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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 11/07/2013 |
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| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE | STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410 |
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| F000000 | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey date(s): October 31, November 1, 4, 5, 6, and 7, 2013</p> <p>Facility number: 000253 Provider number: 155362 AIM number: 100266660</p> <p>Survey team: Jennifer Redlin, RN, TC Regina Sanders, RN Caitlyn Doyle, RN Heather Hite, RN</p> <p>Census bed type: SNF/NF: 138 Total: 138</p> <p>Census Payor type: Medicare: 14 Medicaid: 110 Other: 14 Total: 138</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 14, 2013, by Janelyn Kulik, RN.</p> | F000000 | | |
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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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| F000157 SS=D | <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to notify a resident's Physician, related to refusals of morning medications, which included cardiac medications,</p> | F000157 | F157 The facility failed to notify the physician of resident refusal of medications on consecutive days. What corrective action(s) will be accomplished for those residents found to have been | 12/05/2013 | | | |

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| | <p>for five days in a row for 1 of 5 residents reviewed for unnecessary medications. (Resident #119)</p> <p>Findings include:</p> <p>Resident #119's record was reviewed on 11/04/13 at 10:15 a.m. The resident's diagnoses included, but were not limited to, atrial fibrillation, low potassium, dementia with behavioral disturbance, and congestive heart failure. The resident was re-admitted into the facility on 6/17/13.</p> <p>The resident's Medication Administration Record (MAR), dated 10/13, indicated the resident refused her morning medications on 10/23/13, 10/24/13, 10/25/13, 10/26/13, and 10/27/23.</p> <p>The 10/13 MAR indicated the resident refused the following medications: Digoxin (heart medication) 0.125 mg (milligram) daily Aldactone (diuretic for congestive heart failure) 25 mg daily Aspirin 325 mg daily Calcium-Vitamin D 600-200 mg daily Lexapro (anti-depressant) 10 mg daily Risperdal (anti-psychotic) 0.25 mg daily Multaq (heart medication) 400 mg</p> | | <p>affected by the deficient practice. Res #119 - Unable to correct the alleged deficiency. Resident is currently accepting her medications. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Residents on ACU will have their medication records reviewed to identify any resident with medication refusals greater than 2 consecutive doses or days. Residents with patterns of refusals will have their MD notified. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Licensed staff will be re-educated on Notification of Change in Health Status Guideline and to notify the physician of residents refusing medications greater than 2 consecutive doses. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Medication Refusal Audit will be completed by the DNS or designee 5x week x 4 weeks and then 2x week x 8 weeks and then weekly for a total of 6 months DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months.</p> <p>By what date the systemic changes will be completed?</p> | | | | |

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| | <p>twice a day Potassium Chloride 20 milliequivalents twice daily Cardizem (heart medication) 60 mg four times a day</p> <p>There was a lack of documentation on the MAR and the Nurses' Progress Notes, dated 10/23/13 through 10/27/13, to indicate the nurses' made further attempts to encourage the resident to take the medications and to indicate the resident's Physician had been notified the resident had not been taking the medication.</p> <p>During an interview on 11/04/13 at 12:56 p.m., the ACU (Alzheimer's Care Unit) Unit Manager indicated the resident's physician had not been notified of the five day refusal of morning medications.</p> <p>During an interview on 11/05/13 at 11:15 a.m., the ACU Unit Manager indicated they would only notify the Physician if the resident refused the medication three times in one day. She indicated if the resident refused the medication the nurses' should re-approach the resident at a different time. She indicated there was no documentation to indicate the nurses' had attempted to administer the</p> | | December 5, 2013 | | |

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| | <p>medications other than the one time. She indicated the resident had a right to refuse.</p> <p>An undated, facility policy, titled, "Notification of Change in Resident Health Status", received from the Director of Nursing as current on 11/05/13 at 9:52 a.m., indicated, "The center will consult the resident's physician...when there is:(A) an accident which results in injury...(B) Acute illness or significant change in the resident's physical, mental, or psychosocial status (i.e. [example] deterioration in health, mental, psychosocial status in either life-threatening conditions or clinical complications)...Nursing judgement is an integral part of the skilled care provided in this LivingCenter; therefore, such judgement must be applied in a case by case basis in keeping with acceptable nursing practice..."</p> <p>3.1-5(a)(2)</p> | | | | |

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| F000242 SS=B | <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on record review and interview, the facility failed to ensure a resident was given choices, related to the amount of weekly showers she would like to receive at the facility, for 1 of 4 residents who met the criteria for resident choices. (Resident #149)</p> <p>Findings include:</p> <p>During an interview on 11/01/2013 at 09:45 a.m., Resident #149 indicated she received a shower twice a week, but she would like a shower daily. She indicated she had not been given a choice. She stated, "they tell us" (when shower would be done).</p> <p>During an interview with Resident #149 on 11/05/13 at 1:52 p.m., she indicated she received a shower twice a week and would like a shower more often.</p> <p>Resident #149's record was reviewed on 11/5/13 at 1 p.m. The resident's</p> | F000242 | <p>F242 Choices What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident 149 had bathing preference reviewed with resident How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Residents who are coded on the MDS Section F400c as choices for bathing are somewhat important or very important have the potential to be affected by the alleged deficient practice.</p> <p>Residents who have indicated this preference will have their bathing preferences reviewed and their plan of care updated. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. IDT members who participate in section F will be re-educated on this section. Residents who indicate a preference to make choices regarding bathing will have their preferences reviewed</p> | 12/05/2013 | |

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| | <p>diagnoses included, but were not limited to, dementia and anxiety disorder.</p> <p>A Significant Change Minimum Data Set Assessment, dated 10/07/13, indicated the resident had no cognitive impairment, and it was somewhat important to the resident to make choices about bathing.</p> <p>During an interview on 11/05/13 at 1:50 p.m., the ACU (Alzheimer's Care Unit) Unit Manager indicated there was a shower schedule on the Unit and the showers were scheduled by the resident's room number. She indicated if the resident preferred another day or time then the schedule would be changed. She indicated the facility meets with the resident's family after the resident is admitted and are only given a choice of changes in the day and/or time of the showers, not the amount of showers the resident would receive.</p> <p>During an interview on 11/05/13 at 2:09 p.m., the ACU Social Service Director indicated when a resident is admitted into the facility, they are informed the showers would be given two times a week and if they want more they can have more. She indicated if they did not hear anything</p> | | <p>annually and with significant change. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.MDS will audit section F for each Initial or quarterly MDS completed to ensure resident preferences are documented. Audits will continue with each of these MDS' for the next 6 months. DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months. Date completed: Dec 5th, 2013</p> | | |

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| | <p>from the family or the resident then they are kept on a bi-weekly schedule. She indicated they do not specifically ask the resident and/or the family how many showers the resident would like.</p> <p>3.1-3(u)(1)</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 the highest practicable mental and psychosocial well-being of each resident, related to identifying behaviors, thoroughly assessing behaviors, implementing behavioral interventions, and evaluating the outcome of the interventions to support the residents' individual needs, for 2 of 6 residents reviewed with behaviors. (Residents # 103 and #119)</p> <p>Findings include:</p> <p>1. Resident #103's record was review 11/05/13 at 8:46 a.m. The resident's diagnoses included, but were not limited to, aphasia (no speech) due to a stroke, dementia with behavioral disturbances, and vascular dementia with delusions. The resident was admitted into the facility on 06/21/13 from an acute care hospital.</p> <p>The Admission Minimum Data Set (MDS) Assessment, dated 06/29/13,</p> | F000250 | <p>F250 Social Services What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Unable to correct the alleged deficiency for resident 103.Care plan for resident #119 has been corrected</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.Residents with behaviors have the potential to be affected by the alleged deficient practice. Residents with behaviors will have their care plan reviewed for the presence of a care plan as well as effective interventions. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.Licensed staff will be educated on the Behavior Management Guideline focusing on documenting cause of behavior, interventions attempted as well as outcome. Social services will be re-educated on communicating with family. Behavior Management Committee meetings will be initiated. Residents with new or worsening behaviors will be</p> | 12/05/2013 |

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| | <p>indicated the facility was unable to complete a cognition assessment on the resident</p> <p>The Quarterly MDS Assessment, dated 09/29/13, indicated the resident had long term and short term memory problems.</p> <p>The resident's care plan indicated:</p> <p>6/25/13-Exhibits a history of rejection of care with a history of verbal aggression. The interventions dated 06/25/13, indicated 1:1 (one on one care), re-approach, change in staff and/or environment as necessary, psychological services as necessary, and utilize communication board.</p> <p>07/03/13-Exhibits a history of being combative with staff, verbally aggressive and rejecting care. The interventions, dated 07/03/13, indicated 1:1, re-approach, change in staff and/or environment as necessary, allow resident to calm down then approach him again, utilize communication cards in his room when needed, praise resident for his efforts, Psychological consults as needed, Psychological medications as ordered, and tell the resident what you are wanting to do before you do it.</p> | | <p>discussed on a weekly basis. All residents with behaviors will be discussed by the Committee on a monthly basis. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Behavior Meeting Audit will be completed weekly x 8 weeks and then monthly for a total of 6 months. DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months. Date completed, Dec 5th, 2013</p> | | |

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| | <p>07/24/13 and 08/09/13-Impaired communication due to aphasia, related to a stroke. The interventions, dated 07/24/13 and 08/09/13, indicated allow calm unhurried environment to encourage communication, anticipate patient needs, encourage to verbalize needs (resident is non-verbal), listen carefully, validate verbal and non-verbal expressions, maintain eye contact if possible, observe for ability to make needs known and report significant findings, provide for a quiet setting, speak at appropriate volume to facilitate patient hearing, and use simple and direct communication to promote understanding, answer questions as needed and repeat as necessary (marked as resolved on 10/16/13) , and consistent staff to work with patient (also marked as resolved on 10/16/13).</p> <p>A) June 2013:</p> <p>A Nurses' Progress note, dated 06/22/13 at 2:14 p.m., indicated the resident became combative with staff and was attempting to swing and punch at the staff with a closed fist. His speech was garbled and he was unable to make his needs known. The note lacked documentation to indicate</p> | | | |
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| | <p>what caused the behaviors, what interventions were attempted, and the outcome of the interventions.</p> <p>A Nurses' Progress note, dated 06/24/13 at 4:02 a.m., indicated the resident was unable to voice needs</p> <p>A Nurses' Progress note, dated 06/24/13 at 3:01 p.m., indicated the resident was unable to voice needs to the staff.</p> <p>A Nurses' Progress note, dated 06/27/13 at 3:46 p.m., indicated the resident had aphasia and could not make a decisions related to aphasia.</p> <p>The Behavior log, dated 6/22/13 through 06/30/13, indicated the resident had one episode of verbal abuse (06/23/13 on evenings), and three episodes of resisting care (twice on 06/22/13 on evenings and once on evenings on 06/23/13). The form lacked documentation to indicated what caused the behaviors, what interventions were attempted, and the outcome of the interventions.</p> <p>The Behavior Monthly Flow Sheet, dated 06/13, indicated the resident had no behaviors from 06/25/13 to 06/31/13.</p> | | | |

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| | <p>The ACU (Alzheimer's Care Unit) Social Service Progress Notes indicated:</p> <p>06/24/13, the resident becomes easily frustrated when he cannot communicate his needs to staff due to his expressive aphasia and becomes agitated when asked questions.</p> <p>A care plan for the resident's communication problem and interventions were not initiated until 07/24/13, a month after this note.</p> <p>06/27/13, the resident had expressive aphasia, could not read nor write, became easily agitated, yelled no and walked away during the cognition assessment and mood interview. The note indicated the resident was, "short tempered or easily annoyed" on 06/22/13 and was swinging at staff and had rejected care three times and was verbally aggressive with the staff.</p> <p>The care plan for the resident's combativeness problem and interventions were not initiated until 07/03/13.</p> <p>A Psychology Note, dated 06/26/13, indicated, "speech non-verbal...some agitation noted due to aphasia &</p> | | | |

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| | <p>limited communication. Still it is difficult to determine whether he is experiencing any halluc/delu (hallucinations/delusions)...He has had some agitation since his admission...agitation due to frustration..."</p> <p>There was a lack of documentation to indicate the resident's family had been consulted about the resident's past behaviors and communication problems and how the family were able to communicate with the resident.</p> <p>B) July 2013</p> <p>The resident's Nurses' Progress Notes indicated:</p> <p>07/03/13 at 05:48 a.m., the resident was refusing care, with three attempts and the resident swung his hands when staff approached. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/03/13 at 11:17 a.m.,the resident refused morning medications and would not allow staff to come close, waved hands and stated, "no" when approached. There was a lack of documentation to indicate the care</p> | | | |

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| | <p>plan interventions had been implemented.</p> <p>07/03/13 at 1:21 p.m., the resident refused lunch and when approached by staff he would wave his hands, yelling, "no" and was combative to staff. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/11/13 at 2:01 p.m., the resident refused to have his blood drawn for laboratory tests and was physically combative with the staff. The note indicated the resident had hit the lab personnel and was seen swinging and punching into the air and at staff with a closed fist when staff attempted to serve the lunch meal tray. The note indicated the staff attempted numerous different staff and the resident was combative with all staff. There was a lack of documentation to indicate any other interventions had been utilized.</p> <p>07/11/13 at 10:20 p.m., the resident was combative to writer when the writer attempted to give an insulin injection. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> | | | |

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| | <p>07/12/13 at 5:40 a.m., the resident was combative with care, was swinging hands with closed fists and yelling out, "no". The Behavior Monthly Flow Sheet indicated the staff completed one on one care for the resident and attempted to re-direct the resident and there was no change in the resident's behavior.</p> <p>The Behavior Monthly Flow Sheet, dated 07/13 indicated:</p> <p>07/06/13 the resident had one episode of rejecting care on day shift an 1:1 was given. There was a lack of documentation to indicate the outcome of the intervention. The form indicated the resident had three episodes of rejecting care on the evening shift, and 1:1 and redirection was given, with no change in the resident's behavior.</p> <p>07/07/13, the resident had "c" (continuous) behaviors of rejecting care on day shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions. The form indicated the resident had three episodes of rejecting care on night shift, 1:1 and redirection was given by the staff, with no change in the</p> | | | |
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| | <p>resident's behavior.</p> <p>07/08/13, the resident had, "c" behaviors of rejecting care on day shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>07/09/13, the resident had one episode of rejecting care and one episode of physical aggression on the evening shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>07/11/13, the resident had "c" behaviors of rejecting care and five episodes of physical aggression on day shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions. The resident had "c" behaviors of rejecting care and one episode of physical aggression on night shift and 1:1's and redirection was given with no change in behaviors.</p> <p>07/12/13, the resident had two episodes of rejecting care and "c" physical aggression on the night shift and 1:1's and redirection given with no change in the behavior.</p> | | | |

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| | <p>07/16/13, the resident had two episodes of rejecting care on the day shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>07/17/13, the resident had two episodes of rejecting care on the day shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>The Behavior Log, dated for 07/13 indicated:</p> <p>07/10/13, the resident had one episode of verbal abuse on the night shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>07/10/13, the resident had one episode of resisting care on the day shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>07/11/13, the resident had one episode of verbal abuse and one episode of resisting care on the day</p> | | | |

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| | <p>shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>07/18/13, the resident had one episode of resisting care on the day shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>07/31/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>The behavior tracking information for 07/13, indicated when care plan interventions were attempted on 07/06/13, 07/07/13, 07/11/13, and 07/12/13, the staff only utilized the one on one and redirection interventions, and the behaviors were unchanged. The care plan, which was initiated on 06/25/13 for rejection of care and verbal aggression and the care plan initiated on 07/03/13 for combativeness lacked documentation to indicate the care plan had been revised due to the interventions the staff were using were not effective.</p> | | | |

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| | <p>The ACU Social Service Progress Notes indicated:</p> <p>07/03/13, the resident rejected care, was difficult to redirect with 1:1(one on one care), re-approach, change in staff, environment, and fluids. The note indicated the resident's wife approved the resident to be seen by a Psychological Consult. The note indicated a care plan was in place and the nursing staff were to utilize the interventions as necessary.</p> <p>07/10/13, the resident continued to exhibit periods of agitation when he was rejecting care and nursing staff were to continue to utilize interventions as necessary.</p> <p>The Psychology Consult notes indicated:</p> <p>07/06/13-"Patient continues to have episodes of aggression and resistance to care..."</p> <p>07/08/13-"...since admission of 6/21/13 shows aggression w/ (with) staff and other residents. Makes fist when approached or speaks to him. Less aggressive when sit to speak to him as maintained at least a 3 ft (foot space from him)...agitated when approached an/or spoken to..."</p> | | | |
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| | <p>07/22/13-"...per unit manger (sic) no behaviors...Became agitated when I called his name x3 after no response. "Get away from me" with fistted hand..."</p> <p>There was a lack of documentation to indicate the staff had been informed and the resident's care plan had been revised to include to speak to the resident with at least three feet of space between them and the resident.</p> <p>C) August 2013</p> <p>The Behavior Monthly Flow Sheet, dated 08/13, indicated the resident had no behaviors of resisting care and/or combativeness.</p> <p>The Resident Behavior Log, dated 08/13, indicated:</p> <p>08/17/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>08/31/13, the resident had one episode of resisting care on the evening shift. There was a lack of</p> | | | |

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| | <p>documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>A Psychology Consult note, dated 8/3/13, indicated, "...Mutism, shakes head yes/no...May be delusional. Did punch a staff in the chest..."</p> <p>There were no Nurses' or Social Service Progress notes about the resident behaviors for August.</p> <p>D) September 2013</p> <p>The Resident Behavior Log, dated 09/13, indicated:</p> <p>09/14/13, The resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>09/28/13, The resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>During an interview on 11/05/13 at 10 a.m. the ACU (Alzheimer's Care Unit) Social Service Director indicated</p> | | | |

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| | <p>there was no Behavior Monthly Flow sheet for September 2013.</p> <p>E) October 2013</p> <p>A Behavior Monthly Flow sheet, dated 10/13, indicated:</p> <p>10/11/13, the resident had one episode of being, "uncooperative", 1:1 and redirection attempted and the interventions improved the behavior.</p> <p>10/20/13, the resident had one episode of physical aggression and one episode of being, "uncooperative", 1:1's and redirection interventions attempted and the behavior worsened.</p> <p>The Resident Behavior Log, dated 10/13, indicated:</p> <p>10/05/13, the resident had one episode of physical abuse on the day shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>10/16/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate what interventions were attempted and the</p> | | | | | | |

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| | <p>outcome of the interventions.</p> <p>10/19/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>10/26/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions.</p> <p>The ACU (Alzheimer's Care Unit) Social Service Progress Notes indicated:</p> <p>10/09/13, the resident exhibits the behavior of being physically aggressive with staff during care and is care planned for this behavior.</p> <p>10/17/13, the resident was on behavior monitoring for rejecting care and physical aggression with staff while rejecting care.</p> <p>There was a lack of documentation to indicate changes in the resident's plan of care with the continued behaviors and the interventions when attempted not effective.</p> | | | | |

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| | <p>During an interview on 11/05/13 at 10 a.m., the ACU Social Service Director indicated there were no documented interventions utilized and outcomes for several of the resident's behaviors. She indicated there were no assessments of the resident's history of behaviors or input from the resident's wife. She indicated they met with the resident's wife and gave her a, "psycho-social history" form to fill out, but the wife had not returned it to the facility. She indicated she only used the care tracker (Resident Behavior Log) and the log does not have documentation of what interventions are attempted. She indicated she had not care planned about the resident not liking people in his personal space and to sit and talk to the resident.</p> <p>2. Resident #119's record was reviewed on 11/04/13 at 10:15 a.m. The resident's diagnoses included, but were not limited to, atrial fibrillation, low potassium, dementia with behavioral disturbance, and congestive heart failure. The resident was re-admitted into the facility on 6/17/13.</p> <p>The 5-day Minimum Data Set Assessment (MDS), dated 06/24/13,</p> | | | |

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| | <p>indicated the resident had cognitive impairment.</p> <p>The resident's Medication Administration Record (MAR), dated 10/13, indicated the resident refused her morning medications on 10/05/13, 10/07/13, 10/08/13, 10/23/13, 10/24/13, 10/25/13, 10/26/13, 10/27/23, and 10/31/13.</p> <p>There was a lack of documentation in the resident's care plan to indicate the resident refused her medication.</p> <p>During an interview on 11/04/13 at 01:27 p.m., the ACU (Alzheimer's Care Unit) Social Service Director indicated she was not aware of the medication refusals, She indicated she reviewed the care tracker for behaviors but was unaware she was refusing medications.</p> <p>A facility policy, dated 2013, received from the Director of Nursing as current, titled, "Behavior Management Guideling", indicated, "...To develop behavior plans and medication regimes, when appropriate to optimize the functional abilities of resident's while monitoring for adverse side effects and improved behaviors...A resident's history of behaviors impacting functioning and</p> | | | | |

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| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE | STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410 |
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| | <p>any previous or current use of psychotropic medications are considered in the inquiry process...The Antecedent Behavior Monitoring Log is utilized for new residents with behaviors and current residents who exhibit new behaviors...the log is reviewed by the Behavior Committee members to identify patterns and causative or triggering events for the behavior(s) and effectiveness of interventions...Based on review of the tracking log, a determination will be made if the resident is a danger to self or others and if so, a plan of care is developed to ensure safety and determine if the center can meet the resident/patient's needs on an ongoing basis...A monitoring system is established for target behaviors, interventions and medication effectiveness..."</p> <p>3.1-34(a)</p> | | | |

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| F000278 SS=D | <p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>Based on record review and interview, the facility failed to ensure MDS (Minimum Data Set) assessments were accurate, related to behaviors, for 1 of 22 residents reviewed for MDS completion. (Resident #103)</p> | F000278 | F278 Assessment Accuracy What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident #103 inaccurate MDS unable to correct How other residents having the potential to be affected by the same deficient practice will be identified and what corrective | 12/05/2013 |

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| | <p>Findings include:</p> <p>Resident #103's record was review 11/05/13 at 8:46 a.m. The resident's diagnoses included, but were not limited to, dementia with behavioral disturbances and vascular dementia with delusions.</p> <p>The Admission Minimum Data Set (MDS) Assessment, dated 06/29/13, indicated the resident had verbal behaviors, one to three days and rejection of care, one to three days in the past seven days. The MDS assessment indicated the resident had no physical behavioral symptoms.</p> <p>A progress note, dated 6/22/13 at 2:14 p.m., indicated the resident became combative with staff and was attempting to swing and punch at the staff with a closed fist.</p> <p>The Quarterly MDS Assessment, dated 09/29/13, indicated the resident had physical behaviors for one to three days and the resident had not rejected care.</p> <p>The resident, "Behavior Log", dated 09/22/13 through 09/29/13, indicated the resident had resisted care on 09/28/13 on the evening shift.</p> | | <p>action(s) will be taken.All residents with behaviors have the potential to have inaccurate MDS completion. MDS will review the last 2 weeks worth of MDS' to ensure MDS' coded correctly. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.Social Services personnel will be re-educated on completion of MDS section E by the MDS Coordinator. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.Quarterly MDS Audit will be completed weekly for any MDS' completed to ensure behaviors have been coded accurately for 6 months. DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months. Date completed, Dec 5th, 2013</p> | | |

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| | <p>During an interview on 11/05/13 at 10 a.m., the ACU (Alzheimer's Care Unit) Social Service Director (SSD) indicated, the Admission MDS assessment and the Quarterly MDS assessment was incorrectly coded for physical behavior.</p> <p>3.1-31(d)(1) 3.1-31(e)</p> | | | |

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| F000279 SS=D | <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record review and interview, the facility failed to develop care plans, related to an individualized toileting plan and medication refusals for 2 of 22 residents reviewed for care plans. (Residents #96 and #119)</p> <p>Findings include:</p> <p>1. Resident #119's record was reviewed on 11/04/13 at 10:15 a.m. The resident's diagnoses included, but were not limited to, atrial fibrillation, low potassium, dementia</p> | F000279 | F279 Completion of Care plan What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident #96 a had bowel and bladder care plan reviewed and revised for personalization. Resident #119 had care plan developed for refusal of medications. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Residents with patterns of refusing medications have the potential to | 12/05/2013 | |

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| | <p>with behavioral disturbance, and congestive heart failure. The resident was re-admitted into the facility on 6/17/13.</p> <p>The 5-day Minimum Data Set Assessment (MDS), dated 06/24/13, indicated the resident had cognitive impairment.</p> <p>The resident's Medication Administration Record (MAR), dated 10/13, indicated the resident refused her morning medications on 10/05/13, 10/07/13, 10/08/13, 10/23/13, 10/24/13, 10/25/13, 10/26/13, 10/27/23, and 10/31/13.</p> <p>There was a lack of documentation in the resident's care plan to indicate the resident refused her medication.</p> <p>During an interview on 11/04/13 at 12:56 p.m., the ACU (Alzheimer's Care Unit) Social Service Director indicated the resident did not have a care plan for refusing her medications.</p> <p>2. Resident #96's record was reviewed on 11/5/13 at 3:10 p.m. The resident's diagnoses included, but were not limited to, hypertension and dementia. The resident had been admitted into the facility on 06/01/13.</p> | | <p>be affected by the alleged deficient practice. Will review the past two weeks of medication records to determine if any other residents have a pattern of medication refusals. Residents with patterns of medication refusals will have care plans revised/developed. Residents who are coded as occasionally or frequently incontinent of bladder have the potential to be affected by the alleged deficiency. Residents will have their care plans reviewed and care plans revised to include personalized toileting plans. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Social Services will be re-educated regarding care planning residents with patterns of medication refusals. Bladder Evaluation Form will be completed Initially to determine individualized plan of care. Bladder Evaluation form will be reviewed Quarterly to determine effectiveness of the current program. Nurses will be educated on Incontinence Management /Bladder Function Guideline. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Medication Refusal Audit will be completed 5x week x 4 weeks and then 2x week x 8 weeks and then weekly for a total</p> | | |

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| | <p>The resident's Admission Minimum Data Set Assessment (MDS), dated 06/09/13 indicated the resident had no urinary incontinence.</p> <p>A Significant Change MDS/ 5-Day Assessment, dated 07/20/13, indicated the resident was occasionally incontinent of urine (less than seven episodes of incontinence)</p> <p>The Admission Nursing Clinical Health Status Assessment, dated 06/01/13, indicated the resident was continent of urine.</p> <p>The Re-Admission Nursing Clinical Health Status Assessment, dated 07/13/13, lacked documentation to indicate an urinary incontinence assessment had been completed for the resident.</p> <p>A care plan (date unknown), indicated the resident was occasionally incontinent of bladder. The interventions included to encourage fluids, monitor and report changes in ability to toilet or continence status, monitor for signs and symptoms of a urinary tract infection, praise and encourage resident to be as interdependent as able, provide supervision assistance to toilet,</p> | | <p>of 6 months to ensure residents with refusals have care plan in place for refusals. Quarterly MDS Audit will be completed weekly for any recent MDS' completed to ensure Incontinence care plans include individualized toileting programs. DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months. Date Completed, Dec 5th, 2013</p> | | |

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| | <p>provide easy access to clothing, rehabilitation services per physicians orders, and use briefs/pads for incontinence.</p> <p>There was lack of documentation to indicate the resident was placed on a personalized toileting schedule.</p> <p>During an interview on 11/06/13 at 8:14 a.m., the MDS Nurse #1 indicated the resident was incontinent due to decreased mobility and was not care planned for a formal toileting program.</p> <p>3.1-35(a)</p> | | | |

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| F000280 SS=D | <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review and interview, the facility failed to update and revise care plans for residents, related to interventions for behaviors for 2 of 6 residents reviewed with behaviors. (Residents #103 and #119)</p> <p>Findings include:</p> <p>1. Resident #103's record was review 11/05/13 at 8:46 a.m. The resident's diagnoses included, but were not limited to, aphasia (no speech) due to a stroke, dementia with behavioral disturbances, and vascular dementia with delusions. The resident was</p> | F000280 | F280 Right to participate in planning CP What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Behavior care plans for resident 103 and 119 revised How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.Residents with behaviors have the potential to be affected by the alleged deficient practice. Behavior meeting will be held and residents with behaviors will be reviewed to determine care plans have appropriate behavioral interventions. What measures | 12/05/2013 | | | |

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| | <p>admitted into the facility on 06/21/13 from an acute care hospital.</p> <p>The resident's care plan indicated:</p> <p>6/25/13-Exhibits a history of rejection of care with a history of verbal aggression. The interventions dated 06/25/13, indicated 1:1 (one on one care), re-approach, change in staff and/or environment as necessary, psychological services as necessary, and utilize communication board.</p> <p>07/03/13-Exhibits a history of being combative with staff, verbally aggressive and rejecting care. The interventions, dated 07/03/13, indicated 1:1, re-approach, change in staff and/or environment as necessary, allow resident to calm down then approach him again, utilize communication cards in his room when needed, praise resident for his efforts, Psychological consults as needed, Psychological medications as ordered, and tell the resident what you are wanting to do before you do it.</p> <p>07/24/13 and 08/09/13-Impaired communication due to aphasia, related to a stroke. The interventions, dated 07/24/13 and 08/09/13, indicated allow calm unhurried</p> | | <p>will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Licensed staff and social services will be educated on the Behavior Management Guideline. Behavior Management Committee meetings will be initiated. Residents with new or worsening behaviors will be discussed on a weekly basis. All residents with behaviors will be discussed by the Committee on a monthly basis. Behavior meeting will include review of psychologist and psychiatrist notes to ensure staff are informed of interventions and care plans are updated.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Behavior Meeting audit will be completed weekly x 8 weeks and then monthly for a total of 6 months. DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months. Date completed, Dec 5th, 2013</p> | | |

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| | <p>environment to encourage communication, anticipate patient needs, encourage to verbalize needs (resident is non-verbal), listen carefully, validate verbal and non-verbal expressions, maintain eye contact if possible, observe for ability to make needs known and report significant findings, provide for a quiet setting, speak at appropriate volume to facilitate patient hearing, and use simple and direct communication to promote understanding, answer questions as needed and repeat as necessary (marked as resolved on 10/16/13) , and consistent staff to work with patient (also marked as resolved on 10/16/13).</p> <p>The Behavior Monthly Flow Sheet indicated:</p> <p>07/06/13 the resident had one episode of rejecting care on day shift an 1:1 was given. There was a lack of documentation to indicate the outcome of the intervention. The form indicated the resident had three episodes of rejecting care on the evening shift, and 1:1 and redirection was given, with no change in the resident's behavior.</p> <p>07/11/13, the resident had "c" behaviors of rejecting care and five</p> | | | |

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| | <p>episodes of physical aggression on day shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions. The resident had "c" behaviors of rejecting care and one episode of physical aggression on night shift and 1:1's and redirection was given with no change in behaviors.</p> <p>07/12/13, the resident had two episodes of rejecting care and "c" physical aggression on the night shift and 1:1's and redirection given with no change in the behavior.</p> <p>The behavior tracking information for 07/13, indicated when care plan interventions were attempted on 07/06/13, 07/07/13, 07/11/13, 07/12/13, and 10/20/13 the staff only utilized the one on one and redirection interventions, and the behaviors were unchanged. There was a lack of documentation to indicate the care plan had been revised due to the interventions the staff were using were not effective.</p> <p>The Psychology Consult note indicated, 07/08/13-"...since admission of 6/21/13 shows aggression w/ (with) staff and other residents. Makes fist when</p> | | | |

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| | <p>approached or speaks to him. Less aggressive when sit to speak to him as maintained at least a 3 ft (foot space from him)...agitated when approached an/or spoken to..."</p> <p>There was a lack of documentation to indicate the staff had been informed and the resident's care plan had been revised to include to speak to the resident with at least three feet of space between the staff and the resident.</p> <p>During an interview on 11/05/13 at 10 a.m., the ACU Social Service Director indicated she had not revised the behavior and communication care plans about the resident not liking people in his personal space and to sit and talk to the resident.</p> <p>2. Resident #119's record was reviewed on 11/04/13 at 10:15 a.m. The resident's diagnoses included, but were not limited to, atrial fibrillation, low potassium, dementia with behavioral disturbance, and congestive heart failure. The resident admitted into the facility on 04/18/13 and was re-admitted into the on 6/17/13.</p> <p>A care plan, dated 05/21/13, indicated the resident's behavior was refusing</p> | | | | |

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| | <p>to eat her breakfast.</p> <p>The Social Service Progress notes indicated: 07/04/13, "...exhibits a history of rejecting care..." 07/12/13, "...exhibits the behavior indicator of rejecting care over the last days..." 07/18/13, "...exhibits a hx (history) of rejecting care..." 10/11/13, "...exhibits the behavior indicator of rejecting care to taking her shower over the last 7 days..."</p> <p>During an interview on 11/04/13 at 12:56 p.m., the ACU Social Service Director indicated the only care plan she had for rejection of care was her refusing breakfast.</p> <p>3.1-35(c)(1)</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 record review and interview, the facility failed to follow residents' care plan and physician's orders, related to behaviors and medications for 1 of 6 residents reviewed for behaviors (Resident #103) and 1of 5 residents reviewed for unnecessary medications (Resident #119).</p> <p>Findings include:</p> <p>1. Resident #103's record was review 11/05/13 at 8:46 a.m. The resident's diagnoses included, but were not limited to, aphasia (no speech) due to a stroke, dementia with behavioral disturbances and vascular dementia with delusions. The resident was admitted into the facility on 06/21/13 from an acute care hospital.</p> <p>The resident's care plan indicated:</p> <p>6/25/13-Exhibits a history of rejection of care with a history of verbal aggression. The interventions dated 06/25/13, indicated 1:1 (one on one care), re-approach, change in staff</p> | F000282 | F282 Services by Qualified persons per Care plan What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Unable to correct the alleged deficiency for resident #103 and #119 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.Residents on ACU will have their medication records reviewed to identify any resident with medication refusals greater than 2 consecutive doses. Residents will be assessed to ensure resident's are not experiencing any adverse reactions. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.Re-educate nurses on Behavior management guideline focusing on documenting behavioral interventions utilized. Re-Educate nurses that refusal of medications require documentation of attempts to medicate resident and documentation of assessment per care plan interventions to ensure resident is not exhibiting adverse | 12/05/2013 | | | |

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| | <p>and/or environment as necessary, psychological services as necessary, and utilize communication board.</p> <p>07/03/13-Exhibits a history of being combative with staff, verbally aggressive and rejecting care. The interventions, dated 07/03/13, indicated 1:1, re-approach, change in staff and/or environment as necessary, allow resident to calm down then approach him again, utilize communication cards in his room when needed, praise resident for his efforts, Psychological consults as needed, Psychological medications as ordered, and tell the resident what you are wanting to do before you do it.</p> <p>07/24/13 and 08/09/13-Impaired communication due to aphasia, related to a stroke. The interventions, dated 07/24/13 and 08/09/13, indicated allow calm unhurried environment to encourage communication, anticipate patient needs, encourage to verbalize needs (resident is non-verbal), listen carefully, validate verbal and non-verbal expressions, maintain eye contact if possible, observe for ability to make needs known and report significant findings, provide for a quiet setting, speak at appropriate volume</p> | | <p>reactions. Behavior Management Committee meetings will be initiated. Residents with new or worsening behaviors will be discussed on a weekly basis. All residents with behaviors will be discussed by the Committee on a monthly basis. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Medication Refusal Audit will be completed 5x week x 4 weeks and then 2x week x 8 weeks and then weekly for a total of 6 months to ensure residents who refuse medications have cp interventions followed.</p> <p>Behavior Team audit will be completed weekly x 8 weeks and then monthly for a total of 6 months to ensure residents with behaviors have care plan interventions utilized. DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months. Date Completed, Dec 5th, 2013</p> | | |

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| | <p>to facilitate patient hearing, and use simple and direct communication to promote understanding, answer questions as needed and repeat as necessary (marked as resolved on 10/16/13) , and consistent staff to work with patient (also marked as resolved on 10/16/13).</p> <p>The resident's Nurses' Progress Notes indicated:</p> <p>07/03/13 at 05:48 a.m., the resident was refusing care, with three attempts and the resident swung his hands when staff approached. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/03/13 at 11:17 a.m.,the resident refused morning medications and would not allow staff to come close, waved hands and stated, "no" when approached. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/03/13 at 1:21 p.m., the resident refused lunch and when approached by staff he would wave his hands, yelling, "no" and was combative to staff. There was a lack of documentation to indicate the care</p> | | | | | | |

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| | <p>plan interventions had been implemented.</p> <p>07/11/13 at 2:01 p.m., the resident refused to have his blood drawn for laboratory tests and was physically combative with the staff. The note indicated the resident had hit the lab personal and was seen swinging and punching into the air and at staff with a closed fist when staff attempted to serve the lunch meal tray. The note indicated the staff attempted numerous different staff and the resident was combative with all staff. There was a lack of documentation to indicate any other interventions had been utilized.</p> <p>07/11/13 at 10:20 p.m., the resident was combative to writer when the writer attempted to give an insulin injection. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>The Behavior Monthly Flow Sheet, dated 07/13 indicated:</p> <p>07/06/13 the resident had one episode of rejecting care on day shift an 1:1 was given. There was a lack of documentation to indicate the outcome of the intervention. The form</p> | | | |

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| | <p>indicated the resident had three episodes of rejecting care on the evening shift, and 1:1 and redirection was given, with no change in the resident's behavior. There was a lack of documentation to indicate any other interventions had been utilized.</p> <p>07/07/13, the resident had "c" (continuous) behaviors of rejecting care on day shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions. The form indicated the resident had three episodes of rejecting care on night shift, 1:1 and redirection was given by the staff, with no change in the resident's behavior. There was a lack of documentation to indicate any other interventions had been utilized.</p> <p>07/08/13, the resident had, "c" behaviors of rejecting care on day shift, there was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/09/13, the resident had one episode of rejecting care and one episode of physical aggression on the evening shift, there was a lack of documentation to indicate the care plan interventions had been</p> | | | |

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| | <p>implemented.</p> <p>07/11/13, the resident had "c" behaviors of rejecting care and five episodes of physical aggression on day shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions. The resident had "c" behaviors of rejecting care and one episode of physical aggression on night shift and 1:1's and redirection was given with no change in behaviors. There was a lack of documentation to indicate any other care plan interventions had been utilized.</p> <p>07/12/13, the resident had two episodes of rejecting care and "c" physical aggression on the night shift and 1:1's and redirection given with no change in the behavior. There was a lack of documentation to indicate any other care plan interventions had been utilized.</p> <p>07/16/13, the resident had two episodes of rejecting care on the day shift, there was a lack of documentation to indicate care plan interventions were implemented.</p> <p>07/17/13, the resident had two episodes of rejecting care on the day</p> | | | |

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| | <p>shift, there was a lack of documentation to indicate care plan interventions were implemented</p> <p>The Behavior Log, dated for 07/13 indicated:</p> <p>07/10/13, the resident had one episode of verbal abuse on the night shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/10/13, the resident had one episode of resisting care on the day shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/11/13, the resident had one episode of verbal abuse and one episode of resisting care on the day shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/18/13, the resident had one episode of resisting care on the day shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> | | | | | | |

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| | <p>07/31/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>The Resident Behavior Log, dated 08/13, indicated:</p> <p>08/17/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>08/31/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>The Resident Behavior Log, dated 09/13, indicated:</p> <p>09/14/13, resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> | | | |

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| | <p>09/28/13, resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>A Behavior Monthly Flow sheet, dated 10/13, indicated:</p> <p>10/20/13, the resident had one episode of physical aggression and one episode of being, "uncooperative", 1:1's and redirection interventions attempted and the behavior worsened. There was a lack of documentation to indicate other interventions on the care plan were implemented.</p> <p>The Resident Behavior Log, dated 10/13, indicated:</p> <p>10/05/13, the resident had one episode of physical abuse on the day shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>10/16/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> | | | |

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| | <p>10/19/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>10/26/13, the resident had one episode of resisting care on the evening shift. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>During an interview on 11/05/13 at 10 a.m., the ACU Social Service Director indicated there were no documented interventions utilized and outcomes for several of the resident's behaviors.</p> <p>2. Resident #119's record was reviewed on 11/04/13 at 10:15 a.m. The resident's diagnoses included, but were not limited to, atrial fibrillation, low potassium, dementia with behavioral disturbance, and congestive heart failure. The resident was re-admitted into the facility on 6/17/13.</p> <p>The resident's Medication Administration Record (MAR), dated 10/13, indicated the resident refused her morning medications on 10/05/13,</p> | | | |
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| | <p>10/07/13, 10/08/13, 10/23/13. 10/24/13, 10/25/13, 10/26/13, 10/27/23, and 10/31/13.</p> <p>The 10/13 MAR indicated the resident refused the following medications: Digoxin (heart medication) 0.125 mg (milligram) daily Aldactone (diuretic for congestive heart failure) 25 mg daily Aspirin 325 mg daily Calcium-Vitamin D 600-200 mg daily Lexapro (anti-depressant) 10 mg daily Risperdal (anti-psychotic) 0.25 mg daily Multaq (heart medication) 400 mg twice a day Potassium Chloride 20 milliequivalents twice daily Cardizem (heart medication) 60 mg four times a day</p> <p>A care plan, revised on 07/24/13, indicated the resident was at risk for impaired cardiovascular status related to congestive heart failure, cardiac dysrhythmia's and history of uncontrolled atrial fibrillation. The interventions included, assess breath sounds as necessary, assess for productive/nonproductive cough and shortness of breath.</p> <p>A care plan, initiated on 08/01/13, indicated the resident had a potential</p> | | | | | | |

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| | <p>for alteration in hydration related to diuretic use and congestive heart failure. The interventions included, check vital signs and auscultate breath sounds as needed.</p> <p>There was a lack of documentation in the resident's record and MAR to indicate the resident's blood pressure, pulse, lung sounds, edema was assessed for possible adverse reactions due to refusing to take the medication as ordered.</p> <p>There was a lack of documentation to indicate the nurses' made further attempts to encourage the resident to take the medications or other interventions to encourage the resident to take her medications.</p> <p>During an interview on 11/04/13 at 12:56 p.m., the ACU Unit Manager indicated she could not find assessments on the resident.</p> <p>3.1-37(a)</p> | | | |

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| F000309 SS=D | <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to provide the necessary care and services to attain or maintain the highest practicable psychosocial well-being related to behaviors and implementing interventions in accordance with the residents' needs for 2 of 6 residents reviewed with behaviors. (Residents #103 and #119)</p> <p>Findings include:</p> <p>1. Resident #103's record was review 11/05/13 at 8:46 a.m. The resident's diagnoses included, but were not limited to, aphasia (no speech) due to a stroke, dementia with behavioral disturbances and vascular dementia with delusions. The resident was admitted into the facility on 06/21/13 from an acute care hospital.</p> <p>The resident's care plan indicated:</p> <p>6/25/13-Exhibits a history of rejection</p> | F000309 | <p>F309 Care and Services for highest well being What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Unable to correct the alleged deficient practice for resident 103 and 119. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Residents who utilize psych services have the potential to be affected by the deficient practice. Will review the most recent psych notes for residents on case load to ensure staff are informed of recommendations and care plans are updated. Residents with patterns of refusing medications have the potential to be affected by the alleged deficient practice. Will review the past two weeks of medication records to identify patterns of refusals. Residents identified with patterns of refusals will have assessments completed to ensure residents do not have any adverse reactions related to refusal. What measures will be</p> | 12/05/2013 | |

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| | <p>of care with a history of verbal aggression. The interventions dated 06/25/13, indicated 1:1 (one on one care), re-approach, change in staff and/or environment as necessary, psychological services as necessary, and utilize communication board.</p> <p>07/03/13-Exhibits a history of being combative with staff, verbally aggressive and rejecting care. The interventions, dated 07/03/13, indicated 1:1, re-approach, change in staff and/or environment as necessary, allow resident to calm down then approach him again, utilize communication cards in his room when needed, praise resident for his efforts, Psychological consults as needed, Psychological medications as ordered, and tell the resident what you are wanting to do before you do it.</p> <p>07/24/13 and 08/09/13-Impaired communication due to aphasia, related to a stroke. The interventions, dated 07/24/13 and 08/09/13, indicated allow calm unhurried environment to encourage communication, anticipate patient needs, encourage to verbalize needs (resident is non-verbal), listen carefully, validate verbal and non-verbal expressions, maintain eye</p> | | <p>put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Re-Educate nurses that refusal of medications require documentation of assessment and care plan interventions to ensure residents are not experiencing adverse reactions. Re-educate IDT that behavior meeting must include review of psych services notes/recommendations. Behavior meeting will be initiated. All residents with behaviors will be discussed with IDT on a monthly basis. IDT will be educated to review psych notes to ensure interventions are communicated to staff and care plans are updated. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Medication Refusal Audit will be completed 5x week x 4 weeks and then 2x week x 4 weeks and then weekly for a total of 6 months to ensure residents with medication refusals are assessed for adverse reactions. Behavior Team audit will be completed weekly x 8 weeks and then monthly for a total of 6 months. DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months. Date Completed, Dec 5th, 2013</p> | |

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| | <p>contact if possible, observe for ability to make needs known and report significant findings, provide for a quiet setting, speak at appropriate volume to facilitate patient hearing, and use simple and direct communication to promote understanding, answer questions as needed and repeat as necessary (marked as resolved on 10/16/13) , and consistent staff to work with patient (also marked as resolved on 10/16/13).</p> <p>A Nurses' Progress note, dated 06/22/13 at 2:14 p.m., indicated the resident became combative with staff and was attempting to swing and punch at the staff with a closed fist, speech was garbled and was unable to make needs known. The note lacked documentation to indicated what caused the behaviors, what interventions were attempted, and the outcome of the interventions.</p> <p>A Nurses' Progress note, dated 06/24/13 at 4:02 a.m., indicated the resident was unable to voice needs</p> <p>A Nurses' Progress note, dated 06/24/13 at 3:01 p.m., indicated the resident was unable to voice needs to the staff.</p> <p>A Nurses' Progress note, dated</p> | | | |

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| | <p>06/27/13 at 3:46 p.m., indicated the resident had aphasia and can not make a decisions related to aphasia.</p> <p>The Behavior log, dated 6/22/13 through 06/30/13, indicated the resident had one episode of verbal abuse (06/23/13 on evenings), and three episodes of resisting care (twice on 06/22/13 on evenings and once on evenings on 06/23/13). The form lacked documentation to indicated what caused the behaviors, what interventions were attempted, and the outcome of the interventions.</p> <p>The ACU (Alzheimer's Care Unit) Social Service Progress Notes indicated:</p> <p>06/24/13, the resident becomes easily frustrated when he cannot communicate his needs to staff due to his expressive aphasia and becomes agitated when asked questions.</p> <p>A care plan for the resident's communication problem and interventions were not initiated until 07/24/13, a month after this note.</p> <p>06/27/13, the resident had expressive aphasia, could not read nor write, became easily agitated, yelled no and</p> | | | |

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| | <p>walked away during the cognition assessment and mood interview. The note indicated the resident was, "short tempered or easily annoyed" on 06/22/13 and was swinging at staff and had rejected care three times and was verbally aggressive with the staff.</p> <p>A care plan for the resident's combativeness problem and interventions were not initiated until 07/03/13.</p> <p>A Psychology Note, dated 06/26/13, indicated, "speech non-verbal...some agitation noted due to aphasia & limited communication. Still it is difficult to determine whether he is experiencing any halluc/delu (hallucinations/delusions)...He has had some agitation since his admission...agitation due to frustration..."</p> <p>A Psychology Consult note indicated, 07/08/13-"...since admission of 6/21/13 shows aggression w/ (with) staff and other residents. Makes fist when approached or speaks to him. Less aggressive when sit to speak to him as maintained at least a 3 ft (foot space from him)...agitated when approached an/or spoken to..."</p> <p>There was a lack of documentation to</p> | | | | | | |

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| | <p>indicate the staff had been informed and the resident's care plan had been revised to include to speak to the resident with at least three feet of space between them and the resident.</p> <p>There was a lack of documentation the resident's family had been consulted about past behavior and communication problems and how the family were able to communicate with the resident.</p> <p>The resident's Nurses' Progress Notes indicated:</p> <p>07/03/13 at 05:48 a.m., the resident was refusing care, with three attempts and the resident swung his hands when staff approached. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/03/13 at 11:17 a.m.,the resident refused morning medications and would not allow staff to come close, waved hands and stated, "no" when approached. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/03/13 at 1:21 p.m., the resident</p> | | | | |

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| | <p>refused lunch and when approached by staff he would wave his hands, yelling, "no" and was combative to staff. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/11/13 at 2:01 p.m., the resident refused to have his blood drawn for laboratory tests and was physically combative with the staff. The note indicated the resident had hit the lab personal and was seen swinging and punching into the air and at staff with a closed fist when staff attempted to serve the lunch meal tray. The note indicated the staff attempted numerous different staff and the resident was combative with all staff. There was a lack of documentation to indicate any other interventions had been utilized.</p> <p>07/11/13 at 10:20 p.m., the resident was combative to writer when the writer attempted to give an insulin injection. There was a lack of documentation to indicate the care plan interventions had been implemented.</p> <p>07/12/13 at 5:40 a.m., the resident was combative with care, was swinging hands with closed fists and</p> | | | | |

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| | <p>yelling out, "no". The Behavior Monthly Flow Sheet indicated the staff completed one on one care for the resident and attempted to re-direct the resident and there was no change in the resident's behavior. There was a lack of documentation to indicate other care plan interventions had been implemented.</p> <p>The Behavior Monthly Flow Sheet, dated 07/13 indicated:</p> <p>07/07/13, the resident had "c" (continuous) behaviors of rejecting care on day shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions. The form indicated the resident had three episodes of rejecting care on night shift, 1:1 and redirection was given by the staff, with no change in the resident's behavior. There was a lack of documentation to indicate other care plan interventions had been implemented.</p> <p>07/08/13, the resident had, "c" behaviors of rejecting care on day shift, there was a lack of documentation to indicate care plan interventions were implemented.</p> <p>07/09/13, the resident had one</p> | | | |

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| | <p>episode of rejecting care and one episode of physical aggression on the evening shift, there was a lack of documentation to indicate care plan interventions were implemented.</p> <p>07/11/13, the resident had "c" behaviors of rejecting care and five episodes of physical aggression on day shift, there was a lack of documentation to indicate what interventions were attempted and the outcome of the interventions. The resident had "c" behaviors of rejecting care and one episode of physical aggression on night shift and 1:1's and redirection was given with no change in behaviors. There was a lack of documentation to indicate other care plan interventions were implemented.</p> <p>07/12/13, the resident had two episodes of rejecting care and "c" physical aggression on the night shift and 1:1's and redirection given with no change in the behavior. There was a lack of documentation to indicate other care plan interventions were implemented.</p> <p>07/16/13, the resident had two episodes of rejecting care on the day shift, there was a lack of documentation to indicate care plan</p> | | | |

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| | <p>interventions were implemented.</p> <p>07/17/13, the resident had two episodes of rejecting care on the day shift, there was a lack of documentation to indicate care plan interventions had been implemented.</p> <p>The behavior tracking information for 07/13, indicated when care plan interventions were attempted on 07/06/13, 07/07/13, 07/11/13, and 07/12/13, the staff only utilized the one on one and redirection interventions, and the behaviors were unchanged.</p> <p>The Behavior Log, dated for 07/13 indicated the resident had the behavior of verbal abuse on 07/10/13 and 07/11/13 and resistance of care on 07/10/13, 07/18/13, and 07/31/13. There was a lack of documentation to indicate the care plan interventions were implemented.</p> <p>The Behavior Monthly Flow Sheet, dated 08/13, indicated the resident had no behaviors of resisting care and/or combativeness.</p> <p>The Resident Behavior Log, dated 08/13, indicated the resident had an episode of resisting care on 08/17/13 and 08/31/13. There was a lack of</p> | | | |

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| | <p>documentation to indicate the care plan interventions had been implemented for the behaviors.</p> <p>The Resident Behavior Log, dated 09/13, indicated the resident resisted care on 09/14/13 and 09/28/13. There was a lack of documentation to indicate the resident's care plan interventions had been implemented.</p> <p>During an interview on 11/05/13 at 10 a.m. the ACU (Alzheimer's Care Unit) Social Service Director indicated there was no Behavior Monthly Flow sheet for September 2013.</p> <p>A Behavior Monthly Flow sheet, dated 10/13, indicated:</p> <p>10/20/13, the resident had one episode of physical aggression and one episode of being, "uncooperative", 1:1's and redirection interventions attempted and the behavior worsened. There was a lack of documentation to indicate other care plan interventions had been implemented.</p> <p>The Resident Behavior Log, dated 10/13, indicated the resident had an episode of physical abuse on 10/05/13 and had resisted care on 10/16/13, 10/19/13, and 10/26/13.</p> | | | |

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| | <p>There was a lack of documentation to indicate the resident's care plan interventions had been implemented.</p> <p>There was a lack of documentation to indicate changes in the resident's plan of care with the continued behaviors and the interventions when attempted not effective.</p> <p>During an interview on 11/05/13 at 10 a.m., the ACU Social Service Director indicated there were no documented interventions utilized and outcomes for several of the resident's behaviors. She indicated there were no assessments of the resident's history of behaviors or input from the resident's wife. She indicated they met with the resident's wife and gave her a, "psycho-social history" form to fill out, but the wife had not returned it to the facility. She indicated she only used the care tracker (Resident Behavior Log) and the log does not have documentation of what interventions are attempted. She indicated she had not care planned about the resident not liking people in his personal space and to sit and talk to the resident.</p> <p>A facility policy, dated 2013, received as current from the Director of Nursing, titled, "Behavior</p> | | | |

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| | <p>Management Guideline", indicated, "...Assessment/Care Planning. Antipsychotic drug use is evaluated by the prescriber and the behavior management team within 7 days...Licensed nursing staff completes the Plan of Care following identification of antipsychotic medication usage or behavioral concerns...The Antecedent Behavior Monitoring Log is utilized for new resident with behaviors and current residents who exhibit new behaviors that negatively impact functioning or quality of life. The log is reviewed by the Behavior Committee members to identify patterns and causative or triggering events for the behavior(s) and effectiveness of interventions..."</p> <p>2. Resident #119's record was reviewed on 11/04/13 at 10:15 a.m. The resident's diagnoses included, but were not limited to, atrial fibrillation, low potassium, dementia with behavioral disturbance, and congestive heart failure. The resident was re-admitted into the facility on 6/17/13.</p> <p>The 5-day Minimum Data Set Assessment (MDS), dated 06/24/13, indicated the resident had cognitive impairment.</p> | | | | |

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| | <p>The resident's Medication Administration Record (MAR), dated 10/13, indicated the resident refused her morning medications on 10/05/13, 10/07/13, 10/08/13, 10/23/13, 10/24/13, 10/25/13, 10/26/13, 10/27/23, and 10/31/13.</p> <p>The 10/13 MAR indicated the resident refused the following medications: Digoxin (heart medication) 0.125 mg (milligram) daily Aldactone (diuretic for congestive heart failure) 25 mg daily Aspirin 325 mg daily Calcium-Vitamin D 600-200 mg daily Lexapro (anti-depressant) 10 mg daily Risperdal (anti-psychotic) 0.25 mg daily Multaq (heart medication) 400 mg twice a day Potassium Chloride 20 milliequivalents twice daily Cardizem (heart medication) 60 mg four times a day</p> <p>A care plan, revised on 07/24/13, indicated the resident was at risk for impaired cardiovascular status related to congestive heart failure, cardiac dysrhythmia's and history of uncontrolled atrial fibrillation. The interventions included, assess breath sounds as necessary, assess for productive/nonproductive cough and</p> | | | | | | |

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| | <p>shortness of breath.</p> <p>A care plan, initiated on 08/01/13, indicated the resident had a potential for alteration in hydration related to diuretic use and congestive heart failure. The interventions included, check vital signs and auscultate breath sounds as needed.</p> <p>There was a lack of documentation in the resident's record and MAR to indicate the resident's blood pressure, pulse, lung sounds, edema was assessed for possible adverse reactions due to refusing to take the medication as ordered.</p> <p>There was a lack of documentation to indicate the nurses' made further attempts to encourage the resident to take the medications or other interventions to encourage the resident to take her medications.</p> <p>During an interview on 11/04/13 at 12:56 p.m., the ACU Unit Manager indicated she could not find documentation to indicate what interventions were attempted when the resident refused her medications. She indicated she could not find assessments on the resident. She indicated the resident's physician had not been notified. She indicated</p> | | | |
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| | <p>there had been no follow-up on the resident refusals of the medication.</p> <p>3.1-37(a)</p> | | | |

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| F000315 SS=D | <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based observation, interview, and record review, the facility failed to thoroughly assess a resident's increase in urinary incontinency and potential causes for the increase of incontinence and for the need of an individual toileting program, for 1 of 3 residents reviewed for urinary incontinency. (Resident #96)</p> <p>Findings include:</p> <p>During an observation on 11/6/13 at 9:50 a.m., CNA #1 assisted Resident #96 to the bathroom. CNA #1 indicated Resident #96's incontinence brief was, "a little wet".</p> <p>Resident #96's record was reviewed on 11/5/13 at 3:10 p.m. The resident's diagnoses included, but were not limited to, hypertension and dementia. The resident had been</p> | F000315 | F315 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident #96 had a bladder assessment completed and an individualized toileting plan has been developed. Resident has also been evaluated by Occupational Therapy and is being treated for urinary incontinence program. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Residents who are incontinent have the potential to be affected by the alleged deficient practice. Will review residents most recent MDS to determine if any decline has occurred. Any residents noted with a decline will have bladder assessment completed and plan of care updated. What measures will be put into place or what systemic changes will be | 12/05/2013 | | | |

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| | <p>admitted into the facility on 06/01/13.</p> <p>The resident had been admitted into the hospital from the facility on 07/09/13 with a diagnoses of hypertension and exacerbation of congestive heart failure. The resident returned to the facility on 07/13/13.</p> <p>The resident's Admission Minimum Data Set Assessment (MDS), dated 06/09/13 indicated the resident had no urinary incontinence.</p> <p>A Significant Change MDS/ 5-Day Assessment, dated 07/20/13, indicated the resident was occasionally incontinent of urine (less than seven episodes of incontinence)</p> <p>The Admission Nursing Clinical Health Status Assessment, dated 06/01/13, indicated the resident was continent of urine.</p> <p>The Re-Admission Nursing Clinical Health Status Assessment, dated 07/13/13, lacked documentation to indicate an urinary incontinence assessment had been completed for the resident.</p> <p>A care plan (date unknown), indicated the resident was occasionally incontinent of bladder. The</p> | | <p>made to ensure that the deficient practice does not recur. Nursing staff will be educated regarding Incontinence Management / Bladder Function Guideline Bladder Evaluation form will be completed with initial MDS and reviewed Quarterly to evaluate the effectiveness of the current plan of care How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Quarterly MDS Audit will be completed weekly for any recent MDS' completed to ensure Bladder Evaluation Form was completed and reviewed for continued effectiveness. Audit will be completed for a minimum of 6 months. DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months. Date Completed, Dec 5th, 2013</p> | | |

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| | <p>interventions included to encourage fluids, monitor and report changes in ability to toilet or continence status, monitor for signs and symptoms of a urinary tract infection, praise and encourage resident to be as interdependent as able, provide supervision assistance to toilet, provide easy access to clothing, rehabilitation services per physicians orders, and use briefs/pads for incontinence.</p> <p>There was lack of documentation to indicate the resident was placed on a personalized toileting schedule.</p> <p>The Resident continence by Shift Report indicated the resident had four incontinence episodes from 7/22/13 to 7/31/13, had nine episodes of incontinency on night shift and one on day shift in August 2013, Had 11 incontinent episodes on night shift, one on day shift and one on evening in September 2013, and two incontinent episodes on day shift and seven on night shift in October 2013.</p> <p>During an interview on 11/5/13 at 3:54 p.m., CNA #2 indicated the resident was continent of urine when she takes care of her. She indicated the resident would tell her when she needed to use the bathroom.</p> | | | |

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| | <p>During an interview on 11/06/13 at 8:14 a.m., the MDS Nurse #1 indicated there was not a bladder assessment completed upon return from the hospital on 07/13/13. She indicated the resident was incontinent due to decreased mobility and was not care planned for a formal toileting program. She indicated there were no assessments to indicate the resident's voiding pattern.</p> <p>During an interview on 11/06/13 at 8:47 a.m., CNA #1 indicated the resident would tell her when she needed to use the bathroom.</p> <p>A facility policy, dated 2013, received as current from MDS Nurse #1, titled, "Incontinence Management/Bladder Function Guideline", indicated, "...Upon admission (if the resident has a history of incontinence) complete the Bowel and Bladder Tracking Tool. Completed to identify any trends or patterns that the resident may have in relation to incontinence. 3 Full days completed...Complete the Bladder Evaluation Form and the Bowel Evaluation Form. obtaining admission information regarding urinary continence status. Identifying the signs and symptoms of urinary and</p> | | | |

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| | <p>bowel incontinence. Identifying potentially reversible...causes of urinary incontinence...identification of contributing diagnosis/medical condition. Identification of medications that may be contributing to bladder dysfunction...Depiction of the incontinence symptoms that the resident is presenting with: stress, urge, mixed, overflow and functional. Upon completion of this evaluation as well as the Tracking Tool, the toileting/bladder program can be determined. A note to summarize the findings is written..."</p> <p>3.1-41(a)(2)</p> | | | |

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| F000329 SS=D | <p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure a resident was free of an unnecessary medication, related to risperidone (anti-psychotic) usage without indications for usage, for 1 of 5 residents reviewed for unnecessary medications. (Resident #119)</p> <p>Findings include:</p> <p>Resident #119's record was reviewed on 11/04/13 at 10:15 a.m. The</p> | F000329 | F329 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Reviewed psychotropic medication for resident #119 with MD and psych services. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Residents with antipsychotic medication use have the potential to be affected by the alleged deficiency. Behavior meeting will be held and | 12/05/2013 |
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| | <p>resident's diagnoses included, but were not limited to, atrial fibrillation, low potassium, dementia with behavioral disturbance, and congestive heart failure. The resident admitted into the facility on 04/18/13 and was re-admitted into the on 6/17/13.</p> <p>The resident resided on the ACU (Alzheimer's Care Unit)</p> <p>The Physician's Recapitulation Orders, dated 11/13 indicated an order, dated 04/08/13, for risperidone 0.25 milligrams (mg), once daily for dementia, unspecified, with behavioral disturbance.</p> <p>The 5-day, Minimum Data Set (MDS) Assessment, dated 6/24/13, indicated the resident had cognitive impairment, rejected care one to three days, and received an anti-psychotic daily for the past seven days.</p> <p>The Quarterly MDS Assessment, dated 10/13/13, indicated the resident had cognitive impairment, rejected care one to three days, and received an anti-psychotic daily for the past seven days.</p> <p>A care plan, dated 05/21/13, indicated the resident's behavior was refusing</p> | | <p>residents with antipsychotic will be reviewed to determine appropriate indication for use. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.Re-educate IDT regarding Behavior Management GuidelineBehavior meeting will be initiated on a weekly basis to ensure residents with new antipsychotic medication orders are reviewed for appropriate indication. All residents with antipsychotic medication use will be discussed with IDT on a monthly basis to review for continued indication for use.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.Behavior Committee audit will be completed weekly x 8 weeks and then monthly for a total of 6 months. DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months. Date Completed, Dec 5th, 2013</p> | | |

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| | <p>to eat her breakfast.</p> <p>A care plan, dated 04/17/13, indicated the resident made statements of , "I'll just die here, my daughter brought me here to die"</p> <p>A care plan, dated 04/24/13, indicated the resident exhibits a history of wandering.</p> <p>The Behavior Monthly Flow Sheet, dated 05/13, indicated the resident had increased anxiety on May 9, 10, 26, 27, and 30, 2013, had no rejection of showers, and had verbal aggression on May 26, 17, and 30, 2013, and rejected meals on May 23, 25, 26, 27, and 30, 2013.</p> <p>The Behavior Monthly Flow Sheet, dated 06/13, indicated the resident had rejection of care on 06/18/13, 06/19/13, 06/22/13, 06/23/13, no increased anxiety, and one episode of verbal aggression on 6/5/13.</p> <p>The Behavior Monthly Flow Sheet, dated 07/13, indicated the resident rejected care on 07/06/13, 07/07/13, and 07/16/13. No other behaviors were monitored.</p> <p>The Behavior Monthly Flow Sheet, dated 08/13, indicated the resident</p> | | | | | | |

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| | <p>had not been uncooperative. No other behaviors were monitored.</p> <p>There was no Behavior Monthly Flow Sheet for 09/13.</p> <p>The Behavior Monthly Flow Sheet for 10/13, indicated the resident rejected care on October 7, 8, 23, 24, and 25, 2013.</p> <p>The Resident Behavior Logs, dated 07/01/13 through 10/31/13 indicated the resident rejected care on 07/10/13, 07/17/13, and 10/05/13 and had verbal behavior directed towards others on 07/14/13.</p> <p>The resident's Medication Administration Record (MAR), dated 10/13, indicated the resident refused her morning medications on 10/05/13, 10/07/13, 10/08/13, 10/23/13, 10/24/13, 10/25/13, 10/26/13, 10/27/23, and 10/31/13.</p> <p>The Social Service Progress notes indicated: 07/04/13, "...exhibits a history of rejecting care..." 07/12/13, "...exhibits the behavior indicator of rejecting care over the last days..." 07/18/13, "...exhibits a hx (history) of rejecting care..."</p> | | | | | | |

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| | <p>10/11/13, "...exhibits the behavior indicator of rejecting care to taking her shower over the last 7 days..."</p> <p>The Psycholoy Consults indicated:</p> <p>4/25/13, the resident had problems with paranoia, which some part of the paranoia could be adjustment difficulties and some part of the paranoia could be related to the dementia.</p> <p>7/18/13, the resident was very pleasant and talked about her desire to leave, was not agitated and was able to be re-directed, some increased agitation earlier in the visit, resident had been kicking the door.</p> <p>9/9/13, the Unit Manager and staff indicated the resident was doing well. There were no behaviors. The resident was pleasant and cooperative. The Assessment/diagnoses, indicated the resident had a depressive disorder and anxiety.</p> <p>During an interview on 11/04/13 at 12:56 p.m., the ACU Social Service Director indicated the resident was admitted from the hospital Psychiatric Unit due to behaviors at home and</p> | | | |

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| | <p>was aggressive with her family. She indicated the risperidone had been initiated in the hospital (April 2013). She indicated the resident had been rejecting care and the reason the resident was still receiving the risperidone was due to the wandering and increased anxiety. She indicated she had only care planned for refusing breakfast, and the daughter had said the resident hardly ever ate breakfast (past preference not a problem). The ACU Social Service Director further indicated she was not saying the refusals of care was the reason why the resident was on risperidone.</p> <p>During an interview on 11/04/13 at 1:27 p.m., the ACU Social Service Director indicated she reviews the resident's behaviors at least one time a month and will consult with the Psychotherapist and inform them if the resident was having more behaviors. She indicated the gradual dose reductions were done as recommended by the Pharmacist and the Psychiatric Consultant.</p> <p>A facility policy, dated 2013, received as current from the Director of Nursing, titled, "Behavior Management Guideline", indicated, "...Assessment/Care Planning.</p> | | | |

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| | <p>Antipsychotic drug use is evaluated by the prescriber and the behavior management team within 7 days...or admission with drug order. Gradual dose reduction or drug discontinuation is ordered unless a clinical contraindication is documented in the medical record...Licensed nursing staff completes the Plan of Care following identification of antipsychotic medication usage or behavioral concerns...Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions", as dictated and documented by the Physician: 1. Schizophrenia...3. Delusional disorder 4. psychotic mood disorders...11. Organic mental syndromes (now called delirium, dementia...) with associated psychotic and/or agitated behaviors: which have been quantitatively and objectively documented, persistent and not caused by preventable reason. and causing the resident to present danger to himself/herself or to others. or continuously scream, yell or pace if these specific behavior causing an impairment in functional capacity. Each resident's drug regimen will be free from unnecessary drugs...without adequate monitoring. without</p> | | | |

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| | adequate indications for its use...Antipsychotic should not be used if the only indication is one or more of the following: wandering. Poor self care...Anxiety. Depression...uncooperativeness. Agitated behaviors that do not represent danger to the resident or others..." 3.1-48(b)(2) | | | |

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| F000428 SS=D | <p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>Based on record review and interview, the facility failed to ensure the Pharmacist recommended a gradual dose reduction of an antipsychotic medication, which did not have indications for use, for 1 of 5 residents reviewed for unnecessary medications. (Resident #119)</p> <p>Findings include:</p> <p>Resident #119's record was reviewed on 11/04/13 at 10:15 a.m. The resident's diagnoses included, but were not limited to, atrial fibrillation, low potassium, dementia with behavioral disturbance, and congestive heart failure. The resident admitted into the facility on 04/18/13 and was re-admitted into the on 6/17/13.</p> <p>The resident resided on the ACU (Alzheimer's Care Unit)</p> <p>The Physician's Recapitulation Orders, dated 11/13 indicated an</p> | F000428 | F428 Drug Review What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Pharmacist has made a recommendation for resident #119 to the MD for a gradual dose reduction. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Residents with antipsychotic medication use have the potential to be affected by the alleged deficiency. Behavior meeting will be held and residents with antipsychotic medications will be reviewed to determine if pharmacist has made recommendation for gradual dose reduction. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Re-educate Pharmacist on Behavior Management Guideline Behavior Management Committee meetings will be initiated. All residents with | 12/05/2013 | | | |

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| | <p>order, dated 04/08/13, for risperidone 0.25 milligrams (mg), once daily for dementia, unspecified, with behavioral disturbance.</p> <p>A care plan, dated 05/21/13, indicated the resident's behavior was refusing to eat her breakfast.</p> <p>A care plan, dated 04/17/13, indicated the resident made statements of , "I'll just die here, my daughter brought me here to die"</p> <p>A care plan, dated 04/24/13, indicated the resident exhibits a history of wandering.</p> <p>The Behavior Monthly Flow Sheet, dated 05/13, indicated the resident had increased anxiety on May 9, 10, 26, 27, and 30, 2013, had no rejection of showers, and had verbal aggression on May 26, 17, and 30, 2013, and rejected meals on May 23, 25, 26, 27, and 30, 2013.</p> <p>The Behavior Monthly Flow Sheet, dated 06/13, indicated the resident had rejection of care on 06/18/13, 06/19/13, 06/22/13, 06/23/13, no increased anxiety, and one episode of verbal aggression on 6/5/13.</p> <p>The Behavior Monthly Flow Sheet,</p> | | <p>antipsychotic medication use will be discussed with IDT on a monthly basis to review for continued indication for use and pharmacist recommendations for gradual dose reduction. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Behavior Committee audit will be completed weekly x 8 weeks and then monthly for a total of 6 months. DNS or designee will review results of audits and bring trends or patterns to QAPI meeting monthly for 6 months. Date Completed, Dec 5th, 2013</p> | | | | |

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| | <p>dated 07/13, indicated the resident rejected care on 07/06/13, 07/07/13, and 07/16/13. No other behaviors were monitored.</p> <p>The Behavior Monthly Flow Sheet, dated 08/13, indicated the resident had not been uncooperative. No other behaviors were monitored.</p> <p>There was no Behavior Monthly Flow Sheet for 09/13.</p> <p>The Behavior Monthly Flow Sheet for 10/13, indicated the resident rejected care on October 7, 8, 23, 24, and 25, 2013.</p> <p>The Resident Behavior Logs, dated 07/01/13 through 10/31/13 indicated the resident rejected care on 07/10/13, 07/17/13, and 10/05/13 and had verbal behavior directed towards others on 07/14/13.</p> <p>The Social Service Progress notes indicated: 07/04/13, "...exhibits a history of rejecting care..." 07/12/13, "...exhibits the behavior indicator of rejecting care over the last days..." 07/18/13, "...exhibits a hx (history) of rejecting care..." 10/11/13, "...exhibits the behavior</p> | | | |

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| | <p>indicator of rejecting care to taking her shower over the last 7 days..."</p> <p>The Psycholoy Consults indicated:</p> <p>4/25/13, the resident had problems with paranoia, which some part of the paranoia could be adjustment difficulties and some part of the paranoia could be related to the dementia.</p> <p>7/18/13, the resident was very pleasant and talked about her desire to leave, was not agitated and was able to be re-directed, some increased agitation earlier in the visit, resident had been kicking the door.</p> <p>9/9/13, the Unit Manager and staff indicated the resident was doing well. There were no behaviors. The resident was pleasant and cooperative. The Assessment/diagnoses, indicated the resident had a depressive disorder and anxiety.</p> <p>The Pharmacit Medication Regimen Review, record indicated 05/24/13 the Pharmacist recommended an AIMS (abnormal involuntary movement scale) test due to antipsychotic medication use. On 06/10/13 there were no recommendations, on</p> | | | | | | |

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| | <p>07/05/13 the Pharmacist documented, "...Still on Risperdol (risperidone)-decrease (arrow down) next month."</p> <p>There was a lack of documentation to indicate there further recommendations until 10/09/13, which recommended an increase in the resident's Aricept (dementia medication). There was no further documentation of the risperidone usage.</p> <p>During an interview on 11/04/13 at 1:27 p.m., the ACU Social Service Director indicated the gradual dose reductions were recommended by the Pharmacist and the Psychiatric Consultant comes in and they approve the recommendations.</p> <p>A facility policy, dated 2013, received as current from the Director of Nursing, titled, "Behavior Management Guideline", indicated, "...Antipsychotic drugs should not be used unless the clinical record documents that the resident has one or more of the following "specific conditions", as dictated and documented by the Physician: 1. Schizophrenia...3. Delusional disorder 4. psychotic mood disorders...11. Organic mental syndromes (now</p> | | | | | | |

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| | <p>called delirium, dementia...) with associated psychotic and/or agitated behaviors: which have been quantitatively and objectively documented, persistent and not caused by preventable reason. and causing the resident to present danger to himself/herself or to others. or continuously scream, yell or pace if these specific behavior causing an impairment in functional capacity. Each resident's drug regimen will be free from unnecessary drugs...without adequate monitoring. without adequate indications for its use... The Consultant Pharmacist will review the resident's medication regime and document any medication/dosage change recommendations to the Physician...Antipsychotic should not be used if the only indication is one or more of the following: wandering. Poor self care...Anxiety. Depression...uncooperativeness. Agitated behaviors that do not represent danger to the resident or others..."</p> <p>3.1-25(i)</p> | | | | |

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