

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155409	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/25/2012
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NAME OF PROVIDER OR SUPPLIER WATERS OF INDIANAPOLIS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 17, 18, 19, 20, 21, 22, 24 & 25, 2012</p> <p>Facility number: 000537 Provider number: 155409 AIM number: 100267270</p> <p>Survey team: Marcy Smith RN TC Leia Alley RN Dinah Jones RN September 17, 18, 19, 20, 21 & 24, 2012 Patti Allen BSW September 17, 18, 19, 20, 21 & 24, 2012</p> <p>Census bed type: SNF/NF: 61 Total: 61</p> <p>Census payor type: Medicare: 18 Medicaid: 41 Other: 2 Total: 61</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p>	

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

TITLE

(X6) DATE

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

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	Quality review 9/28/12 by Suzanne Williams, RN			

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F0224 SS=D	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATE</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on observation, interview and record review, the facility failed to provide care for a dependent resident during night time hours. This involved 1 of 2 residents reviewed for abuse, of the 2 residents who met the criteria for abuse. Resident #64.</p> <p>Findings Include:</p> <p>The clinical record for Resident #64 was reviewed on 9/18/12 at 10:00 a.m.</p> <p>Diagnoses included, but were not limited to, depression, neuropathy (nerve damage causing the loss of feeling), muscle spasms, encephalopathy (a disease/damage/malfunction of the brain), anxiety, and personality disorders.</p> <p>A Minimum Data Set (MDS) assessment dated 8/17/12, indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 out</p>	F0224	<p>F224 I. Resident #64 was interviewed to determine her preferences during sleeping hours. Her care plan has been updated to reflect these preferences. Incontinence care and bathing are provided as needed during night time hours. II. Residents dependent on staff for care during night time hours have the potential to be affected. Care is monitored during night time hours by licensed nursing staff. Administrative staff members observe care during night time hours weekly. III. An educational offering will be provided to all nursing staff regarding the importance of ADL Care (including maintaining dignity, incontinence care, ADL documentation, and honoring choice) on October 23, 2012. Random observations of ADL care and the maintenance of dignity will occur during night time hours weekly. IV. The Director of Nursing or her designee will observe ADL care and the maintenance of dignity</p>	10/25/2012

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	<p>of a possible 15 points, which indicated Resident #64 was cognitively intact. The MDS indicated Resident #64 was totally dependent on staff for transferring, changing positions, and all activities of daily living, and she had limitations in her range of motion on both sides of her body, both arms and legs. The MDS further indicated Resident #64 was incontinent of bowel and utilized a urostomy (a device allowing the ureters to empty urine into a bag, instead of the bladder) for urine.</p> <p>A "Resident Care Plan" dated 8/4/11, indicated Resident #64 required assistance with ADLs (activities of daily living), and staff are to "assist resident as needed to assure they are clean, dry and odor free."</p> <p>During an interview on 9/21/12 at 9:45 a.m., Resident #64 began to cry and explained she had been left in "BM" (feces) all night. Resident #64 indicated she was afraid because she felt like since she "needs so much care, they don't want to deal with me and just let me lay in BM all night." She indicated she will turn her call light on for help and staff will come in the room, not say anything to the resident, and turn the light off and leave. She also indicated there have</p>		<p>for five randomly selected residents during night time hours on a once weekly basis for six months. The results of these observations will be reported to the Quality Assurance Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been achieved for a one month period. V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: October 25, 2012</p>		

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	<p>been times they come in and say they will come back soon and don't come back. Resident #64 stated, "sometimes I feel like a dog. A dog would get treated better than that." Resident #64 indicated she wouldn't be upset if it only happened one or two times, but it has happened on multiple occasions. Resident #64 indicated she has spoke to her nurses and the Director of Nursing (DON) and indicated nothing had been done to resolve the issue.</p> <p>During an interview with Resident #64 on 9/22/12 at 5:15 a.m., Resident #64 indicated she felt "wet," and none of the night shift staff had been in to check on her or change her position during the night time hours.</p> <p>During an observation of incontinence care and "A.M." care (morning care), on 9/22/12 at 5:30 a.m., Certified Nurses Aide (CNA) #1 was observed to wash the inguinal (where the leg and torso come together) region, labia and vaginal area of Resident #64. The wash cloths used for Resident #64 were noted to be soiled with a brown substance. When Resident #64 was turned to her left side, feces was noted on the resident's bottom, on the wash cloth used to clean the resident's bottom</p>			

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	<p>and soaked into the padding placed under the resident for episodes of incontinence.</p> <p>During an interview with CNAs #1 and #3, on 9/22/12 at 5:50 a.m. they indicated that the wash clothes and pad were soiled with feces. CNA #1 indicated she was assigned to provide care for Resident #64 that night. CNA #1 indicated she had been in to Resident #64's room shortly before 5:00 a.m. to empty the urostomy bag; however, she did not do any other care at that time, nor could she recall if she had checked on Resident #64 at any other time during the night shift.</p> <p>Review of a nurse's note dated 6/18/12 at 9:00 p.m., indicated, "res [resident] states she isn't getting proper care now that roommate is here and is threatening to c/o [complain] to the DON [Director of Nursing] - Explained to res that CNAs are working as hard as they can and can only do so much - Res dissatisfied with answer."</p> <p>During an interview with the DON on 9/24/12 at 9:40 a.m., she indicated she expects the CNAs on the night shift to check on dependent residents "every couple of hours." She</p>			

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	<p>indicated Resident #64 just recently brought the issue to her attention on 9/21/12, and she was unaware of an issue before. The DON indicated Resident #64 had complained of not getting care, but that it was an issue with her psychologically. The DON indicated there have been care plans made for her behavioral issues including manipulation behaviors and attention seeking, but no other interventions in regard to checking on the resident more often at night time had been put into place. The DON indicated she now has a plan in place for the CNAs to check Resident #64 every half hour during the night shift.</p> <p>A facility policy undated, titled " Abuse Prohibition Policy and Procedure" was provided by Social Services on 9/24/12 at 2:30 p.m. The policy indicated the definition of Neglect is "a failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness...", and "...It is the responsibility of all staff to provide a safe environment for all residents. Resident care and treatments shall be monitored by all staff, on an ongoing basis, to assure residents are free from abuse, neglect or mistreatment..."</p>			

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	3.1-27(a)(3)			

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F0241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview and record review, the facility failed to provide dignity for a dependent resident during incontinence care and bathing. This involved 1 of 4 residents reviewed for dignity of 4 who met the criteria for dignity. Resident #64.</p> <p>Findings Include:</p> <p>The clinical record for Resident #64 was reviewed on 9/18/12 at 10:00 a.m.</p> <p>Diagnoses included, but were not limited to, depression, neuropathy (nerve damage causing the loss of feeling) , muscle spasms, encephalopathy (a disease/damage/malfunction of the brain), anxiety, and personality disorders.</p> <p>A Minimum Data Set (MDS) assessment dated 8/17/12, was reviewed. The MDS indicated the resident had a Brief Interview for</p>	F0241	<p>F241 I. Resident #64 is provided privacy and is covered appropriately to assure her dignity during incontinence care and bathing.</p> <p>II. Residents dependent on staff for ADL care have the potential to be affected. Care is monitored by licensed nursing staff. Administrative staff members observe ADL care five times weekly. III. An educational offering will be provided to all nursing staff regarding the importance of ADL Care (including maintaining dignity, incontinence care, ADL documentation, and honoring choice) on October 23, 2012. Random observations of ADL care and the maintenance of dignity will occur weekly. IV. The Director of Nursing or her designee will observe ADL care (incontinence and bathing) and the maintenance of dignity for five randomly selected residents one time each shift on a weekly basis for six months. The results of these observations will be reported to the Quality Assurance</p>	10/25/2012	

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	<p>Mental Status (BIMS) score of 15 out of a possible 15 points, which indicated Resident #64 was cognitively intact. The MDS indicated Resident #64 was totally dependent on staff for transferring, changing positions, and all activities of daily living, and she had limitations in her range of motion on both sides of her body, both arms and legs. The MDS further indicated Resident #64 was incontinent of bowel and utilized a urostomy (a device letting the ureters empty urine into a bag, instead of the bladder) for urine.</p> <p>A "Resident Care Plan" dated 8/4/11, indicated Resident #64 required assistance with ADLs (activities of daily living), and staff are to "assist resident as needed to assure they are clean, dry and odor free."</p> <p>During an interview with Resident #64 on 9/22/12 at 5:15 a.m., Resident #64 indicated she felt "wet," and none of the night shift staff had been in to check on her or change her position during the night time hours.</p> <p>During an observation of incontinence care and "A.M." care (morning care), on 9/22/12 at 5:30 a.m., Certified Nurses Aide (CNA) #1 was observed to wash the inguinal (where the leg</p>		<p>Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been achieved for a one month period. V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: October 25, 2012</p>	

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	<p>and torso come together) region, labia and vaginal area of Resident #64. Resident #64 had a rolled up gown covering the top part of her body and indicated at that time she was cold. CNA #1 did not attempt any interventions in regarding to Resident #64's statement that she was cold.</p> <p>CNA #1 then proceeded to remove the gown and wash the top half of the body. Portions of the resident's body were not covered during care. Resident #64 was completely nude and exposed until care was completed.</p> <p>3.1-3(t)</p>			

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F0242 SS=D	<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 received showers and/or received showers at a time of day which met her preferences for 1 of 5 residents who met the criteria for choices. (Resident #21)</p> <p>Findings include:</p> <p>The record of Resident #21 was reviewed on 9/21/12 at 1:00 p.m.</p> <p>Diagnoses for Resident #21 included, but were not limited to, morbid obesity, congestive heart failure and anxiety.</p> <p>An Annual Minimum Data Set, (MDS) an assessment tool, dated 1/25/12, indicated it was very important to Resident #21 to choose a shower as her type of bathing and she was totally dependent on one person physical assistance for the shower.</p>	F0242	<p>F242 I. Resident #21 was interviewed to determine her preferences for showering and/or complete bathing. Her care plan has been updated to reflect these preferences. Showers and/or complete bathing are provided based on these preferences. II. Residents dependent on staff for showering and/or complete bathing and meeting the criteria for choices have the potential to be affected. Affected residents have been interviewed and care plans have been updated to reflect choices in showering and/or complete bathing. The Activities Director will attempt to obtain information from the resident or responsible party regarding bathing preferences and care plans will be updated as necessary. III. An educational offering will be provided to all nursing staff regarding the importance of ADL Care (including maintaining dignity,</p>	10/25/2012			

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	<p>A Quarterly MDS, dated 7/15/12, indicated Resident #21 was totally dependent with one person physical assist for bathing.</p> <p>An Activity progress note dated 9/3/12, indicated choosing her method of bathing was very important to Resident #21.</p> <p>A care plan for Resident #21, dated 2/3/10 and updated through 11/2/12, indicated a problem of "Resident requires extensive assistance with most aspects of her ADL's." (Activities of Daily Living) Approaches included "Provide shower, shampoo and nail care at least twice a week and as needed..."</p> <p>During an interview with Resident #21 on 9/18/12 at 3:02 p.m., she indicated she was scheduled for evening showers and didn't get to choose how many times a week she could receive a shower. She indicated "We're supposed to get 2 showers a week but I don't." When asked if she would like more than 2 showers a week, she stated "It would be impossible to get more." On 9/21/12 at 3:55 p.m. she indicated she liked to shower before her brother gets to the facility to visit around 4:00 p.m. daily, but if it doesn't happen she is willing to do it</p>		<p>incontinence care, ADL documentation, and honoring choice) on October 23, 2012. Staff members providing showers and/or complete bathing are required to provide a record of completion at the time of each shower or complete bath indicating the type of bathing provided along with the date and time. IV. The Director of Nursing or her designee will monitor the records of completion of showering and/or complete bathing of five randomly selected residents to determine if showering and/or complete bathing was in compliance with care plans, daily for one month, then once weekly for two months, and then monthly for three months. The results of these observations will be reported to the Quality Assurance Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been achieved for a one month period. V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: October 25, 2012</p>		

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	<p>later but "they are just too busy."</p> <p>Review of an "Activities of Daily Living Documentation" sheet for Resident #21 for August, 2012, indicated she received a shower on August 1, 11, 25 and 30.</p> <p>Further information was requested from the Director of Nursing (DON) on 9/21/12 at 3:45 p.m. regarding Resident #21's showers.</p> <p>On 9/24/12 at 3:50 p.m. the DON provided "CNA [Certified Nursing Assistant] Bath Checklist" sheets which indicated Resident #21 received bathing care on August 1, 8, 11, 15, 25 and 30, 2012. The sheets did not specify what type of bathing care the resident received.</p> <p>Review of the "Activities of Daily Living Documentation" sheet for August indicated in addition to the showers Resident #21 received on August 1, 11, 25 and 30, she received a Partial Bath on August 8 and 15, 2012.</p> <p>During an interview with CNA #4 and CNA #5 on 9/24/12 at 2:34 p.m. they indicated they were supposed to fill out the "CNA Bath Checklist" sheets whether the residents received a</p>						

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	<p>shower or full or partial bed bath, and the sheets didn't specify which kind of bathing care a resident received.</p> <p>3.1-3(u)(1)</p>			

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NAME OF PROVIDER OR SUPPLIER WATERS OF INDIANAPOLIS THE			STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227		
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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, record review and interview, the facility failed to ensure a comprehensive dialysis plan of care was in place for 1 of 4 residents who required dialysis in the facility. (Resident #19)</p> <p>Findings include:</p> <p>The record of Resident #19 was reviewed on 9/20/12 at 1:00 P.M.</p> <p>Diagnoses for Resident #19 included, but were not limited to, end stage renal failure.</p>	F0279	<p>F279 I. The comprehensive dialysis plan of care of Resident #19 has been reviewed and updated to reflect the assessment and monitoring of potential complications associated with dialysis and end-stage renal disease. II. Residents receiving dialysis have the potential to be affected. The care plans of affected residents have been reviewed and updated to reflect the assessment and monitoring of potential complications associated with dialysis and</p>	10/25/2012	

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	<p>During on observation on 9/18/12 at 2:05 p.m. it was noted Resident #19 had a central line dialysis access site in his right upper chest. It was covered with a dressing.</p> <p>A care plan for Resident #19, dated 2/22/10 and current through 11/9/12, indicated a problem of "Resident has a diagnosis of Renal Failure and requires Dialysis three times a week." A goal was "Resident's condition and needs will be communicated with Dialysis each Dialysis day and as needed through next review." Approaches included "Monitor resident condition every shift, Monitor V/S [vital signs] as needed, Monitor labs as ordered, Provide copies of current medications and orders to Dialysis with each visit. Communicate with Dialysis for lab values and treatment administration, Notify and update MD, family and Dialysis of any noted changes as needed."</p> <p>Another care plan for Resident #19, dated 1/19/12 and current through 11/9/12, indicated a problem of "Resident requires dialysis outpatient." A goal was "Will have no S/S [signs/symptoms] complications R/T [related to] dialysis. Approaches</p>		<p>end-stage renal disease. III. An educational offering regarding the assessment and monitoring of dialysis residents was provided to licensed nurses on September 21, 2012. The inservice, along with the care plans of residents receiving dialysis will be reviewed with all licensed nursing staff on October 23, 2012. Licensed nursing staff will be required to provide post-dialysis documentation as indicated on the plan of care. IV. The Director of Nursing or her designee will monitor the documentation of residents receiving dialysis, daily for one month, then once weekly for two months, and then monthly for three months. The results of these observations will be reported to the Quality Assurance Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been achieved for a one month period.V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: October 25, 2012</p>		

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	<p>were "1) observe and notify dialysis of all [change] in condition 2) dialysis port and drsg [dressing] change occur at dialysis 3) dialysis blood draws occur at dialysis 4) Ask/contact dialysis weekly for any blood work 5) Update notify family/MD/dialysis as needed."</p> <p>Inservice information received from the Director of Nursing (DON) on 9/21/12 at 3:24 p.m., titled "Dialysis Considerations," indicated "Objectives will understand:...complications r/t ESRD and/or dialysis, Assessment of dialysis resident...Assessing dialysis patient Physical assessment consists of the following; weight, BP [blood pressure] Temp, pulse, respirations, respiratory effort, edema, lung sounds, peripheral pulses, skin integrity, skin color, jugular vein distention and evaluation of vascular access...Vascular access The access site should be assessed for s/s [signs/symptoms] infection...Care plan considerations It is not enough to simply have a "dialysis" care plan. The effects of the ESRD and dialysis complications on all areas of resident care should be incorporated within the comprehensive care plan..."</p> <p>A care plan for "Alteration Kidney Function-Hemodialysis" was provided</p>			

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	<p>by the DON on 9/21/12 at 3:24 p.m. She indicated at this time it was a "Facility" care plan example for dialysis but not the care plan being used for Resident #19.</p> <p>Interventions in this care plan included: "Observe for clinical signs of infection...monitor for signs of bleeding...monitor for muscle cramps in legs...monitor extremities for edema..."</p> <p>3.1-35(b)(1)</p>			

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN 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 a resident's care plan was followed in regard to showers, for 1 of 21 residents reviewed for care plans in a sample of 29. (Resident #21)</p> <p>Findings include:</p> <p>1. The record of Resident #21 was reviewed on 9/21/12 at 1:00 p.m.</p> <p>Diagnoses for Resident #21 included, but were not limited to, morbid obesity, congestive heart failure and anxiety.</p> <p>An Annual Minimum Data Set, (MDS) an assessment tool, dated 1/25/12, indicated it was very important to Resident #21 to choose a shower as her type of bathing and she was totally dependent on one person physical assistance for the shower.</p> <p>A Quarterly MDS, dated 7/15/12, indicated Resident #21 was totally dependent with one person physical assist for bathing.</p>	F0282	<p>F282 I. Resident #21 was interviewed to determine her preferences for showering and/or complete bathing. Her care plan has been updated to reflect these preferences. Showers and/or complete bathing are provided based on these preferences. II. Residents dependent on staff for showering and/or complete bathing have the potential to be affected. Affected residents have been interviewed and care plans have been updated to reflect choices in showering and/or complete bathing. Showering and/or complete bathing will be completed based on the resident's plan of care. The Activities Director will attempt to obtain information from the resident or responsible party regarding bathing preferences and care plans will be updated as necessary. III. An educational offering will be provided to all nursing staff regarding the importance of ADL Care (including maintaining dignity, incontinence care, ADL documentation, and honoring</p>	10/25/2012			

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	<p>An Activity progress note dated 9/3/12, indicated choosing her method of bathing was very important to Resident #21.</p> <p>A care plan for Resident #21, dated 2/3/10 and updated through 11/2/12, indicated a problem of "Resident requires extensive assistance with most aspects of her ADL's." (Activities of Daily Living) Approaches included "Provide shower, shampoo and nail care at least twice a week and as needed..."</p> <p>During an interview with Resident #21 on 9/18/12 at 3:02 p.m., she indicated she was scheduled for evening showers and didn't get to choose how many times a week she could receive a shower. She indicated "We're supposed to get 2 showers a week but I don't." When asked if she would like more than 2 showers a week, she stated "It would be impossible to get more." On 9/21/12 at 3:55 p.m. she indicated she liked to shower before her brother gets to the facility to visit around 4:00 p.m. daily, but if it doesn't happen she is willing to do it later but "they are just too busy."</p> <p>Review of an "Activities of Daily Living Documentation" sheet for Resident</p>		<p>choice) on October 23, 2012. Staff members providing showers and/or bathing are required to provide a record of completion at the time of each shower or complete bath indicating the type of bathing provided along with the date and time. IV. The Director of Nursing or her designee will monitor the records of completion of showering and/or complete bathing of five randomly selected residents to determine if showering and/or complete bathing was in compliance with care plans, daily for one month, then once weekly for two months, and then monthly for three months. The results of these observations will be reported to the Quality Assurance Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been achieved for a one month period. V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: October 25, 2012</p>				

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	<p>#21 for August, 2012, indicated she received a shower on August 1, 11, 25 and 30.</p> <p>Further information was requested from the Director of Nursing (DON) on 9/21/12 at 3:45 p.m. regarding Resident #21's showers.</p> <p>On 9/24/12 at 3:50 p.m. the DON provided "CNA [Certified Nursing Assistant] Bath Checklist" sheets which indicated Resident #21 received bathing care on August 1, 8, 11, 15, 25 and 30, 2012. The sheets did not specify what type of bathing care the resident received.</p> <p>Review of the "Activities of Daily Living Documentation" sheet for August indicated in addition to the showers Resident #21 received on August 1, 11, 25 and 30, she received a Partial Bath on August 8 and 15, 2012.</p> <p>During an interview with CNA #4 and CNA #5 on 9/24/12 at 2:34 p.m. they indicated they were supposed to fill out the "CNA Bath Checklist" sheets whether the residents received a shower or full or partial bed bath, and the sheets didn't specify which kind of bathing care a resident received.</p>			

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	3.1-37(a)			

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F0309 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 observation, record review and interview, the facility failed to ensure a resident receiving dialysis was provided with assessments to monitor for complications according to a comprehensive plan of care for 1 of 4 residents requiring dialysis in the facility. (Resident #19)</p> <p>Findings include:</p> <p>The record of Resident #19 was reviewed on 9/20/12 at 1:00 P.M.</p> <p>Diagnoses for Resident #19 included, but were not limited to, end stage renal failure.</p> <p>During on observation on 9/18/12 at 2:05 p.m. it was noted Resident #19 had a central line dialysis access site in his right upper chest. It was covered with a dressing.</p> <p>A care plan for Resident #19, dated 2/22/10 and current through 11/9/12, indicated a problem of "Resident has</p>	F0309	<p>F309 I. The comprehensive dialysis plan of care of Resident #19 has been reviewed and updated to reflect the assessment and monitoring of potential complications associated with dialysis and end-stage renal disease including monitoring of the access site. II. Residents receiving dialysis have the potential to be affected. The care plans of affected residents have been reviewed and updated to reflect the assessment and monitoring of potential complications associated with dialysis and end-stage renal disease including monitoring of the access site. III. An educational offering regarding the assessment and monitoring of dialysis residents was provided to licensed nurses on September 21, 2012. The inservice, along with the care plans of residents receiving dialysis will be reviewed with all licensed nursing staff on October 23,</p>	10/25/2012	

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	<p>a diagnosis of Renal Failure and requires Dialysis three times a week." A goal was "Resident's condition and needs will be communicated with Dialysis each Dialysis day and as needed through next review." Approaches included "Monitor resident condition every shift, Monitor V/S [vital signs] as needed, Monitor labs as ordered, Provide copies of current medications and orders to Dialysis with each visit. Communicate with Dialysis for lab values and treatment administration, Notify and update MD, family and Dialysis of any noted changes as needed."</p> <p>Another care plan for Resident #19, dated 1/19/12 and current through 11/9/12, indicated a problem of "Resident requires dialysis outpatient." A goal was "Will have no S/S [signs/symptoms] complications R/T [related to] dialysis. Approaches were "1) observe and notify dialysis of all [change] in condition 2) dialysis port and drsg [dressing] change occur at dialysis 3) dialysis blood draws occur at dialysis 4) Ask/contact dialysis weekly for any blood work 5) Update notify family/MD/dialysis as needed."</p> <p>Inservice information received from</p>		<p>2012. Licensed nursing staff will be required to provide post-dialysis documentation as indicated on the plan of care. IV. The Director of Nursing or her designee will monitor the documentation of residents receiving dialysis, daily for one month, then once weekly for two months, and then monthly for three months. The results of these observations will be reported to the Quality Assurance Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been achieved for a one month period. V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: October 25, 2012</p>		

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	<p>the Director of Nursing (DON) on 9/21/12 at 3:24 p.m., titled "Dialysis Considerations," indicated "Objectives will understand:...complications r/t ESRD and/or dialysis, Assessment of dialysis resident...Assessing dialysis patient Physical assessment consists of the following; weight, BP [blood pressure] Temp, pulse, respirations, respiratory effort, edema, lung sounds, peripheral pulses, skin integrity, skin color, jugular vein distention and evaluation of vascular access...Vascular access The access site should be assessed for s/s [signs/symptoms] infection...Care plan considerations It is not enough to simply have a "dialysis" care plan. The effects of the ESRD and dialysis complications on all areas of resident care should be incorporated within the comprehensive care plan..."</p> <p>A care plan for "Alteration Kidney Function-Hemodialysis" was provided by the DON on 9/21/12 at 3:24 p.m. She indicated at this time it was a "Facility" care plan example for dialysis but not the care plan being used for Resident #19.</p> <p>Interventions in this care plan included: "Observe for clinical signs of infection...monitor for signs of bleeding...monitor for muscle cramps</p>			

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	<p>in legs...monitor extremities for edema..."</p> <p>During an interview with the DON on 9/21/12 at 3:24 p.m. she indicated a "Dialysis/Nursing Facility Communication Form" is sent with Resident #19 every day he goes to dialysis. The top half of the form is to be filled out by the facility with name, fasting blood sugar results, vital signs, access site assessment (for redness, swelling, drainage), and changes noted in past 24 - 28 hrs.</p> <p>The bottom half of the form was to be completed by the Dialysis Unit with access site assessment information, lab results one time per month, pre and post dialysis weights, blood pressures, pulses and respirations, and any other orders or changes which took place at dialysis that day.</p> <p>During an interview with Licensed Practical Nurse #2 on 9/21/12 at 3:00 p.m. she indicated she was usually the nurse who received the residents back from dialysis. She indicated she would help Resident #19 into bed, look at the access site and get report from the ambulance driver on what happened at dialysis. She would not document her assessment of the resident, or check his vital signs. She</p>			

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	<p>indicated the dialysis center would often not return the "Dialysis/Nursing Facility Communication Form." She indicated she did not follow up with the dialysis center to request the form be returned.</p> <p>There was no documentation in the resident's record to indicate his dialysis access site was accessed on a regular basis for bleeding or infection.</p> <p>3.1-37(a)</p>			

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F0312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on record review and interview, the facility failed to ensure a resident received showers and/or received showers at a time of day which met her needs for 1 resident randomly reviewed for receiving showers. (Resident #21)</p> <p>Findings include:</p> <p>The record of Resident #21 was reviewed on 9/21/12 at 1:00 p.m.</p> <p>Diagnoses for Resident #21 included, but were not limited to, morbid obesity, congestive heart failure and anxiety.</p> <p>An Annual Minimum Data Set, (MDS) an assessment tool, dated 1/25/12, indicated it was very important to Resident #21 to choose a shower as her type of bathing and she was totally dependent on one person physical assistance for the shower.</p> <p>A Quarterly MDS, dated 7/15/12, indicated Resident #21 was totally</p>	F0312	<p>F312 I. Resident #21 was interviewed to determine her preferences for showering and/or complete bathing. Her care plan has been updated to reflect these preferences. Showers and/or complete bathing are provided based on these preferences. II. Residents dependent on staff for showering and/or complete bathing have the potential to be affected. Affected residents have been interviewed and care plans have been updated to reflect choices in showering and/or complete bathing. Showering and/or complete bathing will be completed based on the resident's plan of care. The Activities Director will attempt to obtain information from the resident or responsible party regarding bathing preferences and care plans will be updated as necessary. III. An educational offering will be provided to all nursing staff regarding the importance of ADL Care (including maintaining dignity, incontinence care, ADL</p>	10/25/2012

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	<p>dependent with one person physical assist for bathing.</p> <p>An Activity progress note dated 9/3/12, indicated choosing her method of bathing was very important to Resident #21.</p> <p>A care plan for Resident #21, dated 2/3/10 and updated through 11/2/12, indicated a problem of "Resident requires extensive assistance with most aspects of her ADL's." (Activities of Daily Living) Approaches included "Provide shower, shampoo and nail care at least twice a week and as needed..."</p> <p>During an interview with Resident #21 on 9/18/12 at 3:02 p.m., she indicated she was scheduled for evening showers and didn't get to choose how many times a week she could receive a shower. She indicated "We're supposed to get 2 showers a week but I don't." When asked if she would like more than 2 showers a week, she stated "It would be impossible to get more." On 9/21/12 at 3:55 p.m. she indicated she liked to shower before her brother gets to the facility to visit around 4:00 p.m. daily, but if it doesn't happen she is willing to do it later but "they are just too busy."</p>		<p>documentation, and honoring choice) on October 23, 2012. Staff members providing showers and/or bathing are required to provide a record of completion at the time of each shower or complete bath indicating the type of bathing provided along with the date and time. IV. The Director of Nursing or her designee will monitor the records of completion of showering and/or complete bathing of five randomly selected residents to determine if showering and/or complete bathing was in compliance with care plans, daily for one month, then once weekly for two months, and then monthly for three months. The results of these observations will be reported to the Quality Assurance Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been achieved for a one month period. V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: October 25, 2012</p>				

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	<p>Review of an "Activities of Daily Living Documentation" sheet for Resident #21 for August, 2012, indicated she received a shower on August 1, 11, 25 and 30.</p> <p>Further information was requested from the Director of Nursing (DON) on 9/21/12 at 3:45 p.m. regarding Resident #21's showers.</p> <p>On 9/24/12 at 3:50 p.m. the DON provided "CNA [Certified Nursing Assistant] Bath Checklist" sheets which indicated Resident #21 received bathing care on August 1, 8, 11, 15, 25 and 30, 2012. The sheets did not specify what type of bathing care the resident received.</p> <p>Review of the "Activities of Daily Living Documentation" sheet for August indicated in addition to the showers Resident #21 received on August 1, 11, 25 and 30, she received a Partial Bath on August 8 and 15, 2012.</p> <p>During an interview with CNA #4 and CNA #5 on 9/24/12 at 2:34 p.m. they indicated they were supposed to fill out the "CNA Bath Checklist" sheets whether the residents received a shower or full or partial bed bath, and the sheets didn't specify which kind of</p>			

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	bathing care a resident received. 3.1-38(b)(2)			

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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 and interview, the facility failed to ensure wheels on the bed of a resident at risk for falls were locked, resulting in a fall, for 1 of 4 residents reviewed for preventable accident hazards of 5 who met the criteria for accidents. (Residents #38)</p> <p>Findings include:</p> <p>The record of Resident #38 was reviewed on 9/21/12 at 9:00 a.m.</p> <p>Diagnoses for Resident #38 included, but were not limited to, weakness with falls, restless leg syndrome and degenerative joint disease of the right hip.</p> <p>Resident #38 was admitted to the facility on 5/3/12. Her Admission Minimum Data Set (MDS) assessment, dated 5/15/12, indicated she had had a fall in the last month prior to her admission to the facility. A History and Physical, completed by her physician on 5/5/12, indicated</p>	F0323	<p>F323 I. The immediate living area of Resident #38 has been inspected and made free of environmental accident hazards as is possible (beds being locked, etc.). II. Residents assessed to be at risk for falls have the potential to be affected. The immediate living environments of affected residents have been inspected and made as free of accident hazard as is possible (beds being locked, etc.). III. An educational offering regarding resident safety will be provided to all staff members on October 24, 2012. Department managers and licensed nursing staff monitor resident rooms daily for environmental hazards. IV. The Administrator or her designee will monitor the potential for accident hazards in the immediate living areas of five randomly selected affected residents, five times weekly for one month, then once weekly for two months, and then monthly for three months. The results of these observations will be reported to</p>	10/25/2012

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	<p>Resident #38 was s/p (status/post) multiple falls at home.</p> <p>A "Falls Risk Determination," dated 5/3/12, indicated Resident #38 was a "high risk for falls."</p> <p>A care plan for Resident #38, dated 5/3/12, indicated a problem of "Resident is a risk for falls..."</p> <p>Review of nursing notes dated 5/5/12 at 2:15 p.m. indicated "Res[ident] stated at this time that at 630A she went to sit on her bed - bed moved and res sat on floor."</p> <p>A review of an "Incident Documentation and Investigation Tool," dated 5/5/12, indicated Resident #38 "missed the bed sat on floor." "Solutions/Interventions..." included "ensure wheels on bed are locked."</p> <p>Resident #38's care plan for being at risk for falls was updated on 5/7/12 with "Ensure wheels on bed are locked."</p> <p>3.1-45(a)(1)</p>		<p>the Quality Assurance Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent success rate has been achieved for a one month period. V.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: October 25, 2012</p>		

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F0329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure medications were monitored to be sure they were having the desired affect for 1 of 10 residents reviewed for medications. (Resident #38)</p> <p>Findings include:</p> <p>The record of Resident #38 was reviewed on 9/21/12 at 9:00 a.m.</p> <p>Diagnoses for Resident #38 included,</p>	F0329	<p>F329 I. The desired effect of Resident #38's laxative use is currently being monitored as indicated on her plan of care.</p> <p>II. Residents currently receiving laxatives with a care plan addressing the risk or diagnosis of constipation have the potential to be affected. Affected residents will have the desired effect of medications used to treat constipation monitored as indicated on the plan of care. Certified Nursing Assistants document bowel</p>	10/25/2012	

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	<p>but were not limited to, constipation and irritable bowel syndrome.</p> <p>Recapitulated physician's orders for September, 2012, with an original date of 6/11/12, indicated Resident #38 was to receive Miralax (a laxative) 17 grams mixed in 8 ounces of a beverage once a day, and Docusate Sodium,(a stool softener) 100 milligrams, 2 times a day.</p> <p>A care plan for Resident #38, dated 6/11/12 and updated through 11/30/12, indicated a problem of "Res[ident] at risk for - or - has dx [diagnosis] of constipation." A goal was "Res[ident] will experience no decline in bowel mobility resulting in pain - or - impactions." Interventions included "1. Will have a BM [bowel movement] [every] 3 days. 2. Take meds as ordered..."</p> <p>Review of an Admission Minimum Data Set, (MDS) an assessment tool, dated 5/15/12, indicated Resident #38 was always continent of bowel and need limited assist going to the bathroom.</p> <p>Review of a Quarterly MDS, dated 8/15/12, indicated she was always continent of bowel and independent going to the bathroom.</p>		<p>movements daily and licensed nurses review the documentation daily to determine if additional intervention is necessary. III. An educational offering will be provided to all nursing staff regarding the importance of ADL Care (including maintaining dignity, incontinence care, ADL documentation, and honoring choice) on October 23, 2012. The monitoring of ADL records specific to bowel movements will be reviewed with licensed nursing staff on October 23, 2012. Licensed nursing staff will be required to provide documentation of the review of ADL documentation specific to bowel movements daily. IV. The Director of Nursing or her designee will monitor ADL documentation specific to bowel movements and documentation of the review of ADL documentation of five randomly selected residents to determine if the desired effect of medications is being monitored, daily for one month, then once weekly for two months, and then monthly for three months. The results of these observations will be reported to the Quality Assurance Committee to determine if monitoring can be discontinued. Monitoring may be discontinued after a 100 percent</p>	

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	<p>Review of "Activities of Daily Living Documentation" records for June, July and August, 2012 indicated only a "C" under every shift, every day of these months. According to the legend, the "C" stood for "continent." There was no documentation to indicate whether Resident #38 had a bowel movement in June, July or August, 2012.</p> <p>Review of a "Bowel Elimination Policy," dated 7/1/11, received from the Director of Nursing (DON) on 9/21/12 at 2:30 p.m. indicated "Guideline: It is the intent of the facility nursing personnel to document, monitor and implement appropriate measures relative to the management of bowel function...Procedure: 1. CNA's (Certified Nursing Assistants) will document resident bowel movements daily next to the resident's name on each shift on the ADL sheet. 2. If a resident self-toilets, the CNA will inquire prior to the end of their shift if the resident had a bowel movement and record results on the ADL sheet. 3. Documentation should reflect approximate size...the number of bowel movements should also be noted...5. The Charge Nurse will review the ADL sheet in regard to bowel movements. If a resident has</p>		<p>success rate has been achieved for a one month period. V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: October 25, 2012</p>		

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	<p>no bowel movement by the third day, the Charge Nurse will notify the MD and follow ordered protocol..."</p> <p>During an interview with the Director of Nursing on 9/25/12 at 9:50 a.m. she indicated a nurse or CNA should always check with a continent resident to see if they had a bowel movement and then document the information.</p> <p>3.1-48(a)(3)</p>			