

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

PRINTED: 03/02/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155167		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/31/2023	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE NORTH				STREET ADDRESS, CITY, STATE, ZIP COD 11050 PRESBYTERIAN DR INDIANAPOLIS, IN 46236			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00399777.</p> <p>Complaint IN00399777 - Substantiated. Federal/state deficiencies related to the allegations are cited at F656, F657, F684 and F697</p> <p>Survey dates: January 30, 31, 2023</p> <p>Facility number: 000084 Provider number: 155167 AIM number: 100284600</p> <p>Census Bed Type: SNF/NF: 119 Residential: 58 Total: 177</p> <p>Census Payor Type: Medicare: 10 Medicaid: 73 Other: 36 Total: 119</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 2, 2023</p>			F 0000	<p>February 17, 2023</p> <p>Ms. Brenda Buroker Director of Long Term Care 2 North Meridian St. Indianapolis, IN 46204</p> <p>Re: Survey Event ID 7VS511</p> <p>Dear Ms. Buroker:</p> <p>Please find attached my Plan of Correction for deficiencies cited during this Complaint Survey. I am respectfully requesting paper compliance.</p> <p>If you have any questions, please feel free to contact me.</p> <p>Sincerely,</p> <p>Shannon Harris Administrator</p>		
F 0656 SS=D Bldg. 00	<p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(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</p>						

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

TITLE

(X6) DATE

Shannon

Harris

02/17/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>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> <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>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p>						

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	<p>(iii) Be culturally-competent and trauma-informed.</p> <p>Based on interview and record review, the facility failed to develop a care plan that included interventions addressing a resident's pain and to implement a resident's fall care plan intervention for 2 of 3 residents reviewed for accidents. (Resident B and H)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 1/30/23 at 11:40 a.m. Diagnosis included, but was not limited to, Alzheimer's Disease, chronic kidney disease and methicillin resistant staphylococcus (MRSA) infection, and abscess of buttock. Resident B was admitted on 12/8/22.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 12/15/22, indicated Resident B was moderately cognitively impaired.</p> <p>A physician order dated 12/8/22 indicated Resident B was to receive 2 tablets of 325 milligrams Tylenol for pain as needed every 4 hours.</p> <p>A physician order dated 12/8/22 indicated Resident B was to receive 1 tablet of 500 milligrams of Tylenol for pain as needed every 6 hours.</p> <p>A physician order dated 12/8/22 indicated Resident B was to receive 1 tablet of 5-325 milligrams of Percocet every 4 hours as needed for pain.</p> <p>The December 2022 Medication Administration Record (MAR) for Resident B indicated the following days the resident had complaints of</p>			F 0656	<p>F656</p> <p>1 – Resident B referenced in the 2567 discharged from our facility. Resident H is still currently a resident. Resident H's care plan was updated immediately to address fall interventions put into place.</p> <p>2 – The facility has determined that all residents have the potential to be affected.</p> <p>3 – The DON, QA/In-Service Coordinator or ADON will educate appropriate nursing staff on developing a care plan to include but not limited to addressing resident's pain and implementing care plans with any interventions addressing falls.</p> <p>The DON, ADON, or QA/In-service Coordinator will provide education on the following:</p> <ul style="list-style-type: none"> · Pain Assessments · Care Plans <p>4 – The DON/ADON/MDS Manager or designee will conduct 5 weekly random audits for 6 weeks. These audits will assess the pain assessments, care plans and any falls/interventions in place and care planned for random residents on random units.</p>		02/13/2023

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	<p>pain utilizing the pain scale of 1 being the least and 10 being the most pain:</p> <p>12/13/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered,</p> <p>12/14/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered,</p> <p>12/17/22 - 8 out of 10 pain = 5-325 milligrams of Percocet was administered,</p> <p>12/18/22 - 2 out of 10 pain = 5-325 milligrams of Percocet was administered,</p> <p>12/19/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered,</p> <p>12/20/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered,</p> <p>12/21/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered,</p> <p>12/22/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered,</p> <p>2/21/22 - 2 out of 10 pain = 500 milligrams of Tylenol was administered, and</p> <p>12/22/22 - 3 out of 10 pain = 325 milligrams of Tylenol was administered</p> <p>Pain assessments dated 12/16/22 and 12/17/22 indicated Resident B had pain occasionally.</p> <p>Pain assessments dated 12/21/22 and 12/22/22 indicated Resident B had pain occasionally and "Pain Effect on Function...2. Ask resident: 'Over the past 5 days, have you limited your day-to-day activities because of pain?' The resident responded with yes.</p> <p>A pain assessment dated 12/23/22 indicated Resident B had mild pain occasionally and "Pain Effect on Function...2. Ask resident: 'Over the past 5 days, have you limited your day-to-day</p>				<p>As a means of quality assurance, results of the audits and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased on the basis of compliance.</p> <p>5 – Corrective action completed by 2/13/2023.</p>		

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	<p>activities because of pain?" The resident responded with yes.</p> <p>The resident's clinical record did not have a developed care plan that addressed Resident B's pain.</p> <p>An interview was conducted with the Director of Nursing on 1/31/23 at 12:35 p.m. She indicated Resident B should have had a pain care plan developed.</p> <p>A pain management policy was provided by the Director of Nursing on 1/31/23 at 9:12 a.m. It indicated "...Policy: the facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goal and preferences...Based upon the evaluation, the facility in collaboration with the attending physician/prescriber, other health care professionals and the resident and/or the resident's representative will develop, implement, monitor and revise as necessary interventions to prevent or manage each individual resident's pain beginning at admission..."2. The clinical record for Resident H was reviewed on 1/30/23 at 11:59 a.m. His diagnoses included, but were not limited to, atrial fibrillation and history of CVA (cerebral vascular accident.) He was admitted to the facility on 1/17/23 from the hospital.</p> <p>The 1/17/23 nurse's note indicated he was discharged from the hospital after treatment for a urinary tract infection with frequent falls.</p> <p>The 1/24/23 Admission MDS (Minimum Data Set) assessment indicated he had a BIMS (brief interview for mental status) score of 13, indicating</p>						

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	<p>he was cognitively intact.</p> <p>The 1/18/23 fall care plan indicated he had a potential for falls related to deconditioning, gait/balance problems, and unaware of his safety needs. Contributing factors were generalized weakness with complication of left foot drop and left leg weakness following a 2016 CVA. He overestimated his abilities and disregarded safety. He had numerous falls in his apartment and refused assistance at times. The goal was for him to be free of falls through the next review. An intervention was to have personal items within his reach.</p> <p>The 1/21/23 risk management tool/fall evaluation indicated he had an unwitnessed fall on 1/21/23. He called reception to report he had fallen. He was found partially sitting with his legs extended and his head resting on the bed frame under the mattress. Two staff assisted to move him out from under the bed and lift him into bed. He was wearing dress socks and no shoes at the time. His bed was at the highest height, and the head of his bed was fully up. It read, "res [resident] just kept saying I don't know."</p> <p>An observation of Resident H was made on 1/31/23 at 11:25 a.m. He was lying in bed in his room. The head of his bed was in an upward position. There was a night stand next to his bed to his left. The night stand had a telephone resting on top of it on the far side of the night stand, 6 feet away and out of reach to Resident H while lying in bed.</p> <p>An interview was conducted with Resident H during the above observation on 1/31/23 at 11:25 a.m. He indicated when he fell, he slipped out of bed onto the floor when trying to use the</p>						

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	<p>telephone. While on the floor, he was able to call 911 and the facility staff came to assist him off the floor. He was unable to reach the phone while lying in bed. He had a cell phone too, but it was not charged/working and hadn't used it since he'd been in the facility. He indicated it would be better if the telephone were placed elsewhere, like his bedside table.</p> <p>An interview was conducted with OTA (Occupational Therapy Assistant) 7 on 1/31/23 at 11:35 a.m. She indicated she was currently working with Resident H in therapy. He was pretty noncompliant with getting up on his own and was supposed to ask for assistance. Her understanding of his 1/21/23 fall was that he was trying to use the restroom on his own.</p> <p>An interview and observation of Resident H in his room was made with OTA 7 on 1/31/23 at 11:35 a.m. Upon entrance to his room, Resident H was standing next to his bed and indicated he was on his way to the bathroom. His call light was not on at this time. OTA 7 assisted him into the restroom. When OTA 7 returned into his room from the restroom, she observed the location of his telephone on the night stand. OTA 7 indicated his telephone could be a little closer to him, so he could reach it from his bed. She didn't think it should be on the bedside table though, because it could be a trip hazard if located there.</p> <p>An interview was conducted with the DON (Director of Nursing) on 1/31/23 at 12:35 p.m. She indicated Resident H hadn't previously voiced any concern over his telephone being out of reach, but they could look at it to see if it could be moved closer to him.</p> <p>This Federal Tag relates to Complaint IN00399777.</p>						

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F 0657 SS=D Bldg. 00	<p>3.1-35(a)(b)(1)(g)(2)</p> <p>483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. Based on interview and record review, the facility failed to update residents' fall care plans with identified interventions for 2 of 3 residents reviewed for accidents. (Resident B and Resident G)</p>	F 0657	<p>F657</p> <p>1 – Resident B referenced in the 2567 discharged from our facility. Resident G is still currently a resident. Resident G's care plan</p>		02/13/2023		

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	<p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 1/30/23 at 11:40 a.m. Diagnosis included, but was not limited to, Alzheimer's Disease, chronic kidney disease and methicillin resistant staphylococcus (MRSA) infection, and abscess of buttock.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 12/15/22, indicated Resident B was moderately cognitively impaired.</p> <p>A fall care plan for Resident B dated 12/8/22 indicated "...The resident is high risk for falls r/t [related to] debility... Goals...The resident will be free of falls through the review date....Interventions:...Anticipate and meet the resident needs. date initiated 12/8/22,...Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance date initiated 12/8/22,...Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs,...Pt [patient] evaluate and treat as ordered or PRN [as needed] date initiated 12/8/22..."</p> <p>A nursing progress note dated 12/20/22 at 10:19 p.m. indicated "Resident had two unwitnessed falls within one hour of each other, no noted injury from either fall..."</p> <p>A Risk Management document dated 12/20/22 at 7:45 p.m., indicated "...Resident called out and staff ran to her room to find her on floor in front of her wheelchair with arms resting at top of the footrest...She claims she doesn't know how it happened...12//21/22 Resident is alert, but has cognitive impairment. Per [family] report she</p>				<p>was updated immediately to address fall interventions put into place.</p> <p>2 – The facility has determined that all residents have the potential to be affected.</p> <p>3 – The DON, QA/In-Service Coordinator or ADON will educate appropriate nursing staff on updating the care plan to include interventions identified after a fall.</p> <p>4 – The DON/ADON/MDS Manager or designee will conduct 5 weekly random audits for 6 weeks. These audits will assess care plans and any falls/interventions in place and care planned.</p> <p>As a means of quality assurance, results of the audits and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased on the basis of compliance.</p> <p>5 – Corrective action completed by 2/13/2023.</p>		

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	<p>becomes tired when sitting in w/c [wheelchair] for extended amount of time. Will offer and encourage resident to lay down after meals. [family] reports she is brining in a reclining chair for her and then she will not mind sitting up for extended time."</p> <p>A Risk Management document dated 12/20/22 at 8:54 p.m., indicated "...Nurse was on floor passing medicine and heard resident scream, entered room and found resident on far side of bed on floor...She was unable to tell how she got out of bed and fell...She has rolled out of bed to far side of bed near windows. was incontinent at time she was picked up. She had been changed less than hour before when previous fall...Resident unable to tell how she fell or what she was trying to do. [Family] reports resident has pain, but will not always voice it. She has prn pain management (sic). Pain assessment was done per charge nurse report and administered pain medication. MD [medical doctor] will be contacted to see if med can be scheduled. Resident may have been repositioning to get comfortable and fell from bed."</p> <p>Resident B's fall care plan had not been updated after falls on 12/20/22.</p> <p>A interview was conducted with Director of Nursing on 1/31/23 at 12:35 p.m. She indicated the risk management documents dated 12/20/22 for Resident B's falls indicated new interventions regarding laying resident down after meals and pain management. The resident's fall care plan should have updated. 2. The clinical record for Resident G was reviewed on 1/30/23 at 11:59 a.m. Her diagnoses included, but were not limited to: Alzheimer's disease, dementia with psychotic disturbance, and chronic kidney disease.</p>						

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	<p>The 1/14/23, 8:35 a.m. nurse's note read, "Called to this resident's room with report that she was on the floor. Pt [Patient] noted to be lying on her L. [left] side with her head near the foot of the bed, on the floor. Pt c/o [complained of] hitting her head and pain. Assessed skin and ROM [range of motion,] which were at her baseline. Transferred her to bed with 2X [two times] staff, she did not bear any weight for us. Brief was noted to be slightly wet, changed same and dressed her. Called [name of physician] on-call at 0845 [8:45 a.m.] and reported above. Received order to send to ED [emergency department] to eval [evaluate] and treat. Notified Resident's daughter of all the above. Called 911 at approximately 0850 [8:50 a.m.] to request transport. Fire Dept. [Department] arrived at approximately 0900 [9:00 a.m.] Report was given to the paramedics as well as 2 copies of her face sheet and med [medication] list. Paramedics took over care at that time and transferred her to their cot and left. Called Report to [name of hospital] ED Charge Nurse [name of charge nurse.] Called residents' daughter back and reported to her that [name of Resident G] has developed a bruise on her L. temple by the time she left."</p> <p>The 1/14/23 risk management tool/fall evaluation read, "Resident is assist of 1 with transfers. Brief was slightly wet. Resident does not have a specific time to get up. She sometimes eat [sic] in bed due to refusal to get up. Will continue to encourage her to come to meals."</p> <p>The fall care plan, revised 12/2/22, indicated she had a potential for falls related to unaware of safety needs. There was no intervention to encourage her to come to meals.</p> <p>An interview was conducted with the DON</p>						

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OMB NO. 0938-039

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F 0684 SS=D Bldg. 00	<p>(Director of Nursing) on 1/31/23 at 12:35 p.m. She indicated sometimes Resident G would come to meals and sometimes she won't, so if she didn't come to the dining room, staff didn't know if she was getting up unassisted. The DON reviewed Resident G's fall care plan at this time and indicated she did not see the intervention to encourage her to come to meals, but it should be updated to be on there.</p> <p>This Federal Tag relates to Complaint IN00399777.</p> <p>3.1-35(d)(2)(B)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review, the facility failed to notify the medical provider a resident's systolic blood pressure was less than 90 and a nutrition recommendation timely for 1 of 3 residents reviewed for falls and nutrition. (Resident B)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 1/30/23 at 11:40 a.m. Diagnosis included, but was not limited to, Alzheimer's Disease, chronic kidney disease and methicillin resistant staphylococcus (MRSA) infection, and abscess</p>			F 0684	<p>F684</p> <p>1 – Resident B referenced in the 2567 discharged from our facility.</p> <p>2 – The facility has determined that all residents have the potential to be affected.</p> <p>3 – The DON, QA/In-Service Coordinator or ADON will educate nursing staff on ensuring residents receive treatment and care in accordance with professional</p>		02/13/2023

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	<p>of buttock. The resident was admitted on 12/8/22.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 12/15/22, indicated Resident B was moderately cognitively impaired.</p> <p>A physician order dated 12/8/22 indicated the staff was to take vitals every shift.</p> <p>A physician order dated 12/9/22 indicated the staff was to administered 5 milligrams of amlodipine besylate to Resident B daily.</p> <p>A physician order dated 12/9/22 indicated the staff was to administered 50 milligrams of atenolol once a day.</p> <p>A Nurse Practitioner Note for Resident B dated 12/17/22 indicated the plan "...6. HTN (hypertension), benign...BP [blood pressure] 107/60 this am (sic), Cont [continue] amlodipine and atenolol, notify provider if SBP [systolic blood pressure] [less than] 90 or [greater than] 180, pulse is [greater than] 110 or [less than] 55..."</p> <p>The December 2022 Medication/Treatment Administration Record indicated the following days and shifts Resident B's systolic blood pressure was less than 90:</p> <p>12/17/22 - evening shift - 88/41, 12/18/22 - evening shift - 74/50 and night shift - 81/57, 12/20/22 - evening shift -86/63, and 12/21/22 - evening shift - 82/51,</p> <p>The residents clinical record did not indicate the staff had notified the medical provider the resident's systolic was less than 90 on the following days: 12/17/22, 12/18/22, 12/20/22, and</p>				<p>standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>The DON, ADON, or QA/In-service Coordinator will provide education on the following:</p> <ul style="list-style-type: none"> · Notify the physician of abnormal vitals outside of a range pre-determined. · Identifying recommendations from the dietician and implementing them in a timely manner. <p>4 – The DON/ADON/Unit Coordinators or designee will conduct 5 weekly random audits for 6 weeks. These audits will assess vitals and if outside of the parameters set, was the physician notified properly. These audits will also assess 5 nutrition recommendations weekly for 6 weeks to ensure recommendations were received and addressed in a timely manner.</p> <p>As a means of quality assurance, results of the audits and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased on the basis of compliance.</p>		

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	<p>12/21/22.</p> <p>An interview was conducted with the Director of Nursing on 1/31/23 at 12:35 p.m. She indicated she was unable to find the staff had notified the medical provider regarding the less than 90 systolic blood pressures on 12/17/22, 12/18/22, 12/20/22, and 12/21/22.</p> <p>2. A Nutritional Assessment for Resident B dated 12/9/22 at 10:04 a.m., indicated "...Will recommend Ensure TID [three times a day] and multivitamin (in place of standard wound protocol) to ensure that needs for wound healing and weight maintenance are met..."</p> <p>A physician order dated 12/14/22 indicated Resident B was to receive a multivitamin daily.</p> <p>A physician order dated 12/13/22 indicated Resident B was to receive ensure after meals and at bedtime.</p> <p>An interview was conducted with RD 2 on 1/31/23 at 10:31 a.m. She indicated the RDs will enter nutritional assessments with recommendations, and then it will go to the nursing department to address. The expectations for the recommendations are to be implemented soon after they are made. If it is over a weekend there might be a delay.</p> <p>An interview was conducted with the Director of Nursing on 1/31/23 at 12:35 p.m. She indicated dietary recommendations are not entered over the weekend. The medical providers would be notified to give the approval of the recommendation the next available business day.</p> <p>This Federal Tag relates to Complaint IN00399777.</p>				5 – Corrective action completed by 2/13/2023.		

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F 0697 SS=D Bldg. 00	<p>3.1-37(a)</p> <p>483.25(k) Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on interview and record review, the facility failed to develop and implement non-pharmacological interventions to address a resident's pain for 1 of 3 residents reviewed for change in condition. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 1/30/23 at 11:40 a.m. Diagnosis included, but was not limited to, Alzheimer's Disease, chronic kidney disease and methicillin resistant staphylococcus (MRSA) infection, and abscess of buttock.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 12/15/22, indicated Resident B was moderately cognitively impaired.</p> <p>The resident's clinical record did not include a developed care plan that included interventions to address Resident's B pain.</p> <p>A physician order dated 12/8/22 indicated Resident B was to receive 2 tablets of 325 milligrams Tylenol for pain as needed every 4 hours.</p>			F 0697	<p>F697</p> <p>1 – Resident B referenced in the 2567 discharged from our facility.</p> <p>2 – The facility has determined that all residents have the potential to be affected.</p> <p>3 – The DON, QA/In-Service Coordinator or ADON will educate nursing staff on documentation of appropriate pain information (location, level and cause) and developing and implementing non-pharmacological interventions to address a resident's pain prior to administering a PRN pain medication when appropriate.</p> <p>The DON, ADON, or QA/In-service Coordinator will provide education on the following:</p> <ul style="list-style-type: none"> · Pain Assessments and Pain location · Documentation of Pain location, level and possible cause 		02/13/2023

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	<p>A physician order dated 12/8/22 indicated Resident B was to receive 1 tablet of 500 milligrams of Tylenol for pain as needed every 6 hours.</p> <p>A physician order dated 12/8/22 indicated Resident B was to receive 1 tablet of 5-325 milligrams of Percocet every 4 hours as needed for pain.</p> <p>The December 2022 Medication Administration Record (MAR) for Resident B indicated the following days the resident had complaints of pain utilizing the pain scale of 1 being the least and 10 being the most pain:</p> <p>12/13/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered - no documented pain location, 12/14/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered - no documented pain location, 12/17/22 - 8 out of 10 pain = 5-325 milligrams of Percocet was administered - no documented pain location, 12/18/22 - 2 out of 10 pain = 5-325 milligrams of Percocet was administered - location of pain - Family reported resident moaning and tense no location of pain documented, 12/19/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered - no documented pain location, 12/20/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered - location of pain - back and bottom, 12/21/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered - location of pain - back and leg pain, 12/22/22 - 5 out of 10 pain = 5-325 milligrams of Percocet was administered - no documented pain</p>		<p>· Non-Pharmacological Interventions</p> <p>· Documentation of those interventions if applicable</p> <p>4 – The DON/ADON/Informatics Nurse or designee will conduct 5 weekly random audits for 6 weeks. These audits will assess the pain assessments of a resident with PRN pain medication, specifically the location, level and cause of the pain and any non-pharmacological interventions tried and documented.</p> <p>As a means of quality assurance, results of the audits and any corrective actions taken shall be reviewed by the Quality Assurance Committee for a minimum of six (6) months, with frequency of monitoring increased or decreased on the basis of compliance.</p> <p>5 – Corrective action completed by 2/13/2023.</p>				

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	<p>location,</p> <p>2/21/22 - 2 out of 10 pain = 500 milligrams of Tylenol was administered - no documented pain location, and</p> <p>12/22/22 - 3 out of 10 pain = 325 milligrams of Tylenol was administered - no documented pain location</p> <p>Pain assessments dated 12/16/22 and 12/17/22 indicated Resident B had pain occasionally.</p> <p>Pain assessments dated 12/21/22 and 12/22/22 indicated Resident B had pain occasionally and "Pain Effect on Function...2. Ask resident: 'Over the past 5 days, have you limited your day-to-day activities because of pain?' The resident responded with yes.</p> <p>A pain assessment dated 12/23/22 indicated Resident B had mild pain occasionally and "Pain Effect on Function...2. Ask resident: 'Over the past 5 days, have you limited your day-to-day activities because of pain?' The resident responded with yes.</p> <p>During a confidential interview on 1/30/23, she indicated she had concerns with Resident B's pain medication that had been provided. She believed, the staff would frequently administer the as needed Percocet to Resident B without the resident asking. The resident had a high tolerance to pain. While At home, the resident would take Tylenol for pain relief, and it would be effective.</p> <p>An interview was conducted with the Director of Nursing on 1/31/23 at 12:35 p.m. She indicated if the staff used non-pharmacological interventions to address a resident's pain; it should be</p>						

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	<p>documented in the progress notes.</p> <p>The resident's clinical record did not include non-pharmacological interventions attempted to address Resident B's pain.</p> <p>A pain management policy was provided by the Director of Nursing on 1/31/23 at 9:12 a.m. It indicated "...Policy: the facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goal and preferences...Based upon the evaluation, the facility in collaboration with the attending physician/prescriber, other health care professionals and the resident and/or the resident's representative will develop, implement, monitor and revise as necessary interventions to prevent or manage each individual resident's pain beginning at admission...4. Factors influencing the choice of treatments include: a. The cause, location and severity of resident's pain,...6. Non-pharmacological interventions will include but are not limited to: a. Environmental comfort measures (e.g., adjusting room temperature, smoothing linens, comfortable seating, assistive devices or pressure redistributing mattress and positioning), b. loosening any constrictive bandage, clothing or device, c. Applying splinting..., d. Physical modalities..., e. Exercises to address stiffness and prevent contractures as well as restorative nursing programs to maintain joint mobility, f. Cognitive/behavioral interventions..., 7. Pharmacological interventions will follow a systematic approach for selecting medications and doses to treat pain. The interdisciplinary team is responsible for developing a pain management regimen that is specific to each resident who has pain or who has the potential for pain. The</p>						

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	following are general principles the facility will utilize for prescribing analgesics:...e. use lower doses of medication initially and titrate slowly upward until comfort is achieved..." This Federal Tag relates to Complaint IN00399777. 3.1-37(a)						