

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155510	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/26/2012
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NAME OF PROVIDER OR SUPPLIER CENTURY VILLA HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 705 N MERIDIAN ST GREENTOWN, IN 46936
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00116206.</p> <p>Complaint IN00116206: Substantiated no deficiencies related to the allegations are cited.</p> <p>Survey Dates: September, 18, 19, 20, 21, 24, 25 and 26, 2012.</p> <p>Facility Number: 000549 Provider Number: 155510 AIM Number: 100267470</p> <p>Survey Team: Toni Maley, BSW, TC Tammy Alley, RN Linn Mackey, RN (9/18, 19, 20, 21/12)</p> <p>Census Bed Type: SNF: 5 SNF/NF: 52 Residential: 36 Total: 93</p> <p>Census Payor Type: Medicare: 5 Medicaid: 27 Other: 61 Total: 93</p>	F0000		

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

TITLE

(X6) DATE

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

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	<p>Residential Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on October 2, 2012 by Bev Faulkner, RN</p>				

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based Interview and record review, the facility failed to promptly notify the resident's physician regarding self injurious behaviors and suicidal</p>	F0157	1) Resident #83 was discharged from facility to a behavior unit prior to survey with no self injuries. 2) To date, there are no other residents are displaying self injurious signs or suicidal	10/14/2012			

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	<p>ideation and/or the desire to die for 1 of 1 resident who met the criteria for behavioral issues (Resident #83).</p> <p>Findings include:</p> <p>1.) Resident #83's closed record was reviewed on 9/25/12 at 12:40 p.m. Resident #83 was admitted to the facility on 5/9/12. Resident #83's admission diagnoses included, but were not limited to, vascular dementia with depression, Alzheimer's disease, carotid artery occlusion and hypertension.</p> <p>Resident #83's record indicated the resident made statements regarding being unhappy with being in a nursing home, wanting to die or be dead and/or had self injurious behaviors which included, but were not limited:</p> <p>a.) 5/10/12, 8:41 p.m.- "Resident began cursing loudly stating that he doesn't want to be here that he just wanted to die Hit the wall in the bathroom and rail of bed."</p> <p>b.) 5/12/12, 7:56 p.m.- "Resident was in wheelchair in hallway yelling and cursing-saying 'I just want to die!' "</p>		<p>ideation. 3) All staff will be inserviced to report verbally to Social Services and/or Administrator in addition to documenting any behavior that is self injurious to resident or comments of "wanting to die". Social Services or designee will assess resident with suicidal risk assessment and physician will be notified. 4) Social Services will continue to monitor nursing documentation for self injurious signs or suicidal ideation. QA will be done by Social Services to ensure the physician was notified timely. QA will be ongoing. Citing will be reviewed monthly for informal QA for six months and at QQA for one year.</p>	

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	<p>c.) 6/10/12, 3:35 a.m.- "Would rather be dead", 'What's the use' anger at NH [nursing home] placement..."</p> <p>d.) 6/12/12, 6:48 a.m.- "...resident slapping at w/c [wheelchair] and cursing to self ..."</p> <p>e.) 6/16/12, 1:43 p.m.- "Screaming/Cursing at Others ...frustrated once alarm went off, says he feels like he's in prison [sic]."</p> <p>f.) 6/21/12, 10:58 a.m.- "C.N.A. [name] reported to writer that he began hitting himself in the head with his fist [and] saying he hopes he would hit his head hard enough one time so he would die. C.N.A. reported he would do the same thing when he was on another hall."</p> <p>g.) 6/23/12, 8:49 a.m.- "Resident came out of room, grimaced and hit himself in the head. Aide asked what was wrong and resident responded "I just ain't got nothing to live for."</p> <p>h.) 6/23/12, 10:17 a.m.- "Resident hit self in the head. Aide asked why he was doing that, resident stated 'I don't know.' "</p> <p>i.) 6/23/12, 10:30 a.m.- "Resident</p>						

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	<p>slammed fist on wheelchair and hit self in head."</p> <p>j.) 6/23/12, 11:47 a.m.- "resident hit self on side of head and stated 'I can't do anything right it is not worth living.' "</p> <p>k.) 6/24/12, 5:58 p.m.- "C.N.A. then came to writer [and] said resident was just hitting himself in the head [and] when she asked why he said 'because I am living.' "</p> <p>l.) 6/26/12, 9:35 a.m.- "Would rather be dead."</p> <p>m.) 6/26/12, 1:27 p.m.- "slamming doors slamming chairs around."</p> <p>n.) 6/26/12, 1:30 p.m. - "stated wish he was dead tired of living."</p> <p>o.) 6/27/12, 1:52 p.m. - "Kicking/Hitting"</p> <p>p.) 6/28/12, 1:24 p.m. - "Kicking/Hitting"</p> <p>q.) 6/29/12, 10:08 a.m., - "Resident hit self in head ... 'I am just tired of livin' [sic] . It don't pay to live.' "</p> <p>r.) 7/1/12, 6:02 a.m. - "Res [resident] smacked himself on top on his head</p>			

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	<p>[sic] X's 2 [two times]. Asked why he was doing that to himself but he wouldn't answer."</p> <p>s.) 7/1/12, 9:30 a.m. - "Hitting/Scratching ...hitting self"</p> <p>t.) 7/1/12, 3:01 p.m.- "He was tearful...told me that he wasn't doing well."</p> <p>u.) 7/3/12, 6:49 a.m. - "Kicking/Hitting ...wishes he was dead"</p> <p>w.) 7/3/12, 11:41 a.m., - "Resident was hitting himself in the head this morning while with C.N.A. He said it was because he didn't have anyone to help him Wishes to die,resident has stated several times this shift that he wants to die or be dead or be in the ground ... Resident was smacking himself in the head with his hand" "Resident does not have plan for suicide."</p> <p>x.) 7/3/12, 8:35 p.m. - "Resident was in his room punching the closet doors. ... 'I want to be dead, I am sick of this.' "</p> <p>y.) 7/3/12, 9:33 p.m.- "...hit self in head stating he wished to die."</p> <p>z.) 7/4/12, 7:47 a.m. - "Resident</p>			

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	<p>hitting himself in the head repeatedly even after asking resident to stop. Resident repeats over and over 'I just want to die.' "</p> <p>aa.) 7/5/12, 10:40 a.m.- "Resident was in his room yelling 'I want to die. I want to die' over [and] over. C.N.A. noted resident to be smacking himself in the head."</p> <p>bb.) 7/5/12, 3:44 p.m.- "I don't want to live anymore"... "I just want to chop my head off."</p> <p>cc.) 7/6/12, 12:22 p.m.- "...I wish I was dead. I'd be better off in the ground."</p> <p>dd.) 7/7/12, 7:30 a.m. - "Kicking/Hitting"</p> <p>ee.) 7/8/12, 7:05 a.m. - "Kicking/Hitting"</p> <p>ff.) 7/9/12, 6:43 a.m. - "slapping self"</p> <p>gg.) 7/9/12, 9:24 a.m.- "... wishes he was dead."</p> <p>hh.) 7/10/12, 4:47 a.m.- "Hitting/Scratching self"</p> <p>ii.) 7/10/12, 5:45 a.m. - "Res [resident] has been yelling off and on</p>			

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	<p>all night from his roomSaying that he just wants to die. Res stated 'I will be dead by the end of the week.' Writer asked him why he thought this and he sated he was going to watch for a semi or a dump truck to go by."</p> <p>jj.) 7/10/12, 7:59 a.m., - "Resident began smacking himself in his head [and] repeating 'I am telling you I just want to die.' "</p> <p>kk.) 7/11/12, 5:54 a.m.- "...resident hit the siderail on the bed and yelled he doesn't care."</p> <p>ll.) 7/11/12-7:45 a.m.- "...he was growling, cursing and said he wishes he was dead, he has nothing to live for."</p> <p>mm.) 7/11/12-8:38 a.m.- "C.N.A. reported to writer that resident was smacking himself in the head this am [morning] [and] repeating he wants to die and making growling noises."</p> <p>Resident #83's clinical record lacked documented notification of the doctor when the resident was expressing a persistent desire to die and was repeatedly self injurious prior to 6/25/12.</p>				

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	<p>During a 9/25/12 2:30 p.m. interview the Social Worker was questioned regarding physician notification of resident behaviors. The Social Worker indicated she would look into the situation and provide answers. Review of a document which was provided by the Social Services Director on 9/25/12 at 3:00 p.m., indicated the following:</p> <p>a.) Resident #83's doctor was first notified 6/25/12 of the resident's desire to die and self injurious behaviors.</p> <p>3.) Review of a current, 10/02, facility policy, titled, "Suicide Policy", which was provided by the Social Service Director on 9/26/12 at 10:50 a.m., indicated the following: "Purpose: To prevent and evaluate suicide potential with all residents within the facility, to ensure proper monitoring, assessment and treatment ...</p> <p>2. Suicidal Ideations - Individual has had thoughts of killing themselves. These thoughts may be fleeting or persistent. For example: Fleeting - The individual may say,</p>			

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	<p>'Yes, I have thoughts of killing myself, hasn't everyone?' Or, 'Yes, from time to time I think about killing myself.'</p> <p>Persistent -The individual may say, 'I think about killing myself everyday.' [sic] If an individual is being persistent with suicidal thought, the charge nurse needs to follow the procedures as they would with a suicidal ideation with a plan (see below) ...</p> <p>...if the individual has PERSISTENT thoughts of killing themselves or a method to kill themselves, the following steps should be utilized to ensure safety for all:</p> <p>1. Call doctor ASAP [As soon as possible]."</p> <p>3.1-5(a)(2)</p>				

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F0241 SS=B	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation and interview, the facility failed to ensure personal dignity was maintained for 5 of 5 randomly observed residents. (Resident # 50, # 75, # 5, # 25 and # 74)</p> <p>Findings include:</p> <p>On 09/18/2012 at 11:30 a.m., CNA # 1 brought Resident # 50 into the hall and said " I will take you to the dining room sweetheart and feed you." The CNA then wheeled the resident to the dining room and and said " I'm going to put you at your table, sweetie."</p> <p>On 9/18/12 at 11:38 a.m., CNA # 1 served Resident # 75 her lunch tray and said "here you go, sweetie."</p> <p>On 9/18/12 at 11:58 a.m., CNA # 1 said to Resident # 5 "I need to wake you up, sweetie."</p> <p>On 09/18/2012 at 12:04 p.m., CNA #1 served Resident # 25 her lunch tray and said "here you go, sweetie."</p>	F0241	<p>1) All residents referred to as "sweetheart", "sweet pea" and "sweetie" will no longer be referred to as such. 2) All residents with potential to be affected by the same deficient practice will not be called "sweetheart", "sweet pea" or "sweetie". 3) Staff have been inserviced that they cannot use terms of endearment such as "sweetheart", "sweet pea" or "sweetie" and will call resident by his/her first or lastname. 4) Department heads will monitor ongoing and remind staff to refrain from using terms of endearment such as "sweetheart", "sweet pea" and "sweetie" with residents. QA will be ongoing.Citing will be reviewed monthly for informal QA for six months and at QQA for one year.</p>	09/28/2012	

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	<p>On 9/21/12 at 12:53 p.m., CNA # 6 transferred Resident # 74 to her bed. During the transfer observation, the CNA said to the resident "alright sweetpea."</p> <p>During an interview with CNA #1 on 9/24/12 at 9:20 a.m., she indicated the residents should be addressed by their first or last name or by what the resident requests. She indicated she had a habit of using the term "sweetie" to address the residents.</p> <p>3.1-3(t)</p>			

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F0250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on interview and record review, the facility failed to provide needed social service to prevent/reduce self injurious behaviors and address suicidal ideation and/or the desire to die for 1 of 1 resident who meet the criteria for behavioral issues (Resident #83).</p> <p>Findings include:</p> <p>1.) Resident #83's closed record was reviewed on 9/25/12 at 12:40 p.m. Resident #83 was admitted to the facility on 5/9/12. Resident #83's admission diagnoses included, but were not limited to, vascular dementia with depression, Alzheimer's disease, carotid artery occlusion and hypertension.</p> <p>Resident #83's record indicated the resident made statements regarding being unhappy with being in a nursing home, wanting to die or be dead and/or had self injurious behaviors</p>	F0250	<p>1) Resident #83 was discharged from facility to behavior unit prior to survey. 2) To date, there are no other residents displaying self injurious signs or suicidal ideation. 3) All staff will be inserviced to report verbally to Social Services and/or Administrator in addition to documenting any behavior that is self injurious to resident or comments of "wanting to die". Social Services or designee will assess resident with suicidal risk assessment and physician will be notified. 4) Social Services will assess and a suicidal risk assessment form will be completed at that time. QA will be ongoing. Citing will be reviewed monthly for informal QA for six months and at QQA for one year.</p>	10/14/2012			

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	<p>which included, but were not limited:</p> <p>a.) 5/10/12, 8:41 p.m.- "Resident began cursing loudly stating that he doesn't want to be here that he just wanted to die Hit the wall in the bathroom and rail of bed."</p> <p>b.) 5/12/12, 7:56 p.m.- "Resident was in wheelchair in hallway yelling and cursing-saying 'I just want to die!' "</p> <p>c.) 6/10/12, 3:35 a.m.- " 'Would rather be dead', 'What's the use' anger at NH [nursing home] placement..."</p> <p>d.) 6/12/12, 6:48 a.m.- "...resident slapping at w/c [wheelchair] and cursing to self ..."</p> <p>e.) 6/16/12, 1:43 p.m.- "Screaming/Cursing at Others ...frustrated once alarm went off, says he feels like he's in prison [sic]."</p> <p>f.) 6/21/12, 10:58 a.m.- "C.N.A. [name] reported to writer that he began hitting himself in the head with his fist [and] saying he hopes he would hit his head hard enough one time so he would die. C.N.A. reported he would do the same thing when he was on another hall."</p>			

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	<p>g.) 6/23/12, 8:49 a.m.- "Resident came out of room, grimaced and hit himself in the head. Aide asked what was wrong and resident responded "I just ain't got nothing to live for."</p> <p>h.) 6/23/12, 10:17 a.m.- "Resident hit self in the head. Aide asked why he was doing that, resident stated 'I don't know.' "</p> <p>i.) 6/23/12, 10:30 a.m.- "Resident slammed fist on wheelchair and hit self in head."</p> <p>j.) 6/23/12, 11:47 a.m.- "resident hit self on side of head and stated 'I can't do anything right it is not worth living.' "</p> <p>k.) 6/24/12, 5:58 p.m.- "C.N.A. then came to writer [and] said resident was just hitting himself in the head [and] when she asked why he said 'because I am living.' "</p> <p>l.) 6/26/12, 9:35 a.m.- "Would rather be dead."</p> <p>m.) 6/26/12, 1:27 p.m.- "slamming doors slamming chairs around."</p> <p>n.) 6/26/12, 1:30 p.m. - "stated wish he was dead tired of living."</p>						

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	<p>o.) 6/27/12, 1:52 p.m. - "Kicking/Hitting"</p> <p>p.) 6/28/12, 1:24 p.m. - "Kicking/Hitting"</p> <p>q.) 6/29/12, 10:08 a.m., - "Resident hit self in head ... 'I am just tired of livin' [sic]. It don't pay to live.' "</p> <p>r.) 7/1/12, 6:02 a.m. - "Res [resident] smacked himself on top on his head [sic] X's 2 [two times]. Asked why he was doing that to himself but he wouldn't answer."</p> <p>s.) 7/1/12, 9:30 a.m. - "Hitting/Scratching ...hitting self"</p> <p>t.) 7/1/12, 3:01 p.m.- "He was tearful...told me that he wasn't doing well."</p> <p>u.) 7/3/12, 6:49 a.m. - "Kicking/Hitting ...wishes he was dead"</p> <p>w.) 7/3/12, 11:41 a.m., - "Resident was hitting himself in the head this morning while with C.N.A. He said it was because he didn't have anyone to help him Wishes to die,resident has stated several times this shift that he wants to die or be dead or be in the ground ... Resident was smacking himself in the head with his hand"</p>			

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	<p>"Resident does not have plan for suicide."</p> <p>x.) 7/3/12, 8:35 p.m. - "Resident was in his room punching the closet doors. ... 'I want to be dead, I am sick of this.' "</p> <p>y.) 7/3/12, 9:33 p.m.- "...hit self in head stating he wished to die."</p> <p>z.) 7/4/12, 7:47 a.m. - "Resident hitting himself in the head repeatedly even after asking resident to stop. Resident repeats over and over 'I just want to die.' "</p> <p>aa.) 7/5/12, 10:40 a.m.- "Resident was in his room yelling 'I want to die. I want to die' over [and] over. C.N.A. noted resident to be smacking himself in the head."</p> <p>bb.) 7/5/12, 3:44 p.m.- "I don't want to live anymore"... "I just want to chop my head off."</p> <p>cc.) 7/6/12, 12:22 p.m.- "...I wish I was dead. I'd be better off in the ground."</p> <p>dd.) 7/7/12, 7:30 a.m. - "Kicking/Hitting"</p> <p>ee.) 7/8/12, 7:05 a.m. -</p>			

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	<p>"Kicking/Hitting"</p> <p>ff.) 7/9/12, 6:43 a.m. - "slapping self"</p> <p>gg.) 7/9/12, 9:24 a.m.- "... wishes he was dead."</p> <p>hh.) 7/10/12, 4:47 a.m.- "Hitting/Scratching self"</p> <p>ii.) 7/10/12, 5:45 a.m. - "Res [resident] has been yelling off and on all night from his roomSaying that he just wants to die. Res stated 'I will be dead by the end of the week.' Writer asked him why he thought this and he sated he was going to watch for a semi or a dump truck to go by."</p> <p>jj.) 7/10/12, 7:59 a.m., - "Resident began smacking himself in his head [and] repeating 'I am telling you I just want to die.' "</p> <p>kk.) 7/11/12, 5:54 a.m.- "...resident hit the siderail on the bed and yelled he doesn't care."</p> <p>ll.) 7/11/12-7:45 a.m.- "...he was growling, cursing and said he wishes he was dead, he has nothing to live for."</p> <p>mm.) 7/11/12-8:38 a.m.- "C.N.A. reported to writer that resident was</p>			

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	<p>smacking himself in the head this am [morning] [and] repeating he wants to die and making growling noises."</p> <p>Social Service notes first addressed Resident #83's desire to die on 5/14/12. The record stated the resident indicated " he was not going to harm himself. " The record lacked any documentation of the resident's mental status regarding self injurious behaviors or the desire to die being monitored, assessed or addressed again prior to a 6/25/12 note documented as a late entry for 6/21/12.</p> <p>Resident #83 had a 6/21/12 Social Service Note which indicated the following: " He has had 1 episode of verbally and socially inappropriate behavior in this assessment period. ... " The nursing documentation contradicted this Social Service documentation indicating he had behavioral issues on 5/12/12, 6/10/12, 6/12/12, 6/16/12 and 6/21/12 as listed above.</p> <p>Resident #83's clinical record lacked:</p> <p>a.) A care plan for hitting himself in the head developed prior to 7/11/12</p>			

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	<p>b.) A care plan for the persistent desire to die and/or potential suicidal ideations prior to 7/11/12</p> <p>c.) Documented notification of the doctor when the resident was expressing a persistent desire to die and was repeatedly self injurious prior to 6/25/12.</p> <p>d.) Documentation that efforts were made to ensure resident safety such as ensuring the resident does not have sharp objects</p> <p>f.) Safety monitoring 15 minute checks related to the persistent desire to die until the doctor had given instructions.</p> <p>g.) An assessment for possible psychiatric services prior to the 7/12/12 discharge to a geriatric psychiatric facility</p> <p>2.) Documentation provided by the Social Services Director on 9/25/12 at 3:00 p.m., indicated the following:</p> <p>a.) Resident #83's doctor was first notified 6/25/12 of the resident's desire to die.</p> <p>b.) Resident #83 was offered a stress</p>			

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	<p>ball on 6/29/12 to use when he felt frustrated.</p> <p>3.) During a 9/26/12, 10:30 a.m. interview the Social Service Director indicated:</p> <p>a.) Resident #83 did not have a formal care plan to address self injurious behavior or the desire to die prior to 7/11/12.</p> <p>b.) Resident #83 had safety check monitoring on 2 days during the period from 5/12/12 to 7/12/12 when he left for a geriatric psychiatric facility. The dates were 7/9/12 and 7/11/12.</p> <p>c.) The Social Service Director indicated the facility did not have a formal assessment tool to evaluate residents for suicide risks.</p> <p>d.) Resident #83 was formally assessed for suicidal risk on 5/14/12 and 6/21/12. No other risk assessments were completed.</p> <p>4.) Review of a current, 10/02, facility policy, titled, " Suicide Policy " , which was provided by the Social Service Director on 9/26/12 at 10:50 a.m., indicated the following:</p>			

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	<p>" Purpose: To prevent and evaluate suicide potential with all residents within the facility, to ensure proper monitoring, assessment and treatment ...</p> <p>2. Suicidal Ideations - Individual has had thoughts of killing themselves. These thoughts may be fleeting or persistent. For example: Fleeting - The individual may say, ' Yes, I have thoughts of killing myself, hasn't everyone?' Or, ' Yes, from time to time I think about killing myself. '</p> <p>Persistent -The individual may say, ' I think about killing myself everyday. ' [sic] If an individual is being persistent with suicidal thought, the charge nurse needs to follow the procedures as they would with a suicidal ideation with a plan (see below) ...</p> <p>Suicidal ideation with a plan - This individual has had thoughts of killing themselves ...</p> <p>Procedure: ...if the individual has PERSISTENT thoughts of killing themselves or a method to kill themselves, the following steps should be utilized to</p>			

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	<p>ensure safety for all:</p> <ol style="list-style-type: none"> 1. Call doctor ASAP [As soon as possible] 2. Call family ASAP 3. Staff needs to do 15-minute watch on the resident until doctor returns call for further instruction ... 4. Make sure resident does not have any sharp or potentially dangerous objects in room ... 5. Notify kitchen ...resident only plasticware until further notice. 6. Notify Social Services and/or Administrator of the situation ... Social Services will assess the situation to see if a psych consult is needed. " <p>Review of a current, 7/07, facility policy titled " Behavior Management Policy " , which was provided by the Social Services director on 9/26/12 at 2:15 p.m., indicated the following: " ... Disruptive behavior such as verbal combativeness, attempts to leave facility or socially inappropriate behavior. Procedure: ...Should a behavior warrant, the Hourly Checks Form may be</p>				

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	<p>implemented to monitoring behaviors such as yelling, aggressiveness ... Social Services and the Director of Nursing will review and assess for recommendations of further plan of care. "</p> <p>3.1-34(a)</p>			

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based Interview and record review, the facility failed to develop and implement care plans regarding a resident hitting himself in the head and/or wanting to die for 1 of 1 resident who met the criteria for behavioral issues (Resident #83).</p> <p>Findings include:</p> <p>1.) Resident #83's closed record was reviewed on 9/25/12 at 12:40 p.m. Resident #83 was admitted to the</p>	F0279	<p>1) Resident #83 was discharged from facility to behavior unit prior to survey. 2) To date, there are no other residents displaying self injurious signs or suicidal ideation. 3) A care plan will be initiated timely when Social Services is notified of self injury or suicidal ideation. 4) Social Services or designee will initiate the suicidal risk assessment form and update the care plan accordingly for any noted behavior of self injury or suicidal ideation. QA will be ongoing. Citing will be reviewed monthly for informal QA for six months and at QQA for one year.</p>	10/14/2012	

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	<p>facility on 5/9/12. Resident #83's admission diagnoses included, but were not limited to, vascular dementia with depression, Alzheimer's disease, carotid artery occlusion and hypertension.</p> <p>Resident #83's record indicated the resident made statements regarding being unhappy with being in a nursing home, wanting to die or be dead and/or had self injurious behaviors which included, but were not limited:</p> <p>a.) 5/10/12, 8:41 p.m.- "Resident began cursing loudly stating that he doesn't want to be here that he just wanted to die Hit the wall in the bathroom and rail of bed."</p> <p>b.) 5/12/12, 7:56 p.m.- "Resident was in wheelchair in hallway yelling and cursing-saying 'I just want to die!' "</p> <p>c.) 6/10/12, 3:35 a.m.- " 'Would rather be dead', 'What's the use' anger at NH [nursing home] placement..."</p> <p>d.) 6/12/12, 6:48 a.m.- "...resident slapping at w/c [wheelchair] and cursing to self ..."</p> <p>e.) 6/16/12, 1:43 p.m.-</p>				

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	<p>"Screaming/Cursing at Others ...frustrated once alarm went off, says he feels like he ' s in prison [sic]."</p> <p>f.) 6/21/12, 10:58 a.m.- "C.N.A. [name] reported to writer that he began hitting himself in the head with his fist [and] saying he hopes he would hit his head hard enough one time so he would die. C.N.A. reported he would do the same thing when he was on another hall."</p> <p>g.) 6/23/12, 8:49 a.m.- "Resident came out of room, grimaced and hit himself in the head. Aide asked what was wrong and resident responded "I just ain't got nothing to live for."</p> <p>h.) 6/23/12, 10:17 a.m.- "Resident hit self in the head. Aide asked why he was doing that, resident stated 'I don't know.' "</p> <p>i.) 6/23/12, 10:30 a.m.- "Resident slammed fist on wheelchair and hit self in head."</p> <p>j.) 6/23/12, 11:47 a.m.- "resident hit self on side of head and stated 'I can't do anything right it is not worth living.' "</p> <p>k.) 6/24/12, 5:58 p.m.- "C.N.A. then came to writer [and] said resident was</p>			

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	<p>just hitting himself in the head [and] when she asked why he said 'because I am living.' "</p> <p>l.) 6/26/12, 9:35 a.m.- "Would rather be dead."</p> <p>m.) 6/26/12, 1:27 p.m.- "slamming doors slamming chairs around."</p> <p>n.) 6/26/12, 1:30 p.m. - "stated wish he was dead tired of living."</p> <p>o.) 6/27/12, 1:52 p.m. - "Kicking/Hitting"</p> <p>p.) 6/28/12, 1:24 p.m. - "Kicking/Hitting"</p> <p>q.) 6/29/12, 10:08 a.m., - "Resident hit self in head ... 'I am just tired of livin' [sic] . It don't pay to live.' "</p> <p>r.) 7/1/12, 6:02 a.m. - "Res [resident] smacked himself on top on his head [sic] X's 2 [two times]. Asked why he was doing that to himself but he wouldn't answer."</p> <p>s.) 7/1/12, 9:30 a.m. - "Hitting/Scratching ...hitting self"</p> <p>t.) 7/1/12, 3:01 p.m.- "He was tearful...told me that he wasn't doing well."</p>			

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	<p>u.) 7/3/12, 6:49 a.m. - "Kicking/Hitting ...wishes he was dead"</p> <p>w.) 7/3/12, 11:41 a.m., - "Resident was hitting himself in the head this morning while with C.N.A. He said it was because he didn't have anyone to help him Wishes to die,resident has stated several times this shift that he wants to die or be dead or be in the ground ... Resident was smacking himself in the head with his hand" "Resident does not have plan for suicide."</p> <p>x.) 7/3/12, 8:35 p.m. - "Resident was in his room punching the closet doors. ... 'I want to be dead, I am sick of this.' "</p> <p>y.) 7/3/12, 9:33 p.m.- "...hit self in head stating he wished to die."</p> <p>z.) 7/4/12, 7:47 a.m. - "Resident hitting himself in the head repeatedly even after asking resident to stop. Resident repeats over and over 'I just want to die.' "</p> <p>aa.) 7/5/12, 10:40 a.m.- "Resident was in his room yelling 'I want to die. I want to die' over [and] over. C.N.A. noted resident to be smacking himself in the head."</p>				

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	<p>bb.) 7/5/12, 3:44 p.m.- "I don't want to live anymore"... "I just want to chop my head off."</p> <p>cc.) 7/6/12, 12:22 p.m.- "...I wish I was dead. I'd be better off in the ground."</p> <p>dd.) 7/7/12, 7:30 a.m. - "Kicking/Hitting"</p> <p>ee.) 7/8/12, 7:05 a.m. - "Kicking/Hitting"</p> <p>ff.) 7/9/12, 6:43 a.m. - "slapping self"</p> <p>gg.) 7/9/12, 9:24 a.m.- "... wishes he was dead."</p> <p>hh.) 7/10/12, 4:47 a.m.- "Hitting/Scratching self"</p> <p>ii.) 7/10/12, 5:45 a.m. - "Res [resident] has been yelling off and on all night from his roomSaying that he just wants to die. Res stated 'I will be dead by the end of the week.' Writer asked him why he thought this and he sated he was going to watch for a semi or a dump truck to go by."</p> <p>jj.) 7/10/12, 7:59 a.m., - "Resident began smacking himself in his head [and] repeating 'I am telling you I just</p>			

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	<p>want to die.' "</p> <p>kk.) 7/11/12, 5:54 a.m.- "...resident hit the siderail on the bed and yelled he doesn't care."</p> <p>ll.) 7/11/12-7:45 a.m.- "...he was growling, cursing and said he wishes he was dead, he has nothing to live for."</p> <p>mm.) 7/11/12-8:38 a.m.- "C.N.A. reported to writer that resident was smacking himself in the head this am [morning] [and] repeating he wants to die and making growling noises."</p> <p>Resident #83's clinical record lacked a care plan for hitting himself in the head developed prior to 7/11/12 and a care plan for the persistent desire to die and/or potential suicidal ideations prior to 7/11/12.</p> <p>During a 9/26/12, 10:30 a.m. interview the Social Service Director indicated Resident #83 did not have a formal care plan to address self injurious behavior or the desire to die prior to 7/11/12. The Social Worker additionally indicated the resident was admitted to a geri-psychiatric unit on 7/12/12.</p>				

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	3.1-35(a)			

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review and interview, the facility failed to follow a Do Not Resuscitate (DNR) status for 1 of 4 residents reviewed for code status in a sample of 4. (Resident # 99)</p> <p>Findings include:</p> <p>The record for Resident # 99 was reviewed on 9/20/12 at 1:30 p.m.</p> <p>The resident was admitted on 5/11/12 with diagnoses of progressive kidney disease, gout, Parkinson's Disease, anxiety, hypertension, edema, left and right sided heart failure and congestive heart failure.</p> <p>Nursing notes included the following information:</p> <p>6/11/12 at 6:21 a.m., indicated "resident found by nurse aides, they yelled for nurses stat and this nurse and night shift nurse found resident unconscious and no pulse. I asked if</p>	F0309	<p>1) Resident #99 is deceased. 2) All code status' have been reviewed for correct status per order. 3) Inservicing completed for all licensed nursing staff regarding No Code or Full Code orders. This was a one time incident and procedures will remain the same. 4) The Director of Nursing will monitor following death of a resident that proper procedure was followed concerning code status. QA will be ongoing. Citing will be reviewed monthly for informal QA for six months and at QQA for one year.</p>	09/28/2012

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	<p>he was a full code and the night shift nurse said he was full code and cpr [sic] [cardiopulmonary resuscitation] was started"</p> <p>6/11/12 at 8:13 a.m., 911 was called between 6:21 and 6:30 a.m., and reported the resident was found unresponsive and was a full code. They stated they would be on their way. 911 was called 10 minutes later and they stated they were on there way and they were informed staff were still doing CPR. Within in this half hour the resident's wife was called and reported her husband was found unresponsive and CPR was started.</p> <p>The resident was not revived.</p> <p>The "State of Indiana Out of Hospital Do Not Resuscitate Declaration and Order" was dated and signed by the resident's wife and on 5/11/12 and by the physician on 5/15/12.</p> <p>During an interview with LPN # 3 on 9/20/12 at 2:39 p.m., she indicated if a resident was found unresponsive she would check the code status on the paper chart which is located in a locked room on 300 hall. She indicated the name tag on the outside of the chart is also blue for a full code</p>				

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	<p>and the name label on the resident's door would be white for a DNR and blue for a full code. She also indicated the code status was on the computer record in the orders. This room was observed at that time with the LPN and the code status was posted in a vinyl cover inside the front cover of the residents' charts and the labels on the outside matched the code status on the inside of the records.</p> <p>During an interview with the Director of Nursing (DON) on 9/25/12 at 2:23 p.m., she indicated when the resident was found unresponsive the nurses reacted by performing CPR because the resident had been improving so much and was planning to go home the next week. She indicated after this event she had talked to all the staff personally and sent them something per email to review.</p> <p>In a written document provided by the DON on 9/26/12 at 2:50 p.m., she indicated "The incident presented was an isolated case of action 'in the moment.' A full code was called on a No Code resident by nursing..[SIC] CPR started and continued until EMTs (emergency medical technician) arrived and continued to</p>			

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	<p>hospital...."</p> <p>During an interview on 9/26/12 at 9:57 a.m., with RN # 4, she indicated the code status of resident was on the doors by the blue or white labels and on the chart with a blue or white label. She indicated she was trained on this during her employee orientation in August 2012.</p> <p>During an interview with LPN # 5 on 9/26/12 at 10 a.m., she indicated the code status of the residents is identified by the color of the labels on the residents name plate on the door and the name label on the chart. She indicated it is also in the front of each chart.</p> <p>A 2/17/92 policy titled "Do Not Resuscitate Orders (DNR)" was provided by the Assistant Director of Nursing on 9/24/12 at 10:18 a.m., and deemed as current. The policy indicated: "...The wishes of a resident to have a DO NOT RESUSCITATE order are to be respected...."</p> <p>3.1-37(a)</p>				

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F0329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</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 record review and interview, the facility failed to monitor medications for indications for use or adverse consequences for 3 of 10 residents reviewed for unnecessary medications in a sample of 10. (Resident # 69, # 44 and # 20)</p> <p>Findings include:</p> <p>1. The record for Resident # 69 was reviewed on 9/24/12 at 12:51 p.m.</p>	F0329	<p>1) Resident #69 was assessed 09/24/12 with no adverse reaction. Upon investigation staff did report their BM omission on two separate days and made late entries. 2) All residents were reviewed with appropriate medications administered per facility policy. 3) Designated nurse will monitor on a daily basis and notify appropriate hall nurse to give medication. If not effective, the report will indicate no BM and we will proceed with further medication and assess. 4) The Director of Nursing or</p>	10/26/2012			

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	<p>Physician orders for September 2012 indicated to check the resident's blood pressure every shift 9/18-24/2012 due to an increase in in the Clonidine weekly patch (medication to treat hypertension)</p> <p>The September 2012 Medication Administration Record lacked blood pressure results for 9/21/12 and 9/22/12 day shift.</p> <p>Additional information regarding the lack of blood pressures was requested from the Assistant Director of Nursing (ADON) on 9/24/12 at 2:42 p.m.</p> <p>During interview on 9/24/12 at 2:55 p.m., the ADON indicated she could not locate the 9/21/12 and 9/22/12 blood pressure results.</p> <p>The September 2012 physician orders indicated an order for Duragesic 25 mcg patch every 72 hours. The "Nursing Spectrum Drug Handbook 2012" indicated an adverse reaction to duragesic patch could be constipation.</p> <p>A 8/3/11 plan of care indicated the resident had the potential for constipation with approaches that included, but were not limited to,</p>		<p>designee will monitor the BM report, med given, and results daily for 45 days. If no issues found after 45 days, QA will be conducted biweekly ongoing. QA will be ongoing. Citing will be reviewed monthly for informal QA for six months and at QQA for one year. 1) Vital signs were completed on residents noted, #69, #44 and #20 with no adverse reaction. 2) All residents requiring blood pressure monitoring have been reviewed and monitoring is in place per order. 3) All medications requiring blood pressure prior to medication administration will be done timely. Vital signs are set up on a weekly basis for all residents. An inservice for all licensed nursing staff will be completed. 4) The Charge Nurse will monitor documentation for blood pressure prior to meds weekly for one month then monthly for two months. If no issues noted, will monitor quarterly for omitted blood pressure prior to meds per order. The Assistant Director of Nursing will monitor that weekly vital signs have been completed weekly for one month then monthly for two months. If no issues noted, will monitor quarterly. QA will be ongoing. Citing will be reviewed monthly for informal QA for six months and at QQA for one year.</p>		

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	<p>monitor and record frequency of bowel movements, administer laxatives per order, assess abdomen, note distention. The goal was for the resident to have a bowel movement every 3 days.</p> <p>The bowel monitoring record indicated the resident did not have a bowel movement between 9/11-24/2012.</p> <p>The September MAR indicated the resident received Milk of Magnesia on 9/10/12.</p> <p>The nursing notes between these dates lacked any bowel assessment or monitoring.</p> <p>On 9/24/12 at 2:50 p.m., the ADON was informed of the lack of bowel movements and bowel interventions and additional information was requested.</p> <p>On 9/24/12 at 3:14 p.m. LPN # 7 was observed to perform an abdominal assessment and bowel assessment on the resident. She indicated the resident's abdomen was soft and had hypoactive bowel sounds throughout. During the assessment the resident indicated she did not feel the need to have a bowel movement and she had</p>			

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	<p>no grimacing and and indicated she had no pain during palpation.</p> <p>During interview on 9/25/12 at 9:00 a.m., the ADON indicated she had called the staff that had worked during the last few weeks and three of the CNA's recalled the resident had a bowel movement on 9/13/12 and 2 bowel movements on 9/18/12. The ADON indicated the nurses on duty are to check the computer every 3 days to see who has not had a bowel movement and then interventions should be implemented.</p> <p>A policy, dated 1/11, titled "Bowel/Bladder Policy" was provided by the Administrative Assistant on 9/25/12 at 11 a.m., and deemed as current. The policy indicated: "Designated nursing staff is responsible for obtaining computerized listing twice weekly of residents who have not had a bowel movement in the past three (3) days. For each resident identified, per standing order, MOM, 30 cc PO [per oral] will be given. If no results after MOM given, the nurse will further assess resident...."</p> <p>2. The record for Resident # 44 was reviewed on 9/24/12 at 10:23 a.m.</p>			

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	<p>Current physician orders indicated the resident had an order for Norvasc 2.5 milligrams (anti-hypertensive) to be given daily and to hold the medication if the resident's systolic blood pressure was less than 100. Original date of the order was 4/13/2009.</p> <p>The MARs lacked blood pressure results on the following days. 8/21/12 7/26/12 7/12/12 6/29/12</p> <p>Additional information was requested from the ADON regarding the blood pressure results, on 9/24/12 at 2 p.m.</p> <p>During interview on 9/24/12 at 2:30 p.m., the ADON indicated she was unable to locate the above lacking blood pressure results.</p> <p>3.) Resident #20's record was reviewed on 9/24/12 at 9:00 a.m.</p> <p>Resident #20's current diagnoses include, but were not limited to, hypertension (high blood pressure) and Parkinson's Disease.</p> <p>Resident #20 had a current, 9/12, order for Metoprol Tartrate 25mg one</p>			

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	<p>tablet two times daily for the treatment of hypertension.</p> <p>Resident #20 had a current ,11/21/11, care plan problem/need regarding the potential for hypertension. The goal for this problem was to have no sustained blood pressures greater than 150/90. Approaches to this problem included to administer medications as ordered and to monitor blood pressure.</p> <p>Review of Resident #20's record from July 1 2012 to September 25 2012 lacked blood pressure monitoring during the following periods:</p> <p>a.) 7/1/12 through 7/12/12 no documented blood pressures.</p> <p>b.) 7/14/12 to 9/4/12 no documented blood pressures.</p> <p>During a 9/24/12, 10:00 a.m., interview the Assistant Director of Nursing indicated Resident #20 should have had weekly blood pressure monitoring. She additionally indicated no blood pressure results could be found for the above two periods of time.</p> <p>Review of a 8/29/12 facility memo, provided by the Assistant Director of</p>				

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	<p>Nursing on 9/24/12 at 3:45 p.m., indicated the following:</p> <p>"Effective Immediately: Each nurse will do her own VS [vital signs] and document in the ECS. [electronic computer system-electronic record]... you will do VS when you do the weekly pain assessment."</p> <p>3.1-48(a)(3)</p>				

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F0356 SS=B	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview, the facility failed to ensure all the required items were on the staff posting for 2 of 7 days of the survey.</p> <p>Findings include:</p>	F0356	<p>1) No residents were affected. 2) The resident total on the nurse staffing data sheet was completed the day surveyor notified staff. 3) Midnight nurses have been inserviced to post census total with nurse staffing</p>	10/14/2012			

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	<p>During the initial tour on 9/18/12 at 8:25 a.m., the staffing form was posted at the main nursing station, but lacked the census data.</p> <p>On 9/24/12 at 9:25 a.m., the posted staffing was observed, but lacked the census data. At that time, LPN # 2 indicated she was unsure who posts the staffing. At 9:28 a.m., she indicated she had spoken to the Administrator and the night shift posts the staffing data. She indicated she informed the Administrator the census was not on the staffing. She then place the census number on the data.</p> <p>3.1-13(a)</p>		<p>information. 4) The Administrative Assistant will check daily for compliance Monday-Friday. Saturday & Sunday documentation will be checked for compliance on the Monday following the weekend. QA will be ongoing. Citing will be reviewed monthly for informal QA for six months and at QQA for one year.</p>		

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. Based on record review and interview, the facility failed to ensure a medication was available for administration for 1 of 10 residents reviewed for unnecessary medications. (Resident # 103)</p> <p>Findings include:</p> <p>The record for Resident # 103 was reviewed on 9/21/12 at 2:06 p.m.</p> <p>A physician order, dated June 27, 2012, indicated an order for Sensipar 30 milligrams (given to lower calcium levels) to be given twice daily for</p>	F0425	<p>1) Resident #103 continues on med with no "non-available" issues. 2) No other residents noted with medications non-available. 3) When medication is unavailable staff will check EDK. If not available, notify pharmacy and seek an alternate medication. If still unavailable, contact physician for a new medication order or for consideration to place the medication on hold. 4) The Charge Nurse or designee will monitor for availability of medications on a daily basis. Nurses will notify Charge Nurse if medications are not available. QA will be ongoing. Citing will be</p>	10/14/2012	

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	<p>hypercalcemia. This order was an increase in dose from daily to twice daily.</p> <p>The calcium level on 6/26/12 was 11.3 high (normal 8.9-10.3).</p> <p>The June 2012 Medication Administration Record (MAR) indicated the Sensipar unavailable for administration on 6/28/12 and 6/29/12 for 2 doses each day. The nursing notes for these dates indicated the medication was not available with no other documentation.</p> <p>The July 2012 MAR indicated the Sensipar was unavailable for administration between 7/21/12-7/23/12 equaling 5 doses. The nursing notes for these days indicated the medication was not available with no other documentation.</p> <p>The calcium level on 7/10/12 was 11-high, 7/17/12 11.1- high, 7/24/12 11.5- high and 7/31/12 10.5- high.</p> <p>Additional information was requested from the Assistant Director of Nursing at 9:50 a.m., on 9/24/12 regarding unavailability of Sensipar.</p> <p>During interview on 9/26/12 at 2:05</p>		<p>reviewed monthly for informal QA for six months and at QQA for one year.</p>		

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	<p>p.m., the Director of Nursing indicated she did not have a policy on medication availability. She indicated if a medications was unavailable, the staff should check the emergency drug kit and then call the pharmacy for delivery.</p> <p>3.1-25(a)</p>			