

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155390	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/11/2013
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-WOODBRIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 816 N FIRST AVE EVANSVILLE, IN 47710
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey Dates: 1/2/13, 1/3/13, 1/4/13, 1/7/13, 1/8/13, 1/9/13, 1/10/13, 1/11/13</p> <p>Facility Number: 000438 Provider Number: 155390 AIM Number: 100274170</p> <p>Survey Team: Barbara Fowler, RN TC Diane Hancock, RN 1/2/13, 1/4/13, 1/7/13, 1/8/13, 1/9/13, 1/10/13, 1/11/13 Amy Wininger, RN Dorothy Watts RN Vickie Ellis, RN 1/2/13</p> <p>Census Bed Type: SNF/NF: 61 Total: 61</p> <p>Census Payor Type: Medicare: 2 Medicaid: 54 Other: 5 Total: 61</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p>	F0000	<p><b>Preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and 19 programs, and to provide the best possible care to our residents as possible.</b></p>	
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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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	Quality review completed on January 17, 2013, by Jodi Meyer, RN			

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F0253 SS=D	<p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to ensure furniture and devices were maintained in a clean and sanitary manner, for 2 of 40 sampled residents, in that bed rails were soiled, wheelchairs were soiled, and mattresses were soiled with dried spills. (#54, #3)</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 1/4/13 at 9:43 a.m., Resident #54's room was observed. The resident's mattress was observed to have dried spills on the side and surface. The sheet on the resident was yellowed in appearance.</li> </ol> <p>The resident's room was observed again on 1/7/13 at 11:07 a.m. and 1/8/13 at 9:50 a.m. The mattress continued to have dried spills on it. The resident's wheelchair was also observed. The wheelchair pads and wheelchair had accumulated dried spills.</p> <ol style="list-style-type: none"> <li>On 1/4/13 at 9:35 a.m., Resident #3's room was observed. The bed rail had a dried brown substance on</li> </ol>	F0253	<p><b>F253</b></p> <p><b>The corrective actions 01/23/13 accomplished for all affected residents by the deficient practices are as follows:</b></p> <p><b>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</b></p> <p><b>Corrective action was immediately conducted on 01/23/2012 by the Environmental Services Manager (ESM) by providing staff with education on housekeeping necessary to maintain a sanitary, orderly, and comfortable interior per policy.</b></p> <p><b>ESM has identified mattresses with debris and all have been cleaned thoroughly on 01/23/13.</b></p> <p><b>All bed rails were immediately cleaned in all rooms effective on 01/23/13.</b></p> <p><b>Bed sheets that had brown</b></p>	02/10/2013	

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	<p>it. The bed sheets had brown smears.</p> <p>Resident #3's room was observed again on 1/7/13 at 11:07 a.m., 1/8/13 at 9:50 a.m., and 1/11/13 at 9:20 a.m. The dried brown substance remained on the bed rail.</p> <p>3. The observations were reviewed with the Director of Nurses [DoN] and Administrator on 1/11/13 at 1:00 p.m. The DoN indicated they would trade out Resident #54's mattress and thoroughly clean it and clean the bed rail on Resident #3's bed. The Administrator indicated they would check all wheelchairs.</p> <p>3.1-19(f)</p>		<p><b>smears were removed by laundry on 01/23/13. Linen will continue to be removed as stains appear ongoing.</b></p> <p><b>On 01/25/13 Resident #54's mattress was identified with the problem and the mattress cover was replaced but a new mattress was not needed.</b></p> <p><b>On 01/29/13 all resident wheel chairs were deep cleaned by ESM, Management and line staff.</b></p> <p><b>On 02/04/2013 a weekly wheel chair cleaning schedule will be implemented. Audits for cleanliness of wheel chairs will be conducted 5 times a week ongoing.</b></p> <p><b>Daily rounds to check bed rails will be conducted 5 times a week for 4 weeks, then 2 times a week for 3 months.</b></p> <p><b>The ES District Manager will monitor all halls for bed rails and mattresses for compliance. ESM will review the results of the audits, trends, and action plans, and report findings at the monthly QAA meeting for 3 months.</b></p>		

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			<p><b>The QAA Committee will evaluate compliance with the F-253 via the monthly ESM reports.</b></p> <p><b>QAA committee will continue the audits until full compliance is achieved for 3 consecutive months.</b></p>	

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F0272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on observation, interview, and record review, the facility failed to correctly conduct a comprehensive assessment in 3 of 40 residents whose records were reviewed for</p>	F0272	<p><b>F272</b> The corrective actions on 01/30/2013 for resident #13 MDS quarterly of 10/04/2012 and 01/04/2013 corrected by RNAC. Resident #39 MDS</p>	02/10/2013	

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	<p>MDS [Minimum Data Set] for dental and ROM [range of motion.] (Residents #12, 13, and 39 )</p> <p>Findings include:</p> <p>1. Record review for Resident #13 was completed on 1/9/13 at 9:00 a.m. Resident #13 had a diagnosis of, but not limited to, cerebral palsy, joint contractures, joint pain, anemia, and nondependent alcohol abuse.</p> <p>On initial observation of resident on 1/3/13 at 10:42 a.m., Resident #13 was observed to be sitting in a wheelchair watching television. Resident #13 was observed to have a contracture of his right hand and right foot.</p> <p>Observation of Resident #13 on 1/8/13 at 10:50 a.m., indicated the resident to be doing passive ROM to his right hand. Resident #13 indicated he does passive ROM to his right foot after he works with his hand.</p> <p>Interview of Resident #13 on 1/8/13 at 10:50 a.m., indicated his contractures are a result of his cerebral palsy. Resident #13 indicated he has had his contractures for a long time. Resident #13 indicated he does is own ROM [range of motion] 3 - 4</p>		<p><b>assessment on 08/08/12 and 11/07/2012 was corrected On 01/30/2013 by RNAC.</b></p> <p><b>Resident #12 on assessment for contractures is able to move left upper extremity without impairment. ROM exercise program in place for prevention.</b></p> <p><b>New RNAC orientation will include training on RAI coding procedures by Clinical Assessment Reimbursement Coordinator currently in process.</b></p> <p><b>Clinical Assessment Reimbursement Specialist (CAR) will perform audits on 3 complete and 3 quarterly MDS assessments per month for 3 months then two (2) complete and two (2) quarterly MDS assessments for three (3) months.</b></p> <p><b>The data will be analyzed for patterns and trends with action plans written and implemented as needed.</b></p> <p><b>TheClinical Assessment Reimbursement Specialist (CAR) will review the results of the audits, trends, and action plans and report findings at monthly QAA meetings for three (3) months</b></p>				

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	<p>times a day to his right hand and right foot. Resident #13 indicated he has worn braces in the past but the braces were not beneficial and he will never wear them again. Resident #13 indicated he has stiffness at times but does not need nor would he allow the staff to ROM for him.</p> <p>The annual MDS [Minimum Data Set], dated 7/7/12, indicated the resident had a cognitive score of 15 out of 15 which indicated the resident had no cognitive impairments. The MDS indicated the resident did not have any upper or lower impairments of his extremities.</p> <p>The quarterly MDS, dated 10/4/12, indicated the resident did not have an upper or lower impairments of his extremities.</p> <p>The quarterly MDS, dated 1/4/13, indicated Resident #13 had impairments on one side of his upper extremities but no impairment of his lower extremities.</p> <p>Interview of the DoN [Director of Nursing] on 1/11/13 at 8:45 a.m., indicated the MDS is inaccurate and Resident #13 has contractures of his right hand and foot. The DoN indicated she would have the MDS</p>		<b>The QAA Committee will evaluate compliance with F-272</b>				

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	<p>corrected as all of the MDS are incorrect since 7/7/12.</p> <p>Observation of Resident #13 on 1/3/13 at 10:42 a.m., indicated Resident #13 to be sitting in his room, watching television. Resident #13 had several upper front teeth that were broken off.</p> <p>Interview of Resident #13 on 1/3/13 at 10:50 a.m, indicated he had several broken teeth in the front. Resident #13 indicated he last saw the dentist in May, 2012, and had a tooth extraction of a back tooth. Resident #13 indicated he has always had bad teeth. Resident #13 indicated he was not aware of his next dentist appointment but he knew he had one scheduled. Resident #13 indicated he has no difficulty eating.</p> <p>The quarterly MDS, dated 10/4/12, indicated the resident had broken or loose fitting full or partial dentures and no mouth or facial pain, difficulty chewing, or discomfort.</p> <p>The quarterly MDS, dated 1/4/13, indicated the resident had no broken or loose fitting full or partial dentures and no mouth or facial pain, difficulty chewing, or discomfort.</p>						

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	<p>Interview with the DoN on 1/11/13 at 8:45 a.m., indicated Resident #13 did not have dentures and the MDS is incorrect. The DoN indicated the resident had broken front teeth.</p> <p>2. Resident #39 indicated, during interview on 1/4/13 at 10:31 a.m., his bottom dentures didn't fit right. On 1/8/13 at 2:00 p.m., the resident's upper dentures were observed laying on the overbed table in his room. He indicated again that his lower dentures didn't fit right so he didn't wear them.</p> <p>Resident #39's clinical record was reviewed on 1/7/13 at 2:04 p.m. A dental visit, dated 7/19/11, indicated "oral exam. Completely edentulous. RX [prescription] routine exams." A dental visit dated 9/14/12 indicated, "Oral exam [with] no changes, edentulous and pleased [with] existing dentures except #7 Fx [fracture]. I will file PA [prior</p>				

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	<p>authorization] for replacement #7."</p> <p>The resident's annual Minimum Data Set [MDS] assessment, dated 8/8/12, indicated no issues with teeth. The quarterly MDS assessment, dated 11/7/12, indicated, regarding broken or loosely fitting full or partial denture..."No."</p> <p>3. During an interview on 01/03/13 at 2:39 p.m., LPN #1 indicated resident #12 had a contracture to the left hand.</p> <p>The clinical record of Resident #12 was reviewed on 01/07/13 at 11:30 a.m. The record indicated the diagnoses included, but was not limited to, infantile cerebral palsy.</p> <p>On 01/07/13 at 11:10 a.m. Resident #12 was observed playing bingo and utilizing the right hand to apply the markers to the board, the left hand was observed to lying on the residents lap in a contracted position.</p> <p>The most recent quarterly MDS</p>						

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	<p>(Minimum Data Set Assessment) dated 12/21/12 indicated, "...ROM: Resident has no impairment to the upper extremity..."</p> <p>The December 2012 Physician's Order Recap included, but was not limited to, orders for "...Active ROM (Range of Motion): bilateral shoulder, elbows, wrists 10 (ten) reps (repetitions) twice daily two times a day Everyday...Passive ROM: perform 10 reps daily for resident to BLE (bilateral lower extremities)-Once daily on day shift Everyday..."</p> <p>A Plan of Care dated 11/16/12 for Restorative Active ROM indicated a focus of, "...needs active ROM to bilateral upper extremities to maintain and reduce risks of decline, in upper body joint mobility and strength, to provide independence and capability:" with an intervention of "Cue ...to perform 10 reps each of BUE (Bilateral upper extremities) daily-CNA..." A Plan of Care dated 11/16/12 for Physical Mobility indicated a focus of "...impairment d/t (due to) cerebral palsy..." with interventions that included, but were not limited to, "...Perform ROM exercise BID (twice daily)..."</p> <p>3.1-31(d)</p>						

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview and record review, the facility failed to ensure 1 of 2 residents reviewed for incontinence, in the sample of 2 who met the threshold, had a comprehensive care plan including toileting and/or incontinence care. (#21)</p> <p>Finding includes:</p> <p>On 1/4/13 at 9:22 a.m., Resident #21 was observed in bed. There was a urine odor in the room.</p>	F0279	<p><b>F279</b> The corrective action for Resident #21 a 3 day bowel and bladder assessment was initiated 1/29/2013 with completion on 2/1/2013. The CNA assignment sheet will be updated to reflect the restorative toileting program initiated by the DNS/designee by 02/10/2013.</p> <p>An audit was completed of all other residents/resident charts with a potential for need for a toileting program between 1/22/2013 and 1/28/2013 by the</p>	02/10/2013			

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	<p>Resident #21's clinical record was reviewed on 1/7/13 at 2:34 p.m. The annual Minimum Data Set [MDS] assessment, dated 7/4/12, indicated the resident was frequently incontinent of bladder with no training program. A quarterly MDS assessment, dated 12/20/12, indicated the resident was frequently incontinent.</p> <p>A bowel and bladder evaluation tool, dated 10/1/12, indicated the resident was a poor candidate for scheduled toileting or retraining program, place on management program.</p> <p>On 1/8/13 at 10:50 a.m., CNAs #3 and #4 were observed to transfer Resident #21 to the bedside commode. The resident had a small amount of urine in the incontinence brief, but also voided a large amount in the bedside commode. The CNAs indicated the resident usually would go when put on the bedside commode. The urine had a strong odor to it.</p> <p>Review of the continence log for January, 2013, on 1/9/13 at 2:30 p.m., indicated the resident was documented as continent on the day shift 1/2, 1/3, 1/4, 1/5, 1/8, and 1/9/13.</p>		<p><b>DNS/designee.</b></p> <p><b>A toileting program will be initiated and individualized for each resident that requires one and that will be reflected in the resident's care plan by 2/10/2013 by the DNS/designee.</b></p> <p><b>The toileting program will be documented on the restorative record. All nursing department staff will be in serviced on the toileting program&amp; proper documentation by 2/10/13 by the DNS/designee.</b></p> <p><b>An audit of the restorative record will be completed two times a week for 1 month. Then 1 time a week for 2 months. Then bi monthly for 1 month. Then monthly for 2 months will be conducted by DNS/designee to monitor compliance with the program.</b></p> <p><b>The data will be analyzed for patterns and trends with action plans written and implemented as needed.</b></p> <p><b>DNS/Designee will review the results of the audits, trends, and action plans and report findings at monthly QAA meetings for three (3) months.</b></p> <p><b>The QAA Committee will evaluate compliance with</b></p>				

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	<p>Review of the care plan indicated there was no care plan in place for toileting or incontinence care. The nurse aide assignment sheet, provided by RN #1 on 1/8/13 at 10:45 a.m., indicated nothing regarding toileting or incontinence care.</p> <p>On 1/9/13 at 11:54 a.m., the Director of Nurses was interviewed. She indicated this resident had a decline in her continence and possible the bladder evaluation tool had been done during that decline. She indicated if a resident could urinate on the bedside commode, they should be on a toileting program and the care plan should reflect that.</p> <p>3.1-35(a)</p>		F-279		

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F0280 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 ensure the care plan was revised to include palm protectors/guards for hand contractures for 1 of 3 residents reviewed for range of motion, in the sample of 8 who met the threshold for contractures. (#54)</p> <p>Finding includes:</p> <p>On 1/4/13 at 9:42 a.m., during interview of RN #1, she indicated Resident #54 had contractures of both hands.</p> <p>Resident #54's clinical record was</p>	F0280	<p><b>F280</b></p> <p><b>The corrective action for Resident #54. Palm protectors will be utilized as ordered to prevent increased contractures in hands bilaterally as well as the CNA assignment sheet will be updated to reflect the restorative program by 2/10/2013 by the DNS/designee.</b></p> <p><b>All residents were assessed for contractures between 1/22/13 and 1/28/13 by the DNS/designee.</b></p> <p><b>All resident charts were audited for orders for ROM and/or splints or positioning</b></p>	02/10/2013			

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	<p>reviewed on 1/7/13 at 2:58 p.m. The resident's quarterly Minimum Data Set [MDS] assessment, dated 8/8/12, indicated no impairment in upper or lower extremities range of motion. The 11/7/12 quarterly assessment indicated limitations in range of motion in both upper and lower extremities.</p> <p>Physician's orders, dated 8/29/12, indicated, "Patient to wear bilateral palm protectors daily..."</p> <p>The only care plan regarding the contractures was dated 5/24/10 as follows: "I have a physical functioning deficit related to: Self care impairment, Mobility impairment, ROM limitations bilat hands." "I will maintain my current level of physical functioning" "I will maintain my current ROM." Bed mobility assistance of 2 Call bell within reach Dressing assistance of 1 of 2 dependent upon resident's mood due to dx of bipolar disorder with psychotic behaviors Eating assistance of 1 Encourage choices with care Inform resident of risks of refusal of care Inspect skin with care. Report</p>		<p><b>devices between 1/22/13 and 1/28/13 by the DNS/designee.</b></p> <p><b>All residents with need for ROM, splints and positioning devices will be documented on the restorative record as well as all resident care plans will be individualized and updated to reflect these needs by 2/10/2013 by the DNS/designee.</b></p> <p><b>All nursing department staff will be in-serviced on the program and proper documentation by 2/10/2013 by the DNS/designee.</b></p> <p><b>An audit of the restorative record will be completed two times a week for 1 month. Then 1 time a week for 2 months. Then bi monthly for 1 month. Then monthly for 2 monthly by DNS/designee to monitor compliance with the program.</b></p> <p><b>The data will be analyzed for patterns and trends with action plans written and implemented as needed.</b></p> <p><b>DNS/Designee will review the results of the audits, trends, and action plans and report findings at monthly QAA meetings for three (3) months.</b></p> <p><b>The QAA Committee will evaluate compliance with</b></p>		

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	<p>reddened areas, rashes, bruising, or open areas to charge nurse Locomotion assistance of 1 via wheelchair Monitor and report changes in physical functioning ability Monitor and report changes in ROM ability Nail care PRN Oral care assistance every shift. Dental exams as necessary Personal hygiene assistance of 1 Praise efforts at participation Task segmentation. Turn and reposition every 2 hours and prn.</p> <p>The care plan did not include the splints/palm guards.</p> <p>On 1/7/13 at 10:43 a.m., the resident was observed in bed. Hands were observed to be contracted. No splints or palm guards were in place. The resident was observed again at 11:40 a.m. and 1:50 p.m. in bed with hands contracted with no splints/guards.</p> <p>On 1/8/13 at 9:50 a.m., the resident was up in the wheelchair in the hallway. He had a palm protector on the left hand and a wash cloth in the right hand. A nurses' progress note, dated 1/7/13 [no time] palm protectors were in laundry. The palm guards</p>		F-280				

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	<p>were in place 1/9/13 at 11:30 a.m.</p> <p>On 1/9/13 at 11:45 a.m., the Director of Nurses was interviewed. She indicated she had been watching the palm protectors and knew they were in the laundry one day. Did not know they were not on the care plan.</p> <p>3.1-35(d)(2)(b)</p>			

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F0282 SS=D	<p><b>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b> The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure care was provided according to the care plan for 1 of 3 residents reviewed in the sample of 8, who met the criteria for review of range of motion. (Resident #12)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #12 was reviewed on 01/07/13 at 11:30 a.m. The record indicated the diagnoses included, but was not limited to, infantile cerebral palsy.</p> <p>On 01/07/13 at 11:10 a.m. Resident #12 was observed playing bingo and utilizing the right hand to apply the markers to the board, the left hand was observed to lying on the residents lap in a contracted position.</p> <p>The most recent quarterly MDS (Minimum Data Set Assessment) dated 12/21/12 indicated, "...ROM: Resident has no impairment to the upper extremity..."</p>	F0282	<p><b>F282</b> The corrective action for Resident #12. Quarterly MDS will be corrected to identify the impairment by 1/30/2013. ROM will be performed as ordered to prevent further impairment as well as the CNA assignment sheet will be updated to reflect the restorative program by 2/10/2013 by the DNS/designee.</p> <p>All residents were assessed for contractures between 1/22/13 and 1/28/13 by the DNS/designee.</p> <p>All resident charts were audited for orders for ROM 1/22/13 and 1/28/13 by the DNS/designee.</p> <p>All residents requiring ROM will have individualized care plans to reflect the need for ROM by DNS/designee 02/10/2013. care plans will be individualized and updated to reflect these needs by 2/10/2013 by the DNS/designee.</p> <p>The ROM program will be documented on the restorative record. All nursing department</p>	02/10/2013	

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	<p>The December 2012 Physician's Order Recap included, but was not limited to, orders for "...Active ROM (Range of Motion): bilateral shoulder, elbows, wrists 10 (ten) reps (repetitions) twice daily two times a day Everyday...Passive ROM: perform 10 reps daily for resident to BLE (bilateral lower extremities)-Once daily on day shift Everyday..."</p> <p>A Plan of Care dated 11/16/12 for Restorative Active ROM indicated a focus of, "...needs active ROM to bilateral upper extremities to maintain and reduce risks of decline, in upper body joint mobility and strength, to provide independence and capability:" with an intervention of "Cue ...to perform 10 reps each of BUE (Bilateral upper extremities) daily-CNA..." A Plan of Care dated 11/16/12 for Physical mobility indicated a focus of "...impairment d/t (due to) cerebral palsy..." with interventions that included, but were not limited to, "...Perform ROM exercise BID (twice daily)..."</p> <p>The CNA Assignment Sheets provided by RN #1 on 01/08/13 at 10:45 a.m. lacked any documentation related to Resident #12 receiving services for range of motion.</p>		<p><b>staff will be in serviced on the ROM program and proper documentation by 2/10/2013 by the DNS/designee.</b></p> <p><b>An audit of the restorative record will be completed two times a week for 1 month. Then 1 time a week for 2 months. Then bi monthly for 1 month. Then monthly for 2 months will be conducted by DNS/designee to monitor compliance with the program.</b></p> <p><b>The data will be analyzed for patterns and trends with action plans written and implemented as needed.</b></p> <p><b>DNS/Designee will review the results of the audits, trends, and action plans and report findings at monthly QAA meetings for three (3) months.</b></p> <p><b>The QAA Committee will evaluate compliance with F-282</b></p>		

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	<p>During an interview on 01/03/13 at 2:00 p.m. LPN #1 indicated range of motion should be performed by the CNA's as part of the morning bath.</p> <p>During an interview on 01/08/13 at 2:55 p.m. the DoN (Director of Nursing) stated, "...we do not have a fully operating ROM program ... it should be done with a.m. care by the CNA with the rest of the morning care..."</p> <p>During an observation of care on 01/09/13 at 8:45 a.m. CNA#1 and CNA #2 were observed to provide morning care to Resident #12. During an interview on 01/09/13 at 9:18 a.m., CNA #2 indicated morning care activities had been completed for Resident #12. CNA #1 and CNA #2 were observed, during that time, to not provide range of motion services to Resident #12.</p> <p>During an interview on 01/09/13 at 9:25 a.m., CNA #2 stated, "I am not sure who does ROM."</p> <p>During an interview on 01/09/13 at 12:15 p.m. the DoN indicated range of motion should have been done with a.m. care for Resident #12.</p>			

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	3.1-35(g)(2)			

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F0311 SS=D	<p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on observation, interview and record review, the facility failed to ensure the functional maintenance program was provided upon discharge from therapy, for 1 of 3 sampled residents for rehabilitation, in the sample of 5 who met the threshold for rehabilitation. (Resident #41)</p> <p>Finding includes:</p> <p>Resident #41's clinical record was reviewed on 1/8/13 at 11:15 a.m. The resident's Occupational Therapy discharge summary, dated 1/7/13, indicated the resident had reached maximum potential and staff had been educated and independent with a Functional Maintenance Program [FMP]. Bed mobility had increased, self feeding had increased to stand by assistance, grooming improved from total care to moderate assistance, and joint mobility had improved. Transfers better from total assist of 3 to minimal of one. The FMP included bilateral upper and lower extremity range of motion to maintain</p>	F0311	<p><b>F311</b> <b>Corrective Action for Resident #41 The FMP was reviewed with the CNA's by the Therapy Designee for understanding and compliance. The CNA assignment sheets will be updated to reflect the FMP by 2/10/2012 by the DNS/designee.</b></p> <p><b>All residents discharged from therapy since 12/1/2012 have had their FMP reviewed. The appropriate interventions will be added to the CNA assignment sheet and restorative records. As well as resident care plans will be updated by 2/10/2013 by the DNS/designee.</b></p> <p><b>The interventions from the FMP will be documented on the restorative record. All nursing department staff will be in serviced on the interventions from the FMP and proper documentation by 2/10/2013 by the DNS/designee.</b></p> <p><b>An audit of the restorative record will be completed two times a week for 1 month. Then 1 time a week for 2 months.</b></p>	02/10/2013	

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	<p>wheelchair mobility..."Patient at risk for increased burden of care without follow through from nursing with FMP."</p> <p>The Physical Therapy discharge summary was reviewed. The resident was discharged as of 1/7/13. The summary indicated the resident was currently able to maintain posture and balance, ambulate 200-250 feet with contact guard assistance and rolling walker, transfer from bed to wheelchair with contact guard assistance, and sit to stand with contact guard and stand by assistance due to the resident being impulsive. The summary indicated the resident had reached her maximum rehabilitation potential. "Will still need verbal and physical cues for transfers and ambulation...remain in SNF [skilled nursing facility] with Functional Maintenance Program.</p> <p>The Functional Maintenance Program - Therapy Follow-up Recommendations communication between therapy and nursing was reviewed during the record review. The Physical Therapy recommendations/approaches included the following: "Ambulate [with] nursing staff on unit [with] RW</p>		<p><b>Then bi monthly for 1 month. Then monthly for 2 months will be conducted by DNS/designee to monitor compliance with the program.</b></p> <p><b>The data will be analyzed for patterns and trends with action plans written and implemented as needed.</b></p> <p><b>DNS/Designee will review the results of the audits, trends, and action plans and report findings at monthly QAA meetings for three (3) months.</b></p> <p><b>The QAA Committee will evaluate compliance with F-311</b></p>				

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	<p>[rolling walker] [with] CGA [contact guard assistance/min [minimum] Assistance as needed [with] 1 person following [with] w/c [wheelchair] @ all times, gait belt @ all times. Once daily X 6-7 X/wk [week]. VC [visual cues] for safe speed. Pt. [patient] can get impulsive." This form was signed by CNA #4 and CNA #3, dated 1/7/13.</p> <p>The Restorative Nursing Worksheet indicated training for Occupational Therapy interventions. This program indicated the need for upper and lower extremity exercises and working with the resident to maintain upper body dressing ability. The training had been signed by CNA #3. The training was done prior to the discharge from Occupational Therapy on 1/7/13.</p> <p>Resident #41 was observed to wheel herself around in her room and hallways on the unit, on 1/7/13 at 10:58 a.m., 1/8/13 at 9:50 a.m., and 1/8/13 at 11:15 a.m.</p> <p>On 1/10/13 at 1:35 p.m. CNAs #3 and #4 were interviewed. They indicated they were not sure about walking with the resident or doing a functional maintenance program. CNA #3 indicated the resident had been on</p>						

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	<p>therapy and she thought it was discontinued this week. CNA #4 indicated, "we signed a paper a couple days ago about her." Neither CNAs indicated the resident had been walked or provided care according to the Functional Maintenance Program since therapy was discontinued. Neither knew where the Functional Maintenance Program would be.</p> <p>On 1/10/13 at 1:40 p.m., OT [Occupational Therapist] #1 was interviewed. She indicated the functional maintenance programs were turned in to the Minimum Data Set Coordinator after the CNAs were trained and they were to incorporate them into the care plans and make sure the programs were started. The CNAs were to do the walking, range of motion and/or dressing/bathing, etc. according to the plans.</p> <p>3.1-38(a)(2)(A) 3.1-38(a)(2)(B)</p>				

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F0315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on observation, interview and record review, the facility failed to ensure 1 of 2 residents reviewed for incontinence, in the sample of 2 who met the threshold, was thoroughly assessed and provided care to restore as much normal bladder function as possible, in that the resident was capable of using the bedside commode and this was not incorporated into the care plan and provided. (Resident #21)</p> <p>Finding includes:</p> <p>On 1/4/13 at 9:22 a.m., Resident #21 was observed in bed. There was a urine odor in the room.</p> <p>Resident #21's clinical record was reviewed on 1/7/13 at 2:34 p.m. The annual Minimum Data Set [MDS] assessment, dated 7/4/12, indicated</p>	F0315	<p><b>F315</b></p> <p><b>The corrective action for Resident #21 a 3 day bowel and bladder assessment was initiated 1/29/2013 with completion on 2/1/2013. The CNA assignment sheet will be updated to reflect the restorative toileting program initiated by the DNS/designee by 02/10/2013.</b></p> <p><b>An audit was completed of all other residents/resident charts with a potential for need for a toileting program between 1/22/2013 and 1/28/2013 by the DNS/designee.</b></p> <p><b>A toileting program will be initiated and individualized for each resident that requires one and that will be reflected in the resident's care plan by 2/10/2013 by the DNS/designee.</b></p> <p><b>The toileting program will be</b></p>	02/10/2013	

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	<p>the resident was frequently incontinent of bladder with no training program. A quarterly MDS assessment, dated 12/20/12, indicated the resident was frequently incontinent.</p> <p>A bowel and bladder evaluation tool, dated 10/1/12, indicated the resident was a poor candidate for scheduled toileting or retraining program, place on management program.</p> <p>On 1/8/13 at 10:50 a.m., CNAs #3 and #4 were observed to transfer Resident #21 to the bedside commode. The resident had a small amount of urine in the incontinence brief, but also voided a large amount in the bedside commode. The CNAs indicated the resident usually would go when put on the bedside commode. The urine had a strong odor to it.</p> <p>Review of the continence log for January, 2013, on 1/9/13 at 2:30 p.m., indicated the resident was documented as continent on the day shift 1/2, 1/3, 1/4, 1/5, 1/8, and 1/9/13.</p> <p>Review of the care plan indicated there was no care plan in place for toileting or managing incontinence.</p>		<p><b>documented on the restorative record. All nursing department staff will be in serviced on the toileting program&amp; proper documentation by 2/10/13 by the DNS/designee.</b></p> <p><b>An audit of the restorative record will be completed two times a week for 1 month. Then 1 time a week for 2 months. Then bi monthly for 1 month. Then monthly for 2 months will be conducted by DNS/designee to monitor compliance with the program. The data will be analyzed for patterns and trends with action plans written and implemented as needed.</b></p> <p><b>DNS/Designee will review the results of the audits, trends, and action plans and report findings at monthly QAA meetings for three (3) months.</b></p> <p><b>The QAA Committee will evaluate compliance with F-315</b></p>				

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	<p>The nurse aide assignment sheet, provided by RN #1 on 1/8/13 at 10:45 a.m., indicated nothing regarding toileting or incontinence management.</p> <p>On 1/9/13 at 11:54 a.m., the Director of Nurses was interviewed. She indicated this resident had a decline in her continence and possibly the bladder evaluation tool had been done during that decline. She indicated if a resident could urinate on the bedside commode, they should be on a toileting program and the care plan should reflect that. She indicated she could not find a voiding pattern assessment and their current continence log did not indicate whether or not the resident was wet prior to being toileted.</p> <p>3.1-41(a)(2)</p>				

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F0318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on observation, interview and record review, the facility failed to ensure range of motion exercises were provided to 2 of 3 residents reviewed for contractures, in the sample of 8 who met the threshold for contractures. (#54, #12)</p> <p>Findings include:</p> <p>1. On 1/4/13 at 9:42 a.m., during interview of RN #1, she indicated Resident #54 had contractures of both hands.</p> <p>Resident #54's clinical record was reviewed on 1/7/13 at 2:58 p.m. The resident's quarterly Minimum Data Set [MDS] assessment, dated 8/8/12, indicated no impairment in upper or lower extremities range of motion. The 11/7/12 quarterly assessment indicated limitations in range of motion in both upper and lower extremities.</p> <p>Physician's orders, dated 8/29/12,</p>	F0318	<p><b>F318</b></p> <p><b>The corrective action for Resident #54. The MDS from 1/7/13 on was corrected 01/30/2013 by RNAC. Palm protectors will be utilized as ordered to prevent increased contractures in hands bilaterally. The CNA assignment sheet will be updated to reflect the restorative program by the DNS/designee by 02/10/2013.</b></p> <p><b>The corrective action for Resident #12. The MDS dated 12/21/2012 was corrected the RNAC. ROM will be performed as ordered to prevent further impairment. The CNA assignment sheet will be updated to reflect the restorative program by the DNS/designee by 02/10/2013.</b></p> <p><b>All residents were assessed for contractures between 1/22/13 and 1/28/13 by DNS/designee</b></p> <p><b>All resident charts were audited for orders for ROM and/or splints or positioning</b></p>	02/10/2013			

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	<p>indicated, "Patient to wear bilateral palm protectors daily..."</p> <p>The only care plan regarding the contractures and/or range of motion was dated 5/24/10 as follows: "I have a physical functioning deficit related to: Self care impairment, Mobility impairment, ROM [range of motion] limitations bilat hands." "I will maintain my current level of physical functioning" "I will maintain my current ROM." Bed mobility assistance of 2 Call bell within reach Dressing assistance of 1 of 2 dependent upon resident's mood due to dx of bipolar disorder with psychotic behaviors Eating assistance of 1 Encourage choices with care Inform resident of risks of refusal of care Inspect skin with care. Report reddened areas, rashes, bruising, or open areas to charge nurse Locomotion assistance of 1 via wheelchair Monitor and report changes in physical functioning ability Monitor and report changes in ROM ability Nail care PRN Oral care assistance every shift. Dental exams as necessary</p>		<p><b>devices between 1/22/13 and 1/28/13 by DNS/designee.</b></p> <p><b>All residents with need for ROM, splints and positioning devices will be documented on the restorative record and all resident care plans will be individualized and updated to reflect these needs by 2/10/2013 by DNS/designee.</b></p> <p><b>The splints, positioning devices and ROM program will be documented on the restorative record and all nursing department staff will be in-serviced by the DNS/designee on the program and proper documentation by 2/10/2013.</b></p> <p><b>An audit of the restorative record will be completed two times a week for 1 month. Then 1 time a week for 2 months. Then bi monthly for 1 month. Then monthly for 2 months will be conducted by DNS/designee to monitor compliance with the program.</b></p> <p><b>The data will be analyzed for patterns and trends with action plans written and implemented as needed.</b></p> <p><b>DNS/Designee will review the results of the audits, trends, and action plans and report</b></p>		

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	<p>Personal hygiene assistance of 1 Praise efforts at participation Task segmentation. Turn and reposition every 2 hours and prn.</p> <p>The care plan did not include the splints/palm guards.</p> <p>In addition, there was a care plan for pain related to the hand contractures, dated 5/24/10. Interventions did not include range of motion exercises to prevent further contractures.</p> <p>On 1/7/13 at 10:43 a.m., the resident was observed in bed. Hands were observed to be contracted. No splints or palm guards were in place. The resident was observed again at 11:40 a.m. and 1:50 p.m. in bed with hands contracted with no splints/guards.</p> <p>On 1/8/13 at 9:50 a.m., the resident was up in the wheelchair in the hallway. He had a palm protector on the left hand and a wash cloth in the right hand. A nurses' progress note, dated 1/7/13 [no time] palm protectors were in laundry. The palm guards were in place 1/9/13 at 11:30 a.m.</p> <p>On 1/9/13 at 11:45 a.m., the Director of Nurses was interviewed. She indicated she had been watching the</p>		<p><b>findings at monthly QAA meetings for three (3) months.</b></p> <p><b>The QAA Committee will evaluate compliance with F-318</b></p>				

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	<p>palm protectors and knew they were in the laundry one day. Did not know they were not on the care plan. She further indicated, "Range of motion needs some work. We would like to start a restorative program."</p> <p>On 1/9/13 at 1:08 p.m., nurse aide assignment sheets were reviewed. They were dated as revised 9/16/12, provided by RN #1 on 1/8/13 10:15 a.m. No range of motion exercises or palm guards were noted on assignment sheet.</p> <p>On 1/10/13 at 10:40 a.m., CNAs #3 and #4 were interviewed. They indicated the resident was total care with everything and required two assist with care. When queried regarding any exercises done with or for him, they indicated he would raise his arms for them when they were taking care of him, to put his shirt on and such; he would mimic their actions. No information given in regards to range of motion to legs, hand, feet, neck, etc.</p> <p>2. The clinical record of Resident #12 was reviewed on 01/07/13 at 11:30 a.m. The record indicated the</p>						

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	<p>diagnoses included, but was not limited to, infantile cerebral palsy.</p> <p>On 01/07/13 at 11:10 a.m. Resident #12 was observed playing bingo and utilizing the right hand to apply the markers to the board, the left hand was observed to lying on the residents lap in a contracted position.</p> <p>The most recent quarterly MDS (Minimum Data Set Assessment) dated 12/21/12 indicated, "...ROM: Resident has no impairment to the upper extremity..."</p> <p>The December 2012 Physician's Order Recap included, but was not limited to, orders for "...Active ROM (Range of Motion): bilateral shoulder, elbows, wrists 10 (ten) reps (repetitions) twice daily two times a day Everyday...Passive ROM: perform 10 reps daily for resident to BLE (bilateral lower extremities)-Once daily on day shift Everyday..."</p> <p>A Plan of Care dated 11/16/12 for Restorative Active ROM indicated a focus of, "...needs active ROM to bilateral upper extremities to maintain and reduce risks of decline, in upper body joint mobility and strength, to provide independence and capability:" with an intervention of "Cue ...to</p>			

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	<p>perform 10 reps each of BUE (Bilateral upper extremities) daily-CNA..." A Plan of Care dated 11/16/12 for Physical mobility indicated a focus of "...impairment d/t (due to) cerebral palsy..." with interventions that included, but were not limited to, "...Perform ROM exercise BID (twice daily)..."</p> <p>The CNA Assignment Sheets provided by RN #1 on 01/08/13 at 10:45 a.m. lacked any documentation related to Resident #12 receiving services for range of motion.</p> <p>During an interview on 01/03/13 at 2:00 p.m. LPN #1 indicated range of motion should be performed by the CNA's as part of the morning bath.</p> <p>During an interview on 01/08/13 at 10:00 a.m., PT #1 (Physical Therapist) indicated CNA's were responsible for doing the range of motion after a resident is discharged from therapy.</p> <p>During an interview on 01/08/13 at 2:55 p.m. the DoN (Director of Nursing) stated, "...we do not have a fully operating ROM program ... it should be done with a.m. care by the CNA with the rest of the morning care..."</p>			

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	<p>During an observation of care on 01/09/13 at 8:45 a.m. CNA#1 and CNA #2 were observed to provide morning care to Resident #12. During an interview on 01/09/13 at 9:18 a.m., CNA #2 indicated morning care activities had been completed for Resident #12. CNA #1 and CNA #2 were observed, during that time, to not provide range of motion services to Resident #12.</p> <p>During an interview on 01/09/13 at 9:25 a.m., CNA #2 stated, "I am not sure who does ROM."</p> <p>During an interview on 01/09/13 at 12:15 p.m. the DoN indicated range of motion should have been done with a.m. care for Resident #12.</p> <p>3.1-42(a)(2)</p>						

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F0329 SS=D	<p><b>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</b></p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, interview, and record review the facility failed to ensure medications were monitored for 3 of 10 residents who met the criteria for unnecessary medications in that as needed medications were not followed up on and or lab values checked. (Resident #59, Resident #56, Resident #8)</p> <p>Findings include:</p>	F0329	<p><b>F329</b></p> <p><b>Corrective action for Resident #56. MD notified of missed lab. Lab drawn immediately on 01/08/2013. The Lab result was in therapeutic range. No change in MD orders.</b></p> <p><b>All residents charts audited for missed labs within the last 6 months by DNS/designee between 1/14/2012 &amp; 1/18/2012. No missed labs found.</b></p> <p><b>A list of labs due each month</b></p>	02/10/2013			

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	<p>1. Resident #56 was observed on 01/07/13 at 11:10 a.m. sitting in the dining room in no apparent distress.</p> <p>The clinical record of Resident #56 was reviewed on 01/07/13 at 2:01 p.m. The record indicated the diagnoses included, but were not limited to, convulsions.</p> <p>The December 2012 Physician's Order Recap included, but was not limited to, orders for, "Carbatrol (200 mg)(milligrams) (Carbamazepine) (Tegretol) (an anti-convulsant) capsule extended release...give two caps by mouth every morning...carbamazepine (tegretol) level q 6 mo (every 6 months)..."</p> <p>The clinical record lacked any documentation that a tegretol level had been done since 01/25/12.</p> <p>The Pharmacist Medication Regimen Review dated 08/16/12 indicated, "RN (Registered Nurse) Tegretol level Q6m (every six months)-due in July-review." The monitoring section lacked any documentation of follow up.</p> <p>During an interview on 01/08/13 at 10:37 a.m. Medical Records #1 indicated a Tegretol level had not</p>		<p><b>will be compiled and printed by the DNS/designee at the beginning of each month. As new lab orders are received they will be added to the list by the DNS/designee throughout the month during daily matchback. Each day the DNS/designee during rounds will check with the unit charge nurse to assure that all labs have been drawn. This process will be ongoing and monitored daily during clinical stand-up by the DNS/designee.</b></p> <p><b>Corrective action for Resident #8 assessed for pain on 1/8/2013 by the DNS and found to be without acute pain.</b></p> <p><b>Corrective action for Resident #59. B/P found to be within normal limits for the resident after review of the MAR from Nov 2012 and Dec 2012, as well as through 01/09/2013. Order clarified with MD on 01/09/2013. Order received to discontinue Clonidine prn from MD on 01/09/2013.</b></p> <p><b>Resident #59 was also assessed for pain on 1/8/2013 and found to be with no acute distress at that time.</b></p> <p><b>All Licensed nurse staff will be in-serviced on proper documentation according to</b></p>				

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	<p>been obtained since January 2012. She further indicated, at that time, the error occurred during a system changeover from paper to computer.</p> <p>During an interview on 01/09/13 at 3:00 p.m. the DoN (Director of Nursing) indicated, a tegretol level should have been obtained in July of 2012, she further indicated, at that time, the error occurred during a system changeover.</p> <p>The Policy and Procedure for Lab Processing/Tracking Guideline provided by the DoN on 01/11/13 at 1:05 p.m. indicated, "...Monitoring Compliance: Labs are scheduled and drawn as per physician orders..."</p> <p>2. Resident #8 was observed on 01/07/13 at 11:05 a.m. sitting in wheelchair in dining room, waiting to go outside.</p> <p>The clinical record of Resident #8 was reviewed on 01/08/13 at 9:01 a.m. The record indicated the diagnoses included, but were not limited to, chronic pain.</p> <p>The December 2012 Physician's Order Recap included, but was not limited to, an order for, "Tylenol 325</p>		<p><b>the "pain management guideline" with particular attention to documentation of non-pharmaceutical interventions prior to prn medication administration, pain scale use and prn follow-up documentation by 2/10/2012 by DNS/designee.</b></p> <p><b>A list of non-pharmaceutical interventions will be placed on Medication carts to aid licensed nurses in proper documentation by 02/10/2012 by DNS/designee.</b></p> <p><b>Audits will be conducted by DNS/designee daily for one (1) month then three (3) times a week for one month. Weekly for two (2) months. Then bi monthly for two (2) months. By reading the progress notes for accurate and complete documentation related to prn medications. Licensed nurses who are not following the "pain management guideline" will be re-educated immediately.</b></p> <p><b>The data will be analyzed for patterns and trends with action plans written and implemented as needed.</b></p> <p><b>DNS/Designee will review the results of the audits, trends, and action plans and report findings at monthly QAA</b></p>		

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	<p>mg ...administer 2 (two) tabs to equal 650 mg po (by mouth) every 4 (four) hours as needed for pain/fever..."</p> <p>The January 2013 MAR (Medication Administration Record) indicated Resident #8 received Tylenol 325 mg two tabs on 01/2/13 at 1836 (6:36 p.m.) for 2 of 10 pain with unknown effect. The MAR lacked any documentation of further monitoring.</p> <p>A Nursing Progress Note dated 01/02/13 at 23:11 (11:11 p.m.) indicated Resident #8 received Tylenol 650 mg for bilateral rib discomfort at that time. The Nursing Progress Notes lacked any documentation of follow-up monitoring.</p> <p>During an interview on 01/08/13 at 3:00 p.m. the DoN indicated there was no documentation of follow-up from the prn (as needed) medication administrations on 01/02/13. She further indicated, at that time, it was facility policy to use the pain scale to monitor pain after the administration of a prn medication.</p> <p>3.a. Resident #59's record was reviewed on 1/4/13 at 9:30 a.m. Resident #59 had a diagnoses of, but</p>		<p><b>meetings for three (3) months.</b></p> <p><b>The QAA Committee will evaluate compliance with F-329</b></p>		

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	<p>not limited to, hypertension [HTN], dementia with behavioral disturbances, psychosis, depressive disorder, anemia, and history of alcohol dependence. Resident #59's MDS [Minimum Data Set] indicated the resident cognitive status was a 15 of 15 indicating she did not have any cognitive impairments.</p> <p>Resident #59 had an order, dated 8/13/12, for Clonidine 0.1 mg every 6 hours prn (as needed) for a systolic blood pressure equal to or greater than 170. The order indicated the B/P [blood pressure] was to be obtained. Resident #59 had Diovan ordered on 8/13/12 to be taken daily in which her B/P was recorded daily.</p> <p>Review of Resident #59's MAR [Medication Administration Record] on 1/9/13 at 9:30 a.m., indicated the resident was not given Clonidine during the months of November, 2012, December, 2012, and through January 9, 2013. There were no B/Ps recorded on the resident's MAR or in the Progress notes.</p> <p>A joint interview with the DoN [Director of Nursing] and the ADoN [Assistant Director of Nursing] was conducted on 1/9/13 at 1:15 p.m. The ADoN indicated the resident had</p>				

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	<p>the prn Clonidine order for when she becomes symptomatic and her B/P elevates. The ADoN indicated the resident has become symptomatic only once since she received the order. The DoN indicated the resident's B/P only needed to be documented where the B/P for the Diovan was documented.</p> <p>When queried regarding the Clonidine order being every 6 hours prn, the DoN indicated the order needed to be clarified and the B/P needed to be obtained every 6 hours and documented.</p> <p>3.b. Resident #59 had an order, dated 8/8/12, for Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet orally every 4 hours prn [as needed] for pain.</p> <p>On 10/15/12 at 11:45 a.m., Resident #59's progress notes indicated she had received Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet orally for back pain. The resident rated her pain as an 8 out of 10 on the numeric scale [a scale for rating pain from 0 - 10 in which 0 is no pain and 10 is the worst pain imaginable]. On 10/15/12 at 4:09 p.m., the progress notes indicated the resident had verbalized no further increase in her pain. No</p>				

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	<p>non-pharmaceutical interventions were documented.</p> <p>On 11/5/12 at 11:11 a.m., the progress notes indicated Resident #59 was given a Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet for a severe headache. No non-pharmaceutical interventions were documented. The MAR [Medication Administration Record] indicated the medication was effective.</p> <p>On 11/5/12 at 9:24 p.m., the progress notes indicated Resident #59 had received Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet for complaint of pain. No non-pharmaceutical interventions were documented. The MAR [Medication Administration Record] indicated the medication was effective.</p> <p>On 11/16/12 at 5:40 a.m., the progress notes indicated Resident #59 had received Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet for back pain. The resident rated her pain at a 5 out of 10. No non-pharmaceutical interventions were documented. On 11/16/12 at 9:33, the follow-up was documented as "pain". The MAR</p>						

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	<p>indicated the medication was effective.</p> <p>On 11/17/12 at 3:24 a.m., the progress notes indicated the Resident #59 received Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet for back pain. No non-pharmaceutical interventions were documented. On 11/17/12 at 5:44 a.m., the progress notes indicated the follow-up was documented as "pain." The MAR indicated the medication was effective.</p> <p>On 12/19/12 at 5:29 p.m., the progress notes indicated Resident #59 had received Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet for shoulder pain. No non-pharmaceutical interventions were documented. On 12/19/12 at 9:02 p.m., the progress notes indicated the resident was sleeping. The MAR indicated the medication was effective.</p> <p>On 12/20/12 at 9:35 a.m., the progress notes indicated Resident #59 had received Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet for pain in her right groin. The resident rated her pain as 8 out of 10. No</p>						

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	<p>non-pharmaceutical interventions were documented. On 12/20/12 at 12:57 p.m., the progress notes indicated the resident was resting in bed but "still complaining of discomfort with staff continuing to monitor". The note indicated the resident had been given her routine pain medication. The MAR indicated the medication was effective.</p> <p>On 12/21/12 at 12:48 a.m., the progress notes indicated Resident #59 had received Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet for pain. No non-pharmaceutical interventions were documented. On 12/21/12 at 2:00 a.m., the progress notes indicated the resident was asleep. The MAR indicated the medication was effective.</p> <p>On 12/30/12 at 4:38 a.m., the progress notes indicated Resident #59 had received Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet for right shoulder pain. No non-pharmaceutical interventions were documented. On 12/30/12 at 5:22 a.m., the progress notes indicated the resident was asleep. The MAR indicated the medication was effective.</p>						

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	<p>On 12/31/12 at 5:57 p.m., the progress notes indicated Resident #59 had received Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet for pain. No non-pharmaceutical interventions or follow-up were documented. The MAR indicated the medication was effective.</p> <p>On 1/1/13 at 2:53 p.m., the progress notes indicated Resident #59 had received Hydrocodone-Acetaminophen 7.5-325 mg 1 tablet for pain. No non-pharmaceutical interventions or follow-up were documented. No documentation was found on the MAR.</p> <p>The "Pain Management Guideline" dated 1/11 and obtained on 1/8/13 at 12:30 p.m. from the DoN, indicated functions of appropriate pain management include using non-drug interventions to assist in pain management, assessing pain and evaluating response to pain management interventions using a pain management scale based on the resident self-report. The pain rating scale for cognitively intact residents indicated a numeric rating scale or verbal descriptor scale were to be used.</p>				

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	<p>Interview with the DoN on 1/8/13 at 3:00 p.m., indicated the preferred method for rating the resident's pain in cognitively intact residents is the numeric rating scale. She indicated there is no area on the MAR to document non-pharmaceutical interventions.</p> <p>3.1-48(a)(3)</p>			

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F0371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review the facility failed to ensure kitchen equipment was clean, food was prepared and served under sanitary conditions in that, drip pans were soiled, the floor was soiled, and the ceiling tiles were soiled. This had the potential to affect 61/61 residents who resided in the building.</p> <p>Findings include:  On 01/09/13 at 10:15 a.m., the following was observed:</p> <ol style="list-style-type: none"> <li>The drip pans on the stove were observed to be soiled with black debris. The Cook #1 indicated at that time the debris was spillage.</li> <li>The floor under the dishwasher was observed to be soiled with a black substance and was observed to have standing water underneath a pipe.</li> <li>The ceiling tiles over the food prep</li> </ol>	F0371	<p><b>F371</b> <b>Immediate corrective action.</b> <b>Drip plans, floors, under the dish washer and kitchen floor were deep cleaned on 01/09/2013. Ceiling tiles over the food prep and food serving area were replaced with new tiles on 01/ 09/ 2013.</b></p> <p><b>Dietary staff educated on sanitation and cleaning schedule on 01/15/2013 by DSM. Staff will be educated on waste disposal, cleaning techniques and schedules on 02/06/2013 by DSM and RD.</b></p> <p><b>The Dietary Services Manager (DSM) will monitor five (5) times per week for four (4) weeks, then two (2) times a week for three (3) months for compliance with cleaning schedule and kitchen sanitation.</b></p> <p><b>The data will be analyzed for patterns and trends with action plans written and implemented as needed.</b></p>	02/10/2013	

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	<p>and food serving area were observed to be soiled with three areas of debris hanging from them and unidentified stains.</p> <p>4. The floor was observed to be soiled with many areas of dried spillage.</p> <p>A Daily Cleaning Assignments/Dietary Worksheet for December 30, 2012-January 10, 2013 provided by the HFA (Health Facilities Administrator) on 01/10/13 at 8:20 a.m., indicated the drip pans had been cleaned twice daily each day and the floors had been swept and mopped twice daily each day.</p> <p>During an interview with the DM (Dietary Manager) #1, Robert on 01/09/13 at 11:20 a.m. he indicated the kitchen was really dirty and he had never thought to clean the ceiling tiles before.</p> <p>During an interview with the HFA on 01/09/13 at 11:20 a.m. he indicated the kitchen needed to be thoroughly cleaned and he would ensure the cleaning occurred immediately. He further indicated, at that time, it was the policy of the facility to clean the kitchen twice daily.</p>		<p><b>DSM will review the results of the audits, trends, and action plans and report findings at monthly QAA meetings for three (3) months.</b></p> <p><b>The QAA Committee will evaluate compliance with F-371 via the monthly DSM reports. QAA committee will continue the audits until full compliance is achieved for three (3) consecutive months.</b></p>				

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	3.1-21(i) (2)(3)				

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F0469 SS=F	<p>483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>Based on observation, interview and record review, the facility failed to ensure the kitchen was free of roaches in that, a roach was observed in the kitchen. This had the potential to affect 61/61 residents who currently reside in the facility.</p> <p>Findings include:</p> <p>On 01/09/13 at 11:02 a.m., a roach was observed on the dishwasher rinse gauge.</p> <p>During a tour of the kitchen with the HFA (Health Facilities Administrator) on 01/09/13 at 11:15 a.m., a roach was observed crawling on the wall under the dishwasher.</p> <p>The Summary of Services dated 10/09/12-01/08/13 provided by the HFA on 01/10/13 at 8:20 a.m., indicated the contracted exterminator had treated the kitchen on the following dates: 10/09/12, 11/29/12, 12/18/12,</p>	F0469	<p><b>F469</b> <b>Immediate corrective action Pest control company contacted and fogged complete kitchen on 01/09/2013.</b> <b>Staff will be educated on vermin control, waste disposal, cleaning techniques and schedules on 2/06/2013 by DSM and RD.</b></p> <p><b>Pest control treatment was increased from bi monthly to every week effective 01/09/2013.</b></p> <p><b>The Dietary Services Manager (DSM) will monitor daily ongoing for vermin and report any live activity to pest control immediately.</b></p> <p><b>DSM will review the results of the audits, and report findings at monthly QAA meetings for three (3) months.</b></p> <p><b>The QAA Committee will evaluate compliance with F-469 via the monthly DSM reports. QAA committee will continue the audits until full compliance is achieved for three (3) consecutive months</b></p>	02/10/2013

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	<p>12/28/12, and 01/08/13.</p> <p>During an interview on 01/09/13 at 3:00 p.m., the HFA indicated the kitchen had been cleaned, fumigated and was in the process of being cleaned again.</p> <p>The Summary of Service dated 01/09/13 provided by the HFA on 01/10/13 at 8:20 a.m., indicated, "...General Comments...Returned 01/09/13 and inspected kitchen and all rooms for any pest issues. Treated all drains on all floor for drain flies. Heavy small fly acticity (sic) observed and reported in kitchen. Kitchen was closed, covered and treated at time of service.</p> <p>The policy and procedure for Vermin Control provided by the HFA on 01/11/13 at 12:56 p.m. indicated, "...The Dining Services department must be free from vermin at all times..."</p> <p>3.1-19(f)</p>				