

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

PRINTED: 02/22/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155482		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023	
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 1802 E DOWLING ST KENDALLVILLE, IN 46755			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00397100.</p> <p>Complaint IN00397100 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 30, 31 and February 1, 2 and 3, 2023.</p> <p>Facility number: 000529 Provider number: 155482 AIM number: 100267140</p> <p>Census Bed Type: SNF/NF: 48 Total: 48</p> <p>Census Payor Type: Medicare: 7 Medicaid: 31 Other: 10 Total: 48</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality reivew completed February 3, 2023</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request that the plan of correction be considered our allegation of compliance effective February 19, 2023, for the annual survey completed February 3, 2023 Kendallville Manor would like to respectfully request a desk review/paper compliance of this plan of correction.</p>		
F 0697 SS=D Bldg. 00	<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</p>						

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

TITLE

(X6) DATE

Anthony L Hill

Senior Administrator

02/16/2023

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>comprehensive person-centered care plan, and the residents' goals and preferences. Based on record review and interview, the facility failed to implement non-pharmaceutical interventions (NPIs) regarding pain relief for 3 of 3 residents reviewed (Resident 99, Resident 10, and Resident 8).</p> <p>Findings include:</p> <p>1) Resident 99's record was reviewed on 1/31/2023 at 2:50 PM. Diagnoses included age related osteoporosis without current pathological fracture, age related physical debility, diabetes mellitus due to underlying condition with diabetic neuropathy, and unspecified chronic kidney disease.</p> <p>A Brief Interview for Mental Status (BIMS) Assessment, dated 11/16/2022, indicated Resident 99 had a score of 10 (moderate cognitive impairment).</p> <p>A physician order, dated 1/17/2023, indicated to monitor for pain every shift, attempt non-pharmacological interventions for pain management such as: relaxation, light touch, imagery, exercise, music, etc., every shift.</p> <p>A physician order, dated 12/10/2022, indicated to give Acetaminophen tablet 650 milligrams (mg) (medication used to treat pain and/or fever), 1 tablet by mouth every 4 hours as needed for general discomfort, not to exceed 3000 mg of acetaminophen daily. The order indicated to document non-pharmacological interventions effective/ineffective: 1. relaxation/massage, 2. reposition, 3. food/fluid, 4. diversional activity, 5. toilet, 6. adjust room temperature, 7. adjust lighting in the room, 8. quiet place.</p>			F 0697	<p>F697 Pain Management</p> <p>It is the practice of this facility to ensure that residents are being offered non-pharmacologic interventions for pain prior to administering PRN pain medication.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Resident 99, Resident 10, and Resident 8 medication orders were reviewed and revised as needed for PRN pain medications to include the practice of offering non-pharmacologic interventions prior to administration of the medications and to document the attempt and intervention utilized in the resident chart.</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>An audit of medication orders has been completed to identify those residents that are on PRN pain medication. The orders were revised as needed to include the practice of providing non-pharmacologic interventions prior to administration of the medications and documenting attempt and intervention utilized in the resident chart.</p> <p>What measures will be put into</p>		02/19/2023

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	<p>A physician order, dated 8/24/2022, indicated to give Tramadol HCl tablet 50mg (narcotic medication used to treat pain), 1 tablet by mouth every 8 hours as needed for pain. The order indicated to document non-pharmacological interventions effective/ineffective: 1. relaxation/massage, 2. reposition, 3. food/fluid, 4. diversional activity, 5. toilet, 6. adjust room temperature, 7. adjust lighting in the room, 8. quiet place.</p> <p>A current care plan, dated 1/31/2023, indicated Resident 99 had acute pain/chronic pain related to osteoporosis. The goal was Resident 99 would not have an interruption in normal activities due to pain through the review date. Interventions included administer analgesia (medications used to treat pain) as ordered, give ½ hour before performing treatments or care, anticipate Resident 99's need for pain relief and respond immediately to any complaint of pain or non-verbal sign of pain, encourage Resident 99 to call for assistance when in pain, reposition self, ask for medication, tell staff how much pain was experienced, tell staff what increased or alleviated pain, and encourage Resident 99 to try different pain-relieving methods (positioning, relaxation therapy, progressive relaxation, bathing, snack or drink).</p> <p>A Medication Administration Record (MAR), dated January 2023, indicated Resident 99 received Acetaminophen tablet 650mg, 1 tablet by mouth on 1/13/23 at 9:09 PM, 1/19/23 at 1:45 AM, 1/19/23 at 7:12 AM. There was no documentation of the nonpharmacological interventions (NPI) attempted before administering Acetaminophen tablet 650mg on 1/13/23 at 9:09 PM (NPI marked "0"), 1/19/23 at 1:45 AM (NPI marked "NA"), and 1/19/23 at 7:12 AM (NPI marked "NA").</p>				<p>place and what systemic changes will be made to ensure that the deficient practice does not recur: The policy on PRN pain management was reviewed by the IDT team. An in-service was held with the licensed nurses which included providing non-pharmacologic interventions prior to administering PRN pain medication and documenting the attempt and intervention utilized in the resident chart. A performance improvement tool has been developed to audit documentation of non-pharmacologic interventions. 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: A performance improvement tool has been initiated that randomly checks five (5) residents to ensure that non-pharmacological interventions are being offered and documented in the resident chart. This Quality Assurance Audit Tool will be completed by the Director of Nursing/ Designee Weekly for three weeks; then monthly for three months, then quarterly x three. In the event any further concerns are identified, the issue will be immediately corrected and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Meeting at least quarterly.</p>		

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	<p>A review of progress notes, dated 1/1/23 to 2/1/23, indicated no documentation of the nonpharmacological interventions attempted or attempted before administering Acetaminophen tablet 650mg to Resident 99.</p> <p>A MAR, dated January 2023, indicated Resident 99 received Tramadol HCl tablet 50mg, 1 tablet by mouth on 1/1/23 at 7:48 PM, 1/3/23 at 5:16 AM, 1/4/23 at 7:27 PM, 1/5/23 at 7:18 PM, 1/6/23 at 7:13 AM, 1/6/23 at 8:23 PM, 1/7/23 at 9:30 AM, 1/7/23 at 7:37 PM, 1/8/23 at 8:05 PM, 1/9/23 at 9:09 PM, 1/14/23 at 3:00 AM, 1/15/23 at 7:53 AM, 1/21/23 at 2:15 AM, 1/21/23 at 9:24 PM, 1/23/23 at 8:47 PM, 1/24/23 at 8:28 PM, 1/25/23 at 8:39 PM, 1/26/23 at 8:53 PM, 1/28/23 at 12:20 AM, 1/28/23 at 7:23 PM, 1/29/23 at 8:50 PM, and 1/31/23 at 8:41 PM. The MAR indicated no documentation of the nonpharmacological interventions attempted before administering Tramadol HCl tablet 50mg to Resident 99.</p> <p>A review of progress notes, dated 1/1/23 to 2/1/23, indicated no documentation of the nonpharmacological interventions attempted or attempted and refused by Resident 99 before administering Tramadol HCl tablet 50mg to Resident 99 on 1/1/23 at 7:48 PM, 1/3/23 at 5:16 AM, 1/4/23 at 7:27 PM, 1/5/23 at 7:18 PM, 1/6/23 at 7:13 AM, 1/7/23 at 9:30 AM, 1/8/23 at 8:05 PM, 1/9/23 at 9:09 PM, 1/15/23 at 7:53 AM, 1/21/23 at 9:24 PM, 1/23/23 at 8:47 PM, 1/24/23 at 8:28 PM, 1/25/23 at 8:39 PM, 1/26/23 at 8:53 PM, and 1/31/23 at 8:41 PM.2) On 2/1/23 at 10:36 AM, Resident 10's record was reviewed. Diagnoses included chronic kidney disease, acute of chronic combined systolic congestive heart failure, emphysema, type 1 diabetes mellitus with unspecified complications and chest pain.</p>				<p>By what date the systemic changes for each deficiency will be completed. February 19, 2023</p>		

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	<p>Resident 10's comprehensive Minimum Data Set (MDS) assessment, dated 1/3/23, indicated the resident's BIMS score was 11 (moderate cognitive impairment), she was orient but not interviewable. The MDS indicated she had no pain at the time of assessment.</p> <p>A review of the resident's order, dated 12/23/22, indicated Resident 10 could receive a 500mg Acetaminophen tablet every 6 hour as needed for pain or fever not to exceed 3 grams in 24 hours, The order indicated NPIs of : 1) relaxation /massage, 2) reposition 3) food/fluid 4) diversional activity 5) toilet, 6) adjust room temperature, 7) adjust lighting in room, 8) quite place were to be implemented first and documented as effective/ineffective.</p> <p>An order, dated 1/26/23, indicated Resident 10 could receive a 5-325mg Percocet tablet every 4 hours as needed for chest pain not to exceed 4 grams in 24 hours from all sources. The order indicated NPIs of: 1) relaxation /massage, 2) reposition 3) food/fluid 4) diversional activity 5) toilet, 6) adjust room temperature, 7) adjust lighting in room, 8) quite place were to be implemented first and documented as effective/ineffective.</p> <p>A review of Resident 10's MAR indicated the resident was administrated a 500mg Acetaminophen tablet on 1/5/23 at 2:36 AM for a pain level of 6 and at 1:56 PM for a pain level of 5. There was no documentation in the MAR identifying NPIs implemented or refused prior to the administration of the pain medication.</p> <p>The resident's MAR indicated she was administered a 5-325mg Percocet tablet on 1/4/23</p>						

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	<p>at 8:42 AM for pain level of 3, on 1/16/23 at 11:39 AM for pain level of 5 and on 1/16/23 at 2:44 PM for pain level of 5 (1-10 scale). There was no documentation in the MAR identifying NPIs implemented or refused prior to the administration of the pain medication.</p> <p>A review of the resident's progress notes, dated 1/5/23, indicated a 500mg Acetaminophen tablet was administered for pain to Resident 10 at 2:36 AM and 1:56 PM; there was no documentation of NPIs implemented or refused prior to the administration of the pain medication.</p> <p>Resident 10's progress notes, dated 1/4/23, indicated the resident had returned from the emergency room following a fall and reported pain. A progress note, at 8:42 AM, indicated a 5-325mg Percocet tablet was administered to control pain; there was no documentation of any NPIs implemented or refused prior to the administration of pain medication. Resident 10's progress note, date 1/16/23, indicated the resident was administered 5-325mg Percocet tablet at 11:39 AM and at 2:44 PM for complaint of generalized pain; there was no documentation of NPIs implemented or refused prior to the administration of the pain medication. 3) A record review on 1/31/23 at 9:27 am indicated Resident 8's diagnoses included dementia, diabetes mellitus, chronic kidney disease dependent on dialysis, congestive heart failure, morbid obesity, and major depressive disorder.</p> <p>A quarterly Minimum Data Assessment (MDS) dated 11/1/22 indicated the resident had a slight cognitive deficit. The MDS pain assessment was blank.</p> <p>A physician order dated 1/25/23 indicated the</p>						

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	<p>resident was to be administered Norco every 6 hours as needed for pain. The physician order indicated the resident was to be monitored for pain every shift and alternate NPIs were to be offered.</p> <p>A care plan focus dated 4/9/21 and revised 1/25/23 indicated the resident was at risk for acute and chronic pain. An intervention for pain initiated on 1/19/23 indicated the resident was to be encouraged to attempt pain relief methods of positioning, relaxation therapy, progressive therapy, bathing, and having a snack or drink.</p> <p>The resident's MAR for January 2023 indicated the resident was administered hydrocodone on 6 occasions. The MAR did not indicate NPIs were offered when the resident was administered Norco.</p> <p>During an interview on 1/2/23 at 10:37 am the Assistant Director of Nursing (ADON) indicated NPIs were recorded on the MAR as to which NPI was offered and whether the NPI was effective.</p> <p>During an interview on 2/1/23 at 10:04 AM, the Director of Nursing (DON) indicated NPIs were on the resident's January 2023 MAR for acetaminophen. She indicated NPIs were not on the resident's January 2023 MAR for Norco.</p> <p>In an interview on 2/1/23 at 2:24 PM, the DON indicated the physician order for Resident 8 to offer NPIs probably did not get entered as it should have due to the resident's late return from the hospital</p> <p>In an interview on 2/1/2023 at 3:13 PM, the Director of Nursing (DON) indicated documentation of non-pharmacological</p>						

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F 0742 SS=D Bldg. 00	<p>interventions should be done on the MAR/Treatment Administration Record (TAR) or in a progress note. On the MAR/TAR, the documentation of the non-pharmacological intervention attempted should be the number corresponding to the number of the non-pharmacological intervention listed on the order. An entry of "0" or "NA" should not be used. The documentation in a progress note should be the description of the nonpharmacological intervention attempted.</p> <p>On 2/1/23 at 2:00 PM, a current procedure titled "Pain Assessment and Management", revised March 2015, provided by the DON indicated the procedure's purpose was to help the staff identify pain and develop interventions. The procedure indicated pain management was a multidisciplinary care process that included the developing and implementing approaches to pain management, identifying and using specific strategies for different levels and sources of pain, monitoring for effectiveness and modifying approaches as necessary.</p> <p>3.1-37(a)</p> <p>483.40(b)(1) Treatment/Srvcs Mental/Psychosocial Concerns §483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>§483.40(b)(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain</p>						

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	<p>the highest practicable mental and psychosocial well-being; Based on observation, interview, and record review, the facility failed to identify and manage triggers relative to psychogenic nonepileptic seizures for 1 of 1 resident reviewed for behavioral health services (Resident 37).</p> <p>Findings include:</p> <p>On 1/30/23 at 11:15 AM Resident 37 was observed coloring in his room. He indicated he had been admitted to the facility during the summer of 2022. He indicated he was anticipating being discharged to his own apartment soon. He indicated he had lived in his car for 3 years prior to being admitted to the hospital.</p> <p>During a record review on 1/31/23 at 11:14 AM the resident's demographic sheet indicated his diagnoses included anemia, aneurysm of other precerebral arteries, hypertension, nonspecific intraventricular block, diabetes mellitus, morbid obesity, muscle weakness, skin infection, overactive bladder, other seizures, and constipation.</p> <p>A hospital discharge summary printed on 7/21/22 at 12:45 PM indicated the resident had diagnoses of anxiety, panic attacks, and psychogenic nonepileptic seizures (PNS). The summary indicated the PNS were thought to be related to a conversion disorder secondary to trauma. The summary indicated the resident had normal neurological testing in 2015. The summary indicated the PNS episodes were exacerbated by increased anxiety.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 10/27/22 indicated the resident did not have</p>			F 0742	<p>F 742 Treatment and Services for Mental and Psychosocial Concerns It is the practice of this facility to ensure that residents with mental and psychosocial concerns receive the services necessary for treatment of those concerns. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. The chart for resident #37 was audited and the diagnosis of PNS (psychogenic nonepileptic seizures) was added and the care plan updated with possible triggers. The social service evaluation was updated to include any traumatic events. 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: The charts of all residents with mental disorders were audited with no additional residents identified as having PNS. All residents that are new admissions to the facility will be assessed for emotional distress due to traumatic related events and results added to the care plan as indicated along with triggers. What measures will be put into place and what systemic changes will be made to ensure that the</p>		02/19/2023

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	<p>a diagnosis of anxiety. The MDS indicated the resident was able to be interviewed.</p> <p>An admission Social Service Evaluation dated 7/22/22 indicated the resident had been living in his car and was unsure about discharge plans. The admission evaluation indicated the resident had a diagnosis of anxiety. The admission evaluation indicated the resident had been feeling sad and had concentration difficulties. The evaluation indicated the resident felt sad and was easily distracted on his father's birthday</p> <p>A Trauma Related Events Interview dated 7/21/22 indicated the resident did not have a diagnosis of Post-Traumatic Stress Disorder or trauma associated event.</p> <p>A quarterly Social Service Evaluation dated 10/27/22 indicated the resident had lived in his car for 3 years. The quarterly evaluation indicated the resident had been feeling sad due to his mother being sick. The quarterly evaluation indicated the resident did not need mental health services.</p> <p>A quarterly Social Service Evaluation dated 1/27/23 indicated the resident was on a waiting list for an apartment. The resident was in the process of obtaining a landlord statement. The evaluation indicated the resident had been feeling a little down, had difficulty sleeping, and felt tired. The evaluation indicated the resident did not need mental health services.</p> <p>The resident's care plan dated 7/21/22 did not indicate the resident had anxiety, panic attacks, feeling sad, difficult concentration, or trouble sleeping.</p> <p>A care plan focus dated 1/17/23 indicated the</p>				<p>deficient practice does not recur: The policy on Behavioral assessment, intervention and monitoring was reviewed by the IDT team. An in-service was held with the nursing staff and social services on the policy, updating diagnosis lists after resident is seen by a medical provider, completion of the social service assessment and updating care plans. A performance improvement tool has been developed to audit residents with mental disorders for current diagnosis, review of trauma information on assessment, and adding information to the care plan.</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: A performance improvement tool has been initiated that randomly checks five (5) residents to ensure that mental health diagnosis are present on the chart and resident is receiving services to treat any concerns. This Quality Assurance Audit Tool will be completed by the Director of Nursing/ Designee Weekly for three weeks; then monthly for three months, then quarterly x three. In the event any further concerns are identified, the issue will be immediately corrected, and additional training will be initiated. Results of the audit will be reviewed at the</p>		

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PRINTED: 02/22/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155482		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/03/2023	
NAME OF PROVIDER OR SUPPLIER KENDALLVILLE MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 1802 E DOWLING ST KENDALLVILLE, IN 46755			
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	<p>resident had PNS. An intervention indicated the staff was to attempt to identify possible triggers of PNS. The care plan did not indicate the PNS were secondary to trauma.</p> <p>A progress note dated 11/22/22 at 3:34 PM indicated the resident had been frequently experiencing episodes of being dizzy and sweating profusely after meals. The note indicated the resident's vital signs and blood sugar were stable during the episodes. The Nurse Practitioner (NP) was made aware of the resident's symptoms and blood tests were ordered.</p> <p>A progress note dated 11/22/22 at 4:12 PM indicated the resident had an episode of slurred speech, having a hot flash and feeling a rapid drain of energy. The resident's vital signs and blood sugar were stable.</p> <p>A progress note dated 11/23/22 at 5:11 PM indicated the resident was to have an evaluation by the psychiatric NP due to the resident having a history of PNS.</p> <p>A progress note dated 11/28/22 at 10:00 AM indicated the resident had been evaluated by a psychiatric NP due to having a history of PNS secondary to trauma. The progress note indicated he had been struggling due to recently learning his mother had been admitted to a nursing home. The note indicated the resident was diagnosed with panic disorder. The resident indicated he had been quite emotional last week due to his mother being admitted to a nursing home. The resident indicated it was his mother's birthday. The resident indicated he had not seen his mother in 3 years due to a series of unfortunate events. The resident indicated in 2019 his trailer was condemned, he was evicted, and his nephew went</p>				<p>Quality Assurance Meeting at least quarterly.</p> <p>By what date the systemic changes for each deficiency will be completed: February 19, 2023</p>		

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	<p>to jail. The resident lived in his car until he was hospitalized.</p> <p>A progress note dated 11/30/22 at 12:51 PM indicated the resident had an episode of being more lethargic and continued to lie in bed while lunch trays were being passed. The resident was fluttering his eyes open, and then half shut. The resident's vital signs and blood sugar were stable. The episode resolved when resident was advised he would not be able to smoke if he were unable to stay awake and sit upright. The resident's NP was notified, the nurse was reminded of the resident's diagnosis of PNS.</p> <p>A progress note dated 12/5/22 at 10:30 AM indicated the resident had been in a bad mood due to his breakfast being wrong. The resident reported that he said to take him out back and shoot him. The resident denied suicidal ideation or plan. He indicated he was speaking out of frustration.</p> <p>A progress note dated 12/15/22 at 5:31 PM indicated the resident had another episode of dizziness in the dining room. The progress note indicated the resident has previously had a few spells in the dining room. The progress note indicated the resident's vital signs and blood sugar were stable and the episodes seem to always occur during meals.</p> <p>A progress note dated 12/21/22 at 5:31 PM indicated the resident had a history of PNS secondary to trauma. The resident had an episode while eating dinner. Vital signs and blood sugar were stable.</p> <p>During an interview on 2/1/22 at 11:45 AM the ADON (Assistant Director of Nursing) indicated the resident's PNS were stress induced. She</p>						

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	<p>indicated the resident zones out, lowers his head and does not respond to verbal cueing. She indicated he had recovered from a PNS after staff suggested he would not being able to smoke in that condition. She indicated she was aware of the resident's mother being a trigger for the PNS episodes. She indicated the known trigger should have been added to the resident's care plan. She indicated she was unaware of the resident having past trauma in reference to the diagnosis of PNS secondary to trauma. She indicated the trauma screen assessment was negative upon admission. She indicated the trauma screen assessment was not specific for the resident's situation.</p> <p>During an interview on 2/3/23 at 10:19 AM the DON (Director of Nursing) indicated the resident's diagnosis of PNS secondary to trauma was not on the MDS or care plan due to it was not an admission diagnosis. She indicated diagnoses could be added at admission if the diagnoses were listed on the hospital discharge summary. She indicated the resident's diagnoses of anxiety, panic attacks, and PNS should have been included in the admission assessment. She indicated she was unaware of the NP progress note dated 11/28/22 adding panic disorder as a diagnosis. She indicated the NP did not write an order for the diagnosis of panic disorder. She indicated the nurses should have made the SSD of the resident's new diagnosis of panic disorder. She indicated new issues were discussed at daily morning meetings. She indicated there is no documentation to indicate the issues discussed at the daily morning meetings. She indicated the morning meetings consisted of a verbal report and staff generally took their own notes. She indicated panic disorder and anxiety should have been added to the resident's care plan.</p>						

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	<p>During an interview on 2/2/23 at 11:17 AM the SSD (Social Services Director) indicated the resident's admission trauma screening was negative for trauma. She indicated she had a care plan meeting with the resident earlier in the day and he did not voice any traumatic events. She indicated she had not witnessed a PNS and was unaware of any possible triggers. She indicated the nursing staff advises her of new diagnoses or behaviors.</p> <p>During an interview on 2/3/23 at 9:15 AM with Resident 37 indicated he was unaware of any specific events prior to the PNS. He indicated he knows he usually experienced the PNS when he is feeling overwhelmed or stressed out. He indicated he would get overwhelmed and black out. He indicated he did not recall the events during the PNS or afterwards. The resident indicated he did not remember what happened or how he got where he is. He indicated he started having PNS in 2014 or 2015. He indicated he had been evicted from a condemned trailer that belonged to his parents. He indicated both his parents were now in a nursing home. He indicated he lived with his nephew briefly before the nephew went to jail, then he indicated he lived in his car approximately 3 years. He indicated he no longer had access to his car as the car had also been condemned after he was admitted to the hospital in the summer of 2022.</p> <p>During an interview on 2/3/23 at 10:52 AM the Assistant Director of Nursing (ADON) indicated she was unable to locate a policy for mental health services.</p> <p>3.1-43(a)(1)</p>						

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F 0791 SS=D Bldg. 00	<p>483.55(b)(1)-(5) Routine/Emergency Dental Svcs in NFs §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>§483.55(b) Nursing Facilities. The facility-</p> <p>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services;</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p>						

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	<p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.</p> <p>Based on interview, observation and record review, the facility failed to arrange dental services to treat an abscessed tooth for 1 of 1 resident reviewed for dental care. (Resident 37).</p> <p>Findings include:</p> <p>During an interview on 1/30/23 at 11:15 AM Resident 37 indicated he had an infected tooth. He indicated the facility was arranging a dental appointment. The resident's lower teeth were observed to be black.</p> <p>During a record review on 1/31/23 at 11:14 AM the resident's demographic sheet indicated his diagnoses included anemia, aneurysm of other precerebral arteries, hypertension, nonspecific intraventricular block, diabetes mellitus, morbid obesity, muscle weakness, skin infection, overactive bladder, other seizures, and constipation.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 10/27/22 indicated the resident did not have dental pain. The MDS indicated the resident had not received pain medications. The MDS indicated the resident had received antibiotics for 2 of the last 7 days.</p> <p>The resident's care plan initiated 7/21/22 indicated the resident was at risk for dental problems due to having some decay and broken teeth. An intervention revised 8/2/22 indicated dental pain was to be reported to a physician.</p>			F 0791	<p>F 791 Routine/Emergency Dental Services</p> <p>It is the practice of this facility to ensure that residents receive routine and emergency dental services as condition warrants. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident #37 had an appointment with the dentist on 2/9/23 for dental care.</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>An audit was completed for all residents to determine if any dental issues were present. No issues were identified.</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>The policy on dental services was reviewed by the IDT team. An in-service was held with nursing staff on completing dental assessments and arranging dental care if indicated. A performance improvement tool has been developed to audit completion of</p>		02/19/2023

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	<p>A progress note dated 10/9/22 at 4:27 AM indicated the resident received acetaminophen for tooth pain. The progress note indicated the resident's tooth was decayed and broken.</p> <p>A progress note dated 10/9/22 at 10:40 AM indicated the resident's right upper tooth was black. The progress note indicated the resident was to begin an antibiotic and tramadol for tooth pain.</p> <p>A progress note dated 10/18/22 at 7:49 AM indicated the facility attempted to make a dental appointment for the resident but the resident did not have dental coverage.</p> <p>A progress note dated 10/25/22 at 8:00 PM indicated the resident received acetaminophen.</p> <p>A progress note dated 10/25/22 at 8:37 PM indicated the resident's antibiotic for a tooth infection was completed. The resident was encouraged to perform oral care after meals.</p> <p>A progress note dated 11/9/22 at 1:38 PM indicated the resident received tramadol for abscessed tooth pain.</p> <p>A progress note dated 11/11/22 at 5:51 PM indicated the resident received tramadol for abscessed tooth pain.</p> <p>A progress note dated 11/17/22 at 7:25 PM indicated the resident received tramadol for abscessed tooth pain.</p> <p>A progress note dated 11/20/22 at 11:44 AM indicated the resident received tramadol for abscessed tooth pain.</p>				<p>the dental assessment and referral for dental care if issues were identified.</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>A performance improvement tool has been initiated that randomly checks five (5) residents to ensure that a quarterly dental assessment was completed and a referral for dental services was scheduled if indicated. This Quality Assurance Audit Tool will be completed by the Director of Nursing/ Designee Weekly for three weeks; then monthly for three months, then quarterly x three. In the event any further concerns are identified, the issue will be immediately corrected, and additional training will be initiated. Results of the audit will be reviewed at the Quality Assurance Meeting at least quarterly. By what date the systemic changes for each deficiency will be completed: February 19, 2023</p>		

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	<p>A progress note dated 12/3/22 at 2:25 AM indicated the resident received tramadol for abscessed tooth pain.</p> <p>A progress note dated 12/4/22 at 8:03 AM indicated the resident received tramadol for abscessed tooth pain.</p> <p>A progress note dated 12/26/22 at 8:30 PM indicated the resident received tramadol for abscessed tooth pain.</p> <p>A progress note dated 1/15/23 at 4:18 PM indicated the resident received tramadol for abscessed tooth pain.</p> <p>A progress note dated 1/23/23 at 4:33 PM indicated the resident received tramadol for abscessed tooth pain.</p> <p>During an interview on 2/3/23 at 10:19 AM the DON indicated she was unaware of the resident's need for a dental appointment. She indicated the Social Service Director (SSD) was responsible for scheduling appointments. She indicated the nurses should have made the SSD of the resident's need for dental care. She indicated new issues were discussed at daily morning meetings. She indicated there is no documentation to indicate the issues discussed at the daily morning meetings. She indicated the morning meetings consisted of a verbal report and staff generally took their own notes.</p> <p>During an interview on 2/3/23 at 11:37 AM the SSD indicated she was unaware of the resident's continued need to see a dentist.</p> <p>During an interview on 2/3/23 at 11:40 AM the</p>						

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	<p>Business Office Manager (BOM) indicated the resident got approved for full Medicaid which covered dental services on 12/1/22. She indicated the coverage was retroactive starting 8/1/22. She indicated she made staff aware of policy changes via electronic mail.</p> <p>During an interview on 2/3/23 at 10:52 AM the Assistant Director of Nursing (ADON) indicated she was unable to locate a policy for dental services. She indicated an attempt was made to schedule a dental appointment, but the resident had an outstanding bill. She indicated she would call a different dentist.</p> <p>3.1-24</p>						