

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

PRINTED: 06/26/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/06/2023	
NAME OF PROVIDER OR SUPPLIER WHITEWATER COMMONS SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 215 W HIGH ST LIBERTY, IN 47353			
(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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00409078.</p> <p>Complaint IN00409078 - Federal/state deficiencies related to the allegations are cited at F-557, F-584, & F-689.</p> <p>Survey dates: May 31, June 1, 2, 5, & 6, 2023</p> <p>Facility number: 000510 Provider number: 155507 AIM number: 100285440</p> <p>Census Bed Type: SNF/NF: 29 Total: 29</p> <p>Census Payor Type: Medicare: 2 Medicaid: 25 Other: 2 Total: 29</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on June 9, 2023</p>			F 0000	Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under state and federal law. Please accept this Plan of Correction as our credible allegation of compliance.		
F 0557 SS=D Bldg. 00	<p>483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use</p>						

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

TITLE

(X6) DATE

Ashley Blackmon

HFA

06/21/2023

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>personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>Based on interview and record review the facility failed to provide a respectful and dignified environment during care for 1 of 2 residents reviewed for dignity (Resident B).</p> <p>Finding include:</p> <p>During an interview with Resident B's family member on 6/1/23 at 10:19 a.m., indicated they were visiting their family member on 4/18/23. The resident was in the bathroom and pushed the call light for assistance. CNA (Certified Nursing Assistant) 1 came into the resident's room and said what do you want I have better things to do. Resident B indicated to the family member "that girl was mean to me." The family member filed a grievance and within in an hour was contacted by the Administrator. The Administrator indicated CNA 1 was having a bad day and the facility would retrain her. The family member did not feel the grievance was resolved and CNA 1 was rude and disrespectful to Resident B.</p> <p>During an interview with CNA 1 on 6/2/23 at 2:20 p.m., indicated on 4/18/23 Resident B was in the bathroom and had pushed the call light. CNA 1 went into the bathroom and the resident told her she had bugs crawling on her, CNA 1 told her no she did not have bugs on her and said, "are you ready I have other people to help." The CNA indicated she needed to get Resident B off the toilet because she had other people to take care of. CNA 1 indicated she felt rushed that day. CNA 1 indicated the Administrator talked to her about the situation with Resident B, about what not to</p>			F 0557	<p>Resident B no longer resides at facility. CNA #1 was given a teachable moment and re-education.</p> <p>All residents have the potential to be affected by the alleged deficient practice. All staff have been re-educated on resident rights with a special focus on respect and dignity during care.</p> <p>The resident rights policy was reviewed with no changes indicated. Staff were re-educated on Resident Rights with a special focus on dignity and respect during care. The DON and or designee will complete resident care observations to assure residents are treated with respect and dignity during care. The DON and or her designee will observe resident care for 3 residents per day, 5 days per week on scheduled work days for 1 month, 1 resident per day 5 days per week for 1 month, and 3 residents per week for 1 month and 1 resident per month at least quarterly thereafter to ensure 100 % compliance is obtained and maintained. Should concerns be noted, immediate corrective action will occur.</p> <p>As a means of Quality Assurance, the results of this monitoring and any corrective</p>		06/23/2023

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	<p>say and not to say certain things to residents and told her about how to talk to residents.</p> <p>During an interview with the Administrator on 6/5/23 at 3:12 p.m., indicated she did not get a statement from CNA 1 related to the incident on 4/18/23 with Resident B. The Administrator did a teachable movement with CNA 1 about attitude and approach with residents.</p> <p>Review of the record of Resident B on 6/5/23 at 12:45 p.m., indicated the resident's diagnoses included, but were not limited to, muscle weakness, unsteadiness on feet, anxiety, difficulty walking, major depression disorder, acute kidney disorder, low back pain, syncope and anemia.</p> <p>The Annual Minimum Data Set (MDS) assessment for Resident B, dated 3/2/23, indicated the resident cognitively intact for daily decision making. Decisions were consistent and reasonable.</p> <p>The report of concern for Resident B, dated 4/18/23, indicated the resident's family overheard a CNA in the bathroom with the resident. The CNA had a bad attitude with the resident. The CNA said to the resident "what do you need, I have better things to do." "I don't have time." The facility met with Resident B for an interview. No mental anguish noted. The resident stated she felt the CNA had a bad day at home and brought it to work with her. The resident stated that CNA 1 had bad attitude. The resident felt that CNA 1 did not intend to harm her, just had a bad day and needed to slow down and be kind. Staff re-education on staff burnout.</p> <p>The resident rights policy provided by the Nurse Consultant on 6/5/23 at 3:10 p.m., indicated the</p>				action will be discussed in the facility's monthly QA meetings for a minimum of six months and the frequency of the monitoring will be increased or decreased according to the findings		

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F 0584 SS=D Bldg. 00	<p>facility shall treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.</p> <p>This Federal tag relates to Complaint IN00409078.</p> <p>3.1-3(t)</p> <p>483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p>						

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	<p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2) (iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>Based on observation, interview, and record review the facility failed to keep bedroom wall in good repair, maintain and odor free environment and keep bedroom window clean and good repair for 3 of 3 residents reviewed for environment (Resident E, Resident F and Resident B).</p> <p>Findings include:</p> <p>1. During an observation on 5/31/23 at 11:18 a.m., Resident E had peeling paint and scratches on the bedroom wall.</p> <p>During an interview with Resident E's family member on 5/31/23 at 2:25 p.m., indicated the resident had always been particular and clean. The resident's bedroom wall was in disrepair with peeling paint.</p> <p>2. During an interview and observation on 5/31/23 at 11:41 a.m., Resident F's bedroom had a strong odor of urine. Resident F indicated he could smell the urine in his room. The resident indicated the facility did not clean his mattress regularly and would change his sheets without washing the</p>			F 0584	<p>Resident E had no negative effects from the peeling paint and scratches on the bedroom wall. The wall in resident E's room has been repaired. Resident F had no negative effects from the urine odor noted in resident room, Staff has been re-educated to assure bed is cleaned during each bed change to prevent urine odor in resident room. Resident B no longer resides at the facility, Window has been cleaned and will be replaced due to the seal in between window panes is broken causing the window to have a cloudy appearance.</p> <p>All residents have the potential to be affected. An audit was completed for all resident rooms, including but not limited to peeling paint/scratched walls, urine odors and dirty windows or windows in need of repair. Paint repairs completed, rooms cleaned if indicated for urine odors, Windows</p>		06/23/2023

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	<p>bed.</p> <p>During an observation on 6/1/23 at 2:12 p.m., Resident F's bedroom had a strong smell of urine.</p> <p>During an observation on 6/2/23 at 2:20 p.m., Resident F's bedroom had a strong smell of urine.</p> <p>3. During an interview with Resident B's family member on 6/1/23 at 10:19 a.m., indicated Resident B had resided in room ***. The resident thought it was raining all the time because her window were so dirty, and she could not see out of it. The family member had expressed his concerns about the dirty window in a care plan meeting, but no one ever cleaned the window.</p> <p>Review of the care plan meeting for Resident B, dated 3/20/23, indicated the resident's windows were dingy.</p> <p>During an observation on 6/2/23 at 2:58 p.m., Room *** window had a thick film on it and dirty.</p> <p>During an environmental tour with the Administrator on 6/5/23 at 3:07 p.m., the Administrator verified Resident E had scratches and peeling paint on the wall. The Administrator indicated it was Maintenance responsibility to maintain resident bedroom walls in good repair. The facility was in transition and had a part time help with Maintenance. The Administrator verified Bedroom *** window had a film on it and dirty. The Administrator indicated housekeeping was responsible to keep the windows clean and the window in room *** needed to be replaced. The Administrator indicated Resident F's sheets were changed on shower days and if the mattress needed cleaned the CNAs should clean them at that time. The Administrator indicated</p>				<p>have been cleaned and new windows ordered if they are in disrepair. Angel rounds have been started with all of the above items added. Staff has been re-educated to report any needed follow up to assure residents maintain a safe, clean comfortable and homelike environment.</p> <p>In order to maintain a safe, clean comfortable homelike environment, Angel rounds have been started and will occur 5 days per week ongoing to assure any new issues arise concerning peeling/scratched paint on walls, urine odors, and dirty or disrepair of windows is addressed timely. The results of the Angel rounds will be reviewed daily in the morning stand up meetings and issues noted will be addressed and corrected by the appropriate department head. The Administrator will be responsible to monitor rounds and repairs daily as needed.</p> <p>As a means of Quality Assurance, the results of the Rounds and any corrective action will be discussed during the facility monthly QA meetings for a minimum of six months and the frequency of the monitoring will be increased or decreased according to the findings.</p>		

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F 0677 SS=D Bldg. 00	<p>housekeeping deep cleaned the resident's mattress one or two times a month.</p> <p>This Federal tag relates to Complaint IN00409078.</p> <p>3.1-19(f)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview, and record review the facility failed to provide a resident with oral care for 1 of 2 residents reviewed for Activities of Daily Living (ADLs). (Resident 18)</p> <p>Finding include:</p> <p>During an observation on 5/31/23 at 1:40 p.m., Resident 18 had a thick film with white substance on his teeth and gum line.</p> <p>During an observation on 6/1/23 at 2:08 p.m., Resident 18 had a thick film with white substance on his teeth and gum line.</p> <p>During an observation on 6/2/23 at 3:01 p.m., Resident 18 had a thick film with white substance on his teeth and gum line.</p> <p>During an observation and interview with Resident 18 on 6/5/23 at 1:55 p.m., the resident had a thick film with white substance on his teeth and gum line. Resident 18 indicated the facility staff did not assist him with brushing his teeth or flossing. The resident indicated he was</p>			F 0677	<p>Resident 18 was not negatively affected. Staff have been re-educated on Resident 18 need for assistance with oral care. All other dependent Residents were assessed to assure good oral hygiene with no negative findings. Nursing staff has been re-educated on oral care to assure necessary oral care is received. The facility's policy for oral care was reviewed with no changes indicated. The DON and or her designee will complete resident care observations to assure residents are receiving oral care as needed. The DON and or her designee will observe resident care for 3 residents per day, 5 days per week on scheduled work days for 1 month, 1 resident per day 5 days per week for 1 month, and 3 residents per week for 1 month and 1 resident per month at least quarterly thereafter to ensure 100 % compliance is obtained and</p>		06/23/2023

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	<p>right-handed, and it was difficult to brush his own teeth because he was missing four fingers on his right hand. Resident 18 indicated he would appreciate it if staff would help him with oral care.</p> <p>Review of the record of Resident 18 on 6/5/23 at 2:00 p.m., indicated the resident's diagnoses included, but were not limited to, diabetes, muscle weakness, anxiety disorder, colon cancer, end stage renal failure, dependence on renal dialysis and history of cellulitis of finger, and gangrene of finger to right hand.</p> <p>The dental exam for Resident 18, dated 4/20/23, indicated the resident had poor oral hygiene. The dentist recommended for the resident's teeth to be brushed twice a day and flossed 1 time a day with mouth rinse.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident 18, dated 5/8/23, indicated the resident was cognitively intact for daily decision making. The resident was consistent and reasonable. The resident required extensive assistance of one person for teeth brushing.</p> <p>The plan of care for Resident 18, dated 5/12/23, indicated the resident required special attention to oral care. Obvious or likely broken or cavity of natural teeth. The interventions included, but were not limited to, provide assist with oral care daily and as needed.</p> <p>During an interview with the Director of Nursing (DON) on 6/5/23 at 2:20 p.m., indicated CNAs (Certified Nursing Assistants) were responsible to ensure Resident 18 received the oral care he needs.</p>				<p>maintained. Should concerns be noted, immediate corrective action will occur.</p> <p>As a means of Quality Assurance, the results of this monitoring and any corrective action will be discussed in the facility's monthly QA meetings for a minimum of six months and the frequency of the monitoring will be increased or decreased according to the findings</p>		

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F 0689 SS=D Bldg. 00	<p>During an observation and interview on 6/5/23 at 2:25 p.m., the DON verified Resident 18 had a thick film with white substance on his lower teeth.</p> <p>The oral care policy provided by the Nurse Consultant on 6/5/23 at 3:10 p.m., indicated the purpose was to maintain oral mucosa (mouth, teeth, gums and tongue) in optimum condition in an effort to improve residents' sense of well-being and appearance, and improve sense of taste, enhancing appetite. Nursing personnel was responsible to ensure oral care was completed at least daily and as indicated for those residents unable to provide their own mouth care.</p> <p>3.1-38(a)(3)(C)</p> <p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review the facility failed to transfer a resident in a safe manner for 1 of 4 residents reviewed for accidents (Resident B).</p> <p>Finding include:</p> <p>During an interview with Resident B's family member on 6/1/23 at 10:19 a.m., indicated on 4/18/23 Resident B was in the bathroom and pushed her call light for help getting up. CNA 1</p>			F 0689	<p>Resident B no longer resides at the facility. C.N.A #1 was given a teachable moment and re-education on safe transfers. All residents in need of assistance with transfers have the potential to be affected. Nursing staff has been re-educated on safe transfer to receive adequate supervision and assistance devices to prevent accidents. Including but not</p>		06/23/2023

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	<p>came into the bathroom and was pulling on the resident's arm and pants to get her off the toilet. The CNA did not use a gait belt and ripped the resident's pants during the transfer.</p> <p>During an interview with CNA 1 on 6/2/23 at 2:20 p.m., indicated on 4/18/23 she transferred Resident B from the toilet by holding the resident under her arm and by her pants. CNA 1 indicated she did not use a gait belt during the transfer. The CNA indicated she felt rushed that day.</p> <p>Review of the record of Resident B on 6/5/23 at 12:45 p.m., indicated the resident's diagnoses included, but were not limited to, muscle weakness, unsteadiness on feet, anxiety, difficulty walking, major depression disorder, acute kidney disorder, low back pain, syncope, and anemia.</p> <p>The fall risk assessment for Resident B, dated 3/1/23, indicated the resident was at high risk of falling.</p> <p>The Annual Minimum Data Set (MDS) assessment for Resident B, dated 3/2/23, indicated the resident cognitively intact for daily decision making. Decisions were consistent and reasonable. The resident required extensive assistance of one person for transfers and toileting needs. The resident utilized a wheelchair and a walker.</p> <p>The plan of care for Resident B, dated 3/10/23, the resident required staff assistance to transfer from one surface to another. The potential for falls and significant injury lacking staff assistance. The interventions included, but were not limited to, staff would utilize a gait belt.</p> <p>The fall prevention program provided by the</p>				<p>limited to use of gait belts and or assistive devices as needed.</p> <p>The facility's policy for transfers was reviewed with no changes indicated at this time. DON and or her designee will complete resident care observations to assure residents are being transferred appropriately using proper assistive devices as needed. The DON and or her designee will observe resident care for 3 residents per day, 5 days per week on scheduled work days for 1 month, 1 resident per day 5 days per week for 1 month, and 3 residents per week for 1 month and 1 resident per month at least quarterly thereafter to ensure 100 % compliance is obtained and maintained. Should concerns be noted, immediate corrective action will occur,</p> <p>As a means of Quality Assurance, the results of this monitoring and any corrective action will be discussed in the facility's monthly QA meetings for a minimum of six months and the frequency of the monitoring will be increased or decreased according to the findings</p>		

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155507		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/06/2023	
NAME OF PROVIDER OR SUPPLIER WHITEWATER COMMONS SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 215 W HIGH ST LIBERTY, IN 47353			
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F 0697 SS=D Bldg. 00	<p>Administrator on 6/6/23 at 1:00 p.m., indicated the purpose was to identify residents who were at risk for falls and subsequently implement appropriate individualized fall prevention interventions. It was the policy of the facility to identify any resident who was at increased risk for falls. Identified residents shall be monitored by the Interdisciplinary Team (IDT) to implement fall prevention interventions that minimize occurrence of falls thereby minimizing the risk for injury.</p> <p>This Federal tag relates to Complaint IN00409078.</p> <p>3.1-45(a)(2)</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.</p> <p>Based on interview, observation, and record review, the facility failed to implement nonpharmacological pain control, failed to administer as needed pain medication for verbal reports of pain, and failed to notify the physician of breakthrough pain for 1 of 2 residents reviewed for pain management. (Resident 11)</p> <p>Findings include:</p> <p>The clinical record for Resident 11 was reviewed on 6/2/2023 at 1:05 p.m. The medical diagnosis included chronic pain.</p> <p>A Quarterly Minimum Data Set Assessment,</p>			F 0697	<p>Resident 11 chart was reviewed. No changes indicated on physicians' orders after discussion with resident on current medications, goals and preferences. The nurses were re-educated on the pain Management policy, to assure understanding of providing pain management to residents consistent with professional standards of practice, person-centered care plan and the residents' goals and preferences. All resident with pain have the potential to be affected. A chart</p>		06/23/2023

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	<p>dated 2/22/2023, indicated that Resident 11 was cognitively intact and experiences constant pain.</p> <p>An interview with Resident 11 on 5/31/2023 at 1:41 p.m. indicated he had a history of chronic pain related to breaking his tailbone in the past. He indicated that his pain was currently a 4/10 and he had already told the nurse working, but she did not do "anything to help" him. He stated he received his routine Tylenol around lunch. In the past when he reported his pain to the staff, they do not give him anything like medication or offer heat/ice, massage, or any other intervention. He reported only takes routine Tylenol for pain, which is somewhat helpful, but does not fully relieve his daily pain. Resident 11 stated he does not have anything else in between at this time. In the past, he had tried tramadol but that was ineffective for him. Resident 11 stated he experienced pain at least daily, but some days are worse than others. Today the pain is keeping him from sitting up on the side of the bed and watching television.</p> <p>An interview with Resident 11 on 6/2/2023 at 1:30 p.m. indicated his pain was a 5/10 today. He reported his acceptable pain level was two or less, but no higher than a three. He indicated today, and the last four days prior, his pain was keeping him from getting up and moving around his room. He was also not able to sit up on the side of his bed long, was not able to watch television, and cannot generally "get around" like normal. He reported he told the nurse that morning he was hurting but did not give a number. He reported he did take his routine Tylenol this morning, but he did not experience relief.</p> <p>A physician order for Resident 11, dated for 1/24/2023, indicated "assess for pain, if present,</p>				<p>review has been completed for any residents' with pain has been conducted with no negative findings. Nursing staff has been re-educated on pain management policy to assure pain management for all residents is provided consistent with professional standard of practice, the comprehensive person centered care plan, and the residents goals and preferences. Re-education included but not limited to pain assessment if pain relief is ineffective, and physician notification to assure pain medication is evaluated and revised as necessary.</p> <p>The DON and or her designee will monitor resident documentation to assure residents with pain have had proper PRN medication, assessment and notification of physician if breakthrough pain noted. An audit tool has been initiated. The DON and her designee will complete the audit 5 days per week for one month 3 days per week for one month, weekly for one month, and monthly thereafter. Should concerns be noted, immediate corrective action will occur.</p> <p>As a means of Quality Assurance, the results of this monitoring and any corrective action will be discussed in the facility's monthly QA meetings for a minimum of six months and the frequency of the monitoring will be</p>		

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	<p>refer to PRN [as needed] medications."</p> <p>A physician order for Resident 11, dated for 1/27/2023, indicated gabapentin 300 milligrams (mg) four times a day for chronic pain.</p> <p>A physician order for Resident 11, dated 4/21/2023, indicated Tylenol extra strength 650 mg three times a day for pain.</p> <p>A physician order for Resident 11, dated 5/18/2023, indicated Norco 5/325 mg twice as day as needed for pain.</p> <p>The medication administration record for Resident 11, indicated that in May of 2023 he reported the following pain levels over 3/10:</p> <p>5/1/2023 "Day" - 4/10 5/2/2023 "Day" - 4/10 5/4/2023 "Day" - 8/10 5/6/2023 "Day" - 6/10 5/8/2023 "Day" - 4/10 5/12/2023 "Day" - 8/10 5/12/2023 "Evening" - 5/10 5/18/2023 "Day" - 6/10 5/20/2023 "Day" - 4/10 5/22/2023 "Day" - 7/10</p> <p>The aforementioned assessment did not include location, description, or frequency of the reported pain.</p> <p>An interview with the Director of Nursing on 6/2/2023 at 3:05 p.m. indicated that Resident 11 had not received any as needed pain medication in May of 2023.</p> <p>An interview with Nurse Consultant on 6/6/2023 at 11:00 a.m. indicated that the nurse is</p>				increased or decreased according to the findings		

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	<p>responsible for ensuring pain relief interventions are taken and that the physician is notified of breakthrough pain. The nurses did not complete a pain assessment for location, frequency, what makes it better, what makes it worse nor was the physician notified of breakthrough pain in May of 2023.</p> <p>The pain assessment policy provided by the DON on 6/5/23 at 1:30 p.m., indicated the purpose was to identify those residents who utilize routine medications for pain or who utilize frequent use of as needed pain medications in effort to ensure adequate pain control is achieved. If ineffective relief is noted, a pain assessment shall be completed to assess location, frequency, etc. and notify the physician accordingly to ensure currently ordered pain medication is evaluated and revised, as necessary. If a resident verbalizes pain, unaffected by the currently ordered pain medication or exhibits non-verbal communication that pain is present, resident shall be identified through completion of regularly scheduled MDS to ensure pain symptoms are evaluated and communicated to the physician.</p> <p>3.1-37(a)</p>						