

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

PRINTED: 07/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155100		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/12/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF BEDFORD				STREET ADDRESS, CITY, STATE, ZIP COD 2111 NORTON LN BEDFORD, IN 47421			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 a Recertification and State Licensure Survey.</p> <p>Survey dates: June 6, 7, 8, 9 and 12, 2023</p> <p>Facility number: 000040 Provider number: 155100 AIM number: 100274460</p> <p>Census Bed Type: SNF/NF: 81 SNF: 6 Total: 87</p> <p>Census Payor Type: Medicare: 6 Medicaid: 72 Other: 9 Total: 87</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 20, 2023.</p>			F 0000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists, or that one was cited correctly. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during an Annual Survey with exit on June 12, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
F 0623 SS=D Bldg. 00	<p>483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State</p>						

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

TITLE

(X6) DATE

Christy Marlow

Administrator

07/10/2023

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 30 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>Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is</p>						

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	<p>transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual</p>						

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	<p>who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>Based on interview and record review, the facility failed to ensure the written notification required for a transfer and discharge was given to the resident and the resident representative for 2 of 4 residents reviewed for hospitalization. (Resident 60, Resident 284)</p> <p>Findings include:</p> <p>1. On 6/12/23 at 10:46 a.m., Resident 60's clinical record was reviewed. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease, diabetes mellitus, and pneumonia.</p> <p>Resident 60's progress note, dated 5/13/23 at 9:45 p.m., indicated he was dizzy, lightheaded, tired, chilling, and had audible wheezing. An order was received to send to the emergency room. The Notice of Transfer or Discharge form, dated 5/13/23, lacked documentation of a written notification of the transfer and discharge was given to Resident 60 and his representative.</p> <p>2. On 6/12/23 10:06 a.m., Resident 284's clinical record was reviewed. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease, chronic atrial fibrillation, and diabetes mellitus.</p> <p>Resident 284's progress note, dated 4/2/23 at 6:10 p.m., indicated she was sent to the emergency</p>			F 0623	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>All residents had the potential to be affected, but none were.</p> <p>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:</p> <p>Evaluations have been added to all residents in PCC regarding transfer/discharge. Upon transfer/discharge this evaluation will be completed which will include documentation of transfer notification given to resident and representative.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>All transfer/discharges will be audited monthly by Medical Records/designee to ensure</p>		06/28/2023

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	<p>room for stroke like symptoms. The Notice of Transfer or Discharge form, dated 4/2/23, lacked documentation of a written notification of the transfer and discharge was given to Resident 284 and her representative.</p> <p>Resident 284's progress note, dated 4/6/23 at 2:24 p.m., indicated she was lethargic and sent to the emergency room. The Notice of Transfer or Discharge form, dated 4/6/23, lacked documentation of a written notification of the transfer and discharge was given to Resident 284 and her representative.</p> <p>Resident 284's progress note, dated 4/25/23 at 10:23 a.m., indicated she was sent to the emergency room. The Notice of Transfer or Discharge form dated, 4/25/23, lacked documentation of a written notification of the transfer and discharge was given to Resident 284 and her representative.</p> <p>Resident 284's progress note, dated 5/14/23 at 4:00 p.m., indicated she was lethargic and was sent to the emergency room. The Notice of Transfer or Discharge form, dated 5/14/23, lacked documentation of a written notification of the transfer and discharge was given to Resident 284 and her representative.</p> <p>During an interview on 6/12/23 at 12:55 p.m., the Administrator indicated the clinical record lacked written notification of the transfer and discharge was give given to the residents and the resident's representative.</p> <p>On 6/12/23 at 2:45 p.m., the Administrator provided the facility policy, "Discharge Plan and Notice of Transfer," dated 7/2018 and indicated this was the policy currently being used by the</p>		<p>evaluations are being completed and that notifications are documented. Audits will be performed monthly for 6 months for effectiveness, then re-evaluated as needed.</p> <p>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:</p> <p>ED/designee will ensure audits are brought to QAPI meetings on a monthly basis to ensure deficient practice does not recur.</p>		

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F 0625 SS=D Bldg. 00	<p>facility. A review of the policy indicated..."Notice of Transfer or Discharge and Ombudsman Notification For facility-initiated transfer or discharge of a resident, the facility must notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and language and manner they understand...."</p> <p>3.1-12(a)(6)(A)(i) 3.1-12(a)(6)(A)(ii)</p> <p>483.15(d)(1)(2) Notice of Bed Hold Policy Before/Upon Trnsfr §483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <p>(i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and</p> <p>(iv) The information specified in paragraph (e) (1) of this section.</p> <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing</p>						

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	<p>facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. Based on interview and record review, the facility failed to ensure the notification of the bed-hold policy required for residents who transferred to the hospital was provided in writing to the resident or the residents representative for 2 of 4 residents reviewed for hospitalization. (Resident 60, Resident 284)</p> <p>Findings include:</p> <p>1. On 6/12/23 at 10:46 a.m., Resident 60's clinical record was reviewed. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease, diabetes mellitus, and pneumonia.</p> <p>Resident 60's progress note, dated 5/13/23 at 9:45 p.m., indicated he was dizzy, lightheaded, tired, chilling, and had audible wheezing. An order was received to send to the emergency room. The clinical record lacked documentation of a written notice that specified the facility's bed-hold policy was provided to the resident or the resident's representative.</p> <p>2. On 6/12/23 10:06 a.m., Resident 284's clinical record was reviewed. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease, chronic atrial fibrillation, and diabetes mellitus.</p> <p>Resident 284's progress note, dated 4/2/23 at 6:10 p.m., indicated she was sent to the emergency room for stroke like symptoms. The clinical record lacked documentation of a written notice that specified the facility's bed-hold policy was provided to the resident or the resident's</p>			F 0625	<p>What corrective action(s) will be accomplished for those residents found to have been affected by deficient practice:</p> <p>All residents had the potential to be affected, but none were.</p> <p>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:</p> <p>Evaluations have been added to all residents in PCC regarding bed hold policy. Upon transfer/discharge this evaluation will be completed which will include documentation of the bed-hold policy given to resident and representative.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>All transfer/discharges will be audited monthly by Medical Records/designee to ensure evaluations are being completed and that notifications are documented. Audits will be performed monthly for 6 months for effectiveness, then re-evaluated</p>		06/28/2023

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	<p>representative.</p> <p>Resident 284's progress note, dated 4/6/23 at 2:24 p.m., indicated she was lethargic and sent to the emergency room. The clinical record lacked documentation of a written notice that specified the facility's bed-hold policy was provided to the resident or the resident's representative.</p> <p>Resident 284's progress note, dated 4/25/23 at 10:23 a.m., indicated she was sent to the emergency room. The clinical record lacked documentation of a written notice that specified the facility's bed-hold policy was provided to the resident or the resident's representative.</p> <p>Resident 284's progress note, dated 5/14/23 at 4:00 p.m., indicated she was lethargic and was sent to the emergency room. The clinical record lacked documentation of a written notice that specified the facility's bed-hold policy was provided to the resident or the resident's representative.</p> <p>During an interview on 6/12/23 at 12:55 p.m., the Administrator indicated the clinical record lacked documentation of a written notice that specified the facility's bed-hold policy was provided to the resident or the resident's representative.</p> <p>On 6/12/23 at 2:15 p.m., the Nurse Consultant provided the facility policy, "Bed Hold Notice Upon Transfer," undated, and indicated this was the policy currently being used by the facility. A review of the policy indicated..."1. Before a resident is transferred to the hospital or goes on therapeutic leave, the facility will provide to the resident and/or resident representative written information...5. The facility will keep a signed and dated copy of the bed-hold notice information given to the resident and/or resident</p>				<p>as needed.</p> <p>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:</p> <p>ED/designee will ensure audits are brought to QAPI meetings on a monthly basis to ensure deficient practice does not recur.</p>		

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F 0688 SS=D Bldg. 00	<p>representative in the resident's file...."</p> <p>3.1-12(a)(25) 3.1-12(a)(26)</p> <p>483.25(c)(1)-(3) Increase/Prevent Decrease in ROM/Mobility §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable.</p> <p>Based on observation, interview, and record review, the facility failed to initiate treatment and services on a resident with an assessed limited range of motion (amount of movement around a specific joint) in order to prevent further decline for 1 of 4 residents review for mobility. (Resident 32)</p> <p>Findings include:</p> <p>During an observation on 6/7/23 at 12:12 p.m., Resident 32 was observed to be sitting in a wheelchair in the dining room with limited range of</p>			F 0688	<p>Immediate action(s) taken for the resident(s) found to have been affected include:</p> <p>Resident was evaluated by occupational therapist on 06/12/2023 and a treatment plan was initiated to fit resident.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective</p>		07/12/2023

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	<p>motion (ROM) to both hands. No splint was observed to be placed in either hand. The resident attempted to open both hands, but was unable to open both hands fully.</p> <p>During an observation on 6/9/23 at 10:19 a.m., Resident 32 was observed to be lying in a recliner in the day room with limited ROM to both hands. No splint was observed to be placed in either hand.</p> <p>During an observation on 6/9/23 at 2:11 p.m., Resident 32 was observed to be sitting in a wheelchair in the dining room with limited ROM to both hands. No splint was observed to be placed in either hand.</p> <p>During an observation on 6/12/23 at 1:39 p.m., Resident 32 was observed to be sitting in a wheelchair in the dining room with limited ROM to both hands. No splint was observed to be placed in either hand. The resident attempted to open both hands, but was unable to open both hands fully.</p> <p>On 6/12/23 at 2:00 p.m., Resident 32's clinical record was reviewed. The diagnosis included, but was not limited to, Parkinson's disease.</p> <p>The Annual Minimum Data Set (MDS) assessment, dated 5/18/23, indicated Resident 32 was not cognitively intact, had limited range of motion of upper extremities on both sides; had no days of active or passive range of motion restorative program; and had no days of splint or brace assistance.</p> <p>A care plan, initiated on 7/6/21, and current through target date 9/6/23, for Resident 32 indicated, "... Focus: Parkinson's disease ... Goal:</p>				<p>action(s) will be taken:</p> <p>All clinical staff will be educated on recognizing and reporting a decrease in ROM on any resident in facility. Therapy evaluations will be ordered as needed upon such identification.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>IPSD Nurse/designee will provide quarterly education on the above x 4 quarters. Education sheets will be brought to QAPI quarterly to ensure compliance.</p> <p>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:</p> <p>Documentation area has been added to POC for all CNAs to be able to chart any changes in resident, which will alert nurse to assess.</p> <p>All identified residents will be discussed in morning clinical meeting by IDT to ensure evaluations are ordered as needed.</p> <p>ED/designee will ensure that education is being completed</p>		

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F 0776 SS=D Bldg. 00	<p>will remain free of further signs/symptoms, discomfort or complications related to Parkinson's disease ... observe/document/report to MD [Medical Doctor]... decline in ROM ..."</p> <p>During an interview on 6/9/23 at 2:06 p.m., Certified Nursing Aide (CNA) 1 and Registered Nurse (RN) 1 indicated Resident 32 had not worn a splint in her hands and they were unsure if the resident had received therapy for the limitations in both hands.</p> <p>During an interview on 6/12/23 at 11:35 a.m., the Physical Therapist indicated Resident 32 had received therapy for strengthening to the lower extremities however, she had not noticed the limitations to the residents hands when working with her.</p> <p>During at interview on 6/12/23 at 1:40 p.m., the Administrator indicated Resident 32 was known to use a clenched fist when getting upset therefore, none of the staff had noticed a limitation in both hands.</p> <p>On 6/12/23 at 3:30 p.m., the Administrator provided the facility policy, "Restorative Nursing Programs," undated, and indicated it was the policy currently being used by the facility. A review of the policy indicated, "... Policy: It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level ..."</p> <p>3.1-42(a)(2)</p> <p>483.50(b)(1)(i)(ii) Radiology/Other Diagnostic Services §483.50(b) Radiology and other diagnostic</p>				<p>quarterly in QAPI meetings and will evaluate effectiveness and need to continue after 4 quarters.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>services.</p> <p>§483.50(b)(1) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>(i) If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals contained in §482.26 of this subchapter.</p> <p>(ii) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare.</p> <p>Based on interview and record review, the facility failed to ensure stat (immediate) X-ray was completed in a timely manner for 1 of 2 residents reviewed for accidents. (Resident 1)</p> <p>Findings include:</p> <p>During an interview on 6/7/23 at 10:50 a.m., the Administrator indicated on 5/12/23, Resident 1 had fallen from the shower bed in the shower room and sustained a laceration on his chin. The resident's right leg was bent in an abnormal manner, with the resident's right foot almost in his left armpit. The resident was transported to a hospital and received stitches to his chin. X-rays were completed of the pelvis and chest with no abnormalities found. No X-ray of the resident's legs were performed, despite staff reporting to the Emergency Medical Technician's (EMT) who transported the resident that the resident's right leg was in an abnormal position following the fall. On 5/17/23 staff observed bruising on the resident's right knee and leg, and the area above the knee moved abnormally. A stat (immediate)</p>			F 0776	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident identified will have any further STAT x-rays ordered in the future within a timely manner. None have been ordered since.</p> <p>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:</p> <p>All STAT radiology orders will be completed in a timely manner on all residents.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p>		07/14/2023

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	<p>X-ray was ordered. Mobile imaging personnel performed an X-ray at the facility and a fracture of the right femur was identified. The resident was transferred to a hospital and then transferred to another hospital where surgery was performed to repair the femur fracture. He was re-admitted to the facility on 5/21/23.</p> <p>During an interview on 6/9/23 at 10:40 a.m., Qualified Medication Aide (QMA) 1 who was working as a Certified Nursing Assistant (CNA) on 5/12/23 around 3:10 p.m., when Resident 1 fell from the shower bed. He landed on his face and cut his chin, and his right leg appeared to be in an abnormal position.</p> <p>On 6/8/23 at 1:45 p.m., Resident 1's clinical record was reviewed. The diagnoses included but were not limited to, spastic quadriplegic cerebral palsy and allergic rhinitis.</p> <p>The Quarterly Minimum Data Set (MDS) assessment, dated 5/26/23, indicated the resident does not speak and can rarely or never make himself understood or understand others.</p> <p>A nursing progress note, dated 5/12/23 at 3:16 p.m., indicated CNA 1 reported the resident had fallen off the shower bed and was face down with blood coming from his face and "...R [right] leg distorted up under him...".</p> <p>An Interdisciplinary Team (IDT) note, dated 5/15/23 at 11:52 a.m., indicated, "...Note Text: IDT [Interdisciplinary Team] met to review fall on 5/12/23 @ [at] 2:31 p.m. Resident assisted to shower bed by 2 CNA's. CNA turned to the side to mover wheelchair and Resident coughed and slid off of shower bed. CNA was at side of shower bed but unable to react quickly enough to stop</p>				<p>IPSD/designee will educate all nurses on timeliness of radiological services. Nurses will be educated if radiology has not reported to facility within a 3 hour timeframe, they are to contact provider and request resident to be sent to an outside provider for services.</p> <p>Education will be given quarterly x 4 and brought to quarterly QAPI meetings to ensure compliance. Need to continue will be evaluated after 4 quarters.</p> <p>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:</p> <p>All orders will be reviewed in daily clinical meetings by IDT to ensure any radiology services ordered will be completed in a timely manner.</p> <p>ED/designee will review quarterly education in QAPI meetings to ensure compliance and to prevent further occurrence.</p>		

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	<p>fall. Nurse was called to shower room immediately and head to toe assessment performed. Resident was laying prone on floor with notable bleeding from chin and right leg bent abnormally for resident. Resident was moaning in pain..."</p> <p>An Emergency Department Summary, dated 5/12/23 at 5:59 p.m., indicated the resident had fallen about 4 feet from a bathing table, had a laceration to the chin, and staff reported the right leg was drawn up abnormally.</p> <p>A nursing progress note, dated 5/17/23 at 2:02 a.m., indicated "...Resident noted to have bruising on inner R [right] knee and leg. ROM [range of motion] assessed and area above knee is moving abnormally and there is no resistance when extending leg. Reported to on call and received order for lateral Knee and femur xray stat [immediately]..."</p> <p>A nursing progress note, dated 5/17/23 at 6:47 a.m., indicated the resident's right ankle was swollen and bruised, and an order for an X-ray of the ankle was added to the previous stat X-ray order.</p> <p>A mobile imaging radiology report dated, 5/17/23 at 2:12 p.m., indicated "...acute appearing femoral fracture...", which indicated mobile X-ray was performed approximately 12 hours after the 2:02 a.m. stat X-ray was ordered.</p> <p>A nursing progress note, dated 5/17/23 at 2:19 p.m., indicated "...Ambulance called at this time to send resident to hospital for fx's [fractures] to right leg noted on xray per xray tech [technician]. Ambulance arrived at 231p [2:31 p.m.] to transport. Paperwork sent with EMT's [emergency medical technician]..."</p>						

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	<p>On 6/12/23 at 1:15 p.m., the Administrator indicated on 5/17/23, staff observed bruising around the resident's right knee and an order for a stat X-ray was made at 2:02 a.m.. The mobile imaging personnel arrived at the facility much later than the acceptable 4 hour time frame for a stat X-ray.</p> <p>On 6/12/23 at 1:25 p.m., the Administrator provided the Radiology and other Diagnostic Services and Reporting policy, undated, and indicated this was the policy used by the facility. A review of the policy indicated, "...the facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents..."</p> <p>3.1-49(g)</p>						