

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/08/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 28, 29, and 30 2014. May 1, 2, 7, and 8, 2014</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Survey team: Barbara Gray, RN-TC (April 28, 29, and 30, 2014. May 2, 7, and 8, 2014) Leslie Parrett, RN Angel Tomlinson, RN (April 28 and 30, 2014. May 1, 2, 7, and 8, 2014)</p> <p>Census bed type: SNF/NF: 91 Total: 91</p> <p>Census payor type: Medicare: 20 Medicaid: 69 Other: 2 Total: 91</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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F000157 SS=D	<p>Quality review completed on May 14, 2014 by Cheryl Fielden, RN.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or</p>			

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	<p>interested family member.</p> <p>Based on observation, interview and record review the facility failed to notify the physician of a resident's bilateral leg pain for 1 of 1 resident's reviewed for pain (Resident #74).</p> <p>Findings include:</p> <p>An Interview with Resident #74 on 4/30/14 at 10:50 a.m., indicated he had bilateral leg pain with no relief. Resident #74 indicated his legs cramped and hurt when he was at rest. Resident #74 indicated he did not receive any pain medication to relieve the pain. Resident #74 indicated the pain caused him not to be able to sleep at night and it caused him to be tired during the day. The resident indicated the nurses felt bad for him because they were aware he was in pain, but did not have any pain medicine ordered to give him. Resident #74 indicated the physician did not address his leg pain and he was considering switching to another physician. Resident #74 indicated his leg pain was constant and worse when he was lying down. During observation at this time the resident was rubbing both legs and moving them constantly.</p> <p>Review of the record of Resident #74 on 4/30/14 at 2:20 p.m., indicated the</p>	F000157	<p>F157</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>R 74's primary physician was notified of his bilateral leg pain on 05-01-14. Physician saw R 74 5-01-14 and gave new orders. R 74's pain assessment was updated on 05-10-14 residents states that pain is relived with medications.</p> <p>All licensed Nursing staff have been in serviced on 5-22-14 regarding Notification of Change in resident health status and pain assessments.</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>Facility conducted pain assessments on all residents and they were reviewed to ensure if there was a change in pain that they were assessed and physicians notified if indicated.</p> <p>Licensed Nursing staff were in</p>	06/02/2014			

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	<p>resident's diagnoses included, but were not limited to, generalized pain, cirrhosis of the liver, hypertension, depression and alcohol withdrawal.</p> <p>The record of Resident #74 indicated he was admitted to the facility on 2/13/14.</p> <p>Review of Resident #74's physician recapitulation orders dated April 2014, indicated the resident did not have pain medication ordered.</p> <p>The progress note for Resident #74 dated 2/20/14 at 10:26 a.m., indicated the resident verbally indicated having pain during the past five days constantly in both legs and it interfered with his sleep and Activities Of Daily Living (ADL). The resident rated his worse pain to an 8 on the 1-10 pain scale. The progress note was electronically signed by the Minimum Data Set (MDS) coordinator.</p> <p>The Admission MDS assessment for Resident #74 dated 2/21/14, indicated the resident's BIMS (Brief Interview for Mental Status) was an 11, moderately impaired, the resident was not on a scheduled pain medicine or received pain medication as needed, the resident did not receive a non medication interventions for pain. The resident had pain present almost constantly and the</p>		<p>serviced on 5-22-14 regarding Notification of Change in resident health status and pain assessments.</p> <p>New licensed nursing staff will have education on Notification of Change in resident health status and pain assessments.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>Nursing Staff were in serviced on 5-22-14 regarding Notification of Change in resident health status and pain assessments.</p> <p>New staff will have education on Notification of Change in resident health status and pain.</p> <p>ED and DNS or designee will monitor daily 24 hour reports, nurses notes, concern forms, Clinical Start up, Care Management meetings and morning meetings for Notifications of Change in resident health status and pain 5 times a week for 4 weeks then 3 times a week for 4 weeks then weekly for 4 months.</p> <p>These corrective actions will</p>				

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	<p>pain made it hard for him to sleep and the pain limited the resident's day to day activities. The pain intensity was an 8 on the 1-10 pain scale.</p> <p>An interview with Resident #74 on 5/1/14 at 11:45 a.m., indicated he had told the nurses and therapy about his leg pain. The resident indicated he did not know specific names of the staff he told about the leg pain. The resident indicated the night shift staff was aware the leg pain was causing him not to be able to sleep. Resident #74 indicated elevating his legs while bed helped the pain some.</p> <p>An interview with Resident #74 on 5/1/14 at 2:32 p.m., indicated the physician came and talked with him on this day. The resident indicated the physician was going to order him some medication to help with his leg pain. The resident indicated he was not going to switch physicians at this time due to the physician told him he was not aware of his leg pain until recently and was now going to treat the pain. The resident indicated he had the bilateral leg pain since admission to the facility and thought he was going to have to "live with it".</p> <p>The physician order for Resident #74 dated 5/1/14 (no time), indicated the</p>		<p>be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>ED and DNS or designee will monitor daily 24 hour reports, nurses notes, concern forms, Clinical Start up, Care Management meetings and morning meetings for Notifications of Change in resident health status and pain 5 times a week for 4 weeks then 3 times a week for 4 weeks then weekly for 4 months.</p> <p>Results of audits will be reviewed at monthly for 6 months or until compliant at the monthly facility QAA meetings. The Facility will evaluate the audits for trends or patterns and action plans will be implemented if indicated.</p>				

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	<p>resident was ordered Baclofen 10 milligrams twice a day.</p> <p>An interview with the MDS coordinator on 5/2/14 at 9:25 a.m., indicated she would have filled out a "stop and watch" form related to Resident#74's leg pain and given it to the resident's nurse. The MDS coordinator indicated the Administrator would have also gotten a copy of the "stop and watch" form. The MDS coordinator indicated the resident's nurse should have notified the physician about Resident #74's bilateral leg pain.</p> <p>An interview with the Administrator on 5/2/14 at 10:30 a.m., indicated he was unable to find the "stop and watch" form for Resident #74's bilateral leg pain.</p> <p>An interview with Medical Records on 5/8/14 at 8:43 a.m., indicated she was unable to find any documentation the physician was notified of the bilateral leg pain in February 2014.</p> <p>The "Pain Management Guideline" provided by the Administrator on 5/2/14 at 9:50 a.m., indicated the physician would be notified of pain assessment findings and orders obtained for pharmacological interventions, if indicated.</p> <p>3.1-5(a)(3)</p>			

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F000226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES 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 report allegations of abuse for 1 of 2 residents that met the criteria for dignity and 1 of 3 residents reviewed for abuse (Resident # 145).</p> <p>Findings include: An interview with Resident # 145's</p>	F000226	<p>F226</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>On the morning of 04-28-14 when the survey team brought the allegation to the attention of the ED, he immediately began an investigation of the</p>	06/02/2014

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	<p>daughter on 4/28/14 at 1:55 p.m., indicated "my father reported to me that a man said he was going to hit him if he didn't stay in his bed and shut up, that he had thirty other residents to care for. I don't know if it is true, my father has moments of confusion and then moments that he is lucid. I saw two males working on the floor." The Resident's daughter indicated two CNA's were present when Resident # 145 reported it to her. On interview with the daughter observed Resident # 145 was very soft spoken and pleasantly confused. This incident was reported to the Administrator on 4/28/14 at 2:45 p.m., by the surveyor.</p> <p>Review of the record of Resident # 145 on 5/1/14 at 2:13 p.m., indicated the Resident's diagnoses included, but were not limited to, atria fibrillation, hypertension, chronic kidney disease, anxiety, coronary artery disease, dysphasia and depression.</p> <p>On 4/28/14 at 3:30 p.m., Resident # 145 was interviewed by the Administrator in his room with his daughter and son present, the Resident indicated his wife came in and put him to bed and they (staff) moved him to another bed. "I was yelling for help because I did not know where I was, I walked into this place because I was trying to get out, I did not</p>		<p>alleged abuse. Interviews were conducted with the staff working in the Unit where R145 resided. SSD and ED interviewed the resident.</p> <p>Upon completion of the investigation the facility was unable to substantiate that any allegation. The ED reported the findings of the allegation to ISDH on 05-02-14.</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>ED reviewed Grievance reports for last 3 months to ensure there were no other potential allegations that needed to be investigated and none were found.</p> <p>Staff were educated on 04-28-14 regarding reporting allegations.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>Staff were educated on 04-28-14 regarding reporting allegations.</p>				

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	<p>know what floor I was on. A man wearing blue, navy blue or black said he was going to bust me in the mouth, but did not touch me. A blonde headed gal pulled me out of the barrel, the pickle barrel they were holding my heels while I was in the barrel." Resident # 145's daughter and son indicated they do not believe that anything occurred as the Resident has been confused and talks about seeing spiders and sawdust in the air.</p> <p>Review of Incident Report Form provided by the Administrator on 5/1/14 at 1:10 p.m., indicated on 4/28/14 investigation of abuse allegations for Resident # 145 began: Brief description of incident: Resident # 145 who is alert but has periods of confusion reported to his daughter that the prior night a man in navy blue told him if he did not stay in bed he was going to hit him.</p> <p>Immediate action taken: An investigation was immediately initiated. Alert and oriented residents on the same unit are being interviewed. Physician and residents responsible parties are aware of incident. All staff are being inserviced on abuse. CNA # 5 was the only male employee working that night and has been suspended pending the outcome of the investigation.</p> <p>Preventive measures taken: Social</p>		<p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>All allegations and investigations reported to ISDH will be reviewed during monthly QAA meetings for 6 months or longer until compliant. The findings will be evaluated for trends or patterns and action plans will be implemented if indicated.</p>				

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	<p>Services will monitor Resident # 145 for any changes in his mood, increase in behaviors and changes in his activities of daily living.</p> <p>Follow up report: Facility has been unable to substantiate that abuse occurred. Through interviews with staff, CNA # 5 was always with another staff member when in the room or providing care for Resident # 145. 10 other alert residents were interviewed that CNA # 5 cared for that night with no issues/concerns voiced. All staff are being inserviced on abuse and reporting of abuse prior to working. CNA # 5 has not worked since this incident and will receive specialized inservicing prior to returning to work.</p> <p>An interview with the Administrator on 5/2/14 at 11:03 a.m., indicated the Administrator had completed the investigation on Resident # 145 for allegations of abuse. The Administrator was unable to substantiate the allegations due to the increased confusion of the Resident and witnesses indicated CNA # 5 was not in the room alone with the Resident during his shift. The Administrator interviewed 10 alert and oriented residents that CNA # 5 had cared for and no issues/concerns were voiced. All staff have been inserviced on abuse and reporting abuse to the</p>						

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	<p>Administrator or designee. The staff is to report it to the charge nurse and then they both report it to the Administrator or designee. CNA # 3 and CNA # 4 went through specialized training they are the two CNA's that heard the Resident telling his daughter he had been abused. CNA # 5 was suspended immediately and when he returns to work tonight he will receive the training.</p> <p>On 5/8/14 at 2:40 p.m., abuse protocol and investigation of allegations of abuse was completed with no evidence allegations had occurred.</p> <p>Review on a document titled Verification of Investigation of Alleged Mistreatment, Abuse, Neglect, Injuries of Unknown source or Misappropriation of Resident Property Guideline provided by the Administrator on 5/2/14 at 9:50 a.m., indicated in the event of an alleged violation of Federal or State law involving mistreatment, abuse, neglect, injuries of unknown source or misappropriation of resident property, the center investigates the alleged violation thoroughly and reports the results of all investigations to the Executive Director as well as to the state agencies as required by state and federal law.... Policy: It is the policy of this center to take appropriate steps to prevent the</p>						

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	<p>occurrence of: abuse neglect injuries of unknown source misappropriation of resident property It is also the policy of this center to take appropriate steps to ensure that all alleged violations of federal or state laws which involve mistreatment, neglect, abuse, injuries of unknown source and misappropriation of resident property ("alleged violations") are reported immediately to the executive director of the center.... Reporting: Any employee who suspects an alleged violation immediately notifies the Executive Director (ED) or designee. The ED notifies the appropriate state agency in accordance with state law and the regional vice president.... Investigation: The ED or Director of Nursing Services conducts all investigations. In the event an alleged violation occurs when neither of these people are in the center, the charge nurse is responsible for initiating the investigation procedure.</p> <p>3.1-41(a)(1)</p>				

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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, interview, and record review, the facility failed to provide an individualized plan of care, including non-pharmalogical interventions to address pain for 1 of 1 resident reviewed for pain and failed to provide an individualized plan of care for passive range of motion (PROM) and update the plan of care to include a physician's ordered inflatable carrot , for 1 of 3 residents reviewed for range of motion (ROM), of 3 who met the criteria</p>	F000280	<p>F 280</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>R 74's and R 45's care plans were immediately updated.</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective</p>	06/02/2014

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	<p>for ROM in the total 23 residents reviewed for care plans. (Resident #45 and #74)</p> <p>Findings include:</p> <p>1. Resident # 45's record was reviewed on 5/2/14 at 8:30 a.m. Diagnoses included but were not limited to, cerebrovascular accident (CVA) and hemiplegia on the right upper and lower side of the body.</p> <p>Resident #45's quarterly Minimum Data Set (MDS) Assessment dated 1/30/14, indicated she had some difficulty in new situations only in her cognitive skills for daily decision making. She required extensive assistance of 2 persons for bed mobility, transfer, dressing, toileting, and personal hygiene. She did not walk. She had impaired functional ROM limitation of her upper and lower extremity on one side of her body. She utilized a wheelchair for mobility.</p> <p>A physician's order on Resident #45's April 2014, recapitulation, initiated 3/20/13, indicated she would use an inflatable carrot splint to her right hand to decrease a contracture.</p> <p>An Occupational Therapist Progress and Discharge Summary dated 12/14/12, for</p>		<p>actions taken are as follows:</p> <p>Residents care plans were audited to ensure that any resident that has a splint or pain has a care plan that reflects non pharmacological interventions and if they have a splint it reflects the use of the splint.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>The Director of Rehab and MDS Coordinators will conduct ROM assessments during grand rounds approximately 3 weeks prior to next MDS to monitor for any decline in ROM. if a decline is indicated therapy will screen for further treatment and the care plan will be updated accordingly.</p> <p>Nursing staff and the Interdisciplinary team was educated on 5-22-14 regarding for Nurses In-services for non pharmacological interventions and Care Plan Policy</p> <p>MDS department was educated on 5-23-14 regarding care planning residents with a decline in range of motion, non</p>				

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	<p>Resident #45 indicated she continued to refuse to allow staff to be trained to place her right hand/wrist orthotic. A carrot splint would be provided and staff were trained to place it in her right hand to prevent further contracture.</p> <p>A Joint Mobility Assessment for Resident #45 dated 4/25/14, indicated she had severe mobility impairment in her upper and lower extremities on the right side of her body.</p> <p>A Plan of Care for Resident #45 initiated 4/6/12, and updated 2/2/14, indicated she had limited ROM to the upper and lower extremities due to a CVA (stroke). Her goal indicated she would maintain or increase her ROM to the upper and lower extremity through her next review. Her intervention indicated she would receive PROM to her right arm and leg with her daily a.m., and p.m., care. The Plan of Care did not specify any specific directions regarding her PROM. The Plan of Care did not include using an inflatable carrot splint.</p> <p>A Plan of Care for Resident #45 initiated 11/11/12, and updated 5/8/13, indicated Resident #45 needed pain management and observation related to contracture/pain to her right hand. Her goal indicated she would maintain an</p>		<p>pharmacological interventions, splints and pain.</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>DNS/Designee will conduct audits of care plans to ensure that any resident with a decline in range of motion or dependant on staff for oral care is care planned. The audits will conducted 4 times a week for 4 weeks, then 3 times a week for 4 weeks, then weekly fro 4 months.</p> <p>Results of audits will be reviewed monthly for 6 months or until compliant at the monthly facility QAA meetings. The Facility will evaluate the audits for trends or patterns and action plans will be implemented if indicated.</p>				

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	<p>adequate level of comfort, evidenced by no signs or symptoms of unrelieved pain or distress, verbalizing satisfaction with her level of comfort. Her interventions included but were not limited to, wearing a contracture brace at night.</p> <p>On 4/30/14 at 3:41 p.m., Resident #45 was observed lying in bed on her back in bed. Her right hand and arm were lying on her stomach. Her fingers on her right hand were turned in touching the palm of her hand. Resident #45 indicated she had a stroke. She indicated she did not wear any type of splint device on her right hand. She indicated she did not exercise her right hand.</p> <p>An interview with the Unit Manager #2 on 5/2/14 at 10:29 a.m., indicated Resident #45 received PROM to her right arm and leg 2 times daily. She indicated Resident #45 was usually cooperative with her PROM. She provided Resident #45's participation documentation for her PROM at that time. The Plan of Care documented on the Treatment Administration Record indicated Resident #45 would receive PROM to her right arm and leg with her daily a.m., and p.m., care. The Plan of Care documented on Treatment Administration Record did not specify any specific directions regarding her</p>						

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F000309 SS=D	<p>PROM.</p> <p>An interview with the Director of Nursing (DON) on 5/7/14 at 1:30 p.m., indicated the contracture brace to be applied at night on Resident #45's Plan of Care for pain, had been discontinued and was no longer an intervention.</p> <p>An interview with Medical Records on 5/7/14 at 2:44 p.m., indicated the DON informed her Resident #45 refused her contracture brace and it was switched to the carrot splint in December, 2012.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview and record review the facility failed to treat a resident's pain in the right and left leg for 1 of 1 resident's reviewed for pain and failed to provide a thorough assessment to recognize an area of bruising for 1 of 3 residents reviewed for abuse (Resident #74 and Resident #26).</p> <p>Findings include:</p> <p>1.) An interview with Resident #74 on</p>	F000309	<p>F309</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>Resident 74 was immediately assessed for pain, physician was notified and orders were received on 05-01-14 and R 74's care plan was updated. Resident 26 had a skin</p>	06/02/2014

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	<p>4/30/14 at 10:50 a.m., indicated he had bilateral leg pain with no relief. Resident #74 indicated his legs cramped and hurt when he was at rest. Resident #74 indicated he did not receive any pain medication to relieve the pain. Resident #74 indicated the pain caused him not to be able to sleep at night and it caused him to be tired during the day. The resident indicated the nurses felt bad for him because they were aware he was in pain, but did not have any pain medicine ordered to give him. Resident #74 indicated the physician did not address his leg pain and he was considering switching to another physician. Resident #74 indicated his leg pain was constant and worse when he was lying down. During observation at this time the resident was rubbing both legs and moving them constantly.</p> <p>Review of the record of Resident #74 on 4/30/14 at 2:20 p.m., indicated the resident's diagnoses included, but were not limited to, generalized pain, cirrhosis of the liver, hypertension, depression and alcohol withdrawal.</p> <p>The record of Resident #74 indicated he was admitted to the facility on 2/13/14.</p> <p>Review of Resident #74's physician recaptulation dated April 2014, indicated</p>		<p>assessment completed on 05-07-14, physician was notified and an incident report was completed .</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>All residents had a pain assessment and skin assessment completed. Any residents that had pain that had not been addressed was addressed at that time, physician was notified of the pain and the residents care plan was updated at indicated. Any residents that had any skin issues that had not been addressed was addressed at that time, physician was notified of the issue and the residents care plan was updated at indicated.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>Nursing staff educated on pain management guidelines and Skin Integrity guidelines on 05-22-14.</p> <p>These corrective actions will</p>		

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	<p>the resident did not have pain medication ordered.</p> <p>The progress note for Resident #74 dated 2/20/14 at 10:26 a.m., indicated the resident verbally indicated having pain during the past five days constantly in both legs and it interfered with his sleep and Activities Of Daily Living (ADL). The resident rated his worse pain to an 8 on the 1-10 pain scale. The progress note was electronically signed by the Minimum Data Set (MDS) coordinator.</p> <p>The Admission MDS assessment for Resident #74 dated 2/21/14, indicated the resident's BIMS (Brief Interview for Mental Status) was an 11, moderately impaired, the resident was not on a scheduled pain medicine or received pain medication as needed, the resident did not receive a non medication interventions for pain. The resident had pain present almost constantly and the pain made it hard for him to sleep and the pain limited the resident's day to day activities. The pain intensity was an 8 on the 1-10 pain scale.</p> <p>The care plan for Resident #74 dated 2/28/14, indicated the resident needed pain management and observation related hepatic encephalopathy. The interventions were administer pain</p>		<p>be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>DNS/Designee will audit residents with pain assessment and skin assessments to ensure that assessment is correct.</p> <p>The audits will be completed 5 times a week for 4 weeks, 3 times a week for 4 weeks, then weekly for 4 months.</p> <p>Results of audits will be reviewed monthly for 6 months or until compliant at the monthly facility QAA meetings. The Facility will evaluate the audits for trends or patterns and action plans will be implemented if indicated.</p>		

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	<p>medications as ordered and evaluate need to provide medications prior to treatment or therapy.</p> <p>The progress note for Resident #74 dated 4/7/14 at 1:41 a.m., indicated the resident voiced complaints this evening of restless legs and it made it hard for him to sleep.</p> <p>The progress note for Resident #74 dated 4/7/14 at 7:46 p.m., indicated the physician was notified the resident had possible restless leg syndrome. There were no new orders given.</p> <p>An interview with Resident #74 on 5/1/14 at 11:45 a.m., indicated he had told the nurses and therapy about his leg pain. The resident indicated he did not know specific names of the staff he told about the leg pain. The resident indicated the night shift staff was aware the leg pain was causing him not to be able to sleep. Resident #74 indicated elevating his legs while bed helped the pain some.</p> <p>An interview with Resident #74 on 5/1/14 at 2:32 p.m., indicated the physician came and talked with him on this day. The resident indicated the physician was going to order him some medication to help with his leg pain. The resident indicated he was not going to switch physicians at this time due to the</p>						

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	<p>physician told him he was not aware of his leg pain until recently and was now going to treat the pain. The resident indicated he had the bilateral leg pain since admission to the facility and thought he was going to have to "live with it".</p> <p>The physician order for Resident #74 dated 5/1/14 (no time), indicated the resident was ordered Baclofen 10 milligrams twice a day.</p> <p>An interview with the MDS coordinator on 5/2/14 at 9:25 a.m., indicated she would have filled out a "stop and watch" form related to Resident#74's leg pain and given it to the resident's nurse. The MDS coordinator indicated the Administrator would have also gotten a copy of the "stop and watch" form. The MDS coordinator indicated the resident's nurse should have notified the physician about Resident #74's bilateral leg pain.</p> <p>An interview with Physical Therapy Assistant (PTA) #7 on 5/2/14 at 10:17 a.m., indicated she was Resident #74's therapist. PTA #7 indicated Resident #74 complained of restless legs syndrome and it caused him be to be awake at night. PTA #7 indicated the resident had reported to her that his legs jumped around at night and it caused him to be</p>						

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F000311 SS=D	<p>tired for therapy in the mornings.</p> <p>An interview with the Administrator on 5/2/14 at 10:30 a.m., indicated he was unable to find the "stop and watch" form for Resident #74's bilateral leg pain.</p> <p>An interview with Resident #74 on 5/7/14 at 10:35 a.m., indicated the new pain medication the physician had put him on had helped his leg pain "a lot". The resident indicated he was able to sleep better.</p> <p>The "Pain Management Guideline" provided by the Administrator on 5/2/14 at 9:50 a.m., indicated the purpose was to provide guidelines for consistent assessment, management and documentation of pain in order to provide maximum comfort and enhance quality of life.</p> <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 observation, interview and record review the facility failed to implement an ambulation program for 1 of 11 residents who met the criteria for rehabilitation for 1 of 3 residents reviewed for rehabilitation progress</p>	F000311	<p>F311</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p>	06/02/2014

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	<p>(Resident #42).</p> <p>Finding include:</p> <p>During observation on 5/2/14 at 9:55 a.m., CNA #1 assisted Resident #42 to transfer from the bed into the wheelchair using a gait belt. Interview with CNA#1 at this time indicated the cna assignment sheet did not indicate Resident #42 was on an restorative ambulation program.</p> <p>An interview with Resident #42 and the resident's family member on 5/2/14 at 9:55 a.m., indicated the resident was not on an ambulation program. Resident #42 indicated she was in therapy and walked with a walker and did good. Resident #42 indicated she fell and fractured her hip and now had to use a wheelchair. Resident #42 indicated she had never had to use a wheelchair in her life. Resident #42 indicated she would "love" to walk again. Resident #42 indicated before she fell and broke her she walked independently and did not use a walker. Resident #42 indicated now she had to use the wheelchair for the rest of her life. Resident #42 family member indicated the resident did not receive any exercise or assistance with walking since she was discharged from therapy. The family member indicated it would be beneficial for the resident to be on a restorative</p>		<p>Resident 42 was evaluated by Therapy on 5-09-14 and is currently on therapy case load to develop a nursing restorative ambulation program.</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>All residents who have had a decline in ambulation have had a therapy screen and those who require treatment are currently on therapy case load to develop a nursing restorative ambulation program.</p> <p>Therapy staff were educated on 05-29-14 were in serviced on developing nurse restorative programs for those residents who require them upon discharge from therapy services.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows: The corrective actions accomplished for those residents found to have been affected by the deficient</p>		

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	<p>walking program.</p> <p>An interview with CNA #1 on 5/2/14 at 10:25 a.m., indicated she talked with the Director of Rehab and Resident #42 was not on a walking program. CNA #1 indicated the resident was on a transferring and toileting program.</p> <p>Review of the record of Resident #42 on 5/7/14 at 9:55 a.m., indicated the resident's diagnoses included, but were not limited to, femur fracture, hypertension, osteoporosis and diabetes.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #42 dated 1/1/14 indicated the following: walk in room and corridor- Independent, locomotion on and off the unit- Independent and mobility device- none.</p> <p>The local hospital note for Resident #42 dated 1/17/14 (no time) indicated the resident fell at the facility and had a left femur fracture.</p> <p>The Significant change MDS assessment for Resident #42 dated 2/17/14 indicated the following: walk in room and corridor- did not occur, locomotion on and off the unit- extensive assistance of one person and mobility device- wheelchair.</p>		<p>practice are as follows:</p> <p>All residents who have a decline in ambulation will have a therapy screen and those who require treatment therapy will develop a nursing restorative ambulation program prior to discharge from therapy case load.</p> <p>Therapy staff were educated on 05-29-14 regarding developing nurse restorative programs for those residents who require them upon discharge from therapy services.</p> <p>DNS/Designee will complete audits regarding wheel chair cushions, turn and repositioning and pressure relief for heels 5 times a week for 4 weeks, then 3 times a week for 4 weeks and then weekly for 4 months.</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>DNS/Designee will complete audits of those patients whom have been seen by therapy for a decline in ambulation and are discharged from therapy for an appropriate restorative</p>		

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	<p>The orthopedic progress note for Resident #42 dated 1/31/14 at 9:56 a.m., indicated the resident's left fracture was stable and continue Physical therapy. The resident was weight bearing as tolerated.</p> <p>The orthopedic progress note for Resident #42 dated 2/28/14 at 9:05 a.m., indicated the resident's left hip was healing and the resident may bear weight on the left lower extremely as tolerated.</p> <p>The orthopedic progress note for Resident #42 dated 4/24/14 at 11:05 a.m., indicated the resident's left hip fracture was healing. The resident was weight bearing as tolerated with a walker.</p> <p>The Physical Therapy discharge summary for Resident #42 dated 4/15/14 (no time) indicated the resident ambulated 325 feet with a front wheeled walker on even surfaces. The resident required contact guard assist for resident safety. The discharge plan was nursing staff to ambulate with the resident with a front wheeled walker.</p> <p>An interview with the Director of Rehab on 5/7/14 at 12:34 p.m., indicated Resident #42 was not on a restorative walking program.</p> <p>The Restorative Guideline policy</p>		<p>ambulation program. This audit will be completed 5 times a week for 4 weeks, then 3 times a week for 4 weeks and then weekly for 4 months.</p> <p>Therapy department were in serviced on 5-29-14 regarding restorative ambulation guidelines. Nursing staff and RNAC's were in serviced on 5-22-14 regarding care planning of splints and restorative ambulation guidelines.</p> <p>Results of audits will be reviewed at monthly for 6 months or until compliant at the facility QAA meetings, The Facility will evaluate the audits for trends or patterns and action plans will be implemented if indicated</p>				

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F000315 SS=D	<p>provided by medical records on 5/7/14 at 3:45 p.m., indicated the living center provided a restorative nursing program with interventions that promote the resident's ability to adapt to living independently and safely as possible. The restorative nursing program included nursing interventions that assist or promote the resident's ability to his or her maximum functional potential.</p> <p>3.1-38(a)(2)(B)</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation interview and record review the facility failed to implement an individualized toileting</p>	F000315	<p>F315</p> <p>The corrective actions accomplished for those residents found to have been</p>	06/02/2014

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	<p>program for a resident who had a decline in bladder function for 1 of 3 residents reviewed for incontinence for 3 residents who met the criteria for incontinence (Resident # 2).</p> <p>Findings include:</p> <p>Review of Resident # 2's record on 5/1/14 at 8:40 a.m., indicated the Resident's diagnoses included, but were not limited to, Parkinson disease, unspecified urinary incontinence, dementia without behavioral disturbance, depressive disorder, urinary tract infection, essential hypertension and osteoporosis.</p> <p>The Admission Minimum Data Set (MDS) Assessment for Resident # 2 dated, 1/13/14 indicated the resident required extensive assistance of one person to use the restroom and her urinary continence was occasionally incontinent.</p> <p>The Significant Change MDS Assessment for Resident # 2 dated, 3/22/14 indicated the resident required extensive assistance of one person to use the restroom and her urinary continence was always incontinent.</p> <p>Review of bowel and bladder record</p>		<p>affected by the deficient practice are as follows:</p> <p>Resident 2 had a bowel and bladder assessment completed on 05-15-14. Resident 2 was put on a bowel and bladder program.</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>Any resident who has had a decline in bowel or bladder function was put o a bowel and bladder program there care plans were updated and interventions were implemented. CNA assignments were updated with those interventions.</p> <p>Nursing staff educated on 5-22-14 regarding bowel and bladder guidelines.</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>Any resident who has a decline in bowel or bladder function will be put on a bowel and bladder program there care plans will be updated and</p>		

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	<p>tracking tool dated 1/6/14 thru 1/10/14 indicated start time: 6:00 p.m., to 5:00 a.m., on 1/6/14 incontinent at 7:00 p.m., and 11:00 p.m.</p> <p>On 1/7/14 from 6:00 a.m., to 5:00 a.m., Resident was incontinent at 4:00 a.m., 1:00 p.m., and 8:00 p.m.</p> <p>On 1/8/14 from 6:00 a.m., to 5:00 a.m., incontinent at 4:00 a.m., 8:00 a.m., 1:00 p.m., and 8:00p.m.</p> <p>On 1/9/14 6:00 a.m., to 5:00 a.m., incontinent at 8:00 a.m., 6:00 p.m., and on 1/10/14 at 4:00 a.m.</p> <p>Interview with Unit Manager # 2 on 5/1/14 at 9:30 a.m., indicated Resident # 2 has not been placed on a toileting program.</p> <p>An interview with Resident # 2 on 5/1/14 at 10:00 a.m., indicated she has the sensation of when she needs to urinate, but needs assistance to use the toilet.</p> <p>An interview with CNA # 1 on 5/7/14 at 10:30 a.m., indicated Resident # 2 "is toileted every 2 hours, she is incontinent some of the time, but she can tell us sometimes, if she needs to toilet. She can't walk so she is taken to the toilet in her wheelchair."</p> <p>On 5/8/14 at 8:30 a.m., interview with</p>		<p>interventions were implemented. CNA assignments will be updated with those interventions.</p> <p>Nursing staff educated on 5-22-14 regarding bowel and bladder guidelines.</p> <p>DNS/Designee will complete audits of those patients who are on a bowel and bladder program 5 times a week for 4 weeks, then 3 times a week for 4 weeks and then weekly for 4 months to ensure that the program is effective.</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>DNS/Designee will complete audits of those patients who are on a bowel and bladder program 5 times a week for 4 weeks, then 3 times a week for 4 weeks and then weekly for 4 months to ensure that the program is effective</p> <p>Results of audits will be reviewed at monthly for 6 months or until compliant at the facility QAA meetings, The Facility will evaluate the audits for trends or patterns and</p>				

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	<p>the Director of Nursing indicated facility does not have a toileting program, "we don't exactly have a program where you toilet upon rising, before and after meals ect. the CNA's are to toilet all residents every two hours and as needed.</p> <p>On 5/8/14 at 1:30 p.m., observation of CNA # 1 transferring Resident # 2 from bed to wheelchair, the gait belt was placed appropriately on the Resident, she was assisted out of bed and could stand and pivot into her wheelchair with minimal assistance and cueing of one staff member. Resident refused to have observation of transferring her to and from the toilet.</p> <p>Care plan for incontinence indicated Focus: Alteration in elimination of bowel and bladder functional incontinence. Goals: I will be free of UTI Interventions: check and change, encourage fluids, labs as ordered, praise and encourage to be as independent as able.</p> <p>Care plan for Urinary Tract Infection indicated Urinary Tract Infection, potential or actual due to: urinary incontinence. Goals: Will remain free of urinary tract infection. Interventions: Assist with toileting or</p>		action plans will be implemented if indicated				

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F000318 SS=D	<p>incontinence care as needed, encourage fluids unless contraindicated, observe and report signs and symptoms of UTI: changes in color, odor or consistency of urine, dysuria, frequency, fever, pain, obtain urine for urinalysis, culture and sensitivity.</p> <p>Review of a document titled Incontinence Program provided by the Administrator on 5/8/14 at 11:50 a.m., indicated: Responsibility: The following individuals may have responsibility for applying the incontinence program specific to state professional licensing requirements. RN LPN/LVN Documentation guidelines: Documentation may appear on any form used in the facility. Frequency of documentation should follow facility policy. Residents' rights: During performance of procedures, all associates will respect the privacy and dignity of all residents...</p> <p>3.1-41(a)(2)</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of</p>			

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	<p>a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on observation, interview and record review the facility failed to provide Range Of Motion (ROM) for a resident that was dependent for care and had right hand, left hand and right foot contractures and failed to apply a right hand splint device for a resident with a contracture for 1 of 3 resident's who met the criteria for contracture without ROM or splint device for 1 of 3 reviewed for ROM (Resident #10 and Resident #45).</p> <p>Findings include:</p> <p>1.) During observation on 4/30/14 at 8:42 a.m., Resident #10 was laying in bed covered up, the resident's left hand was visible and was clinched in a fist inward.</p> <p>During interview with LPN #6 on 4/30/14 at 11:39 a.m., indicated Resident #42 had an contracture of the right hand and right leg. LPN #6 indicated Resident #42 did not receive ROM services or have a splint device.</p> <p>Review of the record of Resident #10 on 5/7/14 at 10:30 a.m., indicated the resident's diagnoses included, but were not limited to, chronic pain, dementia,</p>	F000318	<p>F318</p> <p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>Residents # 10 was referred to Therapy for evaluation and Resident #45 care plan was updated to reflect that she has a carrot for Splinting</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>All residents had a joint Mobility Assessment completed. Any resident who had a decline in ROM was be referred to Therapy for evaluation and treatment if indicated.</p> <p>Care plans of those residents who have had a decline in ROM were audited to ensure that they have a care plan to reflect the decline and need for ROM or Splinting.</p> <p>MDS department was educated</p>	06/02/2014

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	<p>depression, hypertension, anxiety and diabetes.</p> <p>The Significant Change Minimum Data Set (MDS) assessment for Resident #10 dated 2/16/14, indicated the follow: bed mobility- extensive assistance of two people, transfer- extensive assistance of two people, walk in room- did not occur, dressing- extensive assistance of two people, toilet use- extensive assistance of two people, personal hygiene- extensive assistance of two people, Restorative nursing program for Active or Passive ROM- none.</p> <p>The joint mobility assessment for Resident #10 dated 2/11/14 (no time), indicated the resident had deteriorated joint mobility. The changes noted was left hand fingers. The assessment indicated a referral to therapy was made.</p> <p>An interview with the Director of Rehab on 5/7/14 at 12:25 p.m., indicated a therapy did a screen on Resident #10 on 4-14-14. The Director of Rehab indicated the screen was not a hands on assessment. The Director of Rehab indicated therapy was not allowed to do a hands on assessment without a physician order. The Director of Rehab indicated the staff provided information that the resident had no decline in ROM due to</p>		<p>on 5-22-14 regarding referring patients who have a decline in ROM to therapy for an evaluation and treatment if indicated. All licensed nursing staff were educated on 5-22-14 regarding care planning residents with a decline in range of motion and splinting.</p> <p>DNS/Designee will complete audits regarding residents who have had a decline in ROM and those who have splints 5 times a week for 4 weeks, then 3 times a week for 4 weeks and then weekly for 4 months</p> <p>The measures put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</p> <p>All residents had a joint Mobility Assessment completed. Any resident who had a decline in ROM was be referred to Therapy for evaluation and treatment if indicated.</p> <p>Care plans of those residents who have had a decline in ROM were audited to ensure that they have a care plan to reflect the decline and need for ROM or Splinting.</p>		

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	<p>the resident had behaviors of kicking and hitting.</p> <p>During an observation on 5/7/14 at 12:45 p.m., Resident #10 was laying in a geri chair in the hallway with her eyes closed. The resident's left and right hand had a wash cloth in them the resident had a tight grip around the wash cloths. The resident's right foot was angled downward.</p> <p>During an observation on 5/7/14 at 1:52 p.m., the Director of Nursing (DON) did a joint assessment on Resident #10. The resident was not able to open her fingers of the right or left hand and the right ankle was barely able to move upward. The fingers and ankle met resistance with the Passive Range Of Motion provided by the DON.</p> <p>An interview with the MDS Coordinator on 5/7/14 at 2:31 p.m., indicated she was over the restorative program. The MDS coordinator indicated the joint assessment completed on Resident #10 on 2-11-14 should have been reported to her due to the deterioration of joint mobility.</p> <p>Review of the behavior log for Resident #10 from 2/1/14 to 5/6/14, the resident had one physical behavior.</p>		<p>MDS department was educated on 5-22-14 regarding referring patients who have a decline in ROM to therapy for an evaluation and treatment if indicated. All licensed nursing staff were educated on 5-22-14 regarding care planning residents with a decline in range of motion and splinting.</p> <p>DNS/Designee will complete audits regarding residents who have had a decline in ROM and those who have splints 5 times a week for 4 weeks, then 3 times a week for 4 weeks and then weekly for 4 months</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p> <p>Results of audits will be reviewed at the monthly QAA meetings for 6 months or until compliant. The Facility will evaluate the audits for trends or patterns and action plans will be implemented if indicated.</p>				

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F000406 SS=D	<p>An interview with the Director of Rehab on 5/7/14 at 2:39 p.m., indicated the therapy department did not receive a referral for Resident #10 on 2/11/14.</p> <p>483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services. Based on observation, interview and</p>	F000406	F 406	06/02/2014
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	<p>record review the facility failed to provide physical therapy for a resident who required assistance of a trained therapist to ambulate for 1 of 11 residents who met the criteria for rehabilitation for 1 of 3 residents reviewed for rehabilitation progress (Resident #42).</p> <p>Finding include:</p> <p>During observation on 5/2/14 at 9:55 a.m., CNA #1 assisted Resident #42 to transfer from the bed into the wheelchair using a gait belt. Interview with CNA#1 at this time indicated the cna assignment sheet did not indicate Resident #42 was on an restorative ambulation program.</p> <p>An interview with Resident #42 and the resident's family member on 5/2/14 at 9:55 a.m. indicated the resident was not on an ambulation program. Resident #42 indicated she was in therapy and walked with a walker and did good. Resident #42 indicated she fell and fractured her hip and now had to use a wheelchair. Resident #42 indicated she had never had to use a wheelchair in her life. Resident #42 indicated she would "love" to walk again. Resident #42 indicated before she fell and broke her she walked independently and did not use a walker. Resident #42 indicated now she had to use the wheelchair for the rest of her life.</p>		<p>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>Resident 42 was evaluated by Therapy on 5-09-14 and is currently on therapy case load to develop a nursing restorative ambulation program.</p> <p>Other residents having the potential to be affected by the same deficient practice will be identified and the corrective actions taken are as follows:</p> <p>All residents who have had a decline in ambulation have had a therapy screen and those who require treatment are currently on therapy case load to develop a nursing restorative ambulation program.</p> <p>Therapy staff were educated on 5-29-14 were in serviced on developing nurse restorative programs for those residents who require them upon discharge from therapy services.</p> <p>The measures put into place and the systemic changes made to ensure that this</p>				

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	<p>Resident #42 family member indicated the resident did not receive any exercise or assistance with walking since she was discharged from therapy. The family member indicated it would be beneficial for the resident to be on a restorative walking program.</p> <p>An interview with CNA #1 on 5/2/14 at 10:25 a.m., indicated she talked with the Director of Rehab and Resident #42 was not on a walking program. CNA #1 indicated the resident was on a transferring and toileting program.</p> <p>Review of the record of Resident #42 on 5/7/14 at 9:55 a.m., indicated the resident's diagnoses included, but were not limited to, femur fracture, hypertension, osteoporosis and diabetes.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident #42 dated 1/1/14 indicated the following: walk in room and corridor- Independent, locomotion on and off the unit- Independent and mobility device- none.</p> <p>The local hospital note for Resident #42 dated 1/17/14 (no time) indicated the resident fell at the facility and had a left femur fracture.</p> <p>The Significant change MDS assessment</p>		<p>deficient practice does not recur are as follows: The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>All residents who have a decline in ambulation will have a therapy screen and those who require treatment therapy will develop a nursing restorative ambulation program prior to discharge from therapy case load.</p> <p>Therapy staff were educated on 05-29-14 regarding developing nurse restorative programs for those residents who require them upon discharge from therapy services.</p> <p>DNS/Designee will complete audits regarding wheel chair cushions, turn and repositioning and pressure relief for heels 5 times a week for 4 weeks, then 3 times a week for 4 weeks and then weekly for 4 months.</p> <p>These corrective actions will be monitored and a quality assurance program implemented to ensure the deficient practice will not recur per the following:</p>				

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	<p>for Resident #42 dated 2/17/14 indicated the following: walk in room and corridor- did not occur, locomotion on and off the unit- extensive assistance of one person and mobility device- wheelchair.</p> <p>The orthopedic progress note for Resident #42 dated 1/31/14 at 9:56 a.m. indicated the resident's left fracture was stable and continue Physical therapy. The resident was weight bearing as tolerated.</p> <p>The orthopedic progress note for Resident #42 dated 2/28/14 at 9:05 a.m., indicated the resident's left hip was healing and the resident may bear weight on the left lower extremely as tolerated.</p> <p>The orthopedic progress note for Resident #42 dated 4/24/14 at 11:05 a.m., indicated the resident's left hip fracture was healing. The resident was weight bearing as tolerated with a walker.</p> <p>The Physical Therapy discharge summary for Resident #42 dated 4/15/14 (no time) indicated the resident ambulated 325 feet with a front wheeled walker on even surfaces. The resident required contact guard assist for resident safety. The discharge plan was nursing staff to ambulate with the resident with a front wheeled walker.</p>		<p>DNS/Designee will complete audits of those patients whom have been seen by therapy for a decline in ambulation and are discharged from therapy for an appropriate restorative ambulation program. This audit will be completed 5 times a week for 4 weeks, then 3 times a week for 4 weeks and then weekly for 4 months.</p> <p>Results of audits will be reviewed at monthly for 6 months or until compliant at the facility QAA meetings, The Facility will evaluate the audits for trends or patterns and action plans will be implemented if indicated</p>				

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	<p>An interview with the Director of Rehab on 5/7/14 at 12:34 p.m., indicated Resident #42 was not on a restorative walking program. The Director of Rehab indicated it was the therapy department's professional opinion that Resident #42 required a skilled therapist to ambulate with her due to her mental cognition and impaired safety awareness. The Director of Rehab indicated the resident required skilled interventions of a therapist but was discharged from therapy due to the resident had reached a Plato. The Director of Rehab indicated it required a therapist to give the resident verbal cues and the resident would not be safe to walk with facility aides.</p> <p>An interview with the Director of Rehab on 5/8/14 at 10:32 a.m., indicated therapy had determined Resident #42 would not be safe to ambulate with CNA's due to turning corners with a walker and the resident's cognitive status. The Director of Rehab indicated the resident was discharged from therapy because she was not doing any worse or any better with therapy. The Director of Rehab indicated the resident was on a transferring program with nursing staff. The Director of Rehab indicated the resident was at risk for falls and it would not be safe to have her on a restorative nursing program for ambulation.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/08/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>The facility admission packet provided by the Administrator on 5/8/14 at 1:30 p.m., indicated the facility offered rehabilitative therapy to help enhance quality of life. The Physical therapy offered was to improve muscle strength and coordination following injury or illness. The focus was mobility and moving safely in bed, getting up and down from a chair, walking, or negotiating stairs, ramps and curbs.</p> <p>3.1-23(a)(1)</p>			