STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	(X3) DATE SURVEY COMPLETED
	155710	A. BUILDING 00 / B. WING	02/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHASE CENTER	2 CHASE PARK LOGANSPORT, IN 46947

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00192253. Complaint IN00192253 - Substantiated. Federal/State deficiencies related to the allegations are cited at F157, F312, F314, & F323. Survey dates: February 9 & 10, 2016 Facility number: 000021 Provider number: 155710 AIM number: 100275270 Census bed type: SNF: 8 SNF/NF: 61 Total: 69 Census payor type: Medicare: 8 Medicaid: 50 Other: 11 Total: 69 Sample: 5 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.	F 0000	Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during this inspection I would like to formally request your consideration for granting this facility, paper compliance Chase Center submits this Plan of Correction (POC) in accordance with specific regulatory requirements The submission of the POC does not indicate an admission by Chase Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Chase Center If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact myself, Lacey Schnurpel, Administrator at 574-753-4137 Thank you	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 was completed by 21662 on February 12, 2016.			
F 0157 SS=D Bldg. 00	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). 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. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			
	Based on interview and record review,	F 0157	1. & 2.The Resident Care Managers completed an audit on	02/29/2016

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	the facility failed to notify family regarding a podiatry visit for 1 of 4 residents reviewed for activities of daily living. (Resident B) Findings include: The record review for Resident B was completed on 02/09/15 at 11:00 a.m. Diagnoses included, but were not limited to, dementia with behavioral disturbances. Foot and nail nursing documentation was reviewed for the period of 3/5/15 through 12/22/15. An entry on 11/28/15 indicated Resident B had "...1+ foot problem - e.g. corn, callous, bunion, hammer toe, overlapping toe, pain, structural problem...." A podiatry exam, dated 12/12/15, indicated Resident B attended an initial visit at the request of the Social Services Director of the facility. Resident B presented with long, painful and thick nails on both feet, as well as dry skin. No facility documentation was available regarding family notification of the condition of Resident B's feet or the podiatry appointment. During an interview on 2/10/16 at 11:52		2/24/16 of all current residents to ensure the family and/or responsible party has been notified of medications,treatments, condition changes, room moves, appointments, etc. This audit was completed on 2/24/16. See attached Exhibit “A” 3. A buttonword labeled, “family notification” is now located in all folders of ECS(Electronic Charting System). For all medications and treatment orders written,the nurse will be prompted to document “family notified” after writing the order for the medication and/or treatment. A policy labeled, “family and/or responsible party notification” has been revised and all nursing staff have read and been in-serviced on the facility policy for family/responsible party notifications. See attached exhibit “B” A letter was mailed to all family/responsible parties to inform them that if they elected to have podiatry services, the podiatrist will see their loved ones every 61 days.At that time, if there are new medications and treatments the family will be notified by the charge nurse. This will be completed by Monday, 2/29/16 See attached exhibit “C” 4. The Resident Care Managers will run the 24-hour report in ECS (Electronic ChartingSystem) on Tuesdays, Wednesdays, Thursdays and Fridays. On Monday mornings the Resident	

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	a.m., Resident B's family member indicated he had complained about the condition of Resident B's toenails on several occasions, but was not informed that there were any other issues with Resident B's feet or that Resident B would be seeing the podiatrist. A current policy titled "Family, Responsible Party Notification," dated 11/17/14, provided by the Administrator on 2/10/16 at 2:25 p.m., indicated "...The family/responsible party will be notified for the following changes...d. new medication/ treatment order, or change in current orders...." This Federal tag relates to Complaint IN00192253. 3.1-5(a)(3)		Care Manager will run the 72-hour report. This report has all pertinent changes that occurred over the 24 or 72 hour period. This report was also modified on 2/24/16 to include “family notification” documentation. The Resident Care Manager will be responsible for notifying the family and/or responsible party, if the charge nurse has not completed this. The Resident Care Manager will provide additional education to the charge nurse, if this task was not completed. See Exhibit“D” 5. Completed by 2/29/16	
F 0312 SS=D Bldg. 00	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on interview and record review, the facility failed to provide necessary podiatry services for a resident requiring extensive assistance with activities of daily living. (Resident B)	F 0312	1. & 2.All residents currently in the facility have had a foot assessment completed.All feet have been cared for and referrals to see podiatry have been completedon 2/25/16. The podiatrist seen residents on	02/26/2016

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	Findings include: The record review for Resident B was completed on 02/09/15 at 11:00 a.m. Diagnoses included, but were not limited to, dementia with behavioral disturbances, anxiety, major depressive disorder, heart failure, and history of falls. A quarterly Minimum Data Set (MDS) Assessment, dated 12/10/15, indicated Resident B required extensive assistance with one person physical assist to complete personal hygiene. Weekly foot and nail nursing documentation was reviewed for the period of 3/5/15 through 12/22/15 and included the following notes: Foot and nail documentation, dated 9/5/15, 9/12/15 and 9/19/15 indicated "...nails/calluses were trimmed during the last 90 days...." No other documentation was available to show Resident B's nails had been trimmed. Foot and nail documentation, dated 11/28/15, indicated Resident B had "...1+ foot problem - e.g. corn, callous, bunion, hammer toe, overlapping toe, pain, structural problem...." No other documentation was available indicating		2/25/16, requiring to be seen. See Exhibit“E” 3. A policy labeled, “Ancillary Services-Prime Source (provider) has been developed on 2/16/16. All employees have been in-serviced/educated on the new policy. See Exhibit“F” SocialServices Designee and Admission Coordinator have been educated on the PrimeSource policy, brochure and completion of the consent and process for sending the consents to Prime Source on 2/22/16. See Exhibit“G” C.N.ACharting was changed on 2/16/16 from charting on just “nails” to now charting fingernails and foot care. See attached Exhibit “H” 4.In-service was completed with all nursing staff to include policy labeled,“Attachment C-Skin, Wound, and pressure ulcer assessment” has been revised on2/22/16 to include that with all weekly skin assessments the nurse will provide and/or assess the resident’s feet/toenails. See Exhibit“I” labeled “Attachment C-Skin, Wound and Pressure ulcer assessment” policy and In-Service of all nursing staff. ADL policy was revised and education/in-service was provided to all nursing staff See Exhibit “J” 5. Completed 2/26/16	

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	problems with the feet or toenails. An undated provider choice form located in Resident B's chart was signed by Resident B's responsible party and did not have check marks next to audiology, dentistry or podiatry services. An undated provider choice form, provided by the Administrator on 2/10/16 at 10:55 a.m., signed by Resident B's responsible party, had check marks next to audiology, dentistry and podiatry services. During an interview on 2/10/16 at 12:15 p.m., the Administrator indicated a provider choice form had three services - audiology, dentistry and podiatry - available for residents to choose. A check mark next to a service indicated the resident did not want that service or would utilize an outside provider. No check mark next to a service indicted the resident desired those services. During an interview on 2/10/16 at 12:25 p.m., Resident B's family member indicated he had accepted podiatry services upon admission and wanted Resident B's nails trimmed. He indicated he told the facility about the condition of Resident B's toenails on several occasions and was told it would be			

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	handled. He indicated the facility began placing socks over Resident B's feet, so he was not aware of the condition of Resident B's feet until a visit to the hospital occurred in December 2015. At that time, Resident B's toenails were noted to be extremely long. The family member indicated he said something to the facility when he returned from the hospital. He was not informed Resident B would be seeing the podiatrist, but when he came to visit Resident B the following day, his toenails had been clipped. That was Resident B's first podiatry visit since admission. During an interview on 2/10/16 at 2:00 p.m., Resident Care Manager (RCM) #3 indicated the staff did not cut thick toenails and the resident would need to see a podiatrist. She indicated Resident B did not receive podiatry services because the family declined that service. A family member mentioned Resident B had long toenails in December 2015 and RCM #3 notified the Social Services Director (SSD) in order for a referral to podiatry to be made. She indicated nursing skin assessments were completed weekly and CNAs checked the nails and cleaned them daily. The CNAs would have told the nurse if there was an issue with a residents nails.			

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	During an interview on 2/10/16 at 3:06 p.m., CNA #4 indicated she checked fingernails daily and trimmed them if necessary. She indicated CNAs were not allowed to trim the nails of a person with diabetes. CNA #4 indicated she did not always look at a resident's toes. A podiatry exam, dated 12/12/15, indicated Resident B attended an initial visit at the request of the SSD of the facility. Resident B presented with long, painful and thick nails on both feet, as well as dry skin. The exam indicated pain and onychogryphosis (excessive thickening and curving of the nails) with painful and incurvated nail borders were noted on all toes. This Federal tag relates to Complaint IN00192253. 3.1-38(a)(3)(E)			
F 0314 SS=D Bldg. 00	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical			

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	condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.			
	Based on observation, interview and record review, the facility failed to complete weekly wound assessments for 1 of 3 residents (Resident B), failed to implement all care planned interventions for a resident with a pressure ulcer for 1 of 3 residents (Resident E), and failed to perform proper handwashing during a dressing change and a wound assessment for 2 of 3 residents reviewed for pressure ulcers (Residents D and E). Findings include: 1. The record review for Resident B was completed on 02/09/16 at 11:00 a.m. Diagnoses included, but were not limited to, dementia with behavioral disturbances, heart failure and chronic kidney disease. On 6/25/15 a stage II wound (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured blister) was identified to Resident B's coccyx.	F 0314	1. & 2.Audit was completed on 2/25/16 to ensure all weekly wound assessments have beencompleted for the past 30-days, by the wound nurse. See attachment “K” On 2/25/16 the following was placed on the MAR/TAR for Resident E: “check room to ensure recliner is in room for plan of care” See Exhibit “L” All staff was re-educated on the proper hand washing policy. This was completed 2/25/16. See Exhibit“M” 3. All Braden Pressure Ulcer Risk Assessments were completed on 2/12/16 for all residents in the facility. 4. ECS(Electronic Charting System) on 2/23/16: When the wound nurse or designee documents the weekly wound notes in ECS in the Nurse Charting/Wound Care Meeting folder the Resident Care Manager will get an ECS message on each resident that is documented on. The RCM will need to review the charting to see if anything has changed to ensure that the MAR/TAR matches the wound notes. The wound nurse or designee will still notify the physician when needed, but another nurse may be the one receiving the fax back from the physician and writing the orders on the MAR/TAR. See attached	02/26/2016

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	Wound Care Assessment Team notes, dated 6/25/15 (late entry 7/5/15), indicated the wound measured 1.0 x 1.0 cm (centimeters). No other details were available Wound Care Assessment Team notes, dated 7/2/15 indicated a stage II wound to the coccyx measured 0.3 x 0.3 x 0.1 cm. The wound was described as "...center pink no drainage noted surrounding tissue pink and blanching edges attached..." with treatment in place of "...exuderm [a wound dressing] to area change every 3 days...." No wound care notes were available between 7/2/15 and 7/25/15. Wound Care Assessment Team notes, dated 7/25/15, indicated a stage II wound to the coccyx measured 0.3 x 0.3 x 0 cm. The wound was described as "...center pink no drainage noted surrounding tissue pink and blanching edges attached..." with a treatment change recommended of "...dermagran [skin protectant that helps to restore and maintain skin integrity] to area cover with optifoam gentle [Silicone dressing that provides gentle adhesion] daily...." During an interview on 2/10/16 at 2:00 p.m., Resident Care Manager (RCM) #3 indicated no wound measurements or		Exhibit “N”-ECS Message to charge nurses and setup of ECS Skin policies have been updated and education has been completed on 2/25/16 Attached Exhibit “O” 5. Completed2/26/16	

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	treatment assessments were completed between 7/2/15 and 7/25/15. Nurses looked at the wound daily during dressing changes. Nursing skin condition documentation was in place between 7/2/15 and 7/25/15, however the documentation did not provide an assessment of the wound or indicate effectiveness of wound treatment. A undated policy titled "Attachment C - Skin, Wound, And Pressure Ulcer Assessment," provided by the Administrator on 2/10/16 at 2:12 p.m., indicated "...when open areas (Stage I-IV), unstageable, and suspected deep tissue areas are present, there will be weekly measurements, by the wound nurse or designee...." 2. The record review for Resident E was completed on 2/10/15 at 3:10 p.m. Diagnoses included, but were not limited to, pressure ulcer sacral region stage 3. Wound documentation, dated 1/5/16, indicated Resident E was admitted to the facility with a stage III pressure area to his coccyx area, measuring 2.0 x 1.0 cm. A current pressure ulcer care plan indicated Resident E should have had a recliner in his room to remove pressure			

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	from his buttocks. On 2/09/16 at 9:45 a.m., Resident E was observed sitting in his wheelchair in his room. No recliner was observed in his room. On 2/10/16 at 8:23 a.m., Resident E was observed sitting in his wheel chair next to his bed with no recliner present On 2/10/16 at 2:45 p.m., Resident E was observed sitting in his wheel chair next to his bed with no recliner present. On 2/10/16 at 4:03 p.m., Resident E was observed to be sitting in his wheel chair in his room with no recliner present. During an interview on 2/10/16 at 4:05 p.m., RCM #3 indicated Resident E did have a recliner in his room, but she was not sure where it went or when it was removed. During an interview on 2/10/16 at 4:55 p.m., the Administrator indicated maintenance had removed the recliner from Resident E's room the previous day in order to clean it. She indicated another recliner should have been put in place, but it was not. On 2/10/16 at 8:23 a.m., LPN #6 was			

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	observed transferring Resident E to his bed to assess his coccyx wound. After he was transferred to bed she washed her hands for 13 seconds and donned clean gloves. She removed the resident's wound dressing over his coccyx and threw the dressing away. She removed her gloves, then washed her hands for 8 seconds. She donned clean gloves and assessed the resident's wound to his coccyx. After assessing the wound LPN #6 removed her gloves and transferred the resident back into his wheelchair and pushed him into the hallway. She continued to organize his room. During that time she indicated she should have washed her hands for 20 seconds. 3. The record review for Resident D was completed on 2/9/16 at 2:00 p.m. Diagnoses included, but were not limited to, chronic pain, iron deficiency anemia, and cerebrovascular disease. Wound documentation, dated 2/9/16, indicated Resident D had an unstageable pressure ulcer on her coccyx upon admission to the facility. A physician's order, dated 1/12/16, indicated cleanse wound with normal saline prior to applying ointment. Apply Lanaseptic (a skin protectant) around wound edges and then apply Santyl (a			

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	debriding ointment) to wound bed daily and cover with optifoam. On 2/10/15 at 7:58 a.m., LPN #6 prepared to complete Resident D's dressing change to her coccyx. She laid out the supplies on Resident D's bedside table and proceeded to wash her hands for 15 seconds. She donned gloves and removed the old dressing. LPN #6 then proceeded to wash her hands for 13 seconds. LPN #6 donned clean gloves and completed the dressing change. She removed her gloves and repositioned the resident. LPN #6 then left the room, carrying the wound supplies with her. She did not wash her hands before leaving the room. LPN #6 returned the supplies to the treatment cart and proceeded to wash her hands at the nurse's station. A current policy titled "Infection Control-Hand Hygiene" with a revised date 12/28/15, provided by the Administrator on 2/10/16 at 12:09 p.m., indicated "... GUIDELINES:.. Specific examples of hand hygiene (hand sanitizer and/or soap and water) include, but are not limited to:.. 4. Before and after touching wounds of any kind... 6. After touching any item or surface that may have been contaminated with blood or body fluids, excretions, or secretions... 7.			

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	155710		02/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	Before and after removing gloves... PROCEDURE: 1. Using soap and water... b. Following CDC [centers for Disease Control and Prevention] / WHO [World Health Organization] guidelines keep arms extended downward and vigorously rub hands together for at least 20 seconds, generating friction on all skin surfaces, including under fingernails, and under rings...." This Federal tag relates to Complaint IN00192253. 3.1-40(a)(2)			
F 0323 SS=D Bldg. 00	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to follow an ordered fall prevention intervention to prevent a potential accident for 1 of 5 residents (Resident C) and failed to provide appropriate safety precautions to prevent actual falls for 1 of 5 residents reviewed for falls. (Resident F).	F 0323	1. TheMAR/TAR states, “check placement and functioning of alarm q. shift” forresident “C”. Nursing will continue to check each shift to ensure the seat beltalarm is turned on and properly working. Policylabeled “Alarms” was revised and all nursing staff was providedin-servicing/education completed on 2/25/16.	02/26/2016

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	Findings include: 1. Facility documentation dated 10/8/15 at 4:00 p.m., Resident C was observed on the floor sitting in front of his wheelchair in his room. He was totally dependent on staff for ADL's (Activities of Daily Living). He was sitting in his wheelchair at the time of the fall. He sustained a scrape with a raised area to the lower back and left side measuring 2.0 x 3.0 centimeters (cm). An IDT (Interdisciplinary Team) note dated 10/9/15 at 2:14 p.m., indicated the new intervention for the resident's fall on 10/8/15 was therapy was to fit the resident for a seat belt with an easy release and an an alarm pad added to the chair. On 2/9/16 at 10:08 a.m., Resident C was observed unfastening his self alarming seatbelt in the common area of the Burlington unit upon request to unfasten the belt. The alarm on the seatbelt did not sound when the seatbelt was unfastened. The blue light on the alarm box on the back of the resident's wheelchair seat was not flashing. Resident C indicated at that time the alarm worked when the button was turned on. He indicated the nurses did		See Exhibit"P"-in-service for all staff re: alarms Family wasasked to remove all regular socks for Resident F. Resident F currently wearsgripper socks, at all times. This is also care planned. This intervention wasadded to the MAR/TAR to ensure the resident has the gripper socks on, at alltimes, as care planned. See Exhibit"Q"-verification this is on the MAR/TAR Resident Fhas been identified to remove the dycem from his wheelchair. Resident hascognitive impairment. The dycem has been sewn to a piece of fabric that isfastened under the wheelchair seat by Velcro. The resident does not attempt toremove the dycem from the wheelchair. This has been added to the MAR/TAR tomonitor for placement of dycem in wheelchair. See Exhibit"R"-verification this is on the MAR/TAR 2. All FallRisk Assessments were updated on 2/11/16 and care plans were reviewed and foundcurrent for all residents, in the facility. See Exhibit"S"-verification fall risk assessments updated 3. ECS Message was sent to all nurses forsystem set up change on 2/23/16 and reads, "when you are following up on a fallin the Nurse Charting/Follow Up Falls/Incidents/All folder you will now beprompted with a "pop up	

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	not like the alarm button turned on. RCM #1 (Resident Care Manager) was observed turning the blue alarm box on and the blue light on the alarm box began to flash. The resident was instructed to unfasten his self alarming seat belt and the alarm on the box sounded. RCM #1 indicated at that time the alarm box should have been turned on. The record review was completed on 2/9/16 at 12:00 p.m. Diagnoses included, but were not limited to, seizures, cerebral palsy, spastic hemiplegic and hemiplegia affecting the right nondominant side. The resident had a Physician order dated 2/3/16, for a self-release seat belt with alarm on wheelchair, check placement and functioning along with assessing that resident was able to self release the seat belt without help every shift. 2. The record for Resident F was reviewed on 2/10/16 at 10 a.m. Resident F had falls, which included, but were not limited to the following dates and times: On 6/2/15 at 11:39 p.m., was a late entry for 6/2/15 at 11:25 a.m., indicated Resident F was observed on the bathroom floor in his room, incontinent of bowel and bladder. He had been attempting to		box" when you click on NEW INTERVENTION. The pop up boxwill say, "MAKE SURE YOU ADD THE INTERVENTION TO THE CARE PLAN AND ON THEMAR/TAR". Also, after you write the intervention in that folder and save theentry all of the Resident Care Managers will get an ECS message, this messagewill have the nurse charting for the intervention you documented (this shouldbe used as another reminder for you to make sure that the intervention isplaced in the care plan and/or on the MAR/TAR if indicated." See Exhibit"T"-verification of ECS message and system set up 4. All fallswill be reviewed at the weekly, RAM Meeting (Risk Assessment Meeting). Thismeeting consists of the Administrator, Director of Nursing, Dietary Manager,Therapy Manager and Resident Care Managers. The Resident Care Manager willidentify the resident's that have had a fall in the past 7 days and willidentify the intervention and ensure the intervention is on the careplan and onthe MAR/TAR, if needed. See Exhibit"U"-completed in-service for weekly RAM Meeting review of FALLS 5. Completed2/26/16	

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	transfer himself to the toilet prior to the fall. Root cause of the fall was the chair alarm was not working. The new intervention was the chair alarm was replaced. His fall risk assessment, dated 5/14/15, was 17, which indicated high (10 or above was a fall risk). The Significant Change MDS (Minimum Data Set) assessment, dated 7/6/15, indicated Resident F's BIMS (Brief Interview for Mental Status) score was 5, which indicated his mental status was severely impaired. Transfer status and toilet use were extensive assist with two person physical assist. On 7/29/15 at 7:25 p.m., Resident F was on the toilet and pulled the call light. He got up by himself and attempted to ambulate. The Nurse heard a loud noise and found the resident sitting on the floor. The resident was toileting at the time of the fall. His mobility status was assist with transfers. He sustained an abrasion to his right mid back. The new intervention was the staff was educated not to leave a resident with alarms in the bathroom without supervision. His fall risk assessment, dated 7/21/15, was 19, which indicated high (10 or above was a fall risk).			

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	On 1/22/16 at 11:00 p.m., Resident F's alarm was sounding and he was observed slipping out of bed onto the floor with the alarm under him. He indicated "I was just trying to go upstairs." The new intervention was non-skid socks were to be worn while in his bed. His fall risk assessment, dated 12/21/15, was 15, which indicated high (10 or above was a fall risk). The record for Resident F was completed on 2/9/16 at 3:15 p.m. Diagnoses included, but was not limited to, dementia with behavioral disturbances, psychosis not due to a substance or known physiological condition, anxiety disorder and Systolic (Congestive) Heart Failure. On 2/9/16 at 4:20 p.m., the resident was observed sitting on the edge of his bed leaning over to the left onto the pillow with his eyes closed. He had a blue cushion in his wheelchair seat without any dycem (sticky material to keep a resident from sliding in the chair) observed in the wheelchair seat. The chair alarm pad was laying in the gap of the wheelchair between the back of the wheelchair seat and the back of the wheelchair. RCM #2 indicated after she looked at his Care Plan he should have had dycem in his wheelchair seat. She			

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	asked the resident where he had placed his dycem for his wheelchair. Resident F indicated he did not know what she was talking about and he had not seen anything in his chair. RCM #2 indicated he should have had a piece of black or red sticky material in his chair. The resident indicated he had never had a piece of black or red material in his chair. He asked RCM #2 where this material came from for his chair. She indicated therapy would have placed it in his chair. Resident F indicated he had never seen anything like that in his chair. On 2/10/16 at 11:21 a.m., CNA #5 was observed attempting to get Resident F up to the bathroom to toilet him. She pulled the blanket and sheet back and his feet were observed with white crew socks in place. CNA #5 indicated the resident should have non-skid socks on his feet while he was in bed. During an interview on 2/10/16 at 4:16 p.m., RCM #3 indicated a resident's fall assessment greater than 10 indicated it was high and that resident was a fall risk. A current policy titled "Attachment B-Fall History and Risk Assessment" undated, provided by the Administrator on 2/10/16 at 2:12 p.m., indicated "... PROCEDURE:.. 11. A score of 10 or			

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	above indicates high risk and less than 10, low risk. Interventions will be implemented at the time of admission and review interventions and append after a fall and with each RAI [Resident Assessment Instrument] assessment, to prevent falls according to the fall assessment and risk score...." A current policy titled "Resident Lift Policy" with a revision date 7/31/15, provided by the Administrator on 2/10/16 at 2:55 p.m., indicated "... PROCEDURE:..4. A red tag indicates that the resident is a high fall risk and MAY have alarms. Any time a resident is in the restroom and is a fall risk, staff MUST stay with them...." A current policy titled "Lifting Policy/Gait Belt" with a revision date 7/31/15, provided by RCM #1 on 2/10/16 at 3:55 p.m., indicated "... PROCEDURE:.. 4. A red tag indicates that the resident is a high fall risk and MAY have alarms. Any time a resident is in the restroom and is a fall risk, staff MUST stay with them. A white tag indicates the resident is not a fall risk...." This Federal Tag relates to Complaint IN00192253. 3.1-45(a)(2)			

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