

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

PRINTED: 01/03/2023
FORM APPROVED
OMB NO. 0938-039

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|--|---|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155593 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 11/21/2022 | |
| NAME OF PROVIDER OR SUPPLIER INDIANA MASONIC HOME HEALTH CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 800 FREEMASON PARKWAY FRANKLIN, IN 46131 | | | |
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| F 0580 SS=D Bldg. 00 | <p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident</p> | | | | | | |

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

TITLE

(X6) DATE

William Pierce

Administrator

12/15/2022

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 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 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on observation, interview, and record review, the facility failed to ensure the physician was notified when a physician's order was unable to be implemented for 1 of 2 residents reviewed for positioning devices. (Resident 246)</p> <p>Findings include:</p> <p>On 11/15/22 at 12:13 p.m., Resident 246 was observed resting in his recliner. Resident 246's left arm was resting across his chest and no brace or edema glove were visible on the left arm.</p> <p>On 11/16/22 at 10:38 a.m., Resident 246 was observed resting in his recliner. Resident 246's left arm was resting across his chest and no brace or edema glove were visible on the left arm.</p> <p>On 11/17/22 at 10:30 a.m., Resident 246 was observed resting in his recliner. Resident 246's left arm was resting across his chest and no brace or edema glove were visible on the left arm.</p> <p>On 11/17/22 at 2:10 p.m., Resident 246 was observed resting in his recliner. Resident 246's left arm was resting across his chest and no brace or edema glove were visible on the left arm.</p> | | | F 0580 | <p>F580 Notification of Changes – Brace/Splint</p> <p>1. Corrective action for the affected resident: The brace order for resident #246 was placed on hold temporarily and then discontinued while therapy clarifies the need for a brace for resident #246. Therapy has ordered a brace and new orders will be implemented once it is available for use. (See Attachment: Clinicare Fax Order Form)</p> <p>2. Corrective action for residents that have the potential to be affected: All residents with an order for a brace or splint have the potential to be affected. An order review was completed to identify all residents in the facility with an order for a brace or splint. For those residents identified, an audit was completed to ensure that the brace or splint is available for use on the resident (See Attachment: Brace/Splint Initial Audit). If the ordered brace or splint was not</p> | | 12/19/2022 |

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| | <p>On 11/17/22 at 3:30 p.m., Resident 246 was observed resting in bed. Resident 246's left arm was resting across his chest and no brace or edema glove were visible on the left arm.</p> <p>Resident 246's clinical record was reviewed on 11/18/22 at 1:56 p.m. The diagnoses included, but were not limited to, nontraumatic intracerebral hemorrhage in brain stem (stroke) and hemiplegia (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) affecting left nondominant side (left side).</p> <p>Physician order's, effective date from 11/10/22 to 11/17/22, indicated "left elbow extension brace [positioning device] on in am [morning] and encourage to wear 8 hours daily, edema glove to left hand. Remove after 8 hours of wear. Check skin underneath every day and evening."</p> <p>A Progress Note, dated 11/10/22 at 5:38 p.m., indicated Resident 246 was cognitively intact and had a stroke that affected his left side.</p> <p>Resident 246's Treatment Administration Record (TAR) document indicated "left elbow extension brace on in am and encourage to wear 8 hours daily, edema glove to left hand. Remove after 8 hours of wear. Check skin underneath every day and evening."</p> <p>Resident 246's care plan, initiated on 11/11/22 and current through 2/9/23, indicated "focus: [Resident] has an alteration in neurological status related to CVA [stroke]...goal: will be free from s/sx [signs and symptoms] of complications of CVA...contractures..."</p> | | | | <p>available for use per orders, the physician was notified to clarify if the brace or splint was still needed or if one needed to be ordered (See Attachment: Brace/Splint Initial Audit)</p> <p>3. Measures to prevent future deficient practice: The Admission Chart Review form (See Attachment: Admission Chart Review) has been updated to include checking for brace or splint orders and if the brace or splint is present for use on the resident. If the ordered brace or splint is not available, the physician will be notified for clarification of need versus obtaining the appropriate device for the resident. A Brace/Splint Audit (See Attachment: Brace/Splint Audit) has been implemented for documentation of auditing of brace/splint use. Audits will be conducted twice weekly for 3 months. If 100% compliance is achieved, auditing will then be reduced to weekly for 3 additional months. If 100% compliance is then achieved, auditing will be discontinued. Auditing will be for residents with a brace or splint order to ensure the device is present, and that the documentation of use or non-use is accurate. Facility nurses will be provided education on brace and splint order follow through and accuracy of documentation (See Attachment: Annual Survey Plan</p> | | |

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| | <p>The CNA (Certified Nursing Assistant) task sheet (specific care instructions for Resident 246) indicated "brace to left elbow."</p> <p>During an interview on 11/17/22 at 4:14 p.m., the Director of Nursing Services (DNS) indicated the facility should have verified with the physician whether Resident 246 required the left elbow brace and edema glove as indicated by the physician's admitting orders.</p> <p>During an interview on 11/18/22 at 2:10 p.m., Resident 246 indicated he had not worn the left elbow brace or edema glove since his admission into this facility nor were the items in the facility.</p> <p>During an interview on 11/18/22 at 2:20 p.m., CNA (Certified Nursing Assistant) 2 indicated she had taken care of Resident 246 "most of the time" since his admission and she had never seen the elbow brace or edema glove in his room nor on his person.</p> <p>During an interview on 11/18/22 at 2:21 p.m., RN 3 (Registered Nurse) indicated "as of today [11/18/22]" Resident 246's physician order was changed and now Resident 246 was to no longer wear the left elbow brace or edema glove.</p> <p>During an interview on 11/18/22 at 4:11 p.m., the DNS indicated Resident 246 was admitted with a physician's order to wear a left elbow brace and edema glove on a daily basis. Resident 246's left elbow brace and edema glove were not sent from the previous facility and so they were not available. The facility should have notified the physician regarding the use of the left elbow brace and edema glove and obtained the clarification for their use.</p> | | | | <p>of Correction Nurse Education and POC Training Report).</p> <p>4. Monitoring of corrective actions: Corrective actions and auditing will be discussed in the facility Quality Assurance and Performance Improvement meeting monthly for the next 6 months.</p> | | |

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| | <p>During an interview on 11/21/22 at 10:20 a.m., LPN (Licensed Practical Nurse) 4 indicated at admission, Resident 246 had an order for the left elbow brace and edema glove to be worn for 8 hours daily. Resident 246 was not able to wear either item as they were not available in the facility.</p> <p>On 11/21/22 at 10:30 a.m., the DNS provided a copy of the Resident Inventory Sheet, dated 11/10/22, and indicated it was the current inventory sheet for Resident 246. A review of the inventory sheet, signed by Resident 246's family member, included clothing, wheelchair, glasses, toiletries, and electronics. The inventory sheet did not include the left elbow brace or edema glove.</p> <p>On 11/21/22 at 10:30 a.m., the DNS provided a copy of the IHM at Compass Park - Nursing Policy Notification of Changes, dated October 2019, policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "...The purpose of this policy, is to ensure the facility promptly informs the resident, consults the resident's physician...when there is a change requiring notification...circumstances that require a need to alter treatment...new treatment...discontinuation of current treatment..."</p> <p>On 11/21/22 at 10:30 a.m., the DNS provided a copy of the IHM at Compass Park - Nursing Policy Physician Orders policy, dated October 2019, and indicated it was the current policy in use by the facility. A review of the policy indicated, when necessary, the nursing staff should seek clarification when an order is unclear or unable to be carried out as directed by the physician "...the order should be clarified..."</p> | | | | | | |

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| F 0698 SS=D Bldg. 00 | <p>3.1-5(a)(3)</p> <p>483.25(l) Dialysis §483.25(l) Dialysis.</p> <p>The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>Based on interview and record review, the facility failed to complete pre and post dialysis assessments as ordered for 1 of 1 resident reviewed for dialysis. (Resident 54)</p> <p>Finding includes:</p> <p>On 11/15/22 at 1:05 P.M., Resident 54's clinical record was reviewed. The Quarterly MDS (Minimum Data Set) assessment, dated 9/16/22, indicated Resident 54 was cognitively intact. Resident 54's diagnoses included, but were not limited to, chronic kidney disease stage 5 and dependence on renal dialysis. Resident 54 received dialysis treatment three days a week (Monday, Wednesday, and Friday).</p> <p>The Physician's Orders included, but were not limited to:</p> <p>1. Complete pre dialysis assessment under assessment tab one time a day every Monday, Wednesday, and Friday, initiated on 4/1/22.</p> <p>2. Complete post dialysis assessment under assessment tab one time a day every Monday, Wednesday, and Friday, initiated on 4/1/22.</p> | | | F 0698 | <p>F698 - Dialysis</p> <p>1. Corrective action for the affected resident: The chart of resident #54 has been reviewed and the needed Dialysis Order Set orders (See Attachment: Dialysis Order Set) have been added to the resident's order set list (See Attachment: Resident #54 Dialysis Order Set). This order set includes orders to complete the pre-dialysis assessment and post-dialysis assessment.</p> <p>2. Corrective action for residents that have the potential to be affected: All residents receiving dialysis have the potential to be affected. There are currently no other residents in-house that require hemodialysis.</p> <p>3. Measures to prevent future deficient practice: A Dialysis Order Set (See Attachment: Dialysis Order Set) has been created in Point Click Care to apply to any incoming residents that require hemodialysis. This order set includes orders to</p> | | 12/19/2022 |

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| | <p>On 11/18/22 at 9:05 A.M., Resident 54's pre and post dialysis assessments were reviewed from 9/1/22 through 11/16/22. A review of the documentation indicated the following:</p> <ul style="list-style-type: none"> - On 9/2/22 (Friday) the clinical record lacked a post dialysis assessment. - On 9/5/22 (Monday) the clinical record lacked a pre dialysis assessment. - On 9/7/22 (Wednesday) the clinical record lacked a post dialysis assessment. - On 9/14/22 (Wednesday) the clinical record lacked both a pre dialysis and a post dialysis assessment. - On 9/16/22 (Friday) the clinical record lacked a post dialysis assessment. - On 9/28/22 (Wednesday) the clinical record lacked a post dialysis assessment. - On 9/30/22 (Friday) the clinical record lacked a post dialysis assessment. - On 10/3/22 (Monday) the clinical record lacked a post dialysis assessment. - On 10/5/22 (Wednesday) the clinical record lacked a post dialysis assessment. - On 10/10/22 (Monday) the clinical record lacked both a pre dialysis and a post dialysis assessment. - On 10/12/22 (Wednesday) the clinical record lacked a post dialysis assessment. | | | | <p>complete the pre-dialysis and post-dialysis assessments. The Admission Chart Review form (See Attachment: Admission Chart Review) has been updated to include the addition of the dialysis order set if applicable. A Dialysis Assessment Audit (See Attachment: Dialysis Assessment Audit) has been created to audit completion of the pre-dialysis assessment and post-dialysis assessment for each dialysis resident for each dialysis day. Facility nurses will be provided education on completion of the pre-dialysis assessment and post-dialysis assessment and the new dialysis order set in Point Click Care by the date of alleged compliance (See Attachment: Annual Survey Plan of Correction Nurse Education and POC Training Report).</p> <p>4. Monitoring of corrective actions: Corrective actions and auditing will be discussed in the facility Quality Assurance and Performance Improvement meeting monthly for the next 6 months.</p> | | |

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| | <p>- On 10/14/22 (Friday) the clinical record lacked a post dialysis assessment.</p> <p>- On 10/17/22 (Monday) the clinical record lacked a post dialysis assessment.</p> <p>- On 10/19/22 (Wednesday) the clinical record lacked a post dialysis assessment.</p> <p>- On 10/24/22 (Monday) the clinical record lacked a post dialysis assessment.</p> <p>- On 10/26/22 (Wednesday) the clinical record lacked both a pre dialysis and a post dialysis assessment.</p> <p>- On 10/28/22 (Friday) the clinical record lacked both a pre dialysis and a post dialysis assessment.</p> <p>- On 10/31/22 (Monday) the clinical record lacked a post dialysis assessment.</p> <p>- On 11/4/22 (Friday) the clinical record lacked a post dialysis assessment.</p> <p>- On 11/7/22 (Monday) the clinical record lacked a post dialysis assessment.</p> <p>- On 11/9/22 (Wednesday) the clinical record lacked a post dialysis assessment.</p> <p>- On 11/11/22 (Friday) the clinical record lacked a post dialysis assessment.</p> <p>- On 11/16/22 (Wednesday) the clinical record lacked both a pre dialysis and a post dialysis assessment.</p> <p>During an interview on 11/18/22 at 11:35 A.M., the</p> | | | | | | |

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| F 0842 SS=D Bldg. 00 | <p>DON (Director of Nursing) indicated that some pre and post dialysis assessments were missing from Resident 54's clinical record. The assessments should have been completed and recorded in the clinical record.</p> <p>On 11/18/22 at 11:35 A.M., the DON provided a copy of the Nursing Dialysis policy, dated October 2019, and indicated it was the current policy in use by the facility. A review of the policy indicated the provision of professional standards of practice for residents receiving dialysis treatment included, "1. Ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments."</p> <p>3.1-37(a)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> | | | | | | |

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| | <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> | | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155593 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 11/21/2022 | |
| NAME OF PROVIDER OR SUPPLIER INDIANA MASONIC HOME HEALTH CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 800 FREEMASON PARKWAY FRANKLIN, IN 46131 | | | |
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| | <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the clinical record was accurate for 1 of 2 residents reviewed for positioning devices. An arm brace and edema glove were documented as applied and were unavailable. (Resident 246)</p> <p>Findings include:</p> <p>On 11/15/22 at 12:13 p.m., Resident 246 was observed resting in his recliner. Resident 246's left arm was resting across his chest and no brace or edema glove were visible on the left arm.</p> <p>On 11/16/22 at 10:38 a.m., Resident 246 was observed resting in his recliner. Resident 246's left arm was resting across his chest and no brace or edema glove were visible on the left arm.</p> <p>On 11/17/22 at 10:30 a.m., Resident 246 was observed resting in his recliner. Resident 246's left arm was resting across his chest and no brace or edema glove were visible on the left arm.</p> <p>On 11/17/22 at 2:10 p.m., Resident 246 was observed resting in his recliner. Resident 246's left arm was resting across his chest and no brace or edema glove were visible on the left arm.</p> <p>On 11/17/22 at 3:30 p.m., Resident 246 was observed resting in bed. Resident 246's left arm</p> | | | F 0842 | <p>F842 Resident Records – Identifiable Information (Brace/Splint Documentation)</p> <p>1. Corrective action for the affected resident: The brace order for resident #246 was placed on hold temporarily and then discontinued while therapy clarifies the need for a brace for resident #246.</p> <p>2. Corrective action for residents that have the potential to be affected: All residents with an order for a brace or splint have the potential to be affected. An order review was completed to identify all residents in the facility with an order for a brace or splint. For those residents identified, an audit was completed to ensure that the brace or splint is available for use on the resident (See Attachment: Brace/Splint Initial Audit). The documentation related to the brace or splint use for each identified resident was reviewed for accuracy (See Attachment: Brace/Splint Audit)</p> <p>3. Measures to prevent future deficient practice: The Admission Chart Review form (See</p> | | 12/19/2022 |

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| | <p>was resting across his chest and no brace or edema glove were visible on the left arm.</p> <p>Resident 246's clinical record was reviewed on 11/17/22 at 1:56 p.m. The diagnoses included, but were not limited to, nontraumatic intracerebral hemorrhage in brain stem (stroke) and hemiplegia (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) affecting left nondominant side (left side).</p> <p>Progress notes, dated 11/10/22 at 5:38 p.m., indicated Resident 246 was cognitively intact and had a stroke that affected his left side.</p> <p>A Physician order and the associated Treatment Administration Record (TAR) document indicated "left elbow extension brace on in am and encourage to wear 8 hours daily, edema glove to left hand. Remove after 8 hours of wear. Check skin underneath every day and evening. Start date 11/11/22 and hold date from 11/17/22 to 12/1/22." The document indicated nursing staff initialed the record indicating the brace and glove were applied and removed and skin checks were performed as directed by the physician's order for the following dates and times:</p> <p>11/11/22 - day shift and evening shift</p> <p>11/12/22 - day shift and evening shift</p> <p>11/14/22 - day shift and evening shift</p> <p>11/15/22 - day shift and evening shift</p> <p>11/16/22 - day shift and evening shift</p> <p>11/17/22 - day shift</p> | | | | <p>Attachment: Admission Chart Review) has been updated to include checking for brace or splint orders and if the brace or splint is present for use on the resident. If the ordered brace or splint is not available, the physician will be notified for clarification of need versus obtaining the appropriate device for the resident. A Brace/Splint Audit (See Attachment: Brace/Splint Audit) has been implemented for documentation of auditing of brace/splint use. Audits will be conducted twice weekly for 3 months. If 100% compliance is achieved, auditing will then be reduced to weekly for 3 additional months. If 100% compliance is then achieved, auditing will be discontinued. Auditing will be for residents with a brace or splint order to ensure the device is present, and documentation of use or non-use is accurate. Facility nurses will be provided education on brace and splint order follow through and accuracy of related documentation (See Attachment: Annual Survey Plan of Correction Nurse Education and POC Training Report).</p> <p>4. Monitoring of corrective actions: Corrective actions and auditing will be discussed in the facility Quality Assurance and Performance Improvement meeting monthly for the next 6 months.</p> | | |

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| | <p>A Physician order and the associated Treatment Administration Record (TAR) document indicated, "Fully disengage brace to left arm before applying or removing, do not slide on/off every shift. Start date 11/10/22 and hold date from 11/17/22 to 12/1/22." The document indicated nursing staff initialed the record indicating the brace was disengaged as ordered by the physician for the following dates and times:</p> <p>11/10/22 - night shift</p> <p>11/11/22 - day shift, evening shift, and night shift</p> <p>11/12/22 - day shift, evening shift, and night shift</p> <p>11/13/22 - day shift and night shift</p> <p>11/14/22 - day shift, evening shift, and night shift</p> <p>11/15/22 - day shift, evening shift, and night shift</p> <p>11/16/22 - day shift, evening shift, and night shift</p> <p>11/17/22 - day shift</p> <p>On 11/21/22 at 10:30 a.m., the DNS provided a copy of the Resident Inventory Sheet, dated 11/10/22, and indicated it was the current inventory sheet for Resident 246. A review of the inventory sheet, signed by Resident 246's family member on 11/10/22, included clothing, wheelchair, glasses, toiletries, and electronics. The inventory sheet did not include the left elbow brace or edema glove.</p> <p>During an interview on 11/18/22 at 2:10 p.m., Resident 246 indicated he has not worn the left elbow brace or edema glove since his admission</p> | | | | | | |

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| | <p>into this facility nor were the items in the facility.</p> <p>During an interview on 11/18/22 at 2:20 p.m., CNA (Certified Nursing Assistant) 2 indicated she had taken care of Resident 246 "most of the time" since his admission and she had never seen the elbow brace or edema glove in his room nor on his person.</p> <p>During an interview on 11/18/22 at 4:11 p.m., DNS indicated Resident 246 was admitted with a physician's order to wear a left elbow brace and edema glove on a daily basis. Resident 246's left elbow brace and edema glove were not sent from the previous facility and so they were not available. The DNS was unsure why the TAR documents indicated the brace and edema glove were signed off indicating they were applied and subsequently removed. The items were not in the building and could not have been applied to the resident.</p> <p>During an interview on 11/21/22 at 10:20 a.m., LPN (Licensed Practical Nurse) 4 indicated at admission, Resident 246 had an order for the left elbow brace and edema glove to be worn for 8 hours daily. Resident 246 was not able to wear either item as they were not available in the facility.</p> <p>During an interview on 11/21/22 at 10:25 a.m., the DNS indicated the facility did not have a specific nursing documentation policy. The DNS indicated a guiding principle of good nursing documentation was to be "accurate".</p> <p>On 11/21/22 at 4:15 p.m., a review of the American Nurses Association - Principles for Nursing Documentation: Guidance for Registered Nurses, dated 2010, indicated, "...Nursing Documentation</p> | | | | | | |

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| | Principles: Principle 1. Documentation Characteristics...accurate...complete...Principle 5. Documentation Entries...accurate, valid and complete..." 3.1-50(a)(2) | | | | | | |