May, 2011</p>		<p>reviewed to ensure a GDR were timely by DON. All are completed timely. 2. The Nurse practitioner states that the blood pressure medication should only have pulse checked if directed by a physician and is not indicated for these residents or any residing here at this time. The DON as a nurse measure will add daily radial pulses taken before Administration. If pulse is below 60 the medication will be held, the licensed nurse will be notified to call the nurse practitioner for orders. c. What measures will be put into place or what systemic changes will be made: 1. The DON will utilize a monthly GDR tracking form for all residents who receive antipsychotic medications. It will track when an antipsychotic initiated and each time GDR is completed. 2. The DON will in-service licensed nurses and QMAs on talking radial pulses, holding medications, and calling Nurse practitioner by 5-19-13. d. How will the corrective actions be monitored: 1. The pharmacy consultant will review resident charts who receive antipsychotic medications monthly for timely GDRs. a. Addendum: There is a GDR form supplied by pharmacy company to use for GDR if 100% accuracy is met monitoring after 3 months it will end, if not it will continue until 100% accuracy is met for three months. 2. The DON will review orders written for</p>		

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	<p>his delusions were okay with the Risperidone. The Nurse Practitioner looked through Resident #10's clinical record and stated, "I don't have anything else...I don't actually see delusions, just paranoia. I know psyche gave him the diagnosis of delusions and I just don't remember what the delusions were." Regarding Resident #10's last attempt at a GDR on Risperidone, she indicated, "I don't think one has been attempted since 11/4/10. I wouldn't be against trying one." After the Nurse Practitioner made a phone call, she stated, "We're going to decrease to 0.5 mg at noon and 1 mg at night and just see how he does."</p> <p>The DON (Director of Nursing) provided the Antipsychotic Drugs policy on 4/19/13 at 11:00 a.m. It indicated, "Residents must, unless clinically contraindicated, have gradual dose reductions of the antipsychotic drug...Gradual dose reductions consist of tapering the resident's daily dose to determine if the resident's symptoms can be controlled by a lower dose or to determine if the dose can be eliminate (sic) altogether."</p> <p>B.1. The clinical record for Resident</p>		<p>metoprolol succ. to ensure orders include taking pulses ordered before administration, weekly for 5 weeks then monthly thereafter. DON will start 5/13/13. Addendum: if 100% accuracy is met monitoring will end, if not it will continue until 100% accuracy is met for three months. e. Date systemic changes will be completed: by 5/19/13</p>	

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	<p>#47 was reviewed on 4/17/13 at 1:00 p.m. The diagnoses for Resident #47 included, but were not limited to: hypertension and anemia.</p> <p>A review of the April Physician's Orders indicated an order for metoprolol succinate 25 mg (milligrams) once daily for hypertension. No orders were indicated to check pulse rate before medication administration.</p> <p>B.2. The clinical record for Resident #24 was reviewed on 4/17/13 at 1:30 p.m. The diagnoses for Resident #24 included, but were not limited to: history of cva (cerebrovascular accident) and hypertension.</p> <p>A review of the April Physician's Orders indicated an order for metoprolol succinate 100 mg (milligrams) once daily for hypertension. No orders were indicated to check pulse rate before medication administration.</p> <p>B.3. The clinical record for Resident #12 was reviewed on 4/17/13 at 11:30 a.m. The diagnoses for Resident #12 included, but were not limited to: atrial fibrillation, chronic kidney disease, and diabetes mellitus.</p>			

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	<p>A review of the April Physician's Orders indicated an order for metoprolol tartrate 12.5 mg (milligrams) that should be given 2 times daily. No orders were indicated to check pulse rate before medication administration.</p> <p>A review of a facility medication book titled, Nursing 2013 Drug Handbook, 33rd Edition, by Lippincott, Williams, and Wilkins, received from QMA #3 on 4/19/13 at 10:30 a.m., indicated in the Nursing Considerations section for metoprolol succinate/tartrate, "Always check patient's apical pulse rate before giving drug. If it's slower than 60 beats/minute, withhold drug and call prescriber immediately."</p> <p>During an interview with the DoN (Director of Nursing), on 4/19/13 at 11:15 a.m., she indicated nursing staff will refer to the above medication handbook and will follow the recommendations of the handbook, but it was not typical facility practice to take a pulse reading before administering metoprolol succinate/tartrate.</p> <p>3.1-48(a)(5)</p>			

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F000371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and interview, the facility failed to ensure clean kitchen floors in order to provide a sanitary environment in which to prepare food. This had the potential to affect all 47 residents who were served food out of the kitchen of 47 residents in the facility.</p> <p>Findings include:</p> <p>During an observation on 4/19/2013 at 12:00 pm with the Dietary Manager, the kitchen floor had a visible black substance on the grout between the tiles, especially around the outer perimeter of the room. The floor was dirtiest where the floor and walls meet at the corners of the doorway leading to the dining room.</p> <p>An interview with the Dietary Manager on 4/19/2013 at 12:40 pm indicated the kitchen floor is cleaned three times a day, after each meal. However, the floors haven't been deep cleaned or buffed since she</p>	F000371	<p>F371 a. What correction action will be accomplished for those residents found to be affected: The kitchen floor, grout and corners and doorway will be deep cleaned by 5/19/13. The residents were not affected. b. How other residents having the potential to be affected will be identified and what action will be taken: All residents have the potential to be affected by sanitation. Floors are cleaned daily. c. What measures will be put into place or what systemic changes will be made: A policy about deep cleaning floors will begin by 5/19/13. It will include who is responsible for completing and monitoring. addendum: Kitchen staff were inserviced 5/16/13 and policy posted 5/16/13. all new hires will be trained starting 5/16/13. d. How will the corrective actions be monitored: The dietician or designee will make sanitation reviews monthly for three months then quarterly thereafter to ensure sanitation meets standards beginning 5/19/13. Addendum: if 100% accuracy is met monitoring</p>	05/19/2013			

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	<p>started in November. She was unsure if they have ever been deep cleaned. The Dietary Manager indicated there is no policy related to how often the kitchen floors should be deep cleaned.</p> <p>3.1-21(i)(3)</p>		<p>will end, if not it will continue until 100% accuracy is met for three months. e. Date systemic changes will be completed: by 5/19/13</p>	

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F000372 SS=F	<p>483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. Based on observation and interview, the facility failed to ensure the outside dumpster was closed in order to facilitate pest control. This had the potential to affect all 47 residents residing in the facility.</p> <p>Findings include:</p> <p>During an observation on 4/16/2013 at 9:15 a.m., the dumpster lids were open.</p> <p>An observation on 4/19/2013 at 12:40 p.m. with the Dietary Manager indicated the dumpster was open; both its top cover lids were not on. The sliding cover door on the side of the dumpster was also open. Inside the dumpster were 6 trash bags, approximately 13 gallon sized. The trash bags were observed to be full of trash and tied at the top of the bags. The dumpster is located outside the building approximately 50 feet from the side employee-only entrance. Interview with the Dietary Manager, during the observation, indicated the door and lids should be closed.</p> <p>3.1-21(i)(5)</p>	F000372	<p>F372 a. What correction action will be accomplished for those residents found to be affected: The dumpster was closed 4/19/13. No resident was affected by this practice. b. How other residents having the potential to be affected will be identified and what action will be taken: All residents have the potential to be affected by sanitation. None were affected. c. What measures will be put into place or what systemic changes will be made: The trash removal company will replace our current dumpster as our side doors would stick in the open position and were are difficult to close by 5/19/13 d. How will the corrective actions be monitored: The maintenance supervisor and housekeeping supervisor will monitor to ensure dumpster is closed. Pertinent staff will be in-serviced by 5/19/13 to ensure dumpster is kept closed. Addendum: 100% accuracy is to be met for 30 days, then daily monitoring will end, if not it will continue until 100% accuracy is met for 30 days. e. Date systemic changes will be completed: by 5/19/13</p>	05/19/2013	

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F000425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on interview and record review, the facility failed to ensure a medication was given on an empty stomach per administration recommendations for 1 of 10 residents reviewed for unnecessary medications. (Resident #36)</p> <p>Findings include:</p> <p>Resident #36's clinical record was reviewed on 4/18/2013 at 4 pm. Diagnoses included but were not limited to hypothyroidism, chronic renal (kidney) insufficiency.</p>	F000425	<p>F425 a. What correction action will be accomplished for those residents found to be affected: Resident #36 was given their medications per physician order. This resident had no negative outcomes from this practice. b. How other residents having the potential to be affected will be identified and what action will be taken: The DON reviewed all levothyroxine orders and updated to ensure medications were given within a time frame on an empty stomach by 5/13/19 c. What measures will be put into place or what systemic changes will be made: The DON in- serviced all</p>	05/19/2013	

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	<p>A Medication Record for the month of April indicated, "12/07/2010, Levothyroxine 80mcg tablet (Synthroid 80 mcg tablet) Give 1 tablet orally once a day- hypothyroidism." The time listed next to this medication indicated, "8 am". There were initials on each date from April 1 through April 18, 2013.</p> <p>An Interview with QMA #1 on 4/19/2013 at 10:38 am indicated she gave Resident #36 his medications this morning. He got his breakfast tray at about 7:20 am. She gave him his 8 am medications at about 7:50 am because she wanted him to be done with breakfast first, to have something in his stomach before he took his medications.</p> <p>A facility provided drug book indicated, "Levothyroxine: Administration: Give drug at same time each day on an empty stomach, preferably 1/2 to 1 hour before breakfast."</p> <p>3.1-25(a)</p>		<p>licensed nurses and QMAs on proper times of levothyroxine is to be administered. The in-services will be completed by 5/19/13.</p> <p>d. How will the corrective actions be monitored: The DON will review all orders for levothyroxine to ensure order has to given one hour before meal. The DON will review weekly for 5 weeks then monthly for 6 months. Starting 5/19/13 Addendum: if 100% accuracy is met monitoring will end, if not it will continue until 100% accuracy is met for three months.</p> <p>e. Date systemic changes will be completed: by 5/19/13</p>				

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F000465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to maintain a sanitary, orderly, and comfortable interior for 6 of 47 residents in the facility. This had the potential to affect all residents at the facility. (Resident #16, 34, 48, 36, 10, and #49).</p> <p>Findings include:</p> <p>An environmental tour was conducted with the E.D. (Executive Director) and Housekeeping Supervisor on 4/19/13 at 10:45 a.m.</p> <p>A white shower chair was observed in the hallway of the front hall outside the restroom door. The Housekeeping Supervisor stated, "There's no reason for it to be out here." Another white shower chair was observed outside the restroom door of the back hall. Throughout the facility, 7 soiled linen baskets were kept in hallways. The Housekeeping Supervisor indicated, "We keep the soiled linen in the hallways."</p>	F000465	<p>F465 a. What correction action will be accomplished for those residents found to be affected: Shower chair was put in bathroom. The closed soiled linen containers are kept in the hallways to prevent CNAs from having to carry any soiled linen down the halls. Dark streaks were not noted. The toilet is not seen from resident's bed, but a curtain was installed immediately in the door way. No residents were affected by this practice. b. How other residents having the potential to be affected will be identified and what action will be taken: All residents have the potential to be affected by this practice but there has never been a complaint on any of the cited items: our linen carts are small, clean and tidy. The several locations keep odor down. The residents in the room with the private bathroom have not complained about the lack of door as there are hall bathrooms that are mostly, the toilet is not seen from the resident's beds. c. What measures will be put into place or what systemic changes will be made: Maintenance will do morning rounds with housekeeping supervisor to ensure any issues are brought to</p>	05/19/2013	

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	<p>An observation of the shared bathroom amongst Residents #16, #34, #48, and #36 was made. There was a missing tile on the lower wall next to the sink. The E.D. stated, "We'll fix the tile."</p> <p>All hallways and resident rooms throughout the facility were observed with dark, caked on dirt at the baseboards and corners. The floors were observed with dark stains down the middle of hallways.</p> <p>The in room restroom of Residents #10 and #49 was observed with no door or curtain. The E.D. stated, "I've never noticed that before."</p> <p>Resident #49 indicated, "I don't use the bathroom. My roommate does. I'm in here when he does." The bathroom was clearly visible from Resident #49's bed.</p> <p>3.1-19(f)</p>		<p>their attention starting 5/13/13. Any item will be put on a maintenance request form to track progress. d. How will the corrective actions be monitored: The Administrator will review all maintenance requests and complete rounds also to ensure environment is safe, functional, sanitary, and comfortable starting 5/17/13. addendum: 100% accuracy is to be met for 30 days, then daily monitoring will end, if not it will continue until 100% accuracy is met for 30 days.</p> <p>e. Date systemic changes will be completed: by 5/19/13</p>		