

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

PRINTED: 11/14/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155721		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/20/2017	
NAME OF PROVIDER OR SUPPLIER LAWRENCE MANOR HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8935 E 46TH ST INDIANAPOLIS, IN 46226			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00243838.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey and the Investigation of Complaint IN00241249.</p> <p>Complaint IN00243838 - Substantiated. Federal/State deficiencies related to the allegations are cited at F353.</p> <p>Complaint IN00241249 - Substantiated. Federal/State deficiencies related to the allegations are cited at F312 and F353.</p> <p>Survey dates: October 11, 12, 13, 16, 17, 18, 19, and 20, 2017</p> <p>Facility number: 000383 Provider number: 155721 AIM number: 100289610</p> <p>Census Bed Type: SNF/NF: 39 Total: 39</p> <p>Census Payor Type: Medicare: 4 Medicaid: 33</p>			F 0000			

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 0353 SS=F Bldg. 00	<p>Other: 2 Total: 39</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 30, 2017</p>						
	<p>483.35(a)(1)-(4) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS 483.35 Nursing Services</p> <p>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population</p>						

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	<p>in accordance with the facility assessment required at §483.70(e). [As linked to Facility Assessment, §483.70(e), will be implemented beginning November 28, 2017 (Phase 2)]</p> <p>(a) Sufficient Staff. (a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>Based on interview and record review, the facility failed to provide sufficient staffing to meet the needs of residents that need assistance with bathing for 2 of 3 residents reviewed for assisted daily living, to follow plan of care with</p>	F 0353	<p>F353</p> <p><i>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></p>	11/19/2017			

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	<p>catheter care for 1 of 1 residents reviewed for urinary catheter, to ensure a plan of care was followed for splinting and range of motion for 1 of 2 residents reviewed for range of motion, and to implement a resident's fall intervention for 1 of 3 residents reviewed for accidents and to have the interdisciplinary (group of facility staff members from various healthcare fields) team evaluate circumstances and probable causes of a fall for 1 of 3 residents reviewed for accidents, This has a potential to effect 39 of 39 residents that need staff assistance. (Resident C, E, K, L, M, N, P, S, U, V, W, X, Y, and Z)</p> <p>Findings include:</p> <p>The Resident Census and Conditions of Residents form, signed by the MDS Coordinator on 10/13/17 indicated out of 39 residents:</p> <p>13 residents were dependent on staff and 18 residents need assistance by staff for bathing.</p> <p>13 residents were dependent on staff and 18 resident need assistance by staff for dressing.</p> <p>8 residents were dependent on staff and 10 residents need assistance by staff for transferring</p> <p>13 residents were dependent on staffing and 12 resident need assistance by staff</p>				<p>Personal preference questionnaires were completed for Residents S and Z as to their preferred mode(s) of bathing, time, and frequency. These preferences were updated in point of care EMR, the C.N.A. assignment sheet, and resident's care plan.</p> <p>Resident M was seen by the nurse practitioner on 10-16-17 related to her urine output and possible urinary tract infection. A UA C&S was ordered. The following day nursing staff noted a change in condition, physician notified, and resident was sent to the hospital where nephrostomy tubes were inserted. Resident returned on 10-29-17. Resident M's care plan was updated to reflect her current needs.</p> <p>Resident C was assessed by the Occupational Therapist for evaluation and treatment and is currently on therapy case load.</p> <p>Resident Z's care plan for fall potential was updated to include current interventions. The C.N.A. assignment sheet was updated to</p>		

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	<p>for toileting use.</p> <p>An interview was conducted with the Resident Council President on 10/11/17 at 11:40 a.m. She indicated, the facility was short staff all the time. She reported the staffing concerns had been discussed during a resident council meeting.</p> <p>An interview was conducted with Resident P on 10/11/17 at 2:39 p.m. He indicated the facility was short all the time.</p> <p>During an interview with Resident N on 10/12/17 at 10:14 a.m., he stated the facility was always short on the weekends.</p> <p>During an interview with Resident W on 10/13/17 at 10:36 a.m., she indicated short staff on the evening shift.</p> <p>An interview was conducted with Resident K on 10/12/17 at 11:09 a.m. He stated weekends are the worse with staffing.</p> <p>An interview was conducted with Resident U on 10/12/17 at 11:26 a.m. She reported short staff on all shifts especially nights.</p> <p>During an interview with Resident Y on</p>				<p>reflect the current plan of care.</p> <p>Resident L's fall within the past thirty days was reviewed by the interdisciplinary team and a root cause analysis completed. The resident's care plan and C.N.A. assignment sheet was reviewed and updated.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</i></p> <p>Personal preference questionnaires were completed for all residents as to their preferred mode(s) of bathing, time, and frequency. These preferences were updated in point of care EMR, the C.N.A. assignment sheets and residents' care plans.</p> <p>Two residents receiving catheter care were assessed by the director of nursing to ensure appropriate catheter care was being rendered.</p> <p>There are no other residents currently using splint devices.</p>		

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	<p>10/12/17 at 11:26 a.m., she reported short staff on nights.</p> <p>An interview was conducted with Resident X on 10/12/17 at 2:49 p.m. She reported there was not enough staff on night shift.</p> <p>An interview was conducted with Resident E on 10/12/17 at 2:50 p.m. He stated he has had his call light on for 20 minutes just to be laid down in bed. He reported no one helps.</p> <p>During an interview with Resident V on 10/12/14 at 3:11 p.m., he indicated there have been times there had been only 1 person for the entire shift. Short staff mostly on 2nd shift.</p> <p>The Director of Nursing (DON) on 10/16/17 at 11:31 a.m., indicated there was only Certified Nursing Assistant (CNA) 44 on the floor, but Social Services Director and herself were assisting with the residents.</p> <p>The Resident Council minutes were provided by the Activities Director on 10/18/17 at 10:41 a.m. The "Resident Council Action Form" dated 8/24/17, indicated a concern or complaint assigned to the nursing department was "need more nurses". The</p>		<p>The care plans for all residents with potential for falls were reviewed and updated as needed, including fall interventions. C.N.A. Assignment sheets were updated accordingly.</p> <p>Incident reports and nurses' notes for the past 30 days were reviewed to determine whether a root cause analysis and IDT review were conducted for any resident falls during the time period. Residents with falls in the last 30 days that did not meet the criteria, were reviewed by the IDT and a root cause analysis completed. Care plans and C.N.A. assignment sheets were reviewed and updated as needed.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</i></p> <p>All nursing staff were inserviced on honoring resident bathing preferences. Should a resident refuse or their condition be such that a deviation in preference or schedule is needed, the charge</p>				

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	<p>response/resolution on the form indicated "working on interviews, please bare with me"</p> <p>During an confidential interview conducted 10/11/17-10/20/17, with Staff Person 36, they indicated they have worked at the facility for awhile and the staffing for the facility had declined over the last six months. Staff Person #36 indicated they weren't always able to get their tasks done in a timely manner.</p> <p>During an confidential interview conducted 10/11/17-10/20/17, with Staff Person 37, they indicated the staffing for the facility had gotten worse over the last six months. All shifts seem to be affected by short staffing. Everyone tries to all pitch in to get assignments completed but things still weren't able to completed.</p> <p>During a confidential interview conducted 10/11/17-10/20/17, with Staff Person 38 she indicated staff was short and the facility was trying to get staff in here.</p> <p>During an interview with Family Member 10 on 10/12/17 3:00 p.m., she reported staffing was short on all shifts. She indicated she had come into the facility to visit and found Resident S "filthy". She indicated bread crumbs were all over the</p>				<p>nurse will be informed.</p> <p>Licensed nursing staff were inserviced on catheter care including irrigation, recording input/output, and signs and symptoms of related maladies.</p> <p>Nursing staff was inserviced on 11-6-17 by the rehab department on restorative nursing including splint devices.</p> <p>Falls Policy reviewed and updated to include interventions.</p> <p>Nursing staff were inserviced on the Falls Prevention Program including assessment, interventions, post-fall root cause analysis, reporting, and documentation.</p> <p>It is facility policy and practice to have sufficient nursing staff on duty to provide nursing and related services to assure residents attain and maintain their highest practicable physical, mental, and psychosocial well-being. If it becomes necessary to supplement existing staff with "agency" staff, the facility will assure staff has the</p>		

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	<p>floor and on the sheets of Resident S's bed.</p> <p>During an interview with Family Member 80, on 10/18/17 at 12:47 p.m., she indicated the staffing for the facility has gotten worse over the last couple of months.</p> <p>During an interview with Family Member 35, on 10/20/17 at 9:08 a.m., she indicated she was recently in the facility and was unable to locate any facility staff that routinely worked with her family member. They were all Agency staff. The staff members available did not know specific information related to her family member's care and orders, when asked. She was the power of attorney for the Resident.</p> <p>During an interview with CNA 13, on 10/19/17 at 9:39 a.m., she indicated it was difficult to complete all her assignments at times, due to the lack of staff.</p> <p>The clinical record for Resident S was reviewed on 10/12/17 at 11:30 a.m. The diagnosis for Resident included, but was not limited to: dementia.</p> <p>A care plan date initiated on 2/18/16, indicated "....Name of resident (Resident</p>				<p>appropriate competencies and skills to meet the needs of the residents. Care is taken to request the same agency staff familiar with the residents and facility expectations; that a thorough and informative hand-off is exchanged at the change of staff; the director of nursing is on call when not physically present to address any nursing needs.</p> <p>A Daily Nursing Tasks and Guidelines was developed and disseminated to all nursing personnel on duty which includes: 24-hour report, incident accident reporting, documentation, MARS and TARS, physician orders, skin and open areas, labs, falls, ADLs including bathing, and restorative charting.</p> <p>The administrator will address staffing updates at the next scheduled Residents' Council meeting.</p> <p><i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</i></p>		

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	<p>S)has an ADL Self Care Performance Deficit r/t (related to) Fatigue and Limited Mobility was loss of balance r/t his left AKA (above knee amputation) and age related debility...Goal. name of resident (Resident S) will be assisted up in his w/c (wheelchair) daily as tolerates desires and be appropriately bathed, dressed and groomed every day through the next review date....Interventions. Assist with a full body sponge bath on his non-shower days..."</p> <p>A shower binder indicated "Shower Sheets are to be filled out daily. Fill out sheets for scheduled, unscheduled and refused showers and bed baths. Sheets are to be turned into the charge nurse. (Do not leave filled out sheets in the book.)..." The shower list indicated Resident S's scheduled shower days were Tuesdays and Fridays.</p> <p>An interview was conducted with Family Member 10 on 10/12/17 at 11:49 a.m. She indicated Resident S did not appear to be clean. She reported she had seen his head and neck dirty, and at times he had an odor. Family Member 10 stated during a visit, she had turned Resident S over and had seen food particles all over the sheets.</p> <p>The August, September, and October</p>				<p>Charge nurses will monitor the completion of bathing tasks at each shift by reviewing the point of care EMR. The director of nursing will conduct point of care EMR audits weekly; and shower sheets daily for six months and ongoing.</p> <p>The director of nursing/designee will review the MARs and TARs for catheter care and I/O documentation weekly for 2 months and bi-monthly for four months until continued compliance is maintained.</p> <p>The MDS coordinator who oversees the restorative program will check splinting devices weekly for application and related documentation for six months and ongoing.</p> <p>The director of nursing/designee will audit the incident/accident reports, 24-hr report, nurses' notes, and physicians' orders daily as a means of monitoring the incidence of falls during the previous 24-hour period, ongoing. The IDT will review falls, including interventions and root cause analysis, as they occur, and will update the resident care plan and C.N.A. assignment sheet</p>		

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	<p>bathing reports for Resident S were provided by the MDS (Minimum Data Set) Coordinator on 10/17/17 at 9:49 a.m. It indicated the following days Resident S had not received bathing:</p> <p>August:</p> <p>8/2/17 - bathing provided: response on report - not applicable</p> <p>8/5/17 - bathing provided: response on report - not applicable</p> <p>8/26/17 - bathing provided: response on report - not applicable</p> <p>8/28/17 - bathing provided: response on report - not applicable</p> <p>September:</p> <p>9/2/17- bathing provided: response on report - not applicable</p> <p>9/3/17 - bathing provided: response on report - not applicable</p> <p>9/25/17 - date was not on report</p> <p>9/26/17 - date was not on report</p> <p>9/29/17 - date was not on report</p> <p>October</p> <p>10/5/17 - bathing provided: response report - not applicable</p> <p>10/8/17 - date was not on report</p> <p>10/10/17 - date was not on report</p> <p>10/14/17 - bathing provided: response report - not applicable</p> <p>10/15/17 - bathing provided: response report - not applicable</p>				<p>accordingly. A summary of falls and fall activity will be summarized and reviewed monthly.</p> <p>The administrator will review staffing ratios daily and assure adjustments are made in a timely manner.</p> <p>The results of these audits will be reviewed at the monthly QAPI committee meeting overseen by the administrator and forwarded to corporate compliance. If threshold of 100% is not achieved action plans will be revised to ensure compliance.</p>		

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	<p>An interview was conducted with the Nurse Consultant 1 on 10/18/17 at 3:25 p.m. She indicated she could not locate shower sheets for the missing dates or the dates the staff documented as not applicable on the bathing report. She also indicated hospice had sent over a report when their staff was in the building to provide bathing care, and the days hospice aides were in the building were not on the days that were either missing or documented not applicable.</p> <p>The clinical record for Resident Z was reviewed on 10/12/17 at 1:45 p.m. The diagnoses for Resident Z included, but were not limited to, dementia and schizophrenia.</p> <p>The 7/17/17 Annual MDS (minimum data set) assessment indicated a BIMS (brief interview for mental status) was not completed, as Resident Z was rarely/never understood. It indicated she was total dependence of one person for bathing.</p> <p>A telephone interview was conducted with Family Member #17 on 10/12/17 at 1:55 p.m. She indicated Resident Z did not receive the same number of baths/showers in a week as she did in the past. She indicated, the last time she saw</p>						

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	<p>Resident Z, in August, 2017, her clothes were dirty and her hair was greasy.</p> <p>The 7/25/17 bathing, dressing, and personal hygiene care plan indicated Resident Z was dependent on staff for bathing. The goal was for her to be appropriately bathed every day. Interventions were to provide staff assist with a full body sponge bath on her non-shower days, to provide staff assist with a shower and shampoo 2 times weekly, and to chart care provided on her adl (activities of daily living) flow sheet everyday.</p> <p>The Shower List Evening Shift-Front schedule, updated 8/3/17, located in a binder at the nurses station, was reviewed on 10/16/17 at 11:26 a.m. It indicated Resident Z's shower days were Tuesdays and Fridays. There were shower sheets included in the binder, but none for Resident Z.</p> <p>On 10/16/17 at 2:36 p.m., the DON (Director of Nursing) provided September and October, 2017 bathing logs for Resident Z. There was no bathing verification for the following days: 9/5/17, 9/9/17 through 9/12/17, 9/14/17 through 9/20/17, 9/22/17 through 9/24/17, and 10/3/17 through 10/15/17.</p>						

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	<p>An interview was conducted with the DON on 10/16/17 at 2:50 p.m. She indicated Resident Z should be provided showers on Tuesdays and Fridays, with bathing in between as needed, but not daily. She indicated she was unaware of Resident Z's care plan to provide a full body sponge bath on her non-shower days.</p> <p>The clinical record for Resident M was reviewed on 10/12/17 at 1:30 p.m. The diagnosis for Resident included, but was not limited to: paraplegia.</p> <p>A physician order dated 3/27/15, indicated staff was to irrigate Resident M's foley catheter as needed with 30 milliliters of normal saline due to low urinary output or urinary leakage.</p> <p>The October 2017, TAR (Treatment Administration Record) indicated there were no staff signatures irrigation of Resident M's foley catheter was provided.</p> <p>A October 2017, "Comprehensive Intake and Output Record" indicated the following days and shifts no urine output was recorded for Resident M: 10/10/17 - evening and night shift 10/11/17 - evening and night shift 10/12/17 - evening and night shift 10/13/17 - day, evening, and night shift</p>						

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	<p>10/14/17 - day, evening, and night shift 10/15/17 - evening shift 10/16/17 - evening and night shift</p> <p>An interview was conducted with Qualified Medication Aide (QMA) 5 on 10/19/17 at 11:00 a.m. She indicated she had worked with Resident M on Saturday, Sunday, and Monday on day shift. Resident M's urine output was low, but catheter was leaking. She reported Resident M's bed was wet, so it was hard to determine her urine amount. She indicated Resident M's urine appearance was dark and cloudy from what urine she had seen collected in the catheter bag. QMA 5 had reported to the agency staff nurse Resident M's catheter was leaking.</p> <p>An interview was conducted with Certified Nursing Assistant (CNA) 6 on 10/20/17 at 8:45 a.m. She reported she did take care of Resident M on Saturday and Sunday on days. She stated she did not have to empty Resident M's urine catheter, because there was no urine in the bag. CNA 6 indicated Resident M was wearing a brief, and it was soiled. She stated the agency staff nurse was in the room with her during care, and at that time had not done anything to the catheter.</p> <p>An interview was conducted with License</p>						

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	<p>Practical Nurse (LPN) 15 on 10/22/17 at 8:50 a.m. She indicated she had taken care of Resident M on Sunday evening and Monday morning. She reported she had only worked at the facility a couple of times, so she wasn't too familiar with the residents. LPN 15 stated Resident M was alert and oriented. She indicated Resident M had stated to her that the catheter leaking was normal. Resident M wore a brief which was soiled. LPN 6 reported she did not irrigate Resident M's catheter.</p> <p>An interview with the Director of Nursing (DON) on 10/20/17 at 10:52 a.m. The DON reported she had known Resident M was going to have a urinalysis due to possible urinary track infection, but did not know her catheter was leaking with minimal urine collection in the bag. She stated Resident M's catheter had been changed September 28th.</p> <p>An interview was conducted with the Nurse Practitioner (NP) 50 on 10/20/17 at 12:13 p.m. She indicated she had went in and seen Resident M on Monday. NP 50 reported Resident M was alert and oriented at that time. NP 50 stated Resident M had indicated she believed she had a UTI (urinary track infection). NP 50 reported she had discussed with</p>						

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	<p>Resident M about a urostomy due the catheter leaking, because Resident M had mentioned the catheters leak. NP 50 indicated Resident M refused the option of an urostomy. She reported during the assessment with Resident M she had lots of covers on, but her skin was not sweaty with touch. NP 50 indicated Resident M's catheter bag was empty and there was sediment observed in tubing. Resident M had stated to her that her catheter had been replaced not too long ago. NP 50 indicated she had ordered a urinalysis.</p> <p>The clinical record for Resident C was reviewed on 10/13/17 at 2:35 p.m. The diagnoses for Resident C included, but were not limited to, hemiplegia, abnormal posture and unspecified lack of coordination.</p> <p>During an interview with the MDS Coordinator, on 10/12/17 at 2:06 p.m., she indicated Resident C had a contracture of his left hand and he does not wear a brace or receive therapy services since he refuses.</p> <p>A Range of Motion care plan, dated 9/14/16 and remained current at the time of review, indicated, "...Provide PROM [passive range of motion] as ordered on his restorative program...Provide skin care to left hand and pat dry prior to</p>						

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	<p>applying left hand cone [symbol for each] day...."</p> <p>A Restorative Care Plan and Charting for PROM, indicated the goal: Resident will tolerate 10 reps x 2 sets of passive range of motion exercises as stated on restorative nursing program though next review...." It indicated Resident C refused the following dates: 10/2/17-p.m. 10/3/17-p.m. 10/4/17-p.m. 10/5/17-a.m. 10/5/17-p.m. There was no other documentation on the chart to indicate the PROM was completed or refused for the other unlisted days between 10/1/17-10/17/17.</p> <p>The Restorative Care Plan and Charting for Dressing/Grooming, indicated the goal: Resident will be able to perform the following tasks:"...Wash face with cupping of his hand or with support of his elbow while he is holding a wash cloth after each meal through the next review..." It indicated Resident C refused the following dates: 10/2/17-p.m. 10/3/17-p.m. 10/4/17-p.m. 10/5/17-a.m. 10/5/17-p.m.</p>						

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	<p>There was no other documentation on the chart to indicate the goal was completed or refused for the other unlisted days between 10/1/17-10/17/17.</p> <p>An ADL/Total Assistance care plan, dated 6/19/17 and remained current at the time of review indicated the intervention, "...Chart refusal of care and/or agitation/delusions on his Behavior Flow Sheet for MD review...."</p> <p>The Behavior Management Record for October 2017, did not indicate any refusals of care.</p> <p>An Occupational Therapy Discharge Summary, dated 7/1/16, indicated, "...To facilitate patient maintaining current level of performance and in order to prevent decline...L [left] hand palm protector and ROM (Passive). PROM to be completed prior to application of L hand palm protector roll. Pt to wear L hand palm protector roll after breakfast for up to 3 hours and after dinner for up to 3 hours. Pt to wear the L hand palm protector roll daily if he allows staff to place it on his L hand...."</p> <p>During the following observations, Resident C was observed without a splint on: 10/12/17 at 10:15 a.m.,</p>						

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	<p>10/12/17 at 2:06 p.m., 10/12/17 at 3:00 p.m., 10/13/17 at 9:28 a.m., 10/18/2017 at 11:04 a.m. 10/18/2017 at 1:10 p.m., 10/18/2017 at 2:03 p.m.</p> <p>During an interview with the Director of Nursing, on 10/18/17 at 11:41 a.m., she indicated if a resident refuses a treatment or an ADL, staff should reapproach or attempt to use another staff member at another time. If the resident continues to refuse, nursing should be notified.</p> <p>At 12:15 p.m., on 10/18/17, CNA #6 indicated she does range of motion daily with her residents and there were only a few residents that refused. If the resident continued to refuse, I will notify nursing of the refusal.</p> <p>On 10/18/17 at 1:07 p.m., CNA #9 indicated Resident C's care was part of her assignment and she did not perform PROM or attempt to apply Resident C's splint that day or any other day. She further indicated she had not notified Nursing that Resident C did not receive his PROM or splinting that day.</p> <p>During an interview with LPN #7, on 10/18/17 at 2:04 p.m., she indicated she was unaware that PROM or splinting was</p>						

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	<p>not completed for Resident C that day. She was not previously notified of any refusals by Resident C for PROM or splinting. Resident C was typically pretty cooperative with care.</p> <p>At 2:19 p.m., on 10/18/17, OTR #8 indicated Resident C was discharged from Occupational Therapy in June 2016 and he should be getting a cone splint applied daily. She further indicated she was unaware that Resident C had not been wearing his cone or had been refusing his splint. Staff should notify therapy if there was refusals of range of motion or splinting.</p> <p>During an observation and interview with OTR #8, on 10/18/17 at 2:39 p.m., she looked through Resident C belongings and room and was unable to locate the soft cone splint for Resident C. She indicated a new splint will need to be ordered.</p> <p>During a telephone interview with the Therapy Manager, on 10/18/17 at 2:45 p.m., she indicated the therapy department was unaware the soft cone splint was missing and/or that Resident C had refused splinting and PROM. She indicated Therapy will need to screen Resident C to see what type of splinting he was appropriate for since his splint</p>						

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	<p>was missing and the cone splint may no longer be the appropriate device for him.</p> <p>On 10/19/17 at 10:11 a.m., CNA #6 indicated there used to be a restorative program with a designated staff person that would ensure PROM, ROM and splinting was done as care planned. That program had been discontinued about year ago. There was no way that all the ROM, PROM and splinting was being completed as care planned due to staffing.</p> <p>A policy titled, Restorative Nursing Policy and Procedures, no date, was received from Administrator #3, on 10/20/17 at 11:00 a.m. It indicated, "Policy: It is the policy of this facility to provide restorative nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible...."</p> <p>The clinical record for Resident Z was reviewed on 10/12/17 at 1:45 p.m. The diagnoses for Resident Z included, but were not limited to, dementia and schizophrenia.</p> <p>The 7/17/17 Annual MDS (minimum data set) assessment indicated a BIMS (brief interview for mental status) was not completed, as Resident Z was</p>						

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	<p>rarely/never understood. It indicated Resident Z required limited assistance of one person for dressing. It indicated her functional status to walk in room, walk in corridor, locomotion on and off unit were supervision of one person. It indicated her balance during walking and turning around and facing the opposite direction while walking was not steady, but able to stabilize without human assistance.</p> <p>An interview was conducted with DON on 10/11/17 at 1:33 p.m. She indicated Resident Z had no falls in the last 30 days.</p> <p>The 10/1/17 Nurse's Note read, "Resident was found sitting on buttock in dining room (sic) resident alert (sic) ROM (range of motion) to all extremities...faxed doctor, notified family in the a.m., neuro (neurological checks) started (sic) will continue to observe."</p> <p>The 7/25/17 falls care plan for Resident Z read, "Resident is at high risk for falls: tends to bend over & pick up pieces of lint, dirt, or little pieces of anything she may find on the ground with her fingers/hands." The goal was for Resident Z to be free from falling over. An intervention was to make sure she had skid free shoes during waking hours.</p>						

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	<p>Another 7/25/17 falls care plan indicated Resident Z had potential for falls related to confusion, wandering, and gait/balance problems. An intervention was to ensure she was wearing appropriate footwear or non-skid socks when ambulating or mobilizing.</p> <p>An observation of Resident Z was made on 10/12/17 at 12:02 p.m. She was in the lobby area. She had on a pair of white socks with no shoes. The socks were not skid free.</p> <p>An observation of Resident Z was made on 10/13/17 at 12:17 p.m. She was in the dining room. She had on a pair of white socks with no shoes. The socks were not skid free.</p> <p>An observation of Resident Z was made on 10/13/17 at 1:37 p.m. She was walking near the main dining room. She had on a pair of white socks with no shoes. The socks were not skid free.</p> <p>An observation of Resident Z was made on 10/16/17 at 10:49 a.m. She was sitting in a chair near the therapy room. She was not wearing any socks or shoes.</p> <p>An interview was conducted with the DON (Director of Nursing) on 10/16/17 at 11:13 a.m. She indicated Resident Z</p>						

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	<p>should have nonskid footwear on at all times, when she's up.</p> <p>The Fallen Resident policy was provided by the MDS Coordinator on 10/16/17 at 3:13 p.m. It did not reference interventions prior to a fall.</p> <p>The clinical record for Resident L was reviewed on 10/19/17 at 10:45 a.m. The diagnoses for Resident L included, but were not limited to, end stage renal disease, epilepsy, hypertension and tremor. A MDS (minimum data set) assessment, dated 7/17/17, indicated Resident L needed supervision with set-up help for transfers, bed mobility and toilet use. The MDS assessment indicated Resident 9 had moderate cognition impairment, with a BIMS (brief interview of mental status) score of 12.</p> <p>During an interview with the MDS Coordinator, on 10/12/17 at 9:28 a.m., she indicated Resident L has had a fall within the last 30 days.</p> <p>A Fall Risk Assessment, no date, was received from the Nurse Consultant on 10/20/17 at 9:58 a.m. It indicated Resident L had a score of 12, which was indicative of, "...A score of 10 or more represents high risk for falls...."</p>						

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	<p>A Nurse's Note, dated 10/7/17 at 5:00 a.m., indicated, "Resident had a fall in dining room, [symbol for no] bruises or swelling noted, denies any complaints of pain or discomfort doctor & family aware...."</p> <p>There was no other documentation within the clinical record related to the circumstances surrounding the fall.</p> <p>During an interview with Nurse Consultant #1, on 10/19/17 at 12:31 p.m., she indicated after a resident has a fall, the nurse was to document the circumstances surrounding the fall on a incident report, then the IDT (interdisciplinary team) will review the incident to determine the root cause of the fall and then interventions will be put into place to help prevent further falls.</p> <p>A Fall care plan, dated 1/12/16 and remained current at the time of review, indicated an intervention of, "...Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove [sic] any potential causes if possible. Educate resident/family/caregivers/IDT as to causes...."</p> <p>At 1:00 p.m., on 10/19/17, the Director of Nursing indicated there was no incident</p>						

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	<p>report related to the fall described above.</p> <p>On 10/19/17 at 3:14 p.m., Nurse Consultant # 1 indicated there was no follow up by the facility/IDT to review the root cause of Resident L's fall and there should've been.</p> <p>On 10/19/17 at 3:55 p.m., Nurse Consultant #1 indicated there had been quite a bit of management staff turn-over recently so it was difficult to get IDT (interdisciplinary team) meetings done routinely to determine the root causes of weight changes, falls, etc.</p> <p>A policy titled, Fall Management, dated 11/2014, was received from the MDS Coordinator on 10/17/17 at 9:49 a.m. The policy indicated, "...The Licensed Nurse will complete: Incident/Accident Report[,] 24 Hour Report; and Initiate the Interdisciplinary Post Fall Review...The Nurse will communicate the resident fall to the IDT via the 24 Hour Report...The IDT will review all resident falls within 24-72 hours at the morning interdisciplinary Team meeting to evaluate circumstances and probable causes for the fall. The IDT modifies and implements a Care Plan and treatment approach to minimize repeat falls. The Care Plan will be reviewed/revised as indicated...The IDT will complete the</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>Interdisciplinary Post Fall Review...."</p> <p>An interview was conducted with the Administrator 3 on 10/18/17 at 3:00 p.m. He had indicated the facility was short staff, but the staff was working together as a team. We are in the process of replenishing staff. The Administrator 3 reported he had to weave out the bad attitudes and terminate quite a few employees. The Administrator 3 reported agency was being used to compensate for the staffing loss. He stated using agency was not consistent with the same staff providing care, but the facility was working on hiring new staff.</p> <p>An interview was conducted with the DON and the Nurse Consultant 1 on 10/20/17 at 11:45 a.m. She indicated the facility was short staff, but utilizing agency staffing to make up for the missing staff. She reported she had two full time nursing staff change their working status from full time to as needed. She indicated she had been interviewing individuals and was in the process of getting more staff hired. The Nurse Consultant 1 stated someone from the corporate office plans to come in next week and focus on just hiring more staff.</p> <p>This federal tag relates to Complaint IN00241249 and Complaint IN00243838.</p>						

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

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	3.1-17(a)						