

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155726	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2016
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NAME OF PROVIDER OR SUPPLIER RIVER TERRACE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 CAYLOR BLVD BLUFFTON, IN 46714
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: March 7, 8, 9, 10, 11 and 14, 2016.</p> <p>Facility number: 003575 Provider number: 155726 AIM number: 200395060</p> <p>Census bed type: SNF/NF: 30 Residential: 52 Total: 82</p> <p>Census payor type: Medicare: 3 Medicaid: 11 Other: 16 Total: 30</p> <p>Sample: Residential: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>F000 The plan of correction for this survey event was submitted March 31st, 2016. River Terrace Retirement Community will be in compliance by April 13th, 2016 as stipulated by the 2567. Therefore, River Terrace Retirement Community respectfully requests a desk review of the plan of correction. If you have any questions concerning our request or the information submitted in the plan of correction, please contact me at 260-824-8940. Submission of this plan of correction does not constitute an admission by River Terrace Retirement Community or their Management companies that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement of the survey allegations. River Terrace Retirement Community respectfully requests paper compliance.</p>	

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

TITLE

(X6) DATE

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

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F 0225 SS=D Bldg. 00	<p>QR completed on March 17, 2016 by 17934.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and</p>			

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	<p>certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to ensure a Hospice nurse informed the facility of an allegation of abuse which had been reported to her by a resident. (Resident #20) The facility further failed to ensure an allegation of abuse was thoroughly investigated prior to the alleged staff member returning to work. The deficient practice had the potential to affect all 30 residents in the facility.</p> <p>Findings include:</p> <p>On 3/9/16 at 3:30 p.m., the clinical record of Resident #20 was reviewed. Diagnoses included, but were not limited to, the following: Chronic Obstructive Pulmonary Disease, depression, anxiety, Asthma, chronic shoulder issues, Fibromyalgia, neuropathy and left leg nerve damage.</p> <p>The MDS (minimum data set) assessment, dated 2/23/16 included, but was not limited to, the following: total cognitive score of 15, which indicated independent cognition.</p> <p>A care plan with a revision date of 7/21/15, included but was not limited to, the following: "(Resident #20) is on</p>	F 0225	<p>F225 483.13(c)(1)(ii)-(iii),(c)(2)-(4)Investigate/Report Allegations/Individuals</p> <p>It is the practice of River Terrace Retirement Community to ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency) and investigated accordingly.</p> <p>I. Resident #20 clinical records were reviewed and found to have a Hospice Nurse entry alleging potential abuse. Since the surveyor findings, Resident #20 allegation was reported to the Indiana State Department of Health and investigated per policy. The involved employee was suspended pending investigation per investigation protocol. River Terrace Retirement Community Residents and employees were interviewed per investigation protocol without negative findings. A follow up</p>	04/13/2016

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	<p>Hospice for COPD (chronic obstructive pulmonary disease)...Goal: Hospice will provide (Resident #20) with services and collaborate with facility staff to meet needs...."</p> <p>On 3/9/16 at 3:35 p.m., the Hospice chart, included, but was not limited to, the following: "2/19/16 at 2:00 p.m...Focus of visit: routine...Patient/Caregiver Issues: (Resident #20) is tearful as she talks about a night nurse that is cruel to her; she has increased anxiety for fear the nurse won't give her the needed medication. Writer assures her that a follow up with (sic) be made with the DON (Director of Nursing) when she returns next week but (Resident #20 name) needs to be sure to ask for what she needs...Spoke with: NF (name of nursing facility nurse) updated on visit...mental status: alert,oriented..." This note was electronically signed by the Hospice RN on 2/20/16 at 2:19 p.m.</p> <p>On 3/9/16 at 3:45 p.m., the DON (Director of Nursing) was interviewed. She indicated the facility was not aware of any allegations of reported abuse in February 2016. The DON reviewed the Hospice note that had been documented on 2/19/16. She indicated she was not aware of this incident. The DON</p>		<p>report to the initial report was submitted to the Indiana State Department of Health per policy.</p> <p>II. All River Terrace Retirement Community Residents admitted to the facility are at risk. River Terrace Retirement Community Residents records have been assessed for potential allegation entries without negative findings. River Terrace Retirement Community Residents and employees were interviewed per investigation protocol by Social Services without negative findings. The involved employee was suspended, then subsequently reinstated, based on investigation findings. The allegation was reported to the Indiana State Department of Health per policy.</p> <p>III. River Terrace Retirement Community has a policy regarding Allegation of Abuse and Investigation to ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and</p>	

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	<p>indicated she and the hospice nurse communicated frequently. The DON indicated the Hospice nurse did not communicate anything to her regarding the comment that was made by the resident on 2/19/16.</p> <p>A Social Service, note dated 3/9/16 at 5:33 p.m., indicated the following: "Writer was informed by DON concerning a note that was written in a Hospice nurses note on 2/19/16, indicating (Resident #20) might be afraid of a nurse. Writer and DON talked with (Resident #20) concerning this. She stated she had not told us about her being afraid, but at the one moment she had felt that way. We asked if she felt that way now and she stated she did not. She stated that she felt safe even with the individual that she was referring to. Investigation began and initial report done."</p> <p>On 3/10/16 at 9:00 a.m., the DON was interviewed. She indicated they had started an investigation of the situation which they had been made aware of on 3/9/16 at 3:45 P.M. She indicated as of this time, the investigation included, but was not limited to, the following: She had interviewed staff to see if they had ever witnessed a coworker being rude or disrespectful to a resident. She provided</p>		<p>certification agency). All River Terrace Retirement Community staff, as well as, contracted Hospice staff have been re-educated on the Allegation of Abuse policy and procedure.</p> <p>IV. River Terrace Retirement Community Residents records have been assessed for allegations of abuse without negative findings. The DON, or her designee, is conducting a quality assurance record audit to ensure any reasonable suspicion of a crime against a resident and all alleged violations involving abuse, neglect, injuries of unknown source, misappropriation of Resident property, and mistreatment is investigated and reported. Social Services, or his designee will conduct random Resident interviews to inquire if they have experienced any abuse by staff or peers that has not been reported. These QA audits will be completed 3 times per week for 4 weeks; then monthly for 6 months. Results of these audits will be reported at the QA committee monthly. Any negative findings will add another four weeks of audits until 100% compliance is achieved.</p> <p>V. Systematic changes will be completed by April 13, 2016:</p>		

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	<p>documentation, which indicated she had interviewed 7 staff so far, with no staff having ever witnessed a coworker being rude or disrespectful. The staff interviews to date, included 4 CNAs (certified nursing assistants), 2 LPNs (Licensed Practical Nurses) and 1 RN (Registered Nurse). The DON indicated she and the Social Service Director (SSD) had talked to Resident #20 yesterday and she was not currently fearful. The DON indicated she had not talked to the Hospice nurse, who documented the note on 2/19/16, as that nurse was no longer employed by the hospice company. The DON indicated the Hospice nurse should have immediately made the facility aware of the documented incident.</p> <p>On 3/10/16 at 10:22 a.m., the DON was interviewed. She indicated the nurse who was involved in the allegation was LPN #20. The DON indicated she had spoken with LPN #20 and completed a "communication paper on her" in response to the allegation of abuse. The DON indicated LPN #20 worked again last night because Resident #20 indicated during interview yesterday, that she was not currently fearful. At this time, the DON provided a copy of a progress note, which the Social Service Director, had documented on 3/10/16 at 10:11 a.m.</p>			

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	<p>The note included the following: "Writer clarified with (Resident #20) about what she was afraid of, she stated that she was concerned that she would not have received the medication she needed but she was not afraid of the nurse. Once again she states that she is not fearful now and she believes that she will receive her medication as needed."</p> <p>On 3/10/16 at 10:45 a.m., the current nursing schedule was reviewed. The schedule indicated LPN #20 had been scheduled to work 3/9/16 from 6 p.m. to 2 a.m. (3/10/16). The schedule indicated, in addition to the nurse, there were at least 2 CNAs scheduled to work the evening shift. The schedule indicated for the night shift, LPN #20 worked until 2 a.m. with 1 CNA.</p> <p>On 3/10/16 at 11:15 a.m., the Social Service Director was interviewed. He indicated the following: after the DON was made aware of the documented allegation of abuse by the Hospice nurse, he and the DON went and talked to the resident yesterday. He indicated the resident had indicated that the facility nurse (LPN #20) had talked to the resident about incontinence issues. The SSD indicated he thought that if the resident perceived the nurse had been upset with her about incontinence issues,</p>			

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	<p>then she (LPN #20) would not give the resident her pills. The SSD indicated "this is what the resident inferred." The SSD indicated, after he and the DON talked to the resident, they made sure the resident felt safe and then they started the investigation and reporting. The SSD indicated he had not interviewed any residents on 3/9/16 but interviewed 4 residents this morning regarding the allegation of abuse. He indicated when his investigation had been completed, he will have interviewed 10-12 residents. He indicated LPN #20 had been permitted to work last night, based on the fact the resident stated she was not afraid. He indicated the investigation of this situation was ongoing and would be completed today or tomorrow.</p> <p>On 3/11/16 at 8:38 a.m., the Social Service Director was interviewed. He indicated he did not have his resident interviews completed at this time but would do so today.</p> <p>On 3/11/16 at 9:30 a.m., the Administrator was interviewed. He indicated the hospice nurse should have reported the allegation of abuse (documented on 2/19/16) by Resident #20 to the facility staff immediately. The Administrator indicated he was aware that LPN #20, had worked on the night of</p>			
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	<p>3/9/16, after the facility was made aware of the documented allegation. The Administrator was also made aware the facility policy regarding Abuse investigation indicated the facility should interview other residents concerning allegations. He was also made aware LPN #20 had been permitted to work even though the additional resident interviews had not been completed. The Administrator indicated the facility had taken this situation very seriously and LPN #20 was currently removed from the schedule. The Administrator indicated he thought Hospice staff should be trained in abuse prevention. He also indicated the Hospice Nurse should have made the facility aware of the allegation of abuse immediately.</p> <p>On 3/11/16 at 10 a.m., the Social Service Director was interviewed. He indicated he completed two more resident interviews this morning in regards to abuse. He indicated there was a total of 30 residents in the facility and of those, at least 17 were considered alert, oriented and reliable for an interview. He indicated he had interviewed a total of 15 residents and none of those residents had voiced a concern regarding abuse.</p> <p>3.1-28(c) 3.1-28(d)</p>						

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F 0226 SS=D Bldg. 00	<p>3.1-28(e)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Base on interview and record review, the facility failed to ensure their policy and procedure for abuse prevention was followed in regard to reporting an allegation of abuse immediately to the Facility Administrator. The facility further failed to ensure a thorough investigation was completed prior to permitting the alleged staff member to return to work for 1 of 1 allegations of abuse the facility had been made aware of. (Resident #20) This deficient practice had the potential to affect 30</p>	F 0226	<p>F226 483.13(c) Policies and Procedures for Protection of Residents</p> <p>It is the practice of River Terrace Retirement Community to prohibit mistreatment, neglect, and abuse of Residents and misappropriation of Resident property. It is, furthermore, the practice of River Terrace Retirement Community to ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown</p>	04/13/2016

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	<p>residents who resided in the facility.</p> <p>Findings include:</p> <p>On 3/9/16 at 3:30 p.m., the clinical record of Resident #20 was reviewed. Diagnoses included, but were not limited to, the following: Chronic Obstructive Pulmonary Disease, depression, anxiety, Asthma, chronic shoulder issues, Fibromyalgia, neuropathy and left leg nerve damage.</p> <p>The MDS (minimum data set) assessment, dated 2/23/16 included, but was not limited to, the following: total cognitive score of 15, which indicated independent cognition.</p> <p>A care plan with a revision date of 7/21/15, included but was not limited to, the following: "(Resident #20) is on Hospice for COPD (chronic obstructive pulmonary disease)...Goal: Hospice will provide (Resident #20) with services and collaborate with facility staff to meet needs...."</p> <p>On 3/9/16 at 3:35 p.m., a binder which contained documentation from (name of Hospice) the hospice company, included, but was not limited to, the following: "2/19/16 at 2:00 p.m...Focus of visit: routine...Patient/Caregiver Issues: (Resident #20) is tearful as she talks</p>		<p>source and misappropriation of Resident property are thoroughly investigated prior to permitting the alleged staff member to return to work.</p> <p>I. Resident #20 clinical records were reviewed and found to have a Hospice Nurse entry alleging potential abuse. Since the surveyor findings, Resident #20 allegation was reported to the Indiana State Department of Health and investigated per policy. The involved employee was suspended pending investigation per investigation protocol. River Terrace Retirement Community Residents and employees were interviewed per investigation protocol without negative findings. A follow up report to the initial report was submitted to the Indiana State Department of Health per policy.</p> <p>II. All River Terrace Retirement Community Residents admitted to the facility are at risk. Residents and Staff interviews conducted by Social Services without negative findings.</p> <p>III. River Terrace Retirement Community has a policy regarding Abuse Prevention and Allegation of Abuse and</p>				

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	<p>about a night nurse that is cruel to her; she has increased anxiety for fear the nurse won't give her the needed medication. Writer assures her that a follow up with (sic) be made with the DON (Director of Nursing) when she returns next week but (Resident #20 name) needs to be sure to ask for what she needs...Spoke with: NF (name of nursing facility nurse) updated on visit...mental status: alert,oriented..."</p> <p>On 3/9/16 at 3:45 p.m., the DON (Director of Nursing) was interviewed. She indicated the facility was not aware of any allegations of abuse in February 2016.</p> <p>The DON reviewed the Hospice note that had been documented on 2/19/16 and she indicated she was not aware of this incident. The DON indicated the Hospice nurse did not communicate to her anything in reference to the comment that was made by the resident on 2/19/16.</p> <p>A Social Service, note dated 3/9/16 at 5:33 p.m., indicated the following: "Writer was informed by DON concerning a note written in a Hospice nurses note on 2/19/16, indicating (Resident #20) might be afraid of a nurse. Writer and DON talked with (Resident #20) concerning this. She stated that she had not told us about her being afraid, but</p>		<p>Investigation to prevent abuse and ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). All River Terrace Retirement Community staff, as well as, contracted Hospice staff have been re-educated on the Abuse Prevention and Allegation of Abuse and Investigation policy and procedure.</p> <p>IV. River Terrace Retirement Community Residents have been assessed for potential unidentified allegations of abuse without negative findings. The Administrator, or his designee, is conducting a quality assurance audit to ensure any reasonable suspicion of a crime against a Resident and all alleged violations involving abuse, neglect, injuries of unknown source, misappropriation of Resident property, and mistreatment is investigated, including suspension of involved employees, if applicable, and reported. These QA audits will be completed 3 times per week for 4 weeks; then monthly for 6 months. Results of these audits</p>	

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	<p>at the one moment she had felt that way. We asked if she felt that way now and she stated she did not. She stated that she felt safe even with the individual that she was referring to. Investigation began and initial report done."</p> <p>On 3/10/16 at 9:00 a.m., the DON was interviewed. She indicated they had started an investigation of the situation they had been made aware of on 3/9/16 at 3:45 P.M. She indicated the investigation included, but was not limited to, the following: She had interviewed staff to see if they had ever witnessed a coworker being rude or disrespectful to a resident. She provided documentation, which indicated she had interviewed 7 staff so far, with no staff having ever witnessed a coworker being rude or disrespectful. The staff interviews to date, included 4 CNAs (certified nursing assistants), 2 LPNs (Licensed Practical Nurses) and 1 RN (Registered Nurse). The DON indicated she and the Social Service Director (SSD) had talked to Resident #20 yesterday and she was not currently fearful. The DON indicated she had not talked to the Hospice nurse, who documented the note on 2/19/16, as that nurse was no longer employed by the hospice company. The DON indicated the Hospice nurse should have immediately made the facility aware of</p>		<p>will be reported at the QA committee monthly. Any negative findings will add another four weeks of audits until 100% compliance is achieved.</p> <p>V. Systematic changes will be completed by April 13, 2016.</p>				

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	<p>the documented incident.</p> <p>On 3/10/16 at 10:22 a.m., the DON was interviewed. The DON indicated the nurse who was involved in the allegation was LPN #20. The DON indicated she had spoken with LPN #20 and completed a "communication paper on her" in response to the allegation of abuse. The DON indicated LPN #20 worked again last night because Resident #20 indicated during interview yesterday, that she was not currently fearful. At this time, the DON provided a copy of a progress note, which the Social Service Director, had documented on 3/10/16 at 10:11 a.m. The note included the following: "Writer clarified with (Resident #20) about what she was afraid of, she stated that she was concerned that she would not get the needed medication that she needed not that she was afraid of the nurse. Once again she states that she is not fearful now and that she believes that she will receive her medication as needed."</p> <p>On 3/10/16 at 10:45 a.m., the current nursing schedule was reviewed. The schedule indicated LPN #20 had been scheduled to work 3/9/16 from 6 p.m. to 2 a.m. (3/10/16). The schedule indicated, in addition to the nurse, there were at least 2 CNAs scheduled to work the evening shift. The schedule indicated for</p>			
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	<p>the night shift, LPN #20 worked until 2 a.m. with 1 CNA.</p> <p>On 3/10/16 at 11:05 a.m. the Administrator provided a current copy of the policy and procedure for "Abuse Prevention", with a revision date of 7/2011. The policy and procedure included, but was not limited to, the following: "It is the policy of this facility to provide each resident with an environment that is free from verbal...abuse...We have established policies and procedures that will provide facility personnel with the knowledge and training to further ensure each resident is treated with individual respect and dignity...Our facility's resident rights abuse prevention in-service training programs consist of the following information:...What constitutes abuse, neglect....Our facility will...continually monitor our facility's policies, procedures...systems....to assist in preventing resident abuse...abuse prevention...program may include...the following...to aid in abuse prevention, all personnel are to report any signs and symptoms of abuse...to their supervisor or to the director of nursing services. The Administrator should then be notified immediately...." The policy and procedure also included, but was not limited to, the following: "All reports of</p>			

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	<p>resident abuse...shall be promptly and thoroughly investigated by facility management...The individual conducting the investigation will, at a minimum...Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident...Interview the resident's...family members, and visitors...Interview other residents to whom the accused employee provides care or services...Employees of this facility who have been accused of resident abuse will be suspended from duty until the results of the investigation have been reviewed by the administrator..."</p> <p>On 3/10/16 at 11:15 a.m., the Social Service Director was interviewed. He indicated the following: after the DON was made aware of the documented allegation of abuse by the Hospice nurse, he and the DON talked to the resident yesterday. The SSD indicated he thought if the resident perceived the nurse had been upset with her about incontinence issues, then she (LPN #20) would not give the resident her pills. The SSD indicated "this is what the resident inferred." The SSD indicated, after he and the DON talked to the resident, they made sure the resident felt safe and then they started the investigation and reporting. The SSD indicated he</p>			
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	<p>interviewed 4 residents this morning and when his investigation has been completed, he will have interviewed 10-12 residents. He indicated LPN #20 had been permitted to work last night, based on the fact the resident stated she was not afraid. He indicated the investigation of this situation was ongoing and would be completed today or tomorrow. He indicated at this time, he had completed 4 resident interviews, in regards to abuse, but was planning on completing 10 to 12 additional resident interviews.</p> <p>On 3/11/16 at 8:38 a.m., the Social Service Director was interviewed. He indicated he did not have his resident interviews completed at this time but would do so today.</p> <p>On 3/11/16 at 9:30 a.m., the Administrator was interviewed. He indicated the hospice nurse should have reported the allegation of abuse (documented on 2/19/16) by the resident to facility staff immediately. The Administrator indicated he was aware that LPN #20, had worked on the night of 3/9/16, after the facility was made aware of the documented allegation. The Administrator was also made aware the facility policy regarding Abuse investigation indicated the facility should</p>			

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	<p>interview other residents concerning allegations. He was also made aware LPN #20 had been permitted to work even though the additional resident interviews had not been completed. The Administrator indicated the facility had taken this situation very seriously and LPN #20 was currently removed from the schedule. The Administrator indicated he thought Hospice staff should be trained in abuse prevention. He also indicated the Hospice Nurse should have made the facility aware of the allegation of abuse immediately.</p> <p>On 3/11/16 at 10 a.m., the Social Service Director was interviewed. He indicated he completed two more resident interviews this morning in regards to abuse. He indicated there was a total of 30 residents in the facility and of those, at least 17 were considered alert, oriented and reliable for an interview. He indicated he had interviewed a total of 15 residents and none of those residents had voiced a concern regarding abuse.</p> <p>3.1-28(a)</p>			

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F 0279 SS=D Bldg. 00	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to develop a care plan for agitation and hallucinations for 1 resident (Resident #25) of 5 residents</p>	F 0279	F279 §483.20(d) A facility must use the results of the assessment to develop, review and revise the resident's	04/13/2016

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	<p>who met the criteria of unnecessary medication.</p> <p>Findings include:</p> <p>Review of the clinical record for Resident #25 on 3/9/16 at 11:12 a.m., indicated the following: diagnoses included, but were not limited to, dementia with behavioral disturbance, behavioral or psychological symptoms of dementia, anxiety disorder, and anorexia.</p> <p>Resident #25 was admitted to the facility on 1/27/16.</p> <p>Physician orders for Resident #25, dated 1/27/16, indicated she received: Depakote Sprinkles 250 mg (milligrams) HS (hour of sleep) for dementia with agitation, Depakote Sprinkles 125 mg BID (twice a day) for dementia with agitation, Seroquel 50 mg TID (three times a day) for behaviors, Buspar 5 mg TID for dementia with agitation, and Buspar 10 mg PRN (as needed) once daily before or after routine dose for behaviors.</p> <p>A Progress Note for Resident #25, dated 2/4/16, indicated she was trying to stand up during exercise class and looked very unsteady. The writer asked her if she could sit down and she started to get</p>		<p>comprehensive plan of care.</p> <p>It is the practice of River Terrace Retirement Community to use the results of the Residents assessment to develop, review and revise an individualized plan of care. A comprehensive care plan for each Resident is developed within seven (7) days of completion of the Resident assessment (MDS).</p> <p>I. Resident #25 clinical records were reviewed and found to have a behavior management plan without care plan in place.</p> <p>II. All River Terrace Retirement Community Residents admitted into the facility are at risk. All Residents individualized care plans were reviewed by Social Services and are currently present, including the aforementioned Resident #25.</p> <p>III. River Terrace Retirement Community has a policy to use the results of the Residents assessment to develop, review and revise an individualized plan of care. A comprehensive care plan for each Resident is</p>	

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	<p>agitated. The note also indicated the writer asked if she wanted to participate and she stated "NO!" The note further indicated Resident #25 asked if she would like to go somewhere else and she stated, "yes." The writer removed her from the activity and she was much happier.</p> <p>A Progress Note for Resident #25, dated 2/17/16, indicated she was sitting up on the side of the bed and was refusing to lay back down, stating, "I'm going home!" The note also indicated she was placed in her wheelchair and brought to the nurses station with staff supervision. The resident stated her folks needed her home. When staff explained her folks knew she was here she got angry and grabbed the writers hand. Resident #25 began repeatedly hitting herself in the head (right forehead) and then (left forehead) with the palm of her hands. The note further indicated the writer was able to give her Buspar 10 mg in yogurt.</p> <p>A Behavior Monitoring Record for Resident #25, dated for the month of March 2016, indicated she was receiving Buspar for chronic anxiety, Seroquel for dementia with agitation and hallucinations and Depakote as a mood stabilizer. The record also indicated her hallucinations were visual and care plan</p>		<p>developed within seven (7) days of completion of the Resident assessment (MDS). All River Terrace staff re-educated on the care plan policy.</p> <p>IV. River Terrace Retirement Community Residents have all been assessed for individualized care plans based on the results of their comprehensive assessments. Social Services, or his designee, is conducting a quality assurance audit to ensure individualized care plans are present and accurate based on the Residents assessment. This QA audit will be completed 3 times per week for 4 weeks; then 1 time per week for 4 weeks; then monthly for 3 months. Results of these audits will be reported at the QA committee monthly. Any negative findings will add another four weeks of audits until 100% compliance is achieved. Results of these audits will be reported at the QA committee monthly. Any negative findings will add another four weeks of audits until 100% compliance is achieved.</p> <p>V. Systematic changes will be completed by April 13, 2016.</p>				

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	<p>interventions included calm reassurance, validation of feelings/support, encourage to sit and rest, and enter her reality.</p> <p>A facility care plan for Resident #25, with a start date of 2/3/16, indicated the focus area of resident has a diagnosis of anxiety. Interventions to the focus included, but were not limited to, offer to sit or lie down if needed to assist to calm, document all episodes of anxiety, offer relaxing music to listen to, offer support, allow to talk through anxious episodes and actively listen, administer and monitor medication per MD (physician) orders, review anti-anxiety for GDR (gradual dose reduction.)</p> <p>Review of the care plans for Resident #25 did not include a care plan for agitation and hallucinations.</p> <p>Certified Nursing Assistant #1 was interviewed on 3/10/16 at 10:24 a.m. During the interview, she indicated she did not know what specific interventions staff were to follow for the resident's behaviors.</p> <p>Social Service #2 was interviewed on 3/11/16 at 9:30 a.m. During the interview, he indicated a care plan should have been developed for the problems of agitation and hallucinations for Resident</p>			

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F 0282 SS=D Bldg. 00	<p>#25. He also indicated each discipline was responsible for developing the care plans for residents in their area of expertise.</p> <p>3.1-35(a) 3.1-35(b)(1)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, interview and record review the facility failed to follow physician orders for nectar thick liquids with meals for 1 resident (Resident #9) of 2 residents who were to receive thickened liquids and failed to provide supplements as recommended by the Registered</p>	F 0282	<p>F282 483.20(k)(3)(ii) Services be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>It is the practice of River Terrace Retirement Community to ensure</p>	04/13/2016

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	<p>Dietitian for 1 resident (Resident #16) of 5 residents who met the criteria for weight loss since admission.</p> <p>Findings include:</p> <p>1. Review of the clinical record for Resident #9 on 3/8/16 at 2:21 p.m., indicated the following: diagnoses included, but were not limited to, chronic kidney disease, hypertension, GERD (gastro-intestinal reflux disorder), osteoarthritis, and cancer of the prostate.</p> <p>A physician's order for Resident #9, dated 3/2/16, indicated to discontinue thin liquids. The order also indicated to initiate nectar thick liquids with all oral intake and medications due to coughing with thin liquids. The order further indicated the resident may have thin liquid between meals.</p> <p>A physician's order for Resident #9, dated 3/7/16, indicated to initiate skilled POC (plan of care) for dysphagia (difficulty swallowing).</p> <p>A Monthly Summary for Resident #9, dated 3/3/16, indicated he received nectar thick liquids with meals and medications and and regular liquid in-between.</p> <p>During an observation of the lunch meal</p>		<p>services are provided per physician orders as recommended by the Registered Dietitian and in accordance with each Residents written plan of care.</p> <p>I. Resident #9 did not receive nectar thickened liquids per order in the presence of speech therapy and Resident #16 did not receive supplements as recommended by the Registered Dietitian. A thorough review of the dietary orders for all residents has been achieved including orders for Resident # 9 and Resident # 16 and, where applicable, dietary orders have been clarified.</p> <p>II. All River Terrace Retirement Community Residents receiving oral intake are at risk. Physician, Therapy, and Dietary Consultant orders and recommendations will be reviewed and discussed by the Interdisciplinary Team (I.D.T.) members each morning at the daily Quality Measures meeting. The Executive Director will be responsible for bringing the weekly Dietary Consultant Report to the daily I.D.T. meeting and reviewing its content with the C.D.M. to ensure the recommendations have been identified and implemented by the Dietary department.</p> <p>III. River Terrace Retirement Community has an Interdisciplinary Policy which</p>	

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	<p>in the dining room on 3/7/16 at 12:23 p.m., Resident #9 was observed to have a glass of thickened water and a glass of thickened orange juice at his table setting. The glass of thickened orange juice was observed to contain ice cubes. Resident #9 was observed to drink the thickened orange juice containing the ice cubes.</p> <p>During an observation of the lunch meal in the dining room on 3/8/16 at 12:05 p.m., Resident #9 was observed to have a glass of thickened orange juice, a mug of un-thickened coffee, and a glass of un-thickened water at his table setting. He was observed to drink both the thin water and the un-thickened coffee.</p> <p>During an observation of the breakfast meal in the dining room on 3/9/16 at 12:10 p.m., Resident #9 was observed to have a glass of thin water, a mug of un-thickened coffee, and a glass of thickened orange juice at his place setting. He was observed to drink both the thin water and the un-thickened coffee.</p> <p>During an observation of the lunch meal in the dining room on 3/9/16 at 12:10 p.m., Resident #9 was observed to have a glass of thin water and a glass of thickened orange juice at his place</p>		<p>includes physician orders, as well as, diet orders. All new physician dietary orders will be given directly to the Nursing department. The Nursing department will complete a Dietary Order Form and submit that form to the Dietary department for implementation. All Dietary Consultant recommendations will be submitted directly to the Dietary department for implementation. The C.D.M. or in the absence of the C.D.M the Kitchen Manager (K.M.) will routinely review all Physician orders, Therapy and Registered Dietician recommendations. The Speech Therapist has been re-educated that ordering power supplements is not within their scope of practice. All River Terrace Retirement Community staff have been re-educated on this policy.</p> <p>IV. River Terrace Retirement Community Residents have all had a thorough review of the dietary orders including orders for Resident # 9 and Resident # 16 and where applicable, dietary orders have been clarified. The C.D.M. will audit 5 resident charts 2 times per week for 4 weeks. The C.D.M will audit 5 resident charts 1 time per week for 4 weeks. The C.D.M will on a monthly basis complete and present the Quality Assurance audit forms at the monthly Q.A.P.I. meeting and the</p>	

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	<p>setting. He was observed to drink the thin water. At 12:17 p.m., the Speech Therapist was observed to assist Resident #9 with his position in his wheelchair. The glass of thin water remained at his table setting. At 12:40 p.m., he had consumed his entire glass of thin water.</p> <p>A facility Care at a Glance sheet, provided by the Director of Nursing on 3/9/16 at 10:01 a.m., indicated Resident #16 was to receive nectar thick liquids with all food and medications. The sheet also indicated he could have thin liquids per choice between meals, no straws.</p> <p>A Healthcare Special Diets sheet was provided by the Certified Dietary Manager on 3/9/16 at 11:20 a.m. The sheet was observed posted in the healthcare kitchenette above the steam table on 3/9/16 at 11:05 a.m. The sheet indicated each resident by name, their diet, supplements, and adaptive devices/special information. The sheet indicated Resident #16 was to receive a Mechanical Soft diet with nectar thick liquids.</p> <p>Certified Nursing Assistant (CNA) #3 was interviewed on 3/10/16 at 10:20 a.m. During the interview, she indicated the facility had a communication book the CNAs could reference to find out</p>		<p>quarterly Quality Assurance meetings. Any negative findings will add another four weeks of audits until 100% compliance is achieved.</p> <p>V. Systematic changes will be completed by April 13, 2016.</p>	

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	<p>information about the residents.</p> <p>Review of the Communication Book on 3/10/16 at 10:35 a.m., indicated Resident #9 was to receive nectar thick liquids with meals.</p> <p>A facility care plan for Resident #9, with a start date of 3/2/16, indicated the focus area of potential for aspiration. Receiving nectar thickened liquids. Interventions to the focus included, but were not limited to, serve diet/fluids as ordered</p> <p>A facility care plan for Resident #9, with a review date of 3/9/16, indicated the focus area of resident has nutritional problem related to variable intakes, diuretic use, and assistance needed with meals. Interventions to the focus included, but were not limited to, nectar thick liquids with meals and medications, may have thin liquids between meals, and provide and serve diet as ordered.</p> <p>2. Review of the clinical record for Resident #16 on 3/9/16 at 8:53 a.m., indicated the following: diagnoses included, but were not limited to, dementia, depression, hypertension, congestive heart failure, pneumonia, and</p>			

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	<p>atrial flutter.</p> <p>Resident #16 was admitted to the facility on 1/11/16.</p> <p>Physician orders for Resident #16, dated 1/11/16, indicated she received a Mechanical Soft diet.</p> <p>A Dietary Assessment for Resident #16, dated 1/13/16, indicated she received a Mechanical Soft diet with nectar thick liquids. The assessment also indicated a weight of 128.6 pounds, with a variable intake of 25-50% of meals.</p> <p>A Dietary Progress Note for Resident #16, dated 1/20/16, indicated a current weight of 126.6 pounds, a loss of 2 pounds since admission. The note also indicated she continued on a Mechanical Soft diet with nectar thick liquids. The note further indicated her appetite had been good at 51-100%.</p> <p>A Dietary Progress Note for Resident #16, dated 1/27/16, indicated a weight of 124.5 pound, a loss of 3.1% in 2 weeks. The note recommended a high calorie shake with lunch and supper for additional calories.</p> <p>A physician's order for Resident #16, dated 1/27/16, indicated a House Shake</p>			

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	<p>with lunch and supper.</p> <p>A physician's order for Resident #16, dated 2/3/16, indicated to send to hospital ER for evaluation and treatment.</p> <p>A hospital History and Physical for Resident #16, dated 2/3/16, indicated she was admitted to ICU due to moderate pulmonary edema or diffuse pneumonitis. The report also indicated she had been previously admitted to the hospital ICU with multiple diagnosis, which included pneumonia, chronic obstructive pulmonary disease, exacerbation, and atrial fibrillation with rapid ventricular rate.</p> <p>Resident #16 returned to the facility on 2/8/16.</p> <p>A Dietary Progress Note for Resident #16, dated 3/2/16, indicated a weight of 115.5 pounds, a loss of 9.5% in 30 days and a loss of 7.9% in 90 days. The note also indicated she received high calorie shake with lunch and supper. The recommendation was made to add power products to meals, and a Magic cup with lunch.</p> <p>A Dietary Progress Note for Resident #16, dated 3/9/16, indicated a weight of 120 pounds, a gain of 3.8%. The note</p>			

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	<p>also indicated she remained on a Mechanical Soft diet with nectar thick liquids, and high calorie shakes with lunch and supper. The note did not indicate she received power products and a Magic Cup with lunch.</p> <p>A Healthcare Special Diets sheet was provided by the Certified Dietary Manager on 3/9/16 at 11:20 a.m. The sheet was observed posted in the healthcare kitchenette above the steam table on 3/9/16 at 11:05 a.m. The sheet indicated each resident by name, their diet, supplements, and adaptive devices/special information. The sheet did not indicate Resident #16 was to receive power products or a Magic Cup with lunch.</p> <p>During an observation of the lunch meal in the dining room on 3/9/16 at 12:00 p.m., Resident #16 was observed seated in her wheelchair at a dining room table. She was observed to have a mug of coffee, a glass of water, and a glass of cranberry juice at her place setting. She was not observed to have a high calorie shake. She was also not observed to receive power mashed potatoes or power soup, or a Magic Cup.</p> <p>During an observation of the lunch meal in the dining room on 3/10/16 at 12:25</p>			

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	<p>p.m., Resident #16 was observed seated in her wheelchair at a dining room table. She was observed to have a mug of coffee and a glass of ice water. She was not observed to have a high calorie shake. She was also not observed to receive power mashed potatoes or power soup, or a Magic Cup.</p> <p>Kitchen Manager #4 was interviewed on 3/10/16 at 2:07 p.m. During the interview, she indicated the facility provided power oatmeal at breakfast, power mashed potatoes at lunch and supper, and a power soup if requested.</p> <p>A facility care plan for Resident #16, with a start date of 1/11/16, indicated the focus area of resident is at risk for weight loss and dehydration related to diagnosis of dementia and depression. Recent hospital stay 2/3-2/9/16 related to pneumonia. Approaches to the focus included, but were not limited to, fluids of choice at meals- Nectar Thick liquids, may have unthickened water between meals, monitor food consumption daily, monitor weight at least monthly, offer snacks and fluids PRN (as needed), provide and serve diet as ordered, and supplements as ordered.</p> <p>The Director of Nursing was interviewed on 3/11/16 at 9:30 a.m. During the</p>			

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	<p>interview, she indicated any recommendations made from the Registered Dietitian would go to the Dietary Manager. She also indicated if a supplement was ordered by the physician, a diet order was completed and provided to the Dietary Manager.</p> <p>The Certified Dietary Manager (CDM) was interviewed on 3/1/16 at 9:43 a.m. During the interview he indicated the Registered Dietitian would provide a report to him after each of her visits in the facility. He also indicated the Health Shakes were provided through nursing.</p> <p>The CDM was interviewed on 3/11/16 at 9:52 a.m. During the interview, he provided a copy of the Dietitian Charting Recommendations, dated 3/2/16. The recommendations indicated to add power products to meals and a Magic Cup daily with lunch for Resident #16. When queried, he indicated he waited for an order from nursing to give power products and a Magic Cup to residents. He also indicated a copy of the Dietitian Charting Recommendations was given to the Administrator, the Director of Nursing, and himself. He further indicated nursing would complete a diet order sheet and provide it to the cook on duty, and he would retrieve the diet order from the cook to add the supplements to</p>			

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F 0311 SS=D Bldg. 00	<p>Healthcare Special Diets sheet.</p> <p>3.1-35(g)(2)</p> <p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. Based on observation, interview and record review, the facility failed to ensure the Restorative Nursing Program (RNP) was implemented for 1 of 3 residents reviewed who met the criteria for a</p>	F 0311	F311 483.25(a)(2) A resident is given the appropriate treatment and services to maintain or improve his or her abilities.	04/13/2016

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	<p>decline in Activities of Daily Living (ADLs). (Resident #7)</p> <p>Findings include:</p> <p>A review of Resident #7's clinical record began on 3-9-2016 at 11:41 a.m. Diagnoses included but were not limited to, epilepsy, schizophrenia, schizoaffective disorder bipolar type, anxiety, hypertension, chronic obstructive pulmonary disease, diabetes, depression and dementia with behavioral disturbances.</p> <p>A review of the admission nursing assessment dated 10-16-2015, indicated Resident #7 needed assistance with showering and shampooing her hair. The nursing assessment indicated Resident #7 was independent in grooming, dressing, oral hygiene, transfers and ambulation.</p> <p>A review of the MDS (Minimum Data Set) admission assessment for Resident #7, dated 10-26-2015, indicated the BIMS (Brief Interview of Mental Status) score was 4/15. (A score of 7 or below indicated the resident had severe cognitive impairment.) The MDS assessment for the functional status for Resident #7 indicated the resident was independent with no help from staff for bed mobility, walking in the room,</p>		<p>It is the practice of River Terrace Retirement Community to ensure Restorative Nursing Programs are provided to achieve and maintain the Residents highest practicable outcome based on individualized assessments and Resident's needs.</p> <p>I. Resident #7 did not have a current Restorative Nursing Plan in place as recommended by therapy. As the survey notes, Restorative Nursing Programing has newly been implemented.</p> <p>II. All River Terrace Retirement Community Residents appropriate for Restorative Nursing Programs are at risk. All Residents individualized Restorative Nursing needs are being assessed, and individualized Restorative Nursing Programs are being developed. All River Terrace Retirement Community Residents recently discharged from therapy were reviewed and no further Restorative Nursing recommendations were noted.</p> <p>III. River Terrace Retirement Community has a Restorative</p>	

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	<p>walking in the corridor, and for locomotion on and off the unit. The assessment indicated the resident required supervision with set up help only, for transfers, dressing, toileting, and personal hygiene. For bathing, Resident #7 needed physical help for transfers only with a 1 person assist and the resident was steady at all times for moving from a seated to a standing position, walking, turning around and facing the opposite direction while walking, moving on and off the toilet and for surface to surface transfers. The assessment indicated there was no impairment with the resident's upper and lower extremities.</p> <p>A review of the MDS quarterly assessment for Resident #7, dated 1-19-2016, indicated the resident's BIMS score was 3/15. The MDS quarterly assessment for the functional status of Resident #7 indicated the resident required supervision with a 1 person physical assist for bed mobility, transfers, walking in the room and corridor and for locomotion on and off the unit. Resident #7 required the limited assistance of 1 person for dressing, toileting and personal hygiene. For bathing, the resident needed the physical help of 1 person. Resident #7 was not steady, but able to stabilize herself without staff assistance for moving from a seated to a</p>		<p>Nursing Policy to ensure Restorative Nursing Programs are provided to achieve, and maintain, the Residents highest practicable outcome. All River Terrace Retirement Community staff have been re-educated on this policy.</p> <p>IV. River Terrace Retirement Community Residents have all been assessed for individualized Restorative Nursing programs. The DON, or her designee, is conducting a quality assurance audit to ensure individualized Restorative Nursing programs are present and accurate based on the Residents assessment. This QA audit will be completed 3 times per week for 4 weeks; then 1 time per week for 4 weeks; then monthly for 6 months. Results of these audits will be reported at the QA committee monthly. Any negative findings will add another four weeks of audits until 100% compliance is achieved. Results of these audits will be reported at the QA committee monthly. Any negative findings will add another four weeks of audits until 100% compliance is achieved.</p> <p>V. Systematic changes will be completed by April 13, 2016.</p>	

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	<p>standing position, walking, turning around and facing the opposite direction while walking, moving on and off the toilet and for surface to surface transfers. There was no impairment on the resident's upper and lower extremities.</p> <p>A review of the Physical Therapy plan of care dated 1-13-2016, indicated Resident #7's functional deficits had decreased from the prior level to the current level for the following, for bed mobility supine to sit, the resident had modified independence and currently, the resident required a minimal assist (1-25% assist). The prior gait (manner or style of walking) distance was 150 feet and currently Resident #7's gait distance was 75 feet. Resident #7's gait on level surfaces prior was supervision and currently the resident required stand by assistance. Resident #7's prior ability to transfer from the bed to the chair was with modified independence and currently the resident required a minimal assist (1-25%). Resident #7's ability to transfer from a sit/stand position was with modified independence and currently the resident required a contact guard assist (contact with patient due to unsteadiness). The resident's balance, static standing and dynamic balance declined from being able to maintain her balance without a handhold to currently</p>			

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	<p>having to have a handhold. The resident was able to maintain her balance while turning her head and trunk and currently was unable to accept the challenge but the resident could move her head without the loss of her balance. The plan of care indicated Resident #7 would get physical therapy service 3 times a week for 8 weeks.</p> <p>A review of the Physical Therapy discharge summary dated 2-11-2016, indicated Resident #7 met her goals for activity tolerance, standing balance, strength, bed mobility, transfers and ambulation. The summary indicated the resident needed supervision for transfers and gait. The discharge summary indicated Resident #7 was referred to the Restorative Nursing program.</p> <p>A review of the nurse aide assignment sheet provided by the DON (Director of Nursing) on 3-9-2016 at 10:01 a.m., indicated the resident was alert, oriented, forgetful, and in red "...now requires assist with all AM and PM ADLs (dressing, grooming, toileting, ect.)" The sheet indicated the resident was "continent, self mobile, not a fall risk and assist x 1..."</p> <p>A care plan for ADLS dated 11-5-2015, indicated the resident required</p>			

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	<p>"...supervision for dressing/grooming, bed mobility, toileting, eating, ambulation r/t (related to) dementia, bipolar schizophrenia and COPD (chronic obstructive pulmonary disease) with the following interventions: Bed mobility: the resident is able to reposition and turn self in bed... Bathing: The resident requires min [sic] (minimal) staff participation with bathing... Personal hygiene/oral care: The resident is able to rinse and spit, brush teeth, per self with min [sic] set up. Dressing: Resident is able to dress self may require cueing and set up at times... Transfers: The resident is able to transfer self. Toilet use: The resident is able to toilet self may require min [sic] assist at times...."</p> <p>An interview with RN #5 on 3-9-2016 at 9:55 a.m., indicated she had seen a decline in Resident #7 related to her dementia.</p> <p>A interview with PTA #6 (Physical Therapy Assistant) on 3-10-2016 at 9:55 a.m., indicated Resident #7 was evaluated for therapy due to a fall and she reached her therapy goals. PTA #6 indicated the resident received the Restorative Nursing Program right now.</p>			

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	<p>An interview with Restorative CNA #7 on 3-10-2016 at 10:14 a.m., indicated she was not sure if the resident was on a restorative program. At 10:21 a.m., CNA #7 indicated Resident #7 was not receiving the Restorative Nursing Program.</p> <p>An interview with the DON on 3-10-2016 at 10:31 a.m., indicated she was not aware Resident #7 was discharged from physical therapy to the Restorative Nursing Program.</p> <p>An interview with PTA #6 on 3-10-2016 at 10:47 a.m., indicated there was a mis-communication regarding the referral to the Restorative Nursing Program. PTA #6 indicated she usually kept a copy of the Restorative Nursing Program referral for the residents referred, but did not have a copy for Resident #7.</p> <p>An interview with the DON on 3-10-2016 at 11:15 a.m., indicated the referral procedure for the Restorative Nursing Program was initiated by the therapist. The therapist completed a form and would take the form to the Restorative aide. The therapist would provide any instruction to the aide for anything they needed to know to complete the</p>			

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	<p>restorative care for the resident. The referral form was then given to the restorative nurse for the program to be implemented. The DON indicated the referral was not done and the Restorative Nursing Program was not started for Resident #7.</p> <p>An interview with CNA #8 on 3-10-2015 at 2:25 p.m., indicated the resident had required more assistance for evening care. CNA #8 indicated it would depend on the day, but Resident #7 might only require verbal cues for changing into her pajamas, but sometimes the resident would get her arms all tangled in her clothing and would need hands on assistance.</p> <p>An interview with Resident #7 on 3-11-2016 at 9:51 a.m., indicated she was able to change her clothes. During the interview, Resident #7 indicated she had a sister that lived across the hall, spoke about her roommate needing help and her thought process was not understandable and her speech was mumbled.</p> <p>An observation of Resident #7 on 3-11-2106 at 9:53 a.m., indicated the resident was in her room and she had donned her sweatshirt. The resident was observed to walk down the hall</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155726	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2016
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NAME OF PROVIDER OR SUPPLIER RIVER TERRACE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 CAYLOR BLVD BLUFFTON, IN 46714
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	<p>independently with steady gait.</p> <p>An interview with Housekeeping #10 on 3-11-2016 at 9:54 a.m., indicated she was Resident #7's family and there was not a sister of the resident at the facility. Housekeeping #10 indicated she had seen a decline in the resident over the last few months. Housekeeping #10 indicated it depended on the day as to how much Resident #7 could do independently. Housekeeping #10 indicated Resident #7 had needed only verbal direction for dressing and currently needed help. Housekeeping #10 indicated she knew the resident did not pick out her own clothes and she indicated she had seen Resident #7's shoes on the wrong feet.</p> <p>An interview with CNA #7 on 3-11-2016 at 10:00 a.m., indicated she began the Restorative Nursing Program for Resident #7 today.</p> <p>An interview with CNA #9 on 3-11-2016 at 10:14 a.m., indicated the resident needed guidance for dressing. The CNA indicated the resident was confused and at times needed more help.</p> <p>An interview with Physical Therapist (PT) #11 on 3-11-2016 at 11:10 a.m., indicated he made the recommendation for the Restorative Nursing Program for</p>			

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R 0000 Bldg. 00	<p>Resident #7, but he did not write the referral. He indicated there was not a double check method to ensure the residents referred to the Restorative Nursing Program had the program implemented.</p> <p>An interview with the DON on 3-11-2016 at 11:29 a.m., indicated the facility had a new Restorative Nursing Program policy in which they had just received training and the new program was not implemented as yet. At 11:50 a.m., the DON indicated they did not have a current Restorative Nursing Program policy.</p> <p>3.1-38(a)(2)(A)(C)</p> <p>River Terrace Health Care Center was found to be in compliance with 410 IAC</p>	R 0000	F000 The plan of correction for this survey event was submitted March 31st, 2016. River Terrace Retirement Community will be in	

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	16.2-5 in regard to the State Residential Survey.		compliance by April 13th, 2016 as stipulated by the 2567. Therefore, River Terrace Retirement Community respectfully requests a desk review of the plan of correction. If you have any questions concerning our request or the information submitted in the plan of correction, please contact me at 260-824-8940. Submission of this plan of correction does not constitute an admission by River Terrace Retirement Community or their Management companies that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement of the survey allegations. River Terrace Retirement Community respectfully requests paper compliance.	