

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/30/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155324		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/03/2017	
NAME OF PROVIDER OR SUPPLIER  MITCHELL MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 24 TEKE BURTON DR MITCHELL, IN 47446			
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 30 and 31, November 1, 2, and 3, 2017</p> <p>Facility number: 000217 Provider number: 155324 AIM number: 100289590</p> <p>Census Bed Type: SNF/NF: 58 Total: 58</p> <p>Census Payor Type: Medicare: 11 Medicaid: 36 Other: 11 Total: 58</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on November 14, 2017.</p>			F 0000	<p>This plan of correction is prepared and executed because of the provisions of State and federal law require it and not because Mitchell Manor agrees with the allegations and citations listed. Mitchell Manor maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character so as to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance, that the alleged deficiencies cited have been or will be corrected by the date(s) indicated. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following Plan of Correction.</p> <p>*Request paper compliance please</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 0279 SS=D Bldg. 00	<p>483.20(d);483.21(b)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>483.20 (d) Use. A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan.</p> <p>483.21 (b) Comprehensive Care Plans</p> <p>(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) 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 §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p>						

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	<p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative (s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on observation, interview, and record review, the facility failed to revise a care plan to indicate Dietician recommended nutritional drink for an assessed underweight resident for 1 of 4 residents reviewed for nutrition (Resident 36), and failed to ensure a behavior monitoring care plan was developed for a resident prescribed divalproex sodium (mood stabilizer/anticonvulsant) for behaviors for 1 of 5 residents reviewed for unnecessary medications. (Resident 49).</p>	F 0279	<p>F279 Comprehensive Care Plans</p> <p>1. Residents affected by alleged deficient practice: *Resident's #36 and # 49 plan of care were reviewed and updated as indicated on 11/21/17.</p> <p>2) Residents at risk to be affected by alleged deficient practice: *Other residents have the potential to be affected by the alleged deficient practice.</p>		11/22/2017		

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	<p>Findings include:</p> <p>1.) On 11/3/17 at 10:00 a.m., Resident 36's clinical record was review. Diagnosis included, but were not limited to: lung cancer, weakness, hypertension, and chronic obstructive pulmonary disorder (COPD). The resident was admitted on 6/22/17.</p> <p>Resident 36's Advance Directive/Medical Treatment Decisions, signed and dated 6/22/17, indicated, "I want efforts made to prolong my life and want life-sustaining treatment to be provided."</p> <p>A review of Resident 36's weights indicated the following:</p> <p>On 6/22/17, the resident weighed 134 pounds and had a BMI (Body Mass Index) of 18.2.</p> <p>On 7/25/17, the resident weighed 131 pounds and had a BMI of 17.8.</p> <p>On 10/10/17, the resident weighed 128 pounds and had a BMI of 17.4.</p> <p>On 11/2/17, the resident weighed 128 pounds and had a BMI of 17.4</p> <p>A review of the Center for Disease Control website, updated on 8/25/17, indicated a BMI below 18.5 signifies an adult is underweight.</p>				<p>3) Systems to ensure alleged deficient practice does not recur:</p> <p>1.*MDS Coordinator provided one on one education to Social Services on care plan completion on 11/21/17.</p> <p>*In servicing completed by all licensed nursing staff on care plan completion on 11/21/17.</p> <p>4) Monitoring to ensure alleged deficient practice does not recur:</p> <p>*Plan to be updated as indicated.</p> <p>*Nursing Admin will audit 5 orders/wk 7 days a week for care plan completion x 6 months.</p> <p>*Ensure 100% PI compliance monthly x 6 months.</p>		

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	<p>A review of Resident 36's labs included but were not limited to the following:</p> <p>On 6/27/17 the resident's total protein was 5.2 (normal range 6.4-8.0) and the albumin was 2.3 (normal range 3.5-5.0). On 7/3/17 the resident's total protein was 4.8 and the albumin was 2.2. On 7/10/17 the resident's total protein was 4.8 and the albumin was 2.1. On 8/17/17 the resident's total protein was 6.1 and the albumin was 2.8. On 9/14/17 the resident's total protein was 5.9 and the albumin was 2.9. On 9/19/17 the resident's total protein was 5.6 and the albumin was 2.8. On 10/10/17 the resident's total protein was 6.3 and the albumin was 3.1. On 10/17/17 the resident's total protein was 6.0 and the albumin was 2.9. On 10/24/17 the resident's total protein was 6.1 and the albumin was 2.9. On 10/31/17 the resident's total protein was 6.1 and the albumin was 3.0.</p> <p>A review of Resident 36's, October through November, 2017, meal intake records indicated the resident consumed an average of 100% of meals.</p> <p>A review of Resident 36's November, 2017 physician's orders indicated the following:</p>						

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	<p>On 6/22/17, the resident was ordered a regular diet.</p> <p>On 6/22/17, the resident was ordered Remeron (an antidepressant medication which can increase appetite) 15 milligrams daily at bedtime.</p> <p>A Registered Dietician Nutrition Data Collection/Assessment, dated 6/26/17, indicated, ".... Current Height 72 inches, Current Weight 134 [pounds], IDB [ideal body weight] 178 pounds, BMI 18.2 ... Res [resident] [with] copd, lung CA [cancer] ... wt [weight] 134 - BMI indicated under wt for ht [height] parameters. Started on Remeron [an appetite stimulant] which may have potential side effect of [increased] appetite ... Nutrition Intervention: 1.) Nutritional fruit drink [with] each meal ..."</p> <p>There were no orders received which addressed implementing the Registered Dietician's recommendation for nutritional fruit drink (supplement) for the resident's low BMI.</p> <p>A review of Resident 36's progress notes indicated the following:</p> <p>6/29/17 at 8:57 a.m., "Admit Note: Resident admitted to facility with the</p>						

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	<p>following diagnosis: ... Anorexia ... Regular Diet which he feeds self in room/MDR [main dining room] Consumes 75-100 % of breakfast, 25-50% lunch, and 25-75% dinner. Admit weight 134 [pounds] and height 72 inches. Continue with POC [plan of care]."</p> <p>9/21/17 at 8:44 a.m., "Quarterly review: WT [weight] 133 [pounds]. Weight stable at this time no significant weight change noted. Regular Diet. Feeds self in MDR. Consumes 75-100 % of most meals ..."</p> <p>10/12/17 at 2:06 p.m., "RAR [Resident at Risk]: Continues to be stable in weight at 128 [pounds]. Diet: Regular with intake of 75 to 100% of all meals ... Will continue to observe."</p> <p>10/19/17 at 1:20 p.m., "RAR: Diet is regular with intake 75 to 100 % of all meals. Weight is 130 [pounds], stable ... Will continue to POC."</p> <p>A review of Resident 36's care plans included a "Nutrition" care plan, dated 9/26/17 and had a target date of 12/26/17. There were no revisions or additions to the resident's care plan to address the continued weight loss or the Registered Dietician's recommendations for</p>						

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	<p>nutritional fruit drink.</p> <p>On 11/3/17 at 12:35 a.m., Resident 36 was observed, in the main dining room, to eat 75% of his lunch. There was no observation of a nutritional supplement on his meal tray. The resident indicated he has never gotten a nutritional supplement.</p> <p>During an interview, on 11/3/17 at 3:22 p.m., Certified Nursing Assistant 1, assigned to the resident's hall, indicated he was not aware of Resident 36 receiving any nutritional supplement with meals.</p> <p>During an interview, on 11/3/17 at 3:23 p.m., the Director of Nursing indicated Resident 36 did not have any current nutritional supplements ordered.</p> <p>There was no documentation revised on the Resident 36's care plan of the Dietician's recommendations of a nutritional fruit drink.</p> <p>On 11/3/17 at 2:50 p.m., the Director of Nursing provided the facility policy, "Nutritional Intervention Program," revised 7/23/09, and indicated it was the policy currently being used. The policy indicated, ".... Ongoing monitoring and continuous quality improvement is</p>						



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	<p>achieved through an interdisciplinary team that meets weekly to evaluated the effectiveness of interventions and revise as necessary..."</p> <p>2.) On 11/2/17 at 10:43 a.m., Resident 49's clinical record was reviewed. The diagnoses included, but were not limited to: dementia, chronic depression, and Alzheimer's disease.</p> <p>A review of Resident 49's physician orders dated 8/11/17 (start date), indicated divalproex sodium 500 mg ER (extended release) by mouth three times a day for behavior.</p> <p>A review of Resident 49's Medication Administration Records (MARs) indicated the following:</p> <ul style="list-style-type: none"> <li>-August 2017, Resident 49 received divalproex sodium three times a day for behavior 8/11/17-8/31/17.</li> <li>-September 2017, Resident 49 received divalproex sodium three times a day for behavior 9/1/17-9/30/17.</li> <li>-October 2017, Resident 49 received divalproex sodium three times a day for behavior 10/1/17-10/31/17.</li> </ul> <p>A review of Resident 49's care plans lacked a plan to address monitoring of his targeted behavior, for which the</p>						

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	<p>divalproex sodium was prescribed.</p> <p>During the interview, on 11/3/17 at 2:46 p.m., the Director of Nursing (DON) indicated the diagnosis for the divalproex sodium was dementia and not behaviors. No documentation of behavior monitoring was provided.</p> <p>On 11/3/17 at 2:45 p.m., the DON provided the Policies for Medication Administration policy, not dated, and indicated the policy was the one currently being used by the facility. The policy indicated,...."Equally important as an accurate and thorough assessment of resident behavior indicators, is the application of the interdisciplinary teams's critical thinking skills to determine the appropriate psychopharmacological medication management care plan that supports person-centered care...The initial psychopharmacological medication management care plan will be reflective of behavior indicators identified through the nursing admission assessments and resident history information..."</p> <p>3.1-35(a)</p>						

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F 0325 SS=D Bldg. 00	<p>483.25(g)(1)(3) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE (g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on observation, interview, and record review, the facility failed to revise a care plan and implement a Dietician recommended nutritional drink for an assessed underweight resident for 1 of 4 residents reviewed for nutrition (Resident 36).</p> <p>Findings include:</p>	F 0325	<p>F325                      Maintain Nutrition Status</p> <p>1. Resident affected by alleged deficient practice: *Resident #36 will maintain adequate nutrition status. *Residents primary physician/facility medical director ordered a dietary consult</p>	11/22/2017			

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	<p>On 11/3/17 at 10:00 a.m., Resident 36's clinical record was review. Diagnosis included, but were not limited to: lung cancer, weakness, hypertension, and chronic obstructive pulmonary disorder (COPD). The resident was admitted on 6/22/17.</p> <p>Resident 36's Advance Directive/Medical Treatment Decisions, signed and dated 6/22/17, indicated, "I want efforts made to prolong my life and want life-sustaining treatment to be provided."</p> <p>A review of Resident 36's weights indicated the following:</p> <p>On 6/22/17, the resident weighed 134 pounds and had a BMI (Body Mass Index) of 18.2.</p> <p>On 7/25/17, the resident weighed 131 pounds and had a BMI of 17.8.</p> <p>On 10/10/17, the resident weighed 128 pounds and had a BMI of 17.4.</p> <p>On 11/2/17, the resident weighed 128 pounds and had a BMI of 17.4</p> <p>A review of the Center for Disease Control website, updated on 8/25/17, indicated a BMI below 18.5 signifies an adult is underweight.</p> <p>A review of Resident 36's labs included but were not limited to the following:</p>		<p>11/17/17.</p> <p>No order received for supplement when resident readmitted from hospital on 10/7/17.</p> <p>2) Residents at risk to be affected by alleged deficient practice:</p> <p>*Other residents have the potential to be affected by the alleged deficient practice.</p> <p>*Plan of care for resident #36 updated as indicated on 11/21/17.</p> <p>3) Systems to ensure alleged deficient practice does not recur:</p> <p>*In servicing completed by all licensed nursing staff on dietary recommendations on 11/22/17.</p> <p>4) Monitoring to ensure alleged deficient practice does not recur:</p> <p>*Plan to be updated as indicated.</p> <p>*CDM/Nursing Admin will audit 3 dietary recommendations/wk 7 days a week x 6 months.</p> <p>*Ensure 100% PI compliance monthly x 6 months.</p> <p>Date of compliance: 11/22/17</p>				

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	<p>On 6/27/17 the resident's total protein was 5.2 (normal range 6.4-8.0) and the albumin was 2.3 (normal range 3.5-5.0). On 7/3/17 the resident's total protein was 4.8 and the albumin was 2.2. On 7/10/17 the resident's total protein was 4.8 and the albumin was 2.1. On 8/17/17 the resident's total protein was 6.1 and the albumin was 2.8. On 9/14/17 the resident's total protein was 5.9 and the albumin was 2.9. On 9/19/17 the resident's total protein was 5.6 and the albumin was 2.8. On 10/10/17 the resident's total protein was 6.3 and the albumin was 3.1. On 10/17/17 the resident's total protein was 6.0 and the albumin was 2.9. On 10/24/17 the resident's total protein was 6.1 and the albumin was 2.9. On 10/31/17 the resident's total protein was 6.1 and the albumin was 3.0.</p> <p>A review of Resident 36's October through November, 2017 meal intake records indicated the resident consumed an average of 100% of meals.</p> <p>A review of Resident 36's November, 2017 physician's orders indicated the following:</p> <p>On 6/22/17, the resident was ordered a regular diet.</p>						

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	<p>On 6/22/17, the resident was ordered Remeron (an antidepressant medication which can increase appetite) 15 milligrams daily at bedtime.</p> <p>A Registered Dietician Nutrition Data Collection/Assessment, dated 6/26/17, indicated, ".... Current Height 72 inches, Current Weight 134 [pounds], IDB [ideal body weight] 178 pounds, BMI 18.2 ... Res [resident] [with] copd, lung CA [cancer] ... wt [weight] 134 - BMI indicated under wt for ht [height] parameters. Started on Remeron [an appetite stimulant] which may have potential side effect of [increased] appetite ... Nutrition Intervention: 1.) Nutritional fruit drink [with] each meal ... "</p> <p>There were no orders received which addressed implementing the Registered Dietician's recommendation for nutritional fruit drink (supplement) for the resident's low BMI.</p> <p>A review of Resident 36's progress notes indicated the following:</p> <p>6/29/17 at 8:57 a.m., "Admit Note: Resident admitted to facility with the following diagnosis: ... Anorexia ... Regular Diet which he feeds self in</p>						

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	<p>room/MDR [main dining room] Consumes 75-100 % of breakfast, 25-50% lunch, and 25-75% dinner. Admit weight 134 [pounds] and height 72 inches. Continue with POC [plan of care]."</p> <p>9/21/17 at 8:44 a.m., "Quarterly review: WT [weight] 133 [pounds]. Weight stable at this time no significant weight change noted. Regular Diet. Feeds self in MDR. Consumes 75-100 %of most meals ..."</p> <p>10/12/17 at 2:06 p.m., "RAR [Resident at Risk]: Continues to be stable in weight at 128 [pounds]. Diet: Regular with intake of 75 to 100% of all meals ... Will continue to observe."</p> <p>10/19/17 at 1:20 p.m., "RAR: Diet is regular with intake 75 to 100 % of all meals. Weight is 130 [pounds], stable ... Will continue to POC."</p> <p>A review of Resident 36's care plans included a "Nutrition" care plan, dated 9/26/17 and had a target date of 12/26/17. There were no revisions or additions to the resident's care plan to address the continued weight loss or the Registered Dietician's recommendations for nutritional fruit drink. BIMS!!!!</p>						

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	<p>On 11/3/17 at 12:35 a.m., Resident 36 was observed, in the main dining room, to eat 75% of his lunch. There was no observation of a nutritional supplement on his meal tray. The resident indicated he has never gotten a nutritional supplement.</p> <p>During an interview, on 11/3/17 at 3:22 p.m., Certified Nursing Assistant 1, assigned to the resident's hall, indicated he was not aware of Resident 36 receiving any nutritional supplement with meals.</p> <p>During an interview, on 11/3/17 at 3:23 p.m., the Director of Nursing indicated Resident 36 did not have any current nutritional supplements ordered.</p> <p>There was no documentation revised on the Resident 36's care plan of the Dietician's recommendations of a nutritional fruit drink.</p> <p>On 11/3/17 at 2:50 p.m., the Director of Nursing provided the facility policy, "Nutritional Intervention Program," revised 7/23/09, and indicated it was the policy currently being used. The policy indicated, ".... Ongoing monitoring and continuous quality improvement is achieved through an interdisciplinary team that meets weekly to evaluated the</p>						



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F 0329 SS=D Bldg. 00	<p>effectiveness of interventions and revise as necessary..."</p> <p>3.1-46(a)(1)</p> <p>483.45(d)(e)(1)-(2) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used--</p> <p>(1) In excessive dose (including duplicate drug therapy); or</p> <p>(2) For excessive duration; or</p> <p>(3) Without adequate monitoring; or</p> <p>(4) Without adequate indications for its use; or</p> <p>(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that--</p>						

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	<p>(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>Based on interview and record review, the facility failed to ensure a resident who received a medication prescribed for behaviors was monitored for a targeted behavior for 1 of 5 residents reviewed for unnecessary medication use. (Resident 49)</p> <p>Findings include:</p> <p>On 11/2/17 at 10:43 a.m., Resident 49's clinical record was reviewed. The diagnoses included, but were not limited to: dementia, chronic depression, and Alzheimer's disease. Resident 49's readmission date was 8/11/17.</p> <p>A review of Resident 49's physician orders, indicated 8/11/17 (start date) divalproex sodium (mood stabilizer/anticonvulsant) 500 mg ER (extended release) by mouth three times a day for behavior.</p>	F 0329	<p>F329 Unnecessary Drugs</p> <p>1. Resident affected by alleged deficient practice: *Resident # 49 plan of care reviewed and updated as indicated on 11/21/17.</p> <p>2. Residents at risk to be affected by alleged deficient practice:  *Other residents have the potential to be affected by the alleged deficient practice.</p> <p>3. Systems to ensure alleged deficient practice does not recur: *MDS Coordinator/Director of Nursing provided one on one education to Social Services on Psychopharmacological Medication Management Policy</p>		11/22/2017		

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	<p>A review of Resident 49's Medication Administration Records (MARs) indicated the following:</p> <ul style="list-style-type: none"> <li>-August 2017, Resident 49 received divalproex sodium three times a day for behavior 8/11/17-8/31/17.</li> <li>-September 2017, Resident 49 received divalproex sodium three times a day for behavior 9/1/17-9/30/17.</li> <li>-October 2017, Resident 49 received divalproex sodium three times a day for behavior 10/1/17-10/31/17.</li> </ul> <p>The clinical record lacked documentation which indicated targeted behaviors for which the medication was prescribed were monitored for Resident 49's divalproex sodium.</p> <p>During the interview, on 11/3/17 at 2:46 p.m., the Director of Nursing (DON) indicated the diagnosis for the divalproex sodium was dementia and not behaviors. No documentation of behavior monitoring was provided.</p> <p>On 11/3/17 at 2:45 p.m., the DON provided the Mood Stabilizers policy, dated 6/21/16, and indicated the policy was the one currently being used by the facility. The policy indicated, "Some drugs that are used for seizure disorders (anticonvulsants) are sometimes used in psychiatric disorders such as bipolar</p>		<p>and Procedure on 11/21/17. *In servicing completed by all licensed nursing staff on Psychopharmacological Medication. Management on 11/21/17.</p> <p>4. Monitoring to ensure alleged deficient practice does not recur:</p> <p>*Plan to be updated as indicated.</p> <p>*Social Services/Designee will audit 5 orders/wk 7 days a week for Psychopharmacological Medication Management x 6 months.</p> <p>*Ensure 100% PI compliance monthly x 6 months.</p> <p>Date of compliance: 11/22/17</p>				

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F 0364 SS=E Bldg. 00	<p>depression, schizophrenia, dementia with aggressive behavior, and personality disorder. They are often referred to as mood stabilizers when used for their psychotropic effect..."</p> <p>3.1-48(a)(3)</p> <p>483.60(d)(1)(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP (d) Food and drink</p> <p>Each resident receives and the facility provides-</p> <p>(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature;</p> <p>Based on observation, interview, and record review, the facility failed to provide food that was palatable for 5 of 30 resident's (Resident 65, Resident 28, Resident 63, Resident 22 and Resident 41) interviewed during Stage I and 9 of 58 resident's who reside at the nursing facility.</p> <p>Findings include:</p>	F 0364	<p>F364 Nutritive Value/Appear, Palatable/Prefer Temp</p> <p>1.Residents affected by alleged deficient practice: *Resident's #65, #28, #63, #22, and #41 will receive palatable food. *Resident's #65, #28, #63, #22, and #41 met with the activities director (resident council) to review current meals and food committee.</p>	11/22/2017			

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	<p>On 10/31/2017, during Stage I, the following interviews took place.</p> <p>At 9:27 a.m., Resident 65 indicated the food in the facility is "not very good."</p> <p>At 10:20 a.m., Resident 28 indicated the food in the facility is "not consumable."</p> <p>At 11:25 a.m., Resident 63 indicated the food in the facility is "not very good."</p> <p>At 2:00 p.m., Resident 22 indicated the food in the facility is "not very good."</p> <p>On 11/2/2017 at 11:15 a.m., Resident 41 indicated the food in the facility is "not very good."</p> <p>On 11/3/2017 at 12:05 p.m., a lunch test tray was obtained. The menu included, but was not limited to, roast beef. The roast beef was observed to be tough and unable to be cut or chewed.</p> <p>On 11/3/2017 at 12:15 p.m., the Administrator indicated "if you can't cut it with a fork then you probably cannot eat it." The Administrator was observed to be unable to cut the roast beef with a fork and indicated "it was tough."</p> <p>Random interviews were conducted on 11/3/2017 at 12:30 p.m., after residents</p>		<p>2) Residents at risk to be affected by alleged deficient practice: *Other residents have the potential to be affected by the alleged deficient practice.</p> <p>3) Systems to ensure alleged deficient practice does not recur: 1.*SDC to in service all dietary staff on meal preparation/presentation on 11/22/2017 *Monthly food committee meeting open to all residents. Next meeting scheduled on 11/28/17.</p> <p>4) Monitoring to ensure alleged deficient practice does not recur: *Plan to be updated as indicated.</p> <p>*CDM/Dietician/Designee will audit 3 test trays/wk 7 days a week for palatable food x 6 months. *Ensure 100% PI compliance monthly x 6 months.</p> <p>Date of compliance: 11/22/17</p>				

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	<p>had eaten lunch. Nine residents who were observed to have the roast beef indicated the meat was tough and they were unable to cut or eat the meat. The roast beef was observed to be left on the residents plates uneaten.</p> <p>Review of the Resident Council Meeting Minutes from 8/24/2017, indicated 2 dietary concerns which included, " ...1. Meat tuff [sic] and unable to cut and 2. Residents not receiving the food they pick from menu. ..."</p> <p>On 11/3/2017 at 3:05 p.m., the Administrator provided the policy, "Food Service and Dining" undated, and indicated it was the policy currently being used by the facility. The policy indicated, " ... Serve the meal to each resident just as you would like to have a meal served to you in a nice restaurant. ..."</p> <p>3.1-21(a)(2)</p>				*Request paper compliance please		

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