

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155480	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2012
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NAME OF PROVIDER OR SUPPLIER BROOKVILLE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 11049 SR 101 BROOKVILLE, IN 47012
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 9, 10, 11, 12, and 13, 2012</p> <p>Facility number: 000550 Provider number: 155480 AIM number: 100286110</p> <p>Survey team: Barbara Gray, RN-TC Sharon Lasher, RN Leslie Parrett, RN Angel Tomlinson, RN</p> <p>Census bed type: SNF/NF: 86 Total: 86</p> <p>Census payor type: Medicare: 8 Medicaid: 53 Other: 25 Total: 86</p> <p>Stage 2 sample: 16</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</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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	Quality review completed on January 20, 2012 by Bev Faulkner, RN			

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

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

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	<p>directives and applicable State law.</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, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to give a detailed explanation for the reason residents were discharged from skilled services for 2 of 3 residents that met the criteria for liability notices and beneficiary appeal in the Stage 2 sample of 16 (Resident #52 and Resident #10).</p> <p>Finding include:</p> <p>On 1-12-12 at 2:00 p.m., discharge from skilled service notices were reviewed.</p> <p>1.) Review of Resident #52's discharge notice from skilled services, dated 8-11-11, indicated the resident was discharged due to "you no longer require skilled services 5 days a week." No further explanation was documented.</p>		<p>F156 Requires the facility to give a detailed explanation of the reason residents were discharged from skilled services. The facility will ensure this requirement is met through the following: 1. Resident #10 and #52 were not harmed. 2. All residents with Medicare benefits have the potential to be harmed. 3. Skilled Nursing Facility Beneficiary Notice was reviewed with no changes made (See attachment A) The Business Office Manager was inserviced on the above document regarding the need to give a detailed explanation of the reason residents 1/20/12. 4. The administrator or her designee will utilize the Administrator Monitoring Tool (See attachment B) to ensure that the Business Office Manager is giving a detailed explanation of the reason a resident is discharged from skilled services daily times 4 weeks, then weekly times 4 weeks, then once every 2 weeks</p>	01/20/2012	

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	<p>2.) Review of Resident #10's discharge notice from skilled services, dated 11-15-11, indicated the resident was discharged due to "you no longer require skilled services 5 days a week." No further explanation was documented.</p> <p>Interview with the Business Office Manager on 1-13-12 at 9:25 a.m., indicated she was responsible to fill out the resident discharge notices and would re-evaluate the process for the reason why a resident was discharged from skilled services.</p> <p>3.1-4(a)</p>		<p>times 2 months, then quarterly times two quarters until compliance is maintained. The audits will be reviewed during the facility's quality assurance meeting and issues will be addressed and the above plan will be altered accordingly.5. The above plan of correction will be completed on or before January 20th, 2012.</p>		

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F0247 SS=D	<p>A resident has the right to receive notice before the resident's room or roommate in the facility is changed.</p> <p>Based on interview and record review, the facility failed to give a two day notification prior to a resident's room change and failed to give an explanation to the residents of why they were changing rooms for 2 of 2 residents that met the criteria for admission, transfer and discharge in the stage 2 sample of 16 (Resident #109 and Resident #51).</p> <p>Findings include:</p> <p>1.) Interview with Resident #109 on 01-9-2012 at 12:05 p.m., indicated the resident had been moved from his room without the facility telling him. The resident indicated he was not given any notice prior to the room change.</p> <p>Review on 1-12-12 at 12:05 p.m., of Resident #109's clinical record indicated no documentation of a room change or explanation for the room change.</p> <p>2.) Interview with Resident #51 on 01-09-2012 at 11:43 a.m., indicated he had been at the facility</p>	F0247	<p>F247 Requires the facility to give a two day notification prior to a resident's room change and give an explanation to the residents why they were changing rooms.</p> <p>The facility will ensure this requirement is met through the following:</p> <ol style="list-style-type: none"> 1. Resident #109 was not harmed. 2. All residents have the potential to be affected. 3. Intra-facility policy and procedure reviewed with no changes made (See Attachment C). Social Service Director in-serviced on policy. 4. The Administrator or designee will review all intra-facility room changes to ensure that proper notification and explanation was given to the resident prior to the room change daily (Monday – Friday) times 4 weeks, weekly times 4 weeks, then every 2 weeks times 2 months, then quarterly times quarters (See Attachment B). The audits will be reviewed during the facilities quality assurance meeting and issues will be addressed and the above plan will be altered accordingly. 5. The above plan of correction will be completed on or before January 20th, 2012. 	01/20/2012			

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	<p>approximately a year and had been moved 6 times. The resident indicated he did not know why. The resident indicated he was not given any notice prior to the room change. The resident indicated while he was out of his room the facility would move him and then show him to his new room. The resident indicated he did not know about the room change until he had already been moved.</p> <p>Review on 1-12-12 at 11:50 a.m., of the clinical record of Resident # 51 included a Social Service note, dated 5-16-11 (no time) indicating the resident was notified of a room change. The resident was ok with the move. The resident stated "that's fine but someone would have to move his things he was not able to do it himself." No other documentation was found.</p> <p>Interview with the Director of Nursing (DON) on 1-12-12 at 11:50 a.m., indicated the facility talked with residents and the power of attorney when there was a room change.</p> <p>Interview with the Social Service consultant on 1-12-12 at 1:17 p.m., indicated he had not been able to find any documentation about Resident #109 or Resident #51 room changes.</p>				

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	<p>Interview with the DON 1-13-12 at 9:41 a.m., indicated it would be social services that was responsible for notification and explanation of a resident's room change.</p> <p>The intrafacility transfer policy, dated September 2008, provided by the DON on 1-12-12 at 11:50 a.m., indicated the following: "Relocation of resident will only be made as medically necessary or at the request of the resident and/or responsible party." "Social service staff will participate with interdisciplinary team to determine if relocation is necessary. Intrafacility transfers will be initiated if necessary for medical reasons, judged by the attending physician to be necessary, necessary for the welfare of the resident or other residents, resident and/or responsible party request. The resident and/or responsible party will be given two days advanced notice before relocation, except when the safety of individuals in the facility would be endangered, the health of individuals in the facility would be endangered, the resident's health improves sufficiently to allow a more immediate transfer, an immediate transfer is required by the resident's urgent medical needs. The content of the</p>			
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	<p>intrafacility notice shall contain: the reason for the relocation, effective date of relocation and room number, agreement with the relocation and whether or not they have waived two day notice, new roommate/responsible party notified, indication if two day notice is not warranted and the reason, signature of the resident and/or family member, relocation plan schedule, staff signature and date. The notice will be placed in the medical record. Social service staff will monitor the resident's reaction and adjustment to the room change and document in the social service notes."</p> <p>3.1-3(v)(2)</p>			
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F0250 SS=D	<p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Based on interview and record review, the facility failed to assist and follow up with a resident regarding discharge planning for 1 of 4 residents that met the criteria for community discharge in the stage 2 sample of 16 (Resident #72).</p> <p>Finding include:</p> <p>Review of the record of Resident #72 on 1-9-12 at 9:10 a.m., indicated the resident's diagnoses included, but were not limited to, Cerebral Vascular Accident (CVA), left upper extremity flaccidity, left side hemiparesis, hypertension, seizures and depression.</p> <p>Resident #72's recorded indicated the resident was admitted to the facility on 9-6-10.</p> <p>Resident #72's discharge review progress note, dated 9-7-10, indicated the resident planned to return home with her spouse if possible after rehabilitation. The resident had positive family support in the spouse. The facility will offer home health</p>	F0250	<p>F250 Requires the facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>The facility will ensure this requirement is met through the following:</p> <ol style="list-style-type: none"> 1. Resident #72 was not harmed. Appropriate agency contacted to follow up regarding current status and information documented in the Social Service progress notes. 2. All residents have the potential to be affected. Audit completed on all charts with no further issues noted. 3. Discharge Planning policy reviewed with no changes made (See Attachment D). Social Service Director in-serviced on the policy. 4. The Administrator or designee will review all discharge planning daily (Monday – Friday) times 4 weeks, weekly times 4 weeks, then every 2 weeks times 2 months, then quarterly times quarters (See Attachment B). The audits will be reviewed during the facilities quality assurance meeting and issues will be addressed and the above plan will be altered accordingly. 5. The above plan of 	01/20/2012			

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	<p>services and medical equipment referral as needed upon the resident's discharge.</p> <p>The most recent Social Service note regarding discharge for Resident #72, dated 9-19-11, indicated the local elderly assistance agency was at the facility and indicated Resident #72 plans were to be discharged around November 2011. This note was signed by the facility's previous Social Service Director (S.S.D.).</p> <p>The care plan meeting documentation for Resident #72, dated 12-8-11, indicated the resident's husband still planned to take the resident home. The resident's husband had built a ramp and the house was ready. The resident's husband did not understand what the hold up was.</p> <p>Interview on 1-9-12 at 3:18 p.m., with Resident #72 and her spouse indicated they had wanted the resident to go home for a long time. The resident's spouse indicated the local geriatric association had evaluated his home and required him to make updates to his home. The resident's spouse indicated he had made all the updates they required. The resident's spouse indicated he had built a ramp to the house and</p>		correction will be completed on or before January 20th, 2012.				

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	<p>fixed his driveway. The resident's spouse indicated their daughter had come and cleaned the entire house. Resident #72 indicated she wanted to go home. The resident's spouse indicated he had talked with the facility about the discharge of Resident #72, but still did not know anything. The resident's spouse indicated when you live with someone 60 years, it was hard to live without them and he wanted the resident to come home. Resident #72 agreed.</p> <p>Interview with Resident #72's spouse on 1-11-12 at 11:36 a.m., indicated he really wanted Resident #72 to come home. Resident #72 indicated she agreed. The resident's spouse indicated he had signed papers and had the road fixed at their home for her to be able to come home. The resident's spouse indicated he had not been able to find anyone to come in for a couple hours in the morning and couple hours in the evening to help care for her in their home.</p> <p>Interview with the Social Service Director (S.S.D.) on 1-11-12 at 12:45 p.m., indicated she had been in the social service position for a week and Activity Staff #8 had been acting as Social Service Designee and assisting Resident #72 and her family with</p>			
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	<p>discharge from the facility to go home.</p> <p>Interview with Activity Staff #8 on 1-11-12 at 12:50 p.m., indicated Resident #72's daughters were supposed to help the resident with the discharge to home and there were some family issues that had slowed down the process. Activity Staff #8 indicated at first the family was all for Resident #72 to go home and then they felt like she shouldn't go home because their father could not care for her and the family could not help. Activity Staff #8 indicated Resident #72's husband had given her a number to a home health agency. Activity Staff #8 indicated Resident #72's husband had gotten sick and was in hospital. Activity Staff #8 indicated one of the daughters indicated a home health agency was supposed to call the facility to set something up and they never contacted the facility. Activity Staff #8 indicated the home health agency was supposed to go in to Resident #72's home for a couple hours a day. Activity Staff #8 indicated she had a care plan meeting with Resident #72's husband on 12-8-11 and he wanted to know about the resident being discharged. Activity Staff #8 indicated she contacted Resident #72's daughter and was told the local</p>			
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	<p>elderly assistance agency would be contacting the facility. The daughter had indicated the local elderly assistance agency had called her and was getting ready to start the program for Resident #72. Activity Staff #8 indicated there was no documentation of this situation. Activity Staff #8 indicated the facility had not attempted to contact any agency regarding discharge assistance to home for Resident #72.</p> <p>Interview on 1-11-12 at 1:20 p.m., with Activity Staff #8 indicated she called the local elderly assistance agency today. Activity Staff #8 indicated they told her the family had dropped Resident #72's discharge planning in October 2011. Activity Staff #8 indicated they did not know who canceled it or why it was canceled. Activity Staff #8 indicated she really wasn't involved in the discharge planning for Resident #72; it was the previous Social Services person at the facility. The Activity Staff #8 indicated she was just in the care plan meeting with the resident's husband on 12-8-11.</p> <p>Interview with the Administrator on 1-11-12 at 1:38 p.m., indicated she was going to call a meeting with the services and family and figure what</p>						

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	<p>happened and where to go from here.</p> <p>Interview with the Administrator on 1-11-12 at 2:46 p.m., indicated she had talked with the local elderly assistant agency and the process had not stopped. The Administrator indicated they told her they had not been able to find a home health agency that would go in and care for the resident because it was an unsafe environment. The Administrator indicated the local elderly assistance agency indicated they sent a referral in today to a home health agency that was closer to Resident #72's home and they would be at the facility to assess the resident in the next few days. The Administrator indicated they will call the facility to set up a discharge planning meeting. The Administrator indicated she was not sure what the unsafe environment was.</p> <p>The Social Service Director (S.S.D.) job description provided by the Administrator on 1-12-12 at 1:20 p.m., indicated the essential job functions included, but were not limited to, act as a resident advocate and liaison with facility staff and with community resources as necessary, maintain social service records including discharge plans, responsible for</p>			
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	<p>discharge planning and assisting families in placement arrangements and home care referrals.</p> <p>3.1-34(a)</p>			
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F0279 SS=D	<p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to have a discharge care plan for 1 of 4 residents that met the criteria for community discharge in the stage 2 sample of 16 (Resident #72).</p> <p>Finding include:</p> <p>Review of the record of Resident #72 on 1-9-12 at 9:10 a.m., indicated the resident's diagnoses included, but were not limited to, Cerebral Vascular Accident (CVA), left upper extremity flaccidity, left side hemiparesis, hypertension, seizures and</p>	F0279	<p>F279 Requires the facility to have a discharge plan for residents that meet the criteria for community discharge. The facility will ensure this requirement is met through the following: 1. Resident #72 was not harmed. Appropriate agency contacted to follow up regarding current status and information documented in the Social Service progress notes. 2. All residents have the potential to be affected. Audit completed on all charts with no further issues noted. 3. Discharge Planning policy reviewed with no changes made (See Attachment D). Social Service Director in-serviced on the policy. 4. The Administrator or designee will review all discharge planning</p>	01/20/2012			

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	<p>depression.</p> <p>Resident #72's recorded indicated the resident was admitted to the facility on 9-6-10.</p> <p>Resident #72's discharge review progress note, dated 9-7-10 indicated the resident planned to return home with her spouse, if possible, after rehabilitation. The resident had positive family support in the spouse. The facility will offer home health services and medical equipment referral as needed upon the resident's discharge.</p> <p>The most recent Social Service note regarding discharge for Resident #72, dated 9-19-11, indicated the local elderly assistance agency was at the facility and indicated Resident #72 plans were to be discharged around November 2011. This note was signed by the facility's previous Social Service Director (S.S.D.).</p> <p>The care plan meeting documentation for Resident #72, dated 12-8-11, indicated the resident's husband still planned to take the resident home. The resident's husband had built a ramp and the house was ready. The resident's husband did not understand what the hold up was.</p>		<p>daily (Monday – Friday) times 4 weeks, weekly times 4 weeks, then every 2 weeks times 2 months, then quarterly times quarters (See Attachment B). The audits will be reviewed during the facilities quality assurance meeting and issues will be addressed and the above plan will be altered accordingly. 5. The above plan of correction will be completed on or before January 20th, 2012.</p>		

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	<p>The record of Resident #72 indicated there were no care plans for the resident to be discharged.</p> <p>Interview on 1-9-12 at 3:18 p.m., with Resident #72 and her husband indicated they had wanted the resident to go home for a long time. The spouse indicated the local geriatric association had come evaluated his home and required him to make updates to his home. The resident's spouse indicated he had made all the updates they required. The resident's spouse indicated he had built a ramp to the house and fixed his driveway. The resident's spouse indicated their daughter had come and cleaned the entire house. Resident #72 indicated she wanted to go home. The resident's spouse indicated he had talked with the facility about the discharge of Resident #72, but still did not know anything. The resident's spouse indicated when you live with someone 60 years, it was hard to live without them and he wanted the resident to come home. Resident #72 agreed.</p> <p>Interview with the Director of Nursing (DON) on 1-11-12 at 2:11 p.m., indicated there was not a discharge to home care plan in place for</p>			
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	<p>Resident #72. The DON indicated Social services would be responsible to address discharge planning in a care plan.</p> <p>3.1-35(a)</p>			
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F0309 SS=D	<p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview and record review, the facility failed to assist 1 of 1 residents out of bed that required assistance to get out of bed and failed to report, evaluate and treat a resident who was experiencing pain for 1 of 1 resident's sampled for pain in the stage 2 sample of 16 (Resident#72).</p> <p>Finding include:</p> <p>1. a.) Review of the record of Resident #72 on 1-9-12 at 9:10 a.m., indicated the resident's diagnoses included, but were not limited to, Cerebral Vascular Accident (CVA), left upper extremity flaccidity, left side hemiparesis, hypertension, seizures and depression.</p> <p>The Minimum Data Set (MDS) assessment for Resident #72, dated 11-17-11, indicated the following: transfer- total dependence of two people, locomotion on the unit- total dependence of one person and walk in room- did not occur.</p>	F0309	<p>F309 Requires the facility to assist residents out of bed that requires assistance to get out of bed and to evaluate and treat a resident who was experiencing pain. The facility will ensure this requirement is met through the following: 1. Resident #72 was not harmed. Residents plan of care was reviewed to ensure that if the resident is agreeable she will be out of bed daily. Resident's current pain medication regimen was reviewed to ensure it was appropriate. 2. All residents have the potential to be affected. Resident's plan of care was reviewed to ensure that residents were assisted out of bed as well as to ensure their pain regimen is appropriate. 3. The importance of getting a resident out of bed daily per their preference as well as the pain management policy and procedure was reviewed with no changes made. (See attachment E) Nursing staff was inserviced on the above policies on January 20th, 2012. 4. The Director of Nursing or her designee will complete the nursing monitoring tool to ensure residents are out of bed that need assistance and that their pain is</p>	01/20/2012			

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	<p>The pressure ulcer flowsheet for Resident #72, dated 12-18-11, indicated the resident had a stage II pressure ulcer that measured 0.5 centimeters by 0.5 centimeters.</p> <p>The pressure ulcer flowsheet for Resident #72, dated 12-25-11, indicated the pressure ulcer was healed.</p> <p>During observation on 1-9-12 at 9:30 a.m., Resident #72 was laying in bed.</p> <p>Interview with Resident #72's spouse on 1-9-12 at 9:30 a.m., indicated the resident had only been up in a wheelchair twice for eye appointments in the last few weeks. The resident's spouse indicated the resident had a sore on her bottom and when it got healed the staff said Resident #72 would be able to get up in her wheelchair again.</p> <p>During observation on 1-9-12 at 3:18 p.m., Resident #72 remained in bed.</p> <p>During observation on 1-10-12 at 11:04 a.m., Resident #72 was lying in bed. Interview with Resident #72 at this time indicated her tailbone was hurting her. The resident indicated she wanted the staff to turn her.</p>		<p>being managed timely daily times 4 weeks, then weekly times 4 weeks, then once every 2 weeks times two months, then quarterly times 2 quarters until compliance is maintained.(See attachment F) The audits will be reviewed during the facility's quality assurance meeting and issues will be addressed and the above plan will be altered accordingly.5. The above plan of correction will be completed on or before January 20th, 2012.</p>				

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	<p>Interview with the resident's spouse at this time indicated the resident had not been out of bed today. The resident's spouse indicated before the resident got the sore on her bottom she would wait for him in the wheelchair at the front of the building and look out the window. The resident's spouse indicated they would set together up front for a long time. Resident #72 indicated she would like to go outside today. The resident's spouse indicated the resident liked to go watch the birds. The resident's spouse indicated the resident always liked to set out on their deck at home.</p> <p>Interview with CNA #3 on 1-10-12 at 11:20 p.m., indicated she was the CNA caring for Resident #72. CNA #3 indicated the reason Resident #72 had not been assisted out of bed was because the resident's bottom hurt her and the resident did have an area the facility was trying to get it healed. CNA #3 indicated it was not on the CNA assignment sheet not to get up Resident #72. CNA #3 indicated how she knew not to get the resident up was between the nurses telling them and the resident telling them. CNA#3 indicated the area on the resident's bottom was healed now and she would try to arrange for the resident to</p>						

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	<p>get out of bed after lunch. CNA #3 asked Resident #72 if she wanted to go outside and the resident stated "yes its nice out."</p> <p>During observation 1-10-12 at 12:00 p.m., Resident #72 and her family member were sitting at the front of the building looking out the window. Resident #72 indicated it felt good to be up.</p> <p>During observation on 1-11-12 AT 1:25 p.m., Resident #72 was in bed. The Wound Nurse did a skin assessment on Resident #72 at this time. Resident #72's bottom was red, but there were no open areas observed. The Wound Nurse indicated she was going to apply some Riley cream on the resident. The Wound Nurse indicated she had not instructed the CNA's or nurse's not to get Resident #72 out of bed due to the resident's previous wound. The Wound Nurse indicated the area the resident had was very small and had been healed.</p> <p>Interview with Resident #72's spouse on 1-11-12 at 11:36 a.m., indicated the facility would start getting the resident up every day once the area on her bottom was healed. The resident's spouse indicated he used</p>			

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	<p>to take the resident all around the facility.</p> <p>b.) During observation on 1-11-12 at 11:36 a.m., Resident #72's spouse was rubbing her legs, the resident was lying in bed. The resident's spouse indicated the resident's left leg hurt her sometimes.</p> <p>Interview on 1-11-12 at 1:26 p.m., CNA #4 indicated the reason she did not get Resident #72 out of bed today was because the resident had left leg pain. CNA #4 indicated the resident told her about the pain around 11:10 a.m. that day. CNA #4 indicated she did not notify the nurse of the resident's leg pain.</p> <p>Interview with LPN #5 on 1-11-12 at 1:30 p.m., indicated a CNA that she did not know her name had just told her Resident #72's legs were hurting. LPN #5 indicated she was getting Resident #72 Tylenol 650 mg now.</p> <p>The record of Resident #72's and Medication Administration Record (MAR), dated 1-10-12, indicated no documentation of the resident complaining of her tailbone hurting and no documentation of pain medication being administered to the resident.</p>			
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	<p>The record of Resident #72's MAR dated, 1-11-12 at 1:30 p.m., indicated the resident had pain rated as a 4 and was given Tylenol.</p> <p>The nursing note for Resident #72, dated, 1-11-12 at 2:00 p.m., indicated the resident complained of leg pain. The resident was given Tylenol 650 milligrams. The Tylenol was effective at 2:30 p.m. The resident's family was aware.</p> <p>The pain management procedure provided by the DON on 1-12-12 at 1:20 p.m., indicated the following: The purpose was " the goal of this facility to assist residents in achieving their optimal level of comfort by providing an effective pain management program." " Assess pain by using the following scale and techniques A. 0-5 numeric/picture scale". The number 4 indicated the pain was "distressing" and had a frown face picture. "Having determined that the resident is experiencing pain based upon assessment, follow physician orders and/or care plan.</p> <p>Interview with the Director of Nursing (DON) on 1-13-12 at 9:41 a.m.,</p>				

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	<p>indicated there had not been concerns related to residents receiving assistance to get out of bed brought to the Quality Assurance committee. The DON indicated the nurses monitored residents to ensure they are getting assistance to get out of bed. The DON indicated there had not been any concerns brought to Quality Assurance committee regarding residents with pain issues. The DON indicated on all the residents MARS there was place for the nurses to assess as a nursing measure for any residents with pain. The DON indicated the facility educated the CNA's if a resident was experiencing pain stop immediately what they were doing and report it to the nurse. The DON indicated the CNA should let the nurse medicate the resident having pain and then provide that resident's care later. The DON indicated no concerns had been brought to Quality Assurance committee from families or residents regarding pain issues.</p> <p>3.1-37(a)</p>			
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F0312 SS=D	<p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on observation, interview and record review, the facility failed to assist 1 resident in shaving for 1 of 34 residents reviewed for activities of daily living. (Resident #109)</p> <p>Findings include:</p> <p>Resident #109's record was reviewed on 1/12/12 at 12:15 p.m. Resident #109's diagnoses included but were not limited to chronic obstructive pulmonary disease and prostate cancer.</p> <p>Resident #109's MDS (Minimum Data Set), assessment, dated 10/22/11, indicated Resident #109's BIMS (Brief Interview for Mental Status) 8, 8-12 score indicated moderately impaired and personal hygiene, limited assistance.</p> <p>Resident #109's care plan, dated 10//27/11, indicated "problem, the resident requires assist in performing ADLs (Activities of Daily Living), supervision with ADLs except eating. Goal, the resident will present a neat, clean and odor free appearance</p>	F0312	<p>F312 Requires the facility to assist residents in shaving for activities of daily living. The facility will ensure this requirement is met through the following: 1. Resident #109 was not harmed. Resident #109 was immediately shaved. 2. All residents have the potential to be affected. 3. The importance of shaving a resident per his/her preference was reviewed with no changes made. Nursing staff was inserviced on the above on January 20th, 2012. 4. The Director of Nursing or her designee will utilize the nursing monitoring tool to ensure all residents are shaved daily per their preference daily times 4 weeks, then weekly times 4 weeks, then once every 2 weeks times 2 months, then quarterly times 2 quarters until compliance is maintained. (See attachment F) The audits will be reviewed during the facility's quality assurance meeting and issues will be addressed and the above plan will be altered accordingly. 5. The above plan of correction will be completed on or before January 20th, 2012.</p>	01/20/2012			

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	<p>daily." Interventions include but are not limited to "shave facial hair as needed."</p> <p>Resident was observed in bed and unshaven on 1/9/12 at 12:45 p.m.</p> <p>During interview on 1/9/12 at 12:50 p.m., Resident #109 indicated he would like to be shaved more often than he has been and he did not like to have so much hair on his face. He also indicated the staff only shaved him on the days he receives a shower.</p> <p>Interview with CNA #5 on 1/12/12 at 10:01 a.m., indicated Resident #109 does need for the CNAs to shave him and "I ask him everyday but some days he refuses to be shaved." CNA #5 also indicated she does not document when Resident #109 refuses to be shaved.</p> <p>3.1-38(a)(3)(D)</p>						

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F0365 SS=D	<p>Each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation, interview and record review, the facility failed to ensure their system for providing thickened liquids was followed for 1 of 1 residents sampled for appropriate diet in the stage 2 sample of 16 (Resident #72).</p> <p>Finding include:</p> <p>Review of the record of Resident #72 on 1-9-12 at 9:10 a.m., indicated the resident's diagnoses included, but were not limited to, Cerebral Vascular Accident (CVA), left upper extremity flaccidity, left side hemiparesis, hypertension, seizures and depression.</p> <p>Interview on 01-09-2012 at 11:42 a.m., with Resident #72's spouse indicated the facility staff gave the resident liquid earlier today by mistake and she drank it without coughing or anything. During observation at that time, Resident #72 had approximately 1/4 glass of apple juice sitting on the bedside table that did not have thickener in it and a full glass of thickened water. The</p>	F0365	<p>F365 Requires the facility to ensure their system for providing thickened liquids is followed to obtain appropriate diet. The facility will ensure this requirement is met through the following: 1. Resident #72 was not harmed. Speech therapy to treat the resident. 2. All residents have the potential to be affected that receive thickened liquids. All residents who receive thickened liquids had their orders reviewed. Fluids will be label as well for hydration pass. 3. The thickened liquids policy and procedure was reviewed with no changes made (See attachmnet G) Nursing staff was inserviced on the above policy on January 20th, 2012. 4. The Director of Nursing or her designee will utilize the Nursing Monitoring Tool to ensure that during the hydration pass that residents receive their appropraite consistency of fluids daily times 4 weeks, then weekly times 4 weeks, then once every 2 weeks times 2 months, then quarterly times 2 quarters. (See attachment F) The audits will be reviewed during the facility's quality assurance meeting and issues will be addressed and the above plan will be altered accordingly. 5. The above plan of correction will be completed on or before January 20th, 2012.</p>	01/20/2012			

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	<p>resident's spouse indicated he was at the facility all time. The resident's spouse indicated he noticed today the facility had brought the resident's apple juice with no thickener in it and she did fine.</p> <p>Interview with CNA #1 on 1-9-12 at 3:12 p.m., indicated the facility staff knew which residents required thickened liquids by whether or not the resident had a water pitcher in their room. If a resident did not have a water pitcher in their room then that resident required thickened liquids. CNA #1 indicated CNA #2 had passed out the 10 a.m. and 2 p.m. fluid cart on this day.</p> <p>Interview with CNA #2 on 1-9-12 at 3:14 p.m., indicated she had passed the fluid cart on this day. CNA #2 indicated the facility knew which residents required thickened liquids because the dietary staff put slips of paper on the glass or shakes with the residents diet order on them. CNA #2 indicated the dietary staff did not mark the residents drinks today and she was unsure why. CNA #2 indicated she could pretty much remember which residents required thickened liquids.</p> <p>Interview with the Dietary Manager on</p>				

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	<p>1-9-12 at 3:28 p.m., indicated the prep person set up the 10 a.m. fluid cart and the evening cook set up the 2 p.m. fluid cart. The Dietary Manager indicated it was their responsibility to mark the drinks on the fluid cart. The Dietary Manager indicated he printed out the residents ordered drink every morning since the diet order changes. The Dietary Manager indicated there were tags with the resident's name and what type of liquids the residents receives. The Dietary Manager indicated the dietary staff were supposed to tape them to the shake or the glass of fluid. The Dietary Manager indicated he was not aware that the drinks were not labeled on this day, but would be watching for it.</p> <p>The record of Resident #72 indicated the resident had an modified barium swallow on 7-28-11. The results indicated the resident had markedly delayed oral phase of swallowing with all consistencies of the barium. There were high risk of aspiration with thin liquids as there were significant delayed closure of the epiglottis during the pharyngeal phase of swallowing with large volume laryngeal penetration.</p> <p>The physician recapitulation for Resident #72, dated January 2012,</p>				

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	<p>indicated the resident was ordered a mechanical soft diet with one pureed item and nectar thick liquids.</p> <p>The Minimum Data Set (MDS) assessment for Resident #72, dated 11-17-11 indicated the resident had signs and symptoms of a possible swallowing disorder due to loss of liquids/solids from the mouth when eating or drinking.</p> <p>Interview with the Director of Nursing (DON) on 1-13-12 at 9:41 a.m., indicated no concerns had been identified with the system of residents not receiving appropriate diets in the Quality Assurance committee. The DON indicated the facility identified concerns by relying on the resident families, the resident, and the CNA's to report any issues with inappropriate diets. The DON indicated the thickened liquids were all on the CNA report sheets. The DON indicated the dietary staff were supposed to put tags on the liquids with the resident's name and what the liquids were.</p> <p>3.1-21(a)(3)</p>			
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F0371 SS=F	<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interview and record review, the facility failed to ensure the dishwasher rinse cycle water contained sanitizing chemicals (chlorine) for one main kitchen that served meals for 85 residents in the facility population of 86.</p> <p>Findings include:</p> <p>During a follow-up visit to the kitchen on 1/12/12 at 10:15 a.m., an observation of the dishwasher rinse cycle was completed. The cook ran a load of dishes through the dishwasher and the rinse cycle water was tested with a test strip by the cook. The test strip did not show any change in color indicating the rinse water did not contain any sanitizer (chlorine).</p> <p>During interview with the Dietary Manager on 1/12/12 at 10:25 a.m. the manager provided a document titled, "Dish Machine Temperature and PPM (parts per million) log month of January, year, 2012" that indicated dinner on 1/11/12, and breakfast on 1/12/12, were both left blank indicating the dish machine rinse</p>	F0371	<p>F371 requires that 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. The facility will ensure this requirement is met through the following corrective measures:1. The dish machine PPM (parts per million) sanitizer and the testing has been corrected and the dish machine is currently at the correct PPM. The log for the PPM recording for the dish machine is being monitored daily by the Dietary Manager.2. All residents have the potential to be affected. See below for corrective measures.3. Dietary staff were re-educated on the testing of the PPM of the dish machine and the recording of the results. An inservice for the dietary staff was given on January 12, 2012 to review. They were also educated about changing out the sanitizer buckets once the bucket is empty and then priming the dish machine. The PPM is checked prior to the start of dishes before each meal and then the PPMs are recorded. The Dietary Manager or designee will complete daily rounds of</p>	01/20/2012			

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	<p>PPM had not been charted. The Dietary Manager also indicated the strip test should be completed before every meal and that he was not aware of the dishwasher rinse water not containing sanitizer, but he was the person responsible for seeing that the rinse water was checked and the PPM documented before every meal.</p> <p>During interview with the Supervisor of Maintenance on 1/12/12 at 10:45 a.m., indicated he had the problem fixed with the dishwasher. The Maintenance Supervisor stated "the end of the tube that supplies the chemicals was clogged and I cut the end off and now it is fixed."</p> <p>During interview with the staff who services the leased dishwasher on 11/12/12 at 11:20 a.m., indicated the dishwashing machine was not receiving chemical because the bucket of chemicals was changed yesterday and the end of the bucket's chemicals was still in the line and had lost the potency of the chemicals (chlorine).</p> <p>During interview with the Dietary Manager on 11/13/12 at 9:45 a.m., indicated the dishwasher was leased and the company that leased the dishwasher does not have any</p>		<p>monitoring of the dish machine and recording of the PPMs at all meals. The administrator or designee will monitor for compliance of the completion of the PPMs for 4 weeks then twice weekly for 4 weeks then weekly for two months then monthly to ensure continue compliance indefinitely (see attachment B).4. The findings of the above audits will be reviewed during the facility's quarterly Quality Assurance meetings and the plan of action adjusted accordingly. 5. The above corrective measures will be completed on or before January 20, 2012.</p>		

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	<p>Manufacturer's Guidelines for the dishwasher.</p> <p>3.1-21(a)(3)</p>			
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