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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 09/24/2012 |
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| NAME OF PROVIDER OR SUPPLIER WOODLANDS THE | STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304 |
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| F0000 | <p>This visit was for a Recertification and Licensure Survey. This visit included the investigation of Complaint IN00114498.</p> <p>Complaint IN00114498 Unsubstantiated, due to lack of evidence.</p> <p>Survey dates: September 17, 18, 19, 20, 21, 24, 2012</p> <p>Facility number: 000134 Provider number: 155229 AIM number: 100275430</p> <p>Survey team: Ginger McNamee, RN, TC Betty Retherford, RN Karen Lewis, RN</p> <p>Census payor type: SNF/NF: 91 TOTAL: 91</p> <p>Census payor type: Medicare: 6 Medicaid: 71 Other: 14 Total: 91</p> <p>These deficiencies also reflect state findings cited in accordance with 410</p> | F0000 | | |

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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| | IAC 16.2. Quality review completed 9/26/12 Cathy Emswiller RN | | | | |

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| F0250 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 identify and monitor a resident with behaviors for 1 of 6 residents reviewed for behaviors. [Resident #42]</p> <p>Findings include:</p> <p>Resident #42's clinical record was reviewed on 9/21/12 at 2:30 p.m. The resident's diagnoses included, but were not limited to, general debility.</p> <p>The resident's nurses notes indicated the following: 7/4/12 at 2:34 a.m., Verbally and physically abusive with male care giver during hs [hour of sleep] care last evening. Attempted to hit and kick CNA during care. Spoke with resident regarding her behavior. Resident stated she did behave that way and he [the CNA] is an idiot and that is why she did it. Attempts to calm and redirect the resident were unsuccessful. Behavior escalates.</p> <p>7/7/12 at 1:08 a.m., Resident continues to be demanding of staff.</p> | F0250 | <p>F250 WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED: The Behavior Management Plan for Resident # 2 has been developed and the Care Plan updated. HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN: All residents have the potential to be affected. Staff will be interviewed to determine if other residents are having behaviors that have not been identified. Care Plans will be updated and Behavior Plans developed as needed. WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE. An in-service was conducted by the S.D.C. and the S.S.D. on 10/4/12 regarding the importance of reporting behaviors to the appropriate individuals so that Behavior Plans can be implemented as needed. Residents exhibiting new or worsening behaviors will be reported on the 24 hour report</p> | 10/24/2012 | | | |

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| | <p>Very hard to please.</p> <p>7/11/12 at 2:33 a.m., CNA reported the resident was uncooperative and verbally abusive during hs care last evening. Unable to redirect the resident. She just starts shouting.</p> <p>8/5/12 at 11:40 a.m., The resident was argumentative and aggressive with staff this a.m., attempted to kick CNA in the stomach.</p> <p>During an interview with the Social Service Director on 9/21/12 at 3:00 p.m., she indicated she had not been made aware of the resident having behaviors and no behavior documentation for Resident #42. The Social Service Director indicated when a resident has behaviors the staff are to write it up on a behavior memo and give it to her.</p> <p>3.1-34(a)</p> | | <p>sheet and reviewed during morning meeting. HOW WILL THE CORRECTIVE ACTION BE MONITORED. The S.S.D. will interview 10 staff members for proper reporting of new or worsening behaviors, weekly x 3 months, monthly x 3 months, then quarterly until 100% compliance is attained and maintained x 2 quarters. The results of all audits will be submitted to P.I. monthly for review and further action as needed. DATE COMPLETED 10/24/12</p> | | |

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| F0279 SS=E | <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 observation, record review, and interview, the facility failed to develop a comprehensive plan of care to meet the resident's needs for 4 of 10 residents reviewed for development of health care plans related to discharge planning, dental care, and/or weight loss. (Resident #'s 26, 69, 2, and 84)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #26 was reviewed on 9/20/12 at 2:55 p.m.</p> | F0279 | <p>F 279 WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED: Resident #26 has a completed care plan addressing oral care, dental pain, dental sensitivity, soft bristle toothbrush and special toothpaste to use and the symptoms for other dental problems. Resident #2 has updated and current care plans addressing long term placement and completing functional maintenance programs per MD orders. Resident #69 has current updated care plan addressing discharge plans.</p> | 10/24/2012 | |

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| | <p>Diagnoses for the resident included, but were not limited to, debility, Alzheimer's disease, generalized pain, and dysphagia oral phase.</p> <p>During an interview with the resident's daughter on 09/18/2012 at 2:12 p.m., she indicated her mother's teeth were in very poor condition. She indicated she had missing teeth, broken teeth, and some fillings damaged and/or missing. She indicated the facility dentist had recommended that her mother be sent to an oral surgeon where she could be hospitalized, anesthetized, and all of her teeth pulled at once. She indicated she did not want to put her mother through this procedure at her age and condition. She indicated her mother's teeth were very sensitive and she had brought in a tube of Sensodyne toothpaste about 2 months ago, but she was not sure if it was being used. She indicated she had talked to some of the staff about the toothpaste, but she was not sure who they were.</p> <p>During an observation on 9/18/12 at 9:00 a.m., the resident was up in a wheelchair in her room. The resident's teeth were very discolored and dark in color. She had missing teeth noted. One of the front lower</p> | | <p>Resident #84 has updated care plan addressing oral conditions and weight loss. HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN: All other residents have the potential to be affected. All resident care plans have been reviewed and updated to reflect the resident's current status and risk factors. WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE. Licensed Nursing Staff will be -n serviced/reeducated by 10/22/12 on care plan development and implementation of care issues. The IDT team will review the completeness and accuracy of resident care plans weekly during care plan meetings by comparing the physician orders to the care plans. HOW WILL THE CORRECTIVE ACTION BE MONITORED. The DON or designee will audit 10 Care Plans weekly x 3 months, monthly x 3 months, then quarterly until 100% compliance is attained and maintained x 2 quarters. The results of all audits will be submitted to P.I. monthly for review and further action as needed. DATE COMPLETED 10/24/12</p> | | |

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| | <p>teeth appears to be partially broken off.</p> <p>During an observation on 9/18/12 at 2:55 p.m., Resident #26 was looking in the top drawer of her bedside stand. A full tube of Sensodyne toothpaste was noted in the drawer. A tube of Crest toothpaste was noted in a basket on top of the bedside stand.</p> <p>A health care plan (hcp) conference record, dated 9/28/11, indicated the resident had been seen by the in-house dentist on that date. The note indicated the dentist recommended that all the resident's teeth be pulled. The note indicated the resident's daughter did not want to "put her through that" at that time.</p> <p>A hcp problem, last reviewed on 6/27/12, indicated the resident was unable to perform her own activities of daily living due to debility, decreased mobility and Alzheimer's disease with impaired cognition. One of the approaches for this problem was for the staff to assist with oral care twice daily.</p> <p>The clinical record lacked the development of any health care plan problem for the residents poor dental</p> | | | | | | |

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| | <p>status with possibility of dental pain, dental sensitivity to heat and or cold, request to use Sensodyne toothpaste provided by the resident's daughter, need to use a soft toothbrush when brushing the teeth, and/or symptoms to watch for that could indicate a dental abscess or other dental complication.</p> <p>During an interview with the Administrator on 9/24/12 at 11:15 a.m., additional information was requested related to the lack of any health care planning for Resident #26's poor dental status with the potential for pain, sensitivity, and or complications.</p> <p>The facility failed to provide any additional information as of exit on 9/24/12 at 5:00 p.m.</p> <p>2.) Resident #2's clinical record was reviewed on 9/20/12 at 9:56 a.m. The resident's diagnoses included, but were not limited to, right femoral fracture status post nailfixation, dementia, osteoporosis, history of deep vein thrombosis, and edema. The resident was admitted to the facility on 5/8/12.</p> <p>Review of Social Service Progress Notes indicated the following: 5/9/12, the resident's plan was to</p> | | | | | | |

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| | <p>return home with her daughter as her primary caregiver. She was at the facility to heal and rehab to home.</p> <p>5/31/12, The resident's daughter was ready to start the discharge planning process. The daughter was advised to make arrangements with therapy to do an in home evaluation and to meet again with Social Services to make the transition smooth.</p> <p>6/5/12, The family stated there had been a change in plans and the daughter was not going to take the resident back home. There was to be no plans to discharge the resident.</p> <p>The resident had a Care Plan Conference held on 8/22/12, indicating the care plan was reviewed with no changes needed and the target dates were updated. Review of Resident #2's care plan lacked any information related to discharge planning or long term placement.</p> <p>During an interview with the Social Service Director on 9/21/12 at 3:00 p.m., she indicated she had not developed a care plan related to discharge planning because she was still waiting for the family to make a decision.</p> | | | |

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| | <p>The resident received physical therapy and occupational therapy from 5/8/12 to 7/6/12. Upon discharge from therapies the resident was placed on a functional maintenance program to be provided by nursing. The 7/6/12, discharge notes from physical therapy and occupational therapy both indicated functional maintenance programs were developed for the resident and nursing was educated on the programs.</p> <p>Review of the care plan lacked any information related to the resident's functional maintenance program. The resident had a Care Plan Conference held on 8/22/12, indicating the care plan was reviewed with no changes needed and the target dates were updated.</p> <p>During an interview with the Director of Nursing and the Staff Development Coordinator at 10:30 a.m. on 9/24/12, they indicated the Staff Development Coordinator worked with therapies to develop and implement the functional maintenance programs.</p> <p>3.) Resident #69's clinical record was reviewed on 9/20/12 at 2:00 p.m. The resident's diagnoses included, but were not limited to, debility, arthritis,</p> | | | |

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| | <p>osteoporosis, and depression.</p> <p>The resident's Social Service Progress Notes indicated the following: 6/29/12 at 12:54 p.m., The resident was admitted on 6/27/12 for rehab and planned to return home. 7/11/12 at 4:23 p.m., The resident's plans are to discharge to home with the in home care she had prior to her admission to the hospital. 7/24/12 at 1:29 p.m., The resident's family is to meet with the Interdisciplinary Team on 7/26/12, to discuss possible discharge timing. 8/28/12 at 4:03 p.m., Plans remain for discharge to home when everything is ready.</p> <p>The resident had a Care Plan Conference held on 7/26/12, indicating the care plan was reviewed with no changes needed and the target dates were updated. Review of the resident's care plan lacked any information related to discharge planning.</p> <p>During an interview on 9/21/12 at 3:00 p.m., the Social Service Director indicated she had not made a care plan for discharge.</p> <p>4.) Resident #84's clinical record was</p> | | | | |

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| | <p>reviewed on 9/19/12 at 1:42 p.m., the resident's diagnoses included, but were not limited to, right leg cellulitis, stenosis and chronic back pain, dementia, and peripheral neuropathy.</p> <p>During an interview with resident #84 on 9/18/12 at 12:45 p.m., he indicated he had mouth pain due to a lesion on his tongue caused by his broken teeth. He indicated his diet was changed to pureed due to the condition of his teeth.</p> <p>During an interview with the Assistant Director of Nursing on 9/19/12 at 1:20 p.m., she indicated the staff needed to clean the resident's teeth with a lemon swab due to brushing causing the resident too much pain.</p> <p>Review of the resident's weights indicated the resident's weight was 209 pounds on 4/1/12 and 177 pounds on 9/5/12. This was a 18 percent weight loss.</p> <p>The resident had a Care Plan Conference held on 9/19/12, indicating the care plan was reviewed with no changes needed and the target dates were updated. The resident had a care plan problem initiated on 1/12/11 and continued on the current care plan of requiring</p> | | | |

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| | <p>assistance with ADL's [Activities of Daily Living.] The approach related to oral care indicated "Set up clothing and personal hygiene supplies and assist resident (oral care, peri care, bathing, dressing, grooming applying deodorant etc." The care plan did not address the problems of the tongue laceration, oral pain and the need to clean teeth with a lemon swab.</p> <p>During and interview on 9/21/12 at 1:25 p.m., with the MDS [Minimum Data Set] Nurse #2, she indicated she was not aware of the resident needing to have his teeth cleaned with a lemon swab. She indicated the resident had no specific care plan relating to oral care.</p> <p>Review of the resident's weights indicated the resident's weight was 209 pounds on 4/1/12 and 177 pounds on 9/5/12. This was a 18 percent weight loss.</p> <p>Review of the resident's care plan indicated the resident had a 5/24/12, problem of weight may fluctuate daily due to: 1. diuretic use, anxiety, depression, and gradual weight gain. 2. Resident with difficulty chewing requires a puree alter diet due to poor dentition. 3. Resident with history of using cloth napkins inappropriately.</p> | | | |

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| | <p>4. Significant weight loss at 90 and 100 days related to change in status. The approaches for this problem were: 1. Serve diet as ordered. 2. Encourage food and fluid intake. 3. Monitor weekly weights. 4. Monitor intakes. 5. Honor Food Preferences. 6. NIP [Nutrition Intervention Program] for weight loss 7. Paper napkins at meals. 8. Monitor for skin concerns. 9. Monitor medications. *teeth extraction scheduled for 10/3/12. The care plan lacked a problem or approached related to the significant weight loss.</p> <p>During an interview with the Director of Nursing and the Certified Dietary Manager on 9/21/12 at 2:30 p.m., they indicated the resident lost weight while in the hospital and he is still within his ideal body weight. They indicated the weight loss was not a concern at this time.</p> <p>5.) The 7/23/09, updated "Weight Monitoring" policy was provided by the Administrator in Training on at 2:11 p.m. on 9/24/12. The policy indicated any resident with an unexpected/significant/undesirable weight loss is to be assessed and monitored by the interdisciplinary care plan team. The team addresses the root cause of the weight issue and if indicated provides</p> | | | | | | |

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| | <p>realistic/measurable/individualized goals and interventions. The nutrition progress notes describe the changes, plan of action and progress or lack of progress. Interventions listed included assessing if snack/supplement interferes with meal intake for resident. Once weight loss or declining intake has been the determined the team interviews the resident (or family) for food preferences, determine if need for double portions, provides whole meal if resident consumes milk, and tries fortified foods. If increased food at meals is not an option, high calorie snacks will be provided (bedtime, 2:00 p.m., or 10:00 a.m.). If the resident is on a supplement at time of admission, the resident is to be assessed as soon as possible to evaluate supplement effects on overall meal intake.</p> <p>6.) Review of the current facility policy, dated 12/08, titled "Resident Care Plan," provided by the Administrator in Training on 9/24/12, at 12:50 p.m., included, but was not limited to, the following:</p> <p>"Policy...</p> <p>...Review of the care plan is done at</p> | | | | | | |

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| | <p>least quarterly and as needed to reflect the resident's current needs, problems, goals, care, treatment, and services....</p> <p>...Essentials of an Overall Plan of Care:...</p> <p>...2. Identification of problems and needs</p> <p>3. Objectives or goals: a. Long term - the expected outcome of a resident's illness or condition. b. Short term - realistic measurable outcomes that can usually be achieved in a relatively short period of time.</p> <p>4. Methods, approaches, or plan: description of what is actually going to be done for, to, or with the resident in order to achieve the goals.</p> <p>5. Identify the discipline responsible for each element of care. This must include health care, rehabilitative services, social services, activities, dietary, and discharge planning...."</p> <p>7.) Review of the current, undated</p> | | | |

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| | <p>facility policy, titled "Oral Hygiene," provided by the Director of Nursing on 9/24/12, at 2:11 p.m., included, but was not limited to, the following:</p> <p>"Oral Hygiene: Cleaning Dentures...</p> <p>...Plan of Care:</p> <p>The resident's plan of care must address:</p> <ol style="list-style-type: none"> 1. The type of dental care to be provided. 2. The frequency of the care. 3. Special devices necessary, if any. 4. Who is responsible for providing the care. 5. Other information as necessary or appropriate." <p>3.1-35(a)</p> | | | |

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| F0282 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 ensure staff were available to provide functional maintenance services for 1 of 2 residents reviewed for community discharge [Resident #2.]</p> <p>Findings include:</p> <p>1.) Resident #2's clinical record was reviewed on 9/20/12 at 9:56 a.m. The resident's diagnoses included, but were not limited to, right femoral fracture status post nailfixation, dementia, osteoporosis, history of deep vein thrombosis, and edema. The resident was admitted to the facility on 5/8/12.</p> <p>The resident received physical therapy and occupational therapy from 5/8/12 to 7/6/12. Upon discharge from therapies the resident was placed on a functional maintenance program to be provided by nursing. The 7/6/12, discharge notes from physical therapy and occupational therapy both indicated functional maintenance programs</p> | F0282 | <p>F282</p> <p>WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED:</p> <p>Resident #2 is receiving services as indicated in the Restorative Program. Care Plan and Care Directive has been updated.</p> <p>HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN:</p> <p>All residents having functional maintenance programs have the potential to be affected. All resident's restorative sheets were reviewed for completion. Care plans and Care directive updated as needed. C.N.A.'s assigned to residents on the Restorative Program will complete the restorative services in the absence of the Restorative C.N.A.</p> <p>WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE.</p> <p>C.N.A.'s will be in-serviced by October by 10/22/12 in regard to</p> | 10/24/2012 | | | |

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| | <p>were developed for the resident and nursing was educated on the programs.</p> <p>The resident had a Care Plan Conference held on 8/22/12, indicating the care plan was reviewed with no changes needed and the target dates were updated. Review of the care plan lacked any information related to the resident's functional maintenance program.</p> <p>Review of the resident's Daily Flow Sheets for restorative nursing indicated the resident was to receive active range of motion and walking services provided as her functional maintenance program. The program began on July 10, 2012.</p> <p>The resident did not received the walking and active range of motion services due to the Restorative CNA being pulled to the floor on the following days: July 22, 26, 29, and 31, 2012. August 4, 5, 11, 12, 13, 14, 15, 19, 20, 26, and 28, 2012. September 1, 2, 3, 4, 7, 9, 12, 14, and 15, 2012. This resulted in the resident not receiving Restorative Nursing services for 24 out of 61 days.</p> | | <p>implementation of functional maintenance programs and proper documentation of services provided in the absence of the restorative C.N.A. DON/designee will verify daily that functional maintenance programs and services provided are completed.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED. DON/designee will audit restorative documentation sheets daily Monday thru Friday x 30 days, weekly x 4 weeks, monthly x 4 months, then quarterly until 100% compliance is attained and maintained x 2 quarters. Care Plans and Care Directives will be for accuracy weekly x 8 weeks, monthly x 4 months and then quarterly ongoing. The results of all audits will be submitted to P.I. monthly for review and further action as needed.</p> <p>DATE COMPLETED 10/24/12</p> | | | | |

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| | <p>During an interview with the Director of Nursing and the Staff Development Coordinator at 10:30 a.m. on 9/24/12, they indicated the Staff Development Coordinator worked with therapies to develop and implement the functional maintenance programs. They indicated it was sometimes necessary to pull the Restorative Aides to the floor to work as CNA's. The Staff Development Coordinator indicated the CNA's do the functional maintenance program when the Restorative Aides were pulled to the floor. She indicated it was on the resident's Care Directive for it to be done. She provided Resident #2's Care Directive at that time. The Care Directive lacked any indication of the resident requiring range of motion and walking program.</p> <p>3.1-35(g)(2)</p> | | | |

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| F0311 SS=D | <p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on record review and interview, the facility failed to ensure a resident's functional maintenance program was followed daily for 1 of 2 residents reviewed for community discharge. [Resident #2]</p> <p>Findings include:</p> <p>Resident #2's clinical record was reviewed on 9/20/12 at 9:56 a.m. The resident's diagnoses included, but were not limited to, right femoral fracture status post nailfixation, dementia, osteoporosis, history of deep vein thrombosis, and edema.</p> <p>The resident received physical therapy and occupational therapy including, but not limited to, therapeutic exercise and neuromuscular re-education from 5/8/12 to 7/6/12. Upon discharge from therapies the resident was placed on a functional maintenance program to be provided by nursing. The 7/6/12, discharge notes from physical therapy and occupational therapy both indicated functional</p> | F0311 | <p>F311 WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED: Resident #2 is receiving services as indicated in the Restorative Program. Care Plan and Care Directive has been updated.</p> <p>HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN: All residents having functional maintenance programs have the potential to be affected. All resident's restorative sheets were reviewed for completion. Care plans and Care directive updated as needed. C.N.A.'s assigned to residents on the Restorative Program will complete the restorative services in the absence of the Restorative C.N.A.</p> <p>WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE. C.N.A.'s will be in-serviced by 10/22/12 in regard to</p> | 10/24/2012 | |

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| | <p>maintenance programs were developed for the resident and nursing was educated on the programs.</p> <p>The resident had a Care Plan Conference held on 8/22/12, indicating the care plan was reviewed with no changes needed and the target dates were updated. Review of the care plan lacked any information related to the resident's functional maintenance program.</p> <p>Review of the resident's Daily Flow Sheets for restorative nursing indicated the resident was to receive active range of motion and walking services provided as her functional maintenance program. The program began on July 10, 2012.</p> <p>The resident did not received the walking and active range of motion services due to the Restorative CNA being pulled to the floor on the following days: July 22, 26, 29, and 31, 2012. August 4, 5, 11, 12, 13, 14, 15, 19, 20, 26, and 28, 2012. September 1, 2, 3, 4, 7, 9, 12, 14, and 15, 2012. This resulted in the resident not receiving Restorative Nursing services for 24 out of 61 days.</p> | | <p>implementation of functional maintenance programs and proper documentation of services provided in the absence of the restorative C.N.A. DON/designee will verify daily that functional maintenance programs and services provided are completed.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED. DON/designee will audit restorative documentation sheets daily Monday thru Friday x 30 days, weekly x 4 weeks, monthly x 4 months, then quarterly until 100% compliance is attained and maintained x 2 quarters. Care Plans and Care Directives will be audited for accuracy weekly x 8 weeks, monthly x 4 months and then quarterly ongoing. . The results of all audits will be submitted to P.I. monthly for review and further action as needed.</p> <p>DATE COMPLETED 10/24/12</p> | | | | |

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| | <p>During an interview with the Director of Nursing and the Staff Development Coordinator at 10:30 a.m. on 9/24/12, they indicated the Staff Development Coordinator worked with therapies to develop and implement the functional maintenance programs. They indicated it was sometimes necessary to pull the Restorative Aides to the floor to work as CNA's. The Staff Development Coordinator indicated the CNA's do the functional maintenance program when the Restorative Aides were pulled to the floor. She indicated it was on the resident's Care Directive for it to be done. She provided Resident #2's Care Directive at that time. The Care Directive lacked any indication of the resident requiring range of motion and walking program.</p> <p>3.1-38(b)(2)</p> | | | | |

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| F0323 SS=D | <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on record review, observation, and interview, the facility failed to ensure residents identified at risk for falls had interventions in place to help prevent future falls as ordered by the physician 2 of 6 residents reviewed who met the criteria for falls. (Resident #14 and #6)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #14 was reviewed on 9/21/12 at 10:00 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, dementia with agitation, history of breast cancer, congestive heart failure, chronic obstructive pulmonary disease, macular degeneration with extensive vision loss, and degenerative joint disease.</p> <p>A recapitulation of physician's orders, signed 9/18/12, indicated the resident had an order for an alarming floor mat at beside to alert staff to unassisted</p> | F0323 | <p>F323</p> <p>WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED:</p> <p>The Care Plan, Care Directive, and interventions in use for residents # 6 and #14 have been updated, are current, and are in place in accordance with physician orders for fall interventions.</p> <p>HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN:</p> <p>All residents at risk for falls have the potential to be affected. Physician orders, Care Plans, Care Directives for residents at risk for falls will be reviewed to insure that orders are accurate, Care Plans and Care Directive are current and that interventions are in place.</p> <p>WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE.</p> <p>All staff will be re-educated by 10/22/12 on Prevention of Accidents</p> | 10/24/2012 | |

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| | <p>ambulation. The original date of this order was 8/1/11.</p> <p>An annual minimum data set (MDS) assessment, dated 7/13/12, indicated the resident required extensive assistance of the staff for transfers.</p> <p>A fall risk assessment, dated 7/11/12, indicated the resident had a score of 22. The assessment indicated a score above 10 indicated the resident was at risk for falls.</p> <p>A health care plan problem, signed as reviewed on 7/27/12, indicated the resident was at risk for falls. Interventions for this problem included, but were not limited to, "Before leaving residents room ensure call light is in reach and she knows where it is placed" and "Alarming floor mat at bedside to alert staff of attempts at unassisted ambulation...." A handwritten note underneath the problem indicated "staff reports resident kicks alarming floor mat under bed. D/C (discontinue)." This note was not signed. The clinical record lacked any physician's order to discontinue the use of the alarming floor mat.</p> <p>During observations on the following dates and times, the following was</p> | | <p>Policy. DON/designee will do random daily inspections on 8 residents for following Care Directives for placement of fall interventions and proper placement of call lights.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED. The DON /designee will audit orders for fall interventions, Care plans, Care Directives, and the presence of those interventions weekly x 2 months, monthly x 4 months and the quarterly until 100% compliance is attained and maintained x 2 quarters. The results of all audits will be submitted to P.I. monthly for review and further action as needed.</p> <p>DATE COMPLETED 10/24/12</p> | | |

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| | <p>noted:</p> <p>9/18/12 at 8:40 a.m.:</p> <p>Resident up in her wheelchair in room. Her call light was not on her chair. The call light was on the residents bed rail, but was out of the resident's reach.</p> <p>During an interview with the resident on 9/18/12 at 8:40 a.m., information was requested related to timely staff response when she used her call light. She indicated she was blind and did not know what the call light was or where it was. The resident then felt the call light and was able to feel the push button on the end of the hand unit. The resident continued to hold the call light for potential use.</p> <p>During an observation with the DoN on 9/18/12 at 8:45 a.m., the resident was still up in her chair in her room and was holding the call light. The DoN told the resident to push the button on the end of the call light if she needed anything and she would make sure the CNAs knew to put the call light within the resident's reach.</p> <p>During an interview with the DoN on 9/18/12 at 8:45 a.m., she indicated she would talk to the nursing staff</p> | | | |

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| | <p>regarding keeping the resident's call light within reach and making sure the resident knew where it was and how to use it.</p> <p>9/18/12 at 2:55 p.m.:</p> <p>The resident was resting in bed. The call light was within reach, but there was no alarming floor mat on the floor beside the resident's bed.</p> <p>9/19/12 at 11:18 a.m.:</p> <p>The resident was in bed resting on her right side. The call light was hanging down from the rail on the left side of the bed. There was no alarming floor mat on the floor next to the resident's bed.</p> <p>9/19/12 at 2:40 p.m.:</p> <p>The resident was in bed with call light in reach. There was no alarming floor mat on the floor next to the resident's bed.</p> <p>9/21/12 at 10:49 a.m.:</p> <p>The resident was resting in bed. There was no alarming floor mat on the floor next to the resident's bed.</p> <p>During an interview with the DoN on</p> | | | |

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| | <p>9/21/12 at 1:50 p.m., information was requested related to the alarming floor mat having not been down and the call light not always being in reach. The DoN indicated the resident's call light should always be within reach. She indicated she thought the alarming floor mat had been discontinued. She reviewed the clinical record and indicated there was no physician's order to discontinue the alarming floor mat and it should have been in use until discontinued by the physician.</p> <p>2.) The clinical record for Resident #6 was reviewed on 9/20/12 at 12:45 p.m.</p> <p>Diagnoses for Resident #6 included, but were not limited to, history of fall with right hip fracture and arthroplasty, anemia, revision of right hip arthroplasty due to dislocation and infection of surgical site, degenerative joint disease, and Alzheimer's dementia.</p> <p>A significant change minimum data set assessment, dated 8/19/12, indicated the resident was moderately cognitively impaired, had a history of falls, and required extensive assistance of the staff for transfers,</p> | | | |

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| | <p>bed mobility, and toileting.</p> <p>A fall risk evaluation, dated 9/18/12, indicated the resident had a score of 16. A score of 15-18 indicated the resident was at risk for falls.</p> <p>A health care plan problem, dated 5/31/12, and last updated on 8/17/12, indicated Resident #6 was at risk for falls due to multiple health issues including Alzheimer's dementia and poor decision making. Approaches for this problem included, but were not limited to, "chair alarm".</p> <p>A physician's order, dated 8/17/12, indicated Resident #6 had an order for a chair alarm while up in wheelchair.</p> <p>During observations on the following dates and times, the resident was up in her wheelchair without a chair alarm in place:</p> <p>9/20/12 at 10:55 a.m.:</p> <p>Up in wheelchair in dining room. No chair alarm present on chair.</p> <p>9/21/12 at 10:50 a.m.:</p> <p>Up in wheelchair by nursing station. No chair alarm present on chair.</p> | | | | |

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| | <p>9/24/12 at 9:10 a.m.:</p> <p>Up in wheelchair by nursing station. No chair alarm present on chair.</p> <p>During an interview with the RN Consultant on 9/24/12 at 9:15 a.m., additional information was requested related to a chair alarm not being in use for Resident #6 as ordered by the physician. The RN Consultant checked the resident's clinical record and indicated the resident should have an alarm in place. The RN Consultant instructed LPN #1 to obtain a chair alarm and place it on the resident's chair.</p> <p>3.) Review of the current, undated facility policy, titled "Falls Management," provided by the Administrator in Training on 9/24/12, at 12:50 p.m., included, but was not limited to, the following:</p> <p>"Intent</p> <p>Falls are a common source of serious injury among the elderly....</p> <p>...Policy</p> <p>Each resident will be assessed throughout the course of treatment for different parameters such as:</p> | | | | |

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| | <p>cognition, safety awareness, fall history, mobility, sensory status, medications, or predisposing health conditions that may contribute to fall risk. An interdisciplinary plan of care will be developed, implemented, reviewed and updated as necessary to reflect each resident's current safety needs and fall reduction interventions....</p> <p>...Procedure</p> <p>1. Assessment of Fall Risk & Care Plan Development:</p> <p>a. All residents will have a falls risk assessment completed on admission, following serious injury, after a significant change, quarterly, and as necessary....</p> <p>...d. An interdisciplinary care plan is developed as necessary to reflect each resident's current safety status, needs, and interventions...."</p> <p>3.1-45(a)(2)</p> | | | | |

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| F0325 SS=D | <p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on record review and interview, the facility failed to ensure residents with weight loss were identified and interventions put in place and/or replacements were offered for uneaten meals for 1 of 3 residents reviewed of the 11 who met the criteria for nutritional review. (Resident #14)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #14 was reviewed on 9/21/12 at 10:00 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, dementia with agitation, history of breast cancer, congestive heart failure, chronic obstructive pulmonary disease, macular degeneration with extensive vision loss, and gastroesophageal reflux disease.</p> | F0325 | <p>F 325 WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED: Resident #14 has an updated Care Plan addressing weight loss and refusal of meals. Consumption of the meal or the alternate is documented on the Meal Consumption Records.</p> <p>HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN: All residents have the potential to be affected. Care Plans, weight records and meal consumption records will be reviewed by 10/22/12 relative to weight loss and/or refusal of meals. Care Plans will be updated as needed. Consumption of the meal or the alternate provided is documented on the Meal Consumption Record.</p> | 10/24/2012 | | | |

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| | <p>A recapitulation of physician's orders, signed 9/18/12, indicated the resident received a regular diet and a magic cup (a nutritional supplement) was also given with the supper meal. The intake of the magic cup was documented on the medication administration record.</p> <p>She had a health care plan (hcp) problem, last reviewed on 8/1/12, for nutrition issues. The hcp did not address any follow-up related to the resident refusing meals.</p> <p>The clinical record indicated the resident was able to feed herself and staff were to tell her the location of the food placement on her tray.</p> <p>The clinical record indicated the resident weighted 152 pounds on 3/1/12. The resident weighed 135 pounds on 9/2/12. This indicated a loss of 17 pounds (12.6 % loss) in six months.</p> <p>The September 2012 meal consumption records for Resident #14 indicated the resident refused breakfast (ate 0%) on 9 occasions from 9/1/12 through 9/20/12. The consumption record indicated a morning snack had been given on two</p> | | <p>WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE.</p> <p>Nursing staff will be in-serviced by 10/22/12 regarding weight loss interventions and proper documentation of intakes.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED.</p> <p>DON/designee will monitor Meal Consumption Records for residents with wt loss daily Monday thru Friday x 30 days, weekly x 4 weeks, monthly x 4 months, then quarterly until 100% compliance is attained and maintained x 2 quarters. Care Plans will be audited for accuracy weekly x 8 weeks, monthly x 4 months and then quarterly ongoing. The results of all audits will be submitted to P.I. monthly for review and further action as needed.</p> <p>DATE COMPLETED 10/24/12</p> | |

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| | <p>of those occasions. The consumption record lack any information related to the resident being offered a replacement or supplement for the refused meals or if a morning snack had been offered on the 7 other occasions breakfast was refused.</p> <p>During an interview with the Director of Nursing (DoN) on 9/21/12 at 2:45 p.m., additional information was requested related to the resident refusing the breakfast meals and whether any replacements were offered for the missed meals. She indicated the staff should ask the resident if she would like something else and offer to get it, but she was not sure there was any method in place to document this information.</p> <p>During an interview on 9/24/12 at 11:30 a.m., the DoN indicated she had no information to provide related to Resident #14 having been offered any replacement for the missed meals noted above.</p> <p>2.) Review of the current facility policy, dated 1/1/07, titled "Substitutions and Alternatives," provided by the Administrator in Training on 9/24/12, at 12:50 p.m., included, but was not limited to, the following:</p> | | | | | | |

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| | <p>"Policy Residents with known intolerance's or dislikes or who express a refusal of the food served are offered a substitute of similar nutritive value.</p> <p>Guidelines: The food preference information is placed on the tray card for use on the serving line.</p> <p>The Director of Food and Nutrition Services or Registered Dietitian develops a planned menu alternate.</p> <p>Each resident's preferences are followed to the extent nutritionally and medically desirable in order to promote food acceptance.</p> <p>An alternate is planned at each meal for the entree/meat, starch and vegetable. The planned alternates are noted on the production sheets or per state regulation....</p> <p>...Nursing Services offers the substitute in a timely manner when a resident refuses a menu item."</p> | | | |

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| | <p>3.) The 7/23/09, updated "Weight Monitoring" policy was provided by the Administrator in Training on at 2:11 p.m. on 9/24/12. The policy indicated any resident with an unexpected/significant/undesirable weight loss is to be assessed and monitored by the interdisciplinary care plan team. The team addresses the root cause of the weight issue and if indicated provides realistic/measurable/individualized goals and interventions. The nutrition progress notes describe the changes, plan of action and progress or lack of progress. Interventions listed included assessing if snack/supplement interferes with meal intake for resident. Once weight loss or declining intake has been the determined the team interviews the resident (or family) for food preferences, determine if need for double portions, provides whole meal if resident consumes milk, and tries fortified foods. If increased food at meals is not an option, high calorie snacks will be provided (bedtime, 2:00 p.m., or 10:00 a.m.). If the resident is on a supplement at time of admission, the resident is to be assessed as soon as possible to evaluate supplement effects on overall meal intake.</p> | | | |

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| F0428 SS=E | <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 Consultant Pharmacist failed to identify physician orders with the potential to exceed the daily maximum recommended dose for a drug, and an unclear sliding scale insulin coverage order for 4 of 10 residents reviewed for unnecessary medications. (Residents #19, #20, #91 and #106)</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #19 was reviewed on 9/19/12 at 2:52 p.m.</p> <p>Diagnoses for Resident #19 included, but were not limited to, Alzheimer's disease, depression, osteoporosis, and pain.</p> <p>Current physician's orders for Resident #19 included, but were not limited to, the following orders for pain:</p> | F0428 | <p>F428</p> <p>WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED:</p> <p>Resident #19 no longer resides in this facility. Physicians orders for Residents #20 and #91 have been reviewed and appropriate recommendations made. The Sliding Scale orders for resident #106 were clarified on 9/25/12.</p> <p>HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN:</p> <p>All residents have the potential to be affected. Physician's orders including orders for Acetaminophen or medications containing acetaminophen and orders for sliding scale insulin will be reviewed by the Pharmacy Consultant by 10/22/12 to ensure accuracy of orders and recommendations are present to prevent exceeding daily</p> | 10/24/2012 | |

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| | <p>a.) Acetaminophen (a pain medication) 500 milligrams (mg) 1 caplet 4 times a day. The original date of this order was 8/16/11.</p> <p>b.) Acetaminophen (a pain medication) 325 mg tablet give 2 tablets (650 mg) by mouth 6 hours as needed for mild to moderate pain. The original date of this order was 3/14/11.</p> <p>c.) Acetaminophen (a pain medication) 325 mg tablet give 2 tablets (650 mg) by mouth every 6 hours as needed for a temperature greater than 100.9. The original date of this order was 3/14/11.</p> <p>d.) Hydrocodone - APAP (a pain medication that contains acetaminophen) 5/325 milligrams (mg) give 2 tablets every 6 hours as needed for moderate to severe pain. The original date of this order was 8/21/12.</p> <p>The clinical record indicated the pharmacist reviewed the physician's orders on 9/14/12, 8/17/12, 7/9/12 and 6/12/12. No recommendations were made related to the resident exceeding the maximum daily recommended dose of</p> | | <p>recommended dose of acetaminophen.</p> <p>WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE. The Consultant Pharmacist will review monthly all resident orders for acetaminophen and medications containing acetaminophen to ensure that appropriate recommendations relative maximum daily dose are present. Insulin sliding scales and corresponding dosages will also be reviewed monthly for accuracy.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED. The D.O.N. or designee will audit 10 residents orders for Acetaminophen or acetaminophen containing medications and 5 orders for sliding scale coverage for comparison to the Consultant Pharmacy Report, weekly x 8 weeks, monthly x 4 months, then quarterly until 100% compliance is attained and maintained x 2 quarters. The results of all audits will be submitted to P.I. monthly for review and further action as needed.</p> <p>DATE COMPLETED 10/24/12</p> | |

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| | <p>acetaminophen.</p> <p>The resident has the potential to receive 9,200 mg of acetaminophen a day. The "2010 Nursing Spectrum Drug Handbook" indicates 4,000 mg as the maximum dose of acetaminophen in a day.</p> <p>2.) The clinical record for Resident #20 was reviewed on 9/20/12 at 10:04 a.m.</p> <p>Diagnoses for Resident #20 included, but were not limited to, dementia, chronic headaches, and osteoarthritis.</p> <p>Current physician's orders for Resident #20 included, but were not limited to, the following orders for pain:</p> <p>a.) Acetaminophen (a pain medication) 500 milligrams (mg) 1 tablet 4 times a day. The original date of this order was 4/27/11.</p> <p>b.) Acetaminophen (a pain medication) 325 mg tablet give 2 tablets (650 mg) by mouth 6 hours as needed for mild pain. The original date of this order was 7/29/11.</p> <p>c.) Acetaminophen (a pain</p> | | | |

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| | <p>medication) 325 mg tablet give 2 tablets (650 mg) by mouth every 6 hours as needed for a temperature greater than 100.5. The original date of this order was 7/29/11.</p> <p>The clinical record indicated the pharmacist reviewed the physician's orders on 9/14/12, 8/17/12, 7/9/12 and 6/12/12. No recommendations were made related to the resident exceeding the maximum daily recommended dose of acetaminophen.</p> <p>The resident has the potential to receive 7,200 mg of acetaminophen a day. The "2010 Nursing Spectrum Drug Handbook" indicates 4,000 mg as the maximum dose of acetaminophen in a day.</p> <p>3.) The clinical record for Resident #91 was reviewed on 9/21/12 at 8:06 a.m.</p> <p>Diagnoses for Resident #91 included, but were not limited to, Alzheimer's disease, osteoarthritis, and pain.</p> <p>Current physician's orders for Resident #91 included, but were not limited to, the following orders for pain:</p> | | | | |

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| | <p>a.) Acetaminophen (a pain medication) 500 milligrams (mg) 1 tablet 3 times a day. The original date of this order was 4/21/12.</p> <p>b.) Acetaminophen (a pain medication) 325 mg tablet give 2 tablets (650 mg) by mouth 6 hours as needed for pain. The original date of this order was 4/4/12.</p> <p>c.) Acetaminophen (a pain medication) 325 mg tablet give 2 tablets (650 mg) by mouth every 6 hours as needed for a temperature greater than 101. The original date of this order was 4/4/12.</p> <p>The clinical record indicated the pharmacist reviewed the physician's orders on 8/19/12 and 7/9/12. No recommendations were made related to the resident exceeding the maximum daily recommended dose of acetaminophen.</p> <p>The resident has the potential to receive 6,700 mg of acetaminophen a day. The "2010 Nursing Spectrum Drug Handbook" indicates 4,000 mg as the maximum dose of acetaminophen in a day.</p> <p>4.) The clinical record for Resident</p> | | | | |

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| | <p>#106 was reviewed on 9/19/12 at 1:12 p.m.</p> <p>Diagnoses for Resident #106 included, but were not limited to, Alzheimer's disease, diabetes mellitus, and hypertension.</p> <p>Current physician's orders for Resident #106 included, but were not limited to, the following order:</p> <p>a.) Check blood glucose reading daily at 6:00 a.m. Call the doctor if blood glucose results are less than 60 or greater than 451. The original date of this order was 7/27/12.</p> <p>b.) Administer Novolog sliding scale insulin based on blood glucose results according to the scale below,</p> <p>0 -150 = 0 units 150 -200 = 4 units 200 - 250 = 6 units 250 -300 = 8 units 300 - 350 = 10 units 400 - 450 = 12 units</p> <p>The original date of this order was 6/28/12.</p> <p>The dosage for the blood glucose readings of 150, 200, 250, and 300 are unclear. A blood glucose reading</p> | | | |

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| | <p>of 150 indicates no insulin or 4 units of insulin to be given. A blood glucose reading of indicates 4 or 6 units of insulin to be given. A blood glucose reading of 250 indicates 6 or 8 units of insulin to be given. A blood glucose reading of 300 indicates 8 or 10 units of insulin to be given. A blood glucose reading between 351 and 399 has no indicated units to be given.</p> <p>The clinical record indicated the pharmacist reviewed the physician's orders on 9/14/12, 8/17/12, and 7/9/12. No recommendations were made related to the sliding scale insulin order.</p> <p>During an interview with the Administrator and Director of Nursing on 9/29/12, at 1:05 p.m., information was provided related to the acetaminophen and insulin sliding scale orders.</p> <p>The facility failed to provide any additional information as of exit on 9/24/12.</p> <p>3.1-25(i)</p> | | | |

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| F0465 SS=E | <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to provide a comfortable environment for residents, staff, and the public, identified during 1 of 1 environmental tour related to carpeting, doors, and doorframes for 2 of 3 nursing units. This had the potential to affect all staff, residents, and visitors on the Hickory Hall and Southern Pines units.</p> <p>Findings include:</p> <p>During the environmental tour conducted with the Maintenance Supervisor and Administrator in Training on 9/24/12 at 1:45 p.m., the following was noted:</p> <p>Hickory Hall unit-</p> <ol style="list-style-type: none"> 1. There were several large soiled/stained areas on the carpeting by the nursing station. 2. The lower 1/3 of the doors entering rooms 35 and 38 were scuffed and marred. | F0465 | <p>F465</p> <p>WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED:</p> <ol style="list-style-type: none"> 1. Hickory Hall: The Carpeting by the Nurses station has been cleaned. The doors will be repaired by 10/12/12 for rooms 35,38,54. The gouges on both door frames of the bathroom shared by rooms 43 and 44 will be repaired by 10/12/12. The carpeted thresholds have been cleaned for rooms 21,23,25,26,28,33,34,36,39,40,43, and the linen room and the activity room. 2. The wall and the floor tile in room 60 will be repaired by 10/12/12. The carpeted thresholds have been cleaned in rooms 52,55,63,64, and the staff break room. <p>HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN:</p> <p>All residents have the potential to be affected. An environmental tour conducted by the Maintenance</p> | 10/24/2012 |

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| | <p>3. The lower inner edge of the door entering room 54 had a rough gouged area in the wood.</p> <p>4. There were gouges in the paint on both door frames of the bathroom shared by room 43 and 44.</p> <p>5. The carpeted thresholds going from the hallway into the following rooms (approximately 8 inches by greater than 3 feet) were soiled and darkened in color: Rooms 21, 23, 25, 26, 27, 28, 33, 34, 36, 39, 40, 43, and the linen room and activity room.</p> <p>Southern Pines unit</p> <p>1. The wall to the side of bed one in room 60 had gouges in the wall with exposed plaster. There was a section of missing floor tile in the center of the room approximately 2 inches in diameter exposing a dark surface underneath.</p> <p>2. The carpeted thresholds going from the hallway into the following rooms (approximately 8 inches by greater than 3 feet) were soiled and darkened in color:</p> | | <p>Director and Executive Director will be conducted to identify other areas of concern.</p> <p>WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE. Cleanliness and condition of carpeting, doors and door frames has been added to a Weekly Environmental Rounds inspection. Carpet cleaning schedule has been revised to increase frequency of cleaning thresholds and spot cleaning daily. Housekeeping and maintenance staff will be in-services by 10/12/12 regarding cleaning schedules and protocols</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED. The Executive Director or designee will monitor compliance via Environmental Rounds Audits conducted, weekly x 8 weeks, monthly x 4 months, then quarterly until 100% compliance is attained and maintained x 2 quarters.</p> <p>DATE COMPLETED 10/24/12</p> | | | | |

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| | <p>Rooms 52, 55, 63, 64, and the staff break room.</p> <p>During an interview on 9/24/12 at 2:15 p.m., the Maintenance Man indicated these areas of the carpet were soiled and he would have the other areas noted above addressed by the maintenance staff.</p> <p>3.1-19(f)</p> | | | | | | |

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| F0514 SS=D | <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure resident records were complete and accurately documented for 2 of 10 residents (Resident # 41 and 14) reviewed for complete diagnoses and for 1 of 2 residents (Resident #105) reviewed for completion of nursing notes in regards to a resident's death.</p> <p>Findings include:</p> <p>1.) The clinical record for Resident #14 was reviewed on 9/21/12 at 10:00 a.m.</p> <p>The clinical record contained a section on the recapitulation of physician's orders for the identification of the resident diagnoses. Additional diagnoses that</p> | F0514 | <p>F514 WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED: Residents # 14 and #41 diagnosis have been added to supplemental diagnosis list. Resident # 106 is no longer a resident of the facility.</p> <p>HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN: All residents have the potential to be affected. Residents Physicians order sheets and Diagnosis Lists will be reviewed by 10/22/12 to ensure that all current diagnosis have been included. Licensed Nursing staff will be re-educated regarding proper documentation when death occurs.</p> | 10/24/2012 | |

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| | <p>would not fit on this form were to be put on a "Diagnoses List."</p> <p>During an interview with RN #3 and LPN #4 on 9/20/12 at 9:40 a.m., they indicated both of these records would be copied and sent out with a resident going to the hospital so the hospital would know the diagnoses, medications, and other orders for the resident.</p> <p>A physician's history and physical, dated 8/2/11, included multiple diagnoses for Resident #14. Degenerative joint disease and macular degeneration with bilateral extensive vision loss were included in the diagnoses list.</p> <p>The physician's recapitulation of physician's orders, dated 9/18/12, and the Diagnoses List for Resident #14 did not include degenerative joint disease and macular degeneration with bilateral extensive vision loss as being diagnoses for the resident.</p> <p>During an interview with the DoN (Director of Nursing) 9/21/12 at 1:50 p.m., additional information was requested related to the lack of these diagnoses on the physician's orders or diagnoses list for Resident #14.</p> | | <p>WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE.</p> <p>Licensed Nursing staff will be in-serviced by 10/22/12 on policy and procedure for updating Physicians order sheets, cumulative diagnosis lists, and proper documentation when death occurs.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED.</p> <p>The DON/designee will audit 15 Physicians order sheets and Diagnosis sheets weekly x 8 weeks, then monthly x 4 months and then quarterly thereafter during Care Plan Meetings. The results of all audits will be submitted to P.I. monthly for review and further action as needed.</p> <p>DATE COMPLETED 10/24/12</p> | | | | |

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| | <p>The facility failed to provide any additional information as of exit on 9/24/12 at 5:00 p.m.</p> <p>2.) The clinical record for Resident #41 was reviewed on 9/20/12 at 9:15 a.m.</p> <p>The clinical record contained a section on the recapitulation of physician's orders for the identification of the resident diagnoses. Additional diagnoses that would not fit on this form were to be put on a "Diagnoses List."</p> <p>During an interview with RN #3 and LPN #4 on 9/20/12 at 9:40 a.m., they indicated both of these records would be copied and sent out with a resident going to the hospital so the hospital would know the diagnoses, medications, and other orders for the resident.</p> <p>A physician's telephone order, dated 8/2/12, indicated the staff were to add the diagnoses of "lung CA [cancer]/melanoma/cognitive impairment" to the resident's record.</p> <p>The recapitulation of physician's orders, printed 8/26/12 and signed on 9/18/12, contained multiple diagnoses for Resident #41. The 3 diagnoses</p> | | | |

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| | <p>noted above were not present on the list. The diagnoses were also not present on the diagnosis list in the clinical record.</p> <p>During an interview with the DoN (Director of Nursing) 9/21/12 at 1:50 p.m., additional information was requested related to the lack of these diagnoses on the physician's orders or diagnoses list for Resident #41.</p> <p>The facility failed to provide any additional information as of exit on 9/24/12 at 5:00 p.m.</p> <p>3.) The clinical record for Resident #106 was reviewed on 9/19/12 at 3:49 p.m.</p> <p>Diagnoses for Resident #106 included, but were not limited to, lung cancer, pulmonary hypertension, and chronic obstructive pulmonary disease.</p> <p>The clinical record for Resident #106 lacked any nursing documentation related to the resident's decline and death. The last nurses note dated 6/26/12, at 2:35 a.m., indicated resident was awake, alert and oriented to person, place and time. Also indicated no complaints or sign/symptoms of distress at this time.</p> | | | |

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| | <p>The clinical record indicated the time of death was 2:50 p.m. on 6/26/12, provided by the physician in the facility.</p> <p>Additional information was requested on 9/21/12 at 1:51 p.m. from the medical records staff.</p> <p>During an interview on 9/21/12 at 2:19 p.m., with medical records staff #5, she indicated she had no additional information to provide from 6/26/12.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p> | | | |