

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155797	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/04/2013
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NAME OF PROVIDER OR SUPPLIER ASPEN PLACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 N MONTGOMERY ROAD GREENSBURG, IN 47240
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Dates of survey: August 27, 28, 29, & 30 and September 3, & 4, 2013.</p> <p>Facility number: 012854 Provider number: 155797 AIM number: N/A</p> <p>Survey team: Angel Tomlinson RN Sharon Lasher RN Barbara Gray RN Leslie Parrett RN [August 27, & 30, 2013 and September 3, 2013]</p> <p>Census bed type: SNF: 14 SNF/NF: 19 Residential: 26 Total: 59</p> <p>Census payor type: Medicare: 11 Medicaid: 15 Other: 33 Total: 59</p> <p>Residential sample: 5</p> <p>These deficiencies also reflect state</p>	F000000		

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

TITLE

(X6) DATE

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

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	findings cited in accordance with 410 IAC 16.2. Quality review completed on September, 12, 2013, by Janelyn Kulik, RN.			

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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to notify the physician of a resident who complained of mouth pain, for 1 of 23 residents reviewed for physician</p>	F000157	1.Resident #11's MD was notified of the mouth pain.2.DHS or designee will complete an audit to identify any other residents that have changes that require MD notification.3.Staff will be	10/04/2013			

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	<p>notification. (Resident #11)</p> <p>Findings include:</p> <p>On 8/28/13 at 12:16 P.M., Resident #11's daughter indicated Resident #11 had been complaining of sore gums to her for quite some time. She indicated Resident #11 did not have any difficulty chewing or eating her food.</p> <p>On 8/30/13 at 9:14 A.M., Resident #11 indicated the inside of her mouth hurt. She was unable to describe the pain and had difficulty being able to explain the exact location of the pain. When queried if the pain was in her gums she stated "I guess that is what you would call it." She was unable to recall if she had mentioned the mouth pain to the staff or physician.</p> <p>On 8/30/13 at 9:58 A.M., LPN #2 indicated Resident #11 had never complained of mouth pain to her. LPN #2 indicated Resident #11 was not receiving any treatment for mouth pain. At that time, LPN #2 and RN #1 examined the inside of Resident #11's mouth with the use of a pen light. RN #1 indicated she had seen 2 small white areas and a small red area inside the left side of Resident #11's mouth along the gum and</p>		re-inserviced by DHS or designee on facility guidelines of MD notification. All residents conditions will be discussed 5 x week at the clinical meeting for changes that need to be communicated to the MD. DHS or designee will complete audits of change of condition requiring notification weekly x 4 weeks, then monthly x 5 months and monitored through the QA meeting.				

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	<p>cheek area.</p> <p>Resident #11's record was reviewed on 8/30/13 at 2:30 P.M. Diagnoses included but were not limited to chronic urinary tract infections, chronic kidney disease stage III, urosepsis, and Parkinson's disease. Resident #11 was being treated with antibiotic medication for her urinary tract infection.</p> <p>Resident #11's quarterly MDS (Minimum Data Set) assessment dated 7/4/13, indicated the following: Resident #11 was understood and had the ability to understand others. She scored 3 on her BIMS (Brief Interview for Mental Status) exam, indicating she was severely impaired for her cognitive decision making skills. She required extensive assistance of 2 persons for her bed mobility, transfers, dressing, and personal hygiene.</p> <p>On 9/3/13 at at 10:24 A.M., LPN #2 indicated she had not notified the physician of Resident #11's complaint of mouth pain on 8/30/13. She indicated she had passed along to the next shift Resident #11 had complained of mouth pain and had 2 pink areas on the left side of her gums where her teeth would have</p>				

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	<p>been. LPN #11 indicated there was no documentation related to Resident #11's complaint of mouth pain or no treatment orders written for Resident #11's mouth pain.</p> <p>The most recent "Physician Notification Guidelines" policy and procedure provided by the Corporate Nurse on 9/3/13 at 3:05 P.M., indicated the following: "Purpose: To ensure the resident's physician is aware of all diagnostic testing results or a change in condition in a timely manner to evaluate condition for need of provision of appropriate interventions for care. Procedure: 1.) Resident assessments for change in condition, suspected injury, event of unknown origin or ordered lab and/or other diagnostic test should be completed in a timely manner... 10). Attempts to notify the physician and their response should be documented in the resident record."</p> <p>3.1-5(a)(2)</p>			

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F000250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on record review and interview the facility failed to provide medically-related social services to attain or maintain a residents highest mental and psychosocial well-being for 1 of 1 residents reviewed for social services (Resident # 27).</p> <p>Findings include:</p> <p>Review of Resident # 27's record on 8/30/13 at 10:05 a.m. indicated diagnoses included but were not limited to, hyperlipidemia, cerebrovascular degeneration, lumbar, anxiety, dysthymic disorder, chronic pain, arteriosclerosis, restless leg tremor, neuropathy peripheral, angina, dementia, hypertension.</p> <p>Resident # 27's recapulation orders dated 8/1/13 through 8/31/13 indicated Zyprexa 5 mg every day at 5 p.m. for depression, discontinued 5/23/13, restarted 6/24/13 (on admission 7/25/12 Zyprexa 5 mg every day at 5 p.m.). clonazepam 0.5 mg give 1/2 tab every</p>	F000250	<p>1.Social Services or designee will complete a Geriatric Depression Screen on Resident #27 and notify MD of results.2.An audit will be completed of all residents by Social Services or designee of all residents with dx of depression and ensure that appropriate interventions are in place for their depression if applicable.3.Social Services will be re- educated of her role by home office support/designee to ensure that residents maintain or attain the highest psychosocial well being. Social Servives/designee will review residents change of condition and 24 hr report for any noted signs and symptoms of depression 5 x a week at daily clinical meeting.4. Social Services regional team will provide additional support as it relates to providing medically related social services quarterly.Social Services will monitor behavior documentation and change of condition forms weekly x 4 weeks, then monthly x 5 months to capture depression symptoms between MDS assessments and monitor monthly through QA meeting.</p>	10/04/2013			

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	<p>morning for anxiety/agitation due to Parkinson's, started 6/17/13. clonazepam 0.5 mg give 2 half tabs (0.5 mg) every bedtime for agitation due to Parkinson's, started 6/17/13. Sinemet 25/100 1 tab tid (three times a day) at 6 a.m., 12 p.m. and 6 p.m. for Parkinson's, started 4/10/13.</p> <p>Review of Psychiatric follow-up notes dated 1/7/13 indicated dosage reduction is not indicated at this point. Risk of relapse is too great (benefits of treatment outweigh risk) Diagnosis: dementia with delusions.</p> <p>On 5/22/13 a Physician's order indicated a gradual dose reduction (GDR): Zyprexa was decreased to 2.5 mg on 5/22 times 5 days then 2.5 mg every other day times 3 days then discontinued by primary care physician.</p> <p>Review of a "Change in Condition Form" dated 6/6/13 at 12:00 p.m. indicated "Resident is complaining of burning when urinating. Also Resident is asking for an antidepressant. Recent discontinuation of Zyprexa 5 mg . Would you like any new orders for these concerns?..." No documentation of Physician's response to change in condition form.</p>			

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	<p>Review of Social Services notes dated 6/17/13 indicated "SW (social worker) met with Resident today per her request. Resident # 27 was recently taken off of her antipsychotic and antidepressant medications due to reduction recommendations. Her PCP (primary care physician) then requested she see psychiatrist due to her increase in symptoms. Resident told SW that she feels "odd" and can't explain it. She states that she has had increase in feeling down, wanting to sleep, and has not been leaving her room...Resident # 27 will meet with psychiatrist on Monday 6/24 to discuss her symptoms."</p> <p>Review of Psychiatric Subsequent Visit Form dated 6/24/13 indicated "the Resident has had significant difficulty since the discontinuation of her Zyprexa. Many of her complaints are physical, such as irritable bowel and loose stools, emotionally she also feels not quite right. She is more depressed than anxious. Sleep has been disturbed, with difficulties initiating and maintaining. Appetite has been somewhat decreased. Energy level is low. Concentration is problematic. She has had hopeless feelings, no suicidal ideation or intent. Interests and activities has been markedly decreased... Treatment</p>						

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	<p>Plan: physically and emotionally the Resident has not been doing well. This started about the time of her reduction of Zyprexa. Certainly it could be a coincidence, but I think we should try a retrial of Zyprexa. Zyprexa offers significant mood stabilizing effects, as well as antidepressant qualities. The Resident has a history of psychosis not otherwise specified, aggravated by her Parkinson's medications. We have traditionally had a lot of difficulty balancing her dopamine agonists with dopamine antagonists, she seems to need both for functioning physically and emotionally. Will retrial Zyprexa 5 mg at 5 p.m. and follow-up in one month. If we see no improvement, we may try her back off of the Zyprexa."</p> <p>Review of a physician's order dated 6/24/13 at 2:00 p.m. indicated Zyprexa 5 mg every day at 5 p.m. -failed reduction, depression. Worsening depressive symptoms.</p> <p>On 7/26/13 Social Services notes indicated ... "Resident had some concerns that we are addressing. She admits to some depression. Social Worker will speak with Psychiatrist about possibly adding an antidepressant. Resident has had a decrease in her abilities related to her</p>			

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	<p>Parkinson's disease progression which has caused her depression and anxiety symptoms to increase... Social worker will follow-up on medication for depression and will follow her progress and intervene as needed."</p> <p>Review of a "Change in Condition Form" dated 8/1/13 at 12:30 p.m. indicated "Resident # 27 was asking to restart Effexor due to feeling depressed. Resident stated "the Effexor worked good for me, I'm feeling a little depressed." Would you like any new orders? Physician order/response to communication: psych consult."</p> <p>An interview with the Social Services Director on 8/30/13 at 11:00 a.m. indicated she could not provide documentation of delusions, hallucinations or behaviors. She provided a form dated 8/1/12 titled "Psychiatric Assessment" which indicated..."Resident was admitted to the facility on 7/25/12 with a history of auditory, visual hallucinations, agitation, paranoia..."</p> <p>On 9/3/13 at 2:35 p.m. during an interview with the Social Services Director indicated she had not followed-up with the Psychiatrist on</p>			

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	<p>Resident # 27's complaints of depression.</p> <p>Review of a care plan for psychotropic medications indicated: "I am at risk for adverse effects related to use of psychotropic medications. I receive an antipsychotic medication daily for treatment/prevention of dementia with delusions, dysthymia disorder and anxiety. Monitor for possible side effects such as: hypotension, gait disturbance, cognitive impairment, behavioral impairment, ADL (activities of daily living) decline, decline in appetite and abnormal involuntary movements. Please administer my medications as ordered by my physician and notify them of any adverse effects. Monitor for changes in my mood and behavior and for effectiveness of psychotropic drug use. Work with the doctor and pharmacist to ensure the maximum functional ability both mentally and physically for me and attempt drug dosage reductions as appropriate. I wish to be free of any of the adverse effects mentioned and to receive the lowest therapeutic dosage that is appropriate for me. Review interventions quarterly by 11/19/13 to ensure that they are still appropriate for my goal."</p>			

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	<p>On 9/3/13 at 3:05 p.m. review of a document titled "Job Descriptions" indicated Director of Social Services : Overview: The Director of Social Services is primarily responsible to plan, organize, develop, and direct the overall operation of the Social Services Department in accordance with current federal, state, and local standards, guidelines and regulations, our established policies and procedures, and as may be directed by the Executive Director, to assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis."</p> <p>3.1-34(a)</p>			

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F000272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on observation, interview, and record review, the facility failed to code 1 resident's admission and quarterly MDS (Minimum Data Set) assessment correctly for ROM (range</p>	F000272	1.Resident #11 MDS will be modified to show the correct ROM status on admission and quarterly assessments.2.DHS or designee will audit all resident charts ROM assessments and	10/04/2013

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	<p>of motion), for 1 of 23 residents reviewed for MDS assessments. (Resident #11)</p> <p>Findings include:</p> <p>An interview with LPN #2 on 8/27/13 at 2:30 P.M., indicated Resident #11 had a slightly contracted left arm.</p> <p>On 8/29/13 at 10:51 A.M., Resident #11 was seated upright in her wheelchair in her bedroom. Resident #11 was able to follow directions in an attempt to flex both arms at the elbows and spread her fingers on both hands. She had some limitation observed with those exercises and voiced doing them caused her some pain. She indicated she received pain medication which helped relieve the pain.</p> <p>Resident #11's record was reviewed on 8/30/13 at 2:30 P.M. Diagnoses included but were not limited to back pain and Parkinson's disease.</p> <p>Resident #11's admission MDS dated 4/9/13, indicated she had no functional limitation in her ROM.</p> <p>A "Range of Motion Assessment" for Resident #11 dated 5/8/13, indicated she had severe limitation (unable to</p>		<p>compare to most recent comprehensive or quarterly MDS for accuracy.3.Residents will be monitored 5 days weekly at the clinical meeting for any changes in their ROM status.4.Audits will be completed randomly each month on 3 comprehensive and 3 quarterly assessments by DHS or designee for accuracy of coding and report findings monthly in QA x 6 months.</p>				

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	<p>move joint through at least 50% ROM) in both shoulders for her functional ROM and was not able to initiate the task; no voluntary movements or baseline for her voluntary movement. She had partial limitation in both knees for her functional ROM.</p> <p>Resident #11's quarterly MDS dated 7/4/13, indicated she was understood and had the ability to understand others. She required extensive assistance of 2 persons for bed mobility, transfer, dressing, toileting, and personal hygiene. She had no functional limitation in her ROM.</p> <p>A "Range of Motion Assessment" for Resident #11 dated 8/14/13, indicated she had severe limitation (unable to move joint through at least 50% ROM) in both shoulders for her functional ROM and was not able to initiate the task; no voluntary movements or baseline for her voluntary movement. She had partial limitation in both knees for her functional ROM.</p> <p>On 9/4/13 at 9:34 A.M., the MDS Coordinator indicated she had filled out the "Range of Motion Assessment" for Resident #11 on 5/8/13 and a nursing staff had filled</p>			

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	<p>out the assessment on 8/14/13. She indicated Resident #11's MDS was coded as no functional limitation in her ROM and was coded incorrectly.</p> <p>3.1-31(a) 3.1-31(c)(4)</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 follow a physician's order for pressure relieving boots, for a resident who was high risk for skin breakdown, for 1 of 23 residents reviewed for physician's orders. (Resident #76)</p> <p>Findings include:</p> <p>Resident #76's record was reviewed on 8/29/13 at 11:40 A.M. Resident #76 was admitted to the facility on 8/23/13, with a stage 3 right buttock pressure wound and a stage 1 coccyx pressure wound. Other diagnoses for Resident #76 included but were not limited to, atrial fibrillation, hypertension, and deep vein thrombosis.</p> <p>A "Nursing Admission Assessment" for Resident #76 dated 8/23/13, indicated she required extensive assist of 2 persons for transfer, ambulation, and toileting. She required extensive assistance of 1 person for for dressing and bed mobility. She had partial weight</p>	F000282	<p>1. Staff were re-inserviced on following #76 's MD order for wearing pressure relieving boots. 2. DHS or designee will complete an audit of residents who are at high risk for skin breakdown to ensure the physicians orders are followed for prevention. 3. Staff will be re-inserviced on following MD orders by DHS/designee on 10/01/2013. 4. DHS or designee will conduct observation rounds randomly on each shift to ensure pressure boots are in place 2 x weekly x 4 weeks, then weekly x 4 weeks, then monthly x 4 months. It will be monitored through the QA meeting monthly.</p>	10/04/2013			

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	<p>bearing and utilized a wheelchair.</p> <p>A physician's order for Resident #76 dated 8/23/13, indicated she would wear heel protectors to her bilateral feet when she was in bed.</p> <p>A Skin Care Plan for Resident #76 dated 8/23/13, indicated but was not limited to the following interventions: Her heels would be elevated off surfaces. Treatments would be provided according to her physician's orders.</p> <p>On 8/30/13 at 9:42 A.M., Resident #76 was observed lying in bed on her back with the head of her bed at a 45 degree angle. She had yellow skid socks on both feet and no heel protectors. When queried if her wounds caused her any pain, she stated, "I didn't know I had any wounds"</p> <p>On 8/30/13 at 3:05 P.M., PT (Physical Therapist) #14 was observed taking #76 to the bathroom. Resident #76 had yellow skid socks on both feet. PT #14 indicated she had just assisted Resident #76 out of bed. A pair of heel protector boots were lying on a bench in Resident #76's bedroom. PT #14 indicated Resident #76 had not been wearing the heel</p>			

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	<p>protector boots in bed.</p> <p>On 9/3/13 at 1:17 P.M., Resident #76 was observed lying in bed on her back with the head of her bed at a 45 degree angle. She had yellow skid socks on both feet and no heel protectors. A pair of heel protector boots were lying on a bench in Resident #76's bedroom. At that time, CNA #15 indicated Resident #76 had not wore the heel protector boots since she was admitted. CNA #15 indicated she believed the family had brought the heel protectors in from the hospital when Resident #76 was admitted.</p> <p>An observation of Resident #76's heels was conducted with LPN #16 on 9/3/13 at 1:48 P.M. Both of Resident #76's heels were natural and pale pink in color.</p> <p>3.1-35(g)(2)</p>			

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F000318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on observation, interview, and record review, the facility failed to provide services to maintain a resident's ROM (range of motion), who had limited range of motion, for 1 of 1 residents reviewed for range of motion, of 1 resident who met the criteria for range of motion. (Resident #11)</p> <p>Findings include:</p> <p>An interview with LPN #2 on 8/27/13 at 2:30 P.M., indicated Resident #11 had a slightly contracted left arm.</p> <p>On 8/29/13 at 10:51 A.M., Resident #11 was seated upright in her wheelchair in her bedroom. Resident #11 was able to follow directions in an attempt to flex both arms at the elbows and spread her fingers on both hands. She had some limitation observed with those exercises and voiced doing them caused her some pain. She indicated she received pain medication which helped relieve</p>	F000318	<p>1.Resident #11 will be assessed and placed on a ROM program.2.An audit will be conducted by the DHS or designee on residents with limited ROM to ensure they are on a ROM program if appropriate.3. Staff will be re-educated by a licensed therapist on ROM .The Clinical team will monitor Residents 5 x weekly in the clinical meeting for any changes in their ROM status and the appropriate intervention will be initiated.4. Audits of the comprehensive assessments for limited ROM will be done by DHS or designee weekly x 4 weeks, and then monthly x 5 months, and monitored through the QA process.</p>	10/04/2013			

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	<p>the pain. She indicated she was no longer participating in therapy but had previously.</p> <p>On 8/29/13 at 11:10 A.M., OT (Occupational Therapist) #17 indicated he had not recommend a ROM Restorative Program for Resident #11 when she was discharged from therapy.</p> <p>On 8/29/13 at 11:35 A.M., Resident #11 was observed seated upright in her wheelchair in an activity with her peers. The Activity Staff were singing the "Hokey Pokey" and encouraging residents to participate. Resident #11 barely moved her arms during the song and did not move her legs at all.</p> <p>On 8/29/13 at 12:03 P.M., PT (Physical Therapist) #18 indicated she had not recommend a ROM Restorative Program for Resident #11 when she was discharged from therapy.</p> <p>Resident #11's record was reviewed on 8/30/13 at 2:30 P.M. Diagnoses included but were not limited to back pain and Parkinson's disease.</p> <p>A "Range of Motion Assessment" for Resident #11 dated 5/8/13, indicated she had severe limitation (unable to</p>			

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	<p>move joint through at least 50% ROM) in both shoulders for her functional ROM and was not able to initiate the task; no voluntary movements or baseline for her voluntary movement. She had partial limitation in both knees for her functional ROM.</p> <p>Resident #11's quarterly MDS dated 7/4/13, indicated she was understood and had the ability to understand others. She required extensive assistance of 2 persons for bed mobility, transfer, dressing, toileting, and personal hygiene.</p> <p>An OT "Progress and Discharge Summary" for Resident #11 dated 7/8/13, indicated her therapy discontinued on 7/4/13. Her discharge plan indicated to discharge her to Long Term Care. Her discharge plan did not address any recommendations for her ROM maintenance.</p> <p>A PT "Progress and Discharge Summary" for Resident #11 dated 7/8/13, indicated her therapy discontinued on 7/4/13. Her discharge plan indicated to discharge her to Long Term Care. Her discharge plan did not address any recommendations for her ROM</p>			

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	<p>maintenance.</p> <p>A "Range of Motion Assessment" for Resident #11 dated 8/14/13, indicated she had severe limitation (unable to move joint through at least 50% ROM) in both shoulders for her functional ROM and was not able to initiate the task; no voluntary movements or baseline for her voluntary movement. She had partial limitation in both knees for her functional ROM.</p> <p>On 9/3/13 at 1:12 P.M., the Corporate Nurse indicated there was no documentation Resident #11 received any type of ROM exercises or services. She indicated there was no plan of care related to Resident #11 ROM.</p> <p>On 9/4/13 at 9:34 A.M., the MDS Coordinator indicated she had filled out the "Range of Motion Assessment" for Resident #11 on 5/8/13 and a nursing staff had filled out the assessment on 8/14/13. She indicated Resident #11's MDS was coded as no functional limitation in her ROM and was coded incorrectly. She indicated Resident #11 was not on a Restorative ROM Program. She indicated there was no documentation Resident #11 received any type of</p>				

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	<p>ROM exercises or services. She indicated there was no plan of care specific to Resident #11's ROM. She indicated the facility was working on establishing a ROM Program.</p> <p>The most recent "Contracture Preventive and Management Program" policy and procedure provided by the Corporate Nurse on 9/3/13 at 3:05 P.M., indicated the following: "Purpose: To prevent or reduce contractures and deformity, and/or preserve range of motion of residual limb to allow for use of prosthesis if needed through the provision of range of motion, stimulation of circulation, and muscle strengthening exercises. Procedure: 1.) Analyze Interdisciplinary assessments that may include but not be limited to: MDS, Nursing Assessments, Therapy screen an/or evaluation, Mobility RAP, and Current use of orthotic appliances/prosthetic devices. 2.) Complete the Initial Restorative Assessment to establish a baseline for residents with potential or actual range of motion limitations. 3.) Review and analyze all assessments. 4.) Determine the need for therapy intervention or nursing restorative/functional maintenance program. 5.) Determine the type of exercises required based</p>			

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	<p>on the analysis of the assessments and resident abilities. Types of exercises include: a.) Passive Range of Motion (PROM): No active involvement of the moving of the joint. b.) Active Range of Motion (AROM): Performed by the resident with cueing or supervision by staff. c.) Strengthening and conditioning of muscles. 6.) Determine the goal of the range of motion activities. 7.) Evaluate the need for splint/brace/prosthetic device use and assistance and refer to therapy as indicated. 8.) Include the resident/responsible party in the goal setting process. 9.) Enter the resident specific interventions and goals on the Restorative/Functional Maintenance Program Plan Interventions and goals and approaches will include but not be limited to: frequency, duration, special instructions, and precautions. 10.) Initiate documentation of the resident program in the Care Tracker (Restorative field) or the Restorative Documentation log and/or the Resident Care Record for residents requiring documentation of daily participation and/or number of minutes that interventions are provided. 11.) Inform care giving team of plan. Assist in implementing strategies during care giving activities.</p>			

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	<p>12.) Complete the Restorative/Functional Maintenance Program Summary which documents progress towards goals on a quarterly basis or as required by state regulations, as indicated by the specific program. 13.) Ensure restorative program minutes are communicated to the MDS Coordinator for inclusion in the MDS Assessment."</p> <p>3.1-42(a)(2)</p>			

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, interview and record review the facility failed to attempt a Gradual Dose Reduction (GDR) and have a appropriate diagnosis for the use of risperdal (antipsychotic), and zyprexa (antipsychotic) for 3 of 5 residents reviewed for unnecessary medication use (Resident #32, Resident #52 and Resident #27).</p> <p>Findings include:</p>	F000329	<p>1.Social Services or designee will ensure Residents # 52, 32, and 27, have had a GDR for their psychoactive medications.2.Social Services or designee will audit resident charts on psychotropic medications to determine if GDR is necessary/appropriate per guidelines.3.Clinical support/designee will inservice staff on usage of psychotropic medication and GDR.4.Social Services or designee will audit physician orders, MAR's, psychotropic drugs weekly x 4 weeks, then</p>	10/04/2013			

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	<p>1.) Review of the record of Resident #32 on 8-29-13 at 10:50 a.m. indicated the resident's diagnoses included, but were not limited to, diabetes, depression, hyperlipidemia, degenerative disc disease, edema, insomnia and depression with psychotic features.</p> <p>The physician recapitulation (recap) for Resident #32 dated, August 2013 indicated the resident was ordered risperdal 0.25 milligrams (mg) upon rising.</p> <p>The pharmacy recommendation dated, 5-8-2013 indicated Resident #32 had been receiving risperdal 0.25 mg for depression with psychotic features since November 2012 and it was time to attempt a GDR. The physician response was the current dose was felt to be the lowest clinically effective dose.</p> <p>The physician telephone order for Resident #32 dated, 5-15-13 indicated the current dose of risperdal was the lowest clinically effective dose for the resident. The resident was to continue on risperdal 0.25 mg daily for depression with psychotic features.</p> <p>The Minimum Data Set (MDS)</p>		monthly x 5 months to capture when GDR is needed. Monitor through QA monthly.		

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	<p>quarterly assessment for Resident #32 dated, 1-5-2013 indicated the following: psychosis-none and behavioral symptoms- none.</p> <p>The MDS quarterly assessment for Resident #32 dated, 7-4-13 indicated the following: psychosis-none and behavioral symptoms- none.</p> <p>Interview with Resident #32 on 8-30-13 at 10:05 a.m. indicated she did not have any depression or sadness. Resident #32 indicated she did feel depressed when her husband passed away, but other than that she had never had depression. Resident #32 indicated she had never had any problems with seeing things or hearing things. Resident #32 indicated she did get aggravated if her medications were not given to her on time. Resident #32 indicated she did attend activities sometimes, but preferred to be in her recliner in her room with her feet prompt up because it kept the swelling down in her feet.</p> <p>Interview with the Social Service Director (S.S.D.) on 8-30-13 at 11:40 a.m. indicated Resident #32 had been on risperdal since November 2012. The S.S.D. indicated the facility had not attempted a GDR on the risperdal. The S.S.D. indicated there</p>			

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	<p>was no further documentation for the reason the risperdal was not reduced except the physician order that it was clinically contraindicated because it was the lowest effective dose. The S.S.D. indicated the resident had not had any psychosis or behaviors except on 12-5-12 when the staff reported the resident was verbally abusive during care, but was easily redirected. The S.S.D. indicated she did not have any documentation on the specific details of the incident on 12-5-13, but felt it was the first week the resident was at the facility and the staff was just getting to know the resident's personality. The S.S.D. indicated Resident #32 had never been seen by psychiatric services.</p> <p>2.) This record of Resident #52 was reviewed on 8/29/13 at 9:00 a.m. Resident #52's diagnoses included, but were not limited to, stroke, aphasia (difficulty in communicating), dementia, delusional disorders, psychotic mood disorders and organic mental syndrome (decreases in mental function that are not caused by a psychiatric disorder).</p> <p>Resident #52's Quarterly MDS (Minimum Data Set), assessment, dated 7/27/13, indicated Resident #52's Brief Interview for Mental Status was a score of 3, indicating a resident</p>			

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	<p>with severe impairment for cognition. The MDS also indicated Resident #52 had no behaviors.</p> <p>Resident #52's care plan, dated 7/24/13, indicated "I had a stroke that affected my mental capacity, I had behaviors at home and when I was in the hospital, however I am adjusting well to my environment and routine. I prefer to keep on the same routine and it gives me comfort. I am currently taking medications for dementia ad depression. Please monitor me for side effects or break through symptoms. I have had some behaviors while in facility, mainly when I feel confused. Please smile at me and approach with a positive attitude as I mimic your mood. I enjoy feeling needed please help me continue to adjust to my surrounding over the next three months, through 11/19/13."</p> <p>Resident #52's physician orders were dated 1/19/13, Zoloft (antidepressant) 75 mg (milligrams), by mouth, at bedtime, for depression and risperidone 0.5 mg, by mouth, twice a day, for dementia.</p> <p>Review of Resident #52's physician's order, dated 7/24/13, indicated "current dose of risperidone 0.5 mg,</p>						

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	<p>twice a day is the lowest clinically effective dose."</p> <p>Resident #52's "Note to Attending Physician/prescriber" dated 7/20/13, indicated "Patient on risperidone 0.5 mg, twice a day, for dementia since 1/13. Time for dose reduction attempt, per regulations every 6 months. Resident #52's physician checked, agree, to the dose reduction by pharmacy.</p> <p>During an interview on 8/29/13 at 9:30 a.m., Social Service Director, indicated Resident #52 had not had any behaviors since he has been in the facility except he did yell at his roommate once because the roommate told him to turn his television down. She also indicated he did have an incident at the hospital of throwing things and the reason we did not take him off of the risperidone was the family does not want us to take him off of it and the physician indicated it is the lowest dose possible so he will leave him on it for now.</p> <p>During an interview on 8/29/13 at 11:49 a.m., Resident #52's family member indicated "right after he had his stroke he did get upset at the hospital. He always had a temper all</p>			

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	<p>his life but he has never hit anyone, had any behaviors or had any symptoms of psychosis or delusional disorders and he had not had any behaviors since he was admitted to the facility." The family member also indicated she felt like the only reason he was on the risperidone was because his roommate upset him over the television but he was in a different room now and doing fine. Resident #52's family member also indicated that the physician was going to decrease his antipsychotic medication 2 or 3 weeks ago and "I don't have a problem with them decreasing the medication but they have not called me yet to say they did decrease it."</p> <p>During an observation on 8/29/13 at 12:06 p.m., Resident #52 was observed in bed calm and resting. He answered all questions with "it is alright."</p> <p>Resident #52's record indicated the risperidone was never decreased by the physician.</p> <p>The "Nursing Spectrum Drug Handbook" 2010, indicated the indications of risperidone were schizophrenia and bipolar mania. The boxed warning of risperidone</p>				

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	<p>indicated "elderly patients with dementia-related psychosis are at increased risk for death."</p> <p>3. Review of Resident # 27's record on 8/30/13 at 10:05 a.m. indicated diagnoses included but were not limited to, hyperlipidemia, cerebrovascular degeneration, lumbar, anxiety, dysthymic disorder, chronic pain, arteriosclerosis, restless leg tremor, neuropathy peripheral, angina, dementia, hypertension.</p> <p>Resident # 27's recapulation orders dated 8/1/13 through 8/31/13 indicated Zyprexa 5 mg every day at 5 p.m. for depression, discontinued 5/23/13, restarted 6/24/13 (on admission 7/25/12 Zyprexa 5 mg every day at 5 p.m.).</p> <p>clonazepam 0.5 mg give 1/2 tab every morning for anxiety/agitation due to Parkinson's, started 6/17/13.</p> <p>clonazepam 0.5 mg give 2 half tabs (0.5 mg) every bedtime for agitation due to Parkinson's, started 6/17/13.</p> <p>Sinemet 25/100 1 tab tid (three times a day) at 6 a.m., 12 p.m. and 6 p.m. for Parkinson's, started 4/10/13.</p> <p>Review of Psychiatric follow-up notes dated 1/7/13 indicated dosage reduction is not indicated at this point. Risk of relapse is too great (benefits of treatment outweigh risk) Diagnosis:</p>			

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	<p>dementia with delusions.</p> <p>On 5/22/13 a Physician's order indicated a gradual dose reduction (GDR): Zyprexa was decreased to 2.5 mg on 5/22 times 5 days then 2.5 mg every other day times 3 days then discontinued by primary care physician.</p> <p>Review of a "Change in Condition Form" dated 6/6/13 at 12:00 p.m. indicated "Resident is complaining of burning when urinating. Also Resident is asking for an antidepressant. Recent discontinuation of Zyprexa 5 mg . Would you like any new orders for these concerns?..." No documentation of Physician's response to change in condition form.</p> <p>On 9/3/13 at 2:35 p.m. an interview with the Social Services Director indicated the change in condition form dated 6/6/13 was sent to the Resident's primary Physician and he deferred treatment of Resident # 27's depression to the Psychiatrist. Social Services Director indicated she had not followed-up with the Psychiatrist on Resident # 27's complaints of depression.</p> <p>Review of Social Services notes dated 6/17/13 indicated "SW (social</p>						

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	<p>worker) met with Resident today per her request. Resident # 27 was recently taken off of her antipsychotic and antidepressant medications due to reduction recommendations. Her PCP (primary care physician) then requested she see psychiatrist due to her increase in symptoms. Resident told SW that she feels "odd" and can't explain it. She states that she has had increase in feeling down, wanting to sleep, and has not been leaving her room...Resident # 27 will meet with psychiatrist on Monday 6/24 to discuss her symptoms."</p> <p>Review of Psychiatric Subsequent Visit Form dated 6/24/13 indicated "the Resident has had significant difficulty since the discontinuation of her Zyprexa. Many of her complaints are physical, such as irritable bowel and loose stools, emotionally she also feels not quite right. She is more depressed than anxious. Sleep has been disturbed, with difficulties initiating and maintaining. Appetite has been somewhat decreased. Energy level is low. Concentration is problematic. She has had hopeless feelings, no suicidal ideation or intent. Interests and activities has been markedly decreased... Treatment Plan: physically and emotionally the Resident has not been doing well.</p>			

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	<p>This started about the time of her reduction of Zyprexa. Certainly it could be a coincidence, but I think we should try a retrial of Zyprexa. Zyprexa offers significant mood stabilizing effects, as well as antidepressant qualities. The Resident has a history of psychosis not otherwise specified, aggravated by her Parkinson's medications. We have traditionally had a lot of difficulty balancing her dopamine agonists with dopamine antagonists, she seems to need both for functioning physically and emotionally. Will retrial Zyprexa 5 mg at 5 p.m. and follow-up in one month. If we see no improvement, we may try her back off of the Zyprexa."</p> <p>Review of a physician's order dated 6/24/13 at 2:00 p.m. indicated Zyprexa 5 mg every day at 5 p.m. -failed reduction, depression. Worsening depressive symptoms.</p> <p>On 7/26/13 Social Services notes indicated ... "Resident had some concerns that we are addressing. She admits to some depression. Social Worker will speak with Psychiatrist about possibly adding an antidepressant. Resident has had a decrease in her abilities related to her Parkinson's disease progression which has caused her depression and</p>			

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	<p>anxiety symptoms to increase... Social worker will follow-up on medication for depression and will follow her progress and intervene as needed."</p> <p>Review of a "Change in Condition Form" dated 8/1/13 at 12:30 p.m. indicated "Resident # 27 is asking to restart Effexor due to feeling depressed. Resident stated "the Effexor worked good for me, I'm feeling a little depressed." Would you like any new orders? Physician order/response to communication: psych consult."</p> <p>An interview with the Social Services Director on 8/30/13 at 11:00 a.m. indicated she could not provide documentation of delusions, hallucinations or behaviors. She provided a form dated 8/1/12 titled "Psychiatric Assessment" which indicated..."Resident was admitted to the facility on 7/25/12 with a history of auditory, visual hallucinations, agitation, paranoia..."</p> <p>On 9/3/13 at 2:35 p.m. an interview with the Social Services Director indicated she had not followed-up with the Psychiatrist on Resident # 27's complaints of depression.</p>			

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	<p>Review of a care plan for psychotropic medications indicated: "I am at risk for adverse effects related to use of psychotropic medications. I receive an antipsychotic medication daily for treatment/prevention of dementia with delusions, dysthymia disorder and anxiety. Monitor for possible side effects such as: hypotension, gait disturbance, cognitive impairment, behavioral impairment, ADL (activities of daily living) decline, decline in appetite and abnormal involuntary movements. Please administer my medications as ordered by my physician and notify them of any adverse effects. Monitor for changes in my mood and behavior and for effectiveness of psychotropic drug use. Work with the doctor and pharmacist to ensure the maximum functional ability both mentally and physically for me and attempt drug dosage reductions as appropriate. I wish to be free of any of the adverse effects mentioned and to receive the lowest therapeutic dosage that is appropriate for me. Review interventions quarterly by 11/19/13 to ensure that they are still appropriate for my goal."</p> <p>Physician's Desk Reference, copyright 2013 indicated "...serious side effects may happen when you</p>			

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	<p>take Zyprexa, including: increased risk of death in elderly patients with dementia-related psychosis: Medicines like Zyprexa can raise the risk of death in elderly people who have lost touch with reality (psychosis) due to confusion and memory loss (dementia). Zyprexa is not approved for treating psychosis in elderly with dementia...</p> <p>Zyprexa is a prescription medicine used to treat: schizophrenia in people age 13 or older.</p> <p>bipolar disorder including: manic or mixed episodes that happen with bipolar I disorder in people age 13 or older.</p> <p>manic or mixed episodes that happen with bipolar I disorder, when used with the medicine lithium or valproate, in adults.</p> <p>long-term treatment of bipolar I disorder in adults.</p> <p>episodes of depression that happen with bipolar I disorder, when used with the medicine fluoxetine (Prozac), in adults.</p> <p>episodes of depression that do not get better after 2 other medicines, also called treatment resistant depression, when used with the medicine fluoxetine (Prozac), in adults.</p> <p>Review on 9/3/13 at 10:45 a.m. of a</p>			

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	<p>document titled "Medication Monitoring and Management" indicated ...Procedures: a. Antipsychotic's. If a resident is admitted on an antipsychotic medication or the facility initiates antipsychotic therapy, the facility must attempt a GDR in two separate quarters (with at least one month between attempts) within the first year, unless clinically contraindicated.</p> <p>1. A GDR is considered clinically contraindicated if:</p> <p>a. Target symptoms return or worsen after the most recent attempt at a GDR and the physician documents the clinical rationale for why any additional attempted dose reductions would likely impair the resident's function, increase distressed behavior, or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder. - or -</p> <p>b. The continued use is in accordance with relevant current standard of practice and the physician documents the clinical rationale for why any additional attempted dose reductions would likely impair the resident's function, increase distressed behavior, or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.</p>			

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	3.1-48(a)(4) 3.1-48(b)(2)			

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and record review the facility failed to</p>	F000441	1.Licensed Staff will use Resident #75 glucometer for resident #75	10/04/2013	

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	<p>properly disinfect glucometer a machine between blood sugar checks for each resident for 2 of 3 observations having the potential to effect 7 residents who have their blood sugars checked (Resident #75 and Resident #40).</p> <p>Finding include:</p> <p>During observation on 8-29-13 at 11:45 a.m. RN #1 obtained a glucometer machine out of the medication cart and indicated she did not clean the glucometer machine before taking a resident's blood sugar because all of the residents had their own glucometer machine. RN #1 took Resident #75's blood sugar. The glucometer machine was labeled with Resident #40's name on it . RN #1 indicated she had grabbed the wrong glucometer machine. RN #1 indicated it was ok because all the glucometer machines were the same system. RN #1 placed Resident #40's glucometer machine back in the medication cart without cleaning it. RN #1 provided a sani-cloth from medication cart and indicated that it was what the facility used to clean the glucometer machines. The sani-cloth indicated</p>		<p>only.Licensed Staff will use Resident #40 glucometer for resident # 40 only.Re-education on Policy and Procedures relating to disinfecting glucometer machines.2.DHS or designee will complete an audit of residents receiving glucometer checks and ensure all residents have their own machine and are clearly labeled.3.DHS or designee will inservice staff on the glucometer check guidelines and infection control.4.DHS or designee will do observations of glucometer checks randomly on all shifts 3 x week x 4 weeks, and then weekly x 4 weeks, then monthly x 4 months to ensure compliance. Any identified issues will be addressed in monthly QA with recomendations and a change in monitoring if needed.</p>		

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	<p>"germicidal disposable wipes alcohol free disinfects in three minutes."</p> <p>During observation on 8-29-13 at 12:05 p.m. RN #1 began to do Resident #40's blood sugar without cleaning the glucometer machine, when queried about not cleaning the machine after using it on Resident #75, RN #1 stated "Oh I am glad you said something I forgot I have too much on my mind." RN #1 cleaned the glucometer machine for 43 seconds and then obtained Resident #75 blood sugar. RN #1 then placed the glucometer machine back in the medication cart without cleaning the machine.</p> <p>Interview with LPN #2 on 8-29-13 at 2:00 p.m. indicated the protocol for cleaning the glucometer machine was to use the disinfectant packets specifically used to clean the machine. LPN #2 indicated the glucometer machine was suppose to be cleaned after every use. LPN #2 indicated the protocol for cleaning the glucometer machine was to wipe it down for 30 seconds.</p> <p>Interview with LPN #3 on 8-29-13 at 2:02 p.m. indicated the protocol for cleaning glucometer machine was to use an alcohol wipe. LPN #3</p>			

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	<p>indicated she wiped the glucometer machine with an alcohol wipe every time she used it just in case she had the wrong machine. LPN #3 indicated the facility did not have anything specific to use to clean the glucometer machines that she was aware of.</p> <p>Review of the record of Resident #75 on 9-3-13 at 11:50 a.m. indicated the resident's diagnosis included, but were not limited to, diabetes mellitus.</p> <p>The physician recapitulation for Resident #75 dated, August 2013 indicated the resident was ordered an insulin sliding scale (a scale based on the glucometer reading to determine the amount of insulin the resident required) at lunch.</p> <p>Review of the record of Resident #40 on 9-3-13 at 12:00 p.m. indicated the resident's diagnosis included, but were not limited to, diabetes mellitus.</p> <p>The physician recapitulation for Resident #40 dated, August 2013 indicated the resident was ordered an insulin sliding scale at lunch.</p> <p>The Director Of Nursing (DON) provided a list on 9-3-13 at 10:45 a.m. of residents who had their blood</p>			

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	<p>sugars checked by the facility. The list indicated their were 7 residents who had their blood sugar checked in the facility.</p> <p>The glucometer cleaning guidelines policy provided by the Corporate Nurse on 8-29-13 at 1:58 p.m. indicated the following: "If glucometer's are used from one resident to another they should be cleaned and disinfected after each use." "Recommend the Sani-cloth bleach wipe by PDI ordered through our clinical medical supplier." "Alcohol is also not an EPA-registered detergent/disinfectant."</p> <p>3.1-18(a)</p>			

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F009999	<p>3.1-14 Personnel</p> <p>(t) A physical examination shall be required for each employee of a facility within one month prior to employment. The examination shall include a shall include a tuberculin skin test, using the Mantoux method (5 TU PPD), administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading and recording unless a previously positive reaction can be documented. The results shall be recorded in millimeters of duration with the date give, date read, and by whom administered. The tuberculin skin test must be prior to the employee starting work. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and non-paid personnel of facilities shall be screened for tuberculosis. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one</p>	F009999	See attached	10/04/2013			

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	<p>(1) to three (3) weeks after first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. 3.1-14 (4) , a detailed review of the appropriate job description, including a demonstration of equipment and procedures required of the specific position to which the employee will be assigned.</p> <p>This rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure employees had references, physical examinations, first step tuberculosis test, second step tuberculosis test, orientation for general job description and orientation for specific job descriptions for 4 CNAs, 2 Registered Nurses, 3 Licensed Practical Nurses and 1 Qualified Medication Aid for 10 of 11 employees records reviewed.</p> <p>Findings include:</p> <p>Employee files were reviewed on 9/14/13 at 9:30 a.m., and indicated the following:</p> <p>1.) CNA #5's, employee file did not indicate a physical examination or 2nd step tuberculoses screening had</p>			

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	<p>been completed.</p> <p>2.) CNA #4's, employee file did not indicate a physical examination or 2nd step tuberculosis screening had been completed.</p> <p>3.) CNA #6's, employee file did not indicate a physical examination or 2nd step tuberculosis screening had been completed.</p> <p>4.) CNA #13's, employee file did not indicate a second step tuberculosis screening had been completed.</p> <p>5.) RN #7's, employee file did not indicate a 1st step tuberculosis screening, 2nd step tuberculosis screening, general orientation, specific orientation had been completed.</p> <p>6.) RN #8's, employee file did not indicate a 1st step tuberculosis screening, 2nd step tuberculosis screening, general or specific orientation had been completed.</p> <p>7/) LPN #9's, employee file did not indicate a physical examination or 2nd step tuberculosis screening had been completed.</p> <p>8.) LPN #10's, employee file did not</p>				

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	<p>indicate a general or specific orientation had been completed.</p> <p>9.) LPN #11's, employee file did not indicate a 2nd step tuberculosis screening had been completed.</p> <p>10.) Qualified Medication Aid #12's, employee file did not indicate a physical examination, 1st step tuberculosis screening, 2nd step tuberculosis screening, general or specific orientation had been completed.</p> <p>During an interview on 9/14/13 at 12:45 p.m., the Administrator indicated "payroll was responsible to ensure employee files were completed and we identified on 8/27/13 a problem with the employee files and reviewed this problem in Quality Assurance (performance improvement) on 8/30/13."</p> <p>3.1-14(t) 3.1-14(1) 3.1-14(4)</p>			