

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155790	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/05/2021
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NAME OF PROVIDER OR SUPPLIER BRIDGEWATER HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 14751 CAREY ROAD CARMEL, IN 46033
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00365437 and IN00366377 .</p> <p>Complaint IN00365437 - Substantiated. Federal/state deficiencies related to the allegations are cited at F550, F558, F583, F761 and F842.</p> <p>Complaint IN00366377- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: November 4th and 5th, 2021</p> <p>Facility number: 012548 Provider number: 155790 AIM number: 201023760</p> <p>Census Bed Type: SNF/NF: 73 Total: 73</p> <p>Census Payor Type: Medicare: 9 Medicaid: 54 Other: 10 Total: 73</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on November 10, 2021.</p>	F 0000	<p>Deficiency I Deficiency ID: F _ 0000 Completion Date: 11/11/2021 12:00:00 AM Plan of Correction Text: Deficiency ID: F _ 0550 Completion Date: Plan of Correction Text: F550 – Resident Rights/Exercise of Rights - Failed to provide dignified existence, self determination, and communication with and access to persons and services inside and outside the facility.</p> <p>1.Residents B and D did not sustain harm from the deficient practice. Both residents are at their psychosocial baseline</p> <p>2.All residents have the potential to be affected. Residents were interviewed during angel care rounds to ensure resident rights were being met and any deficiencies were addressed and reported.</p> <p>3. All nursing staff were educated on facilities policy “Resident Rights”</p> <p>1.The DON/Clinical Designee will conduct observations of staff providing care to ensure that resident rights are being observed. 5 days per week x 30 days, then 3 days per week x 2 months and weekly x 3 months thereafter. The DON/Clinical Designee will bring</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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

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			<p>the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations.</p> <p>2.Dare of Compliance: 12-3-21 F558 – Reasonable Accommodations Needs/Preferences</p> <p>1. Residents in room 3011 were not harmed by the deficient practice. Call light was answered and residents needs were met</p> <p>2. All resident have the potential to be affected by the deficient practice. Residents were interviewed during angel care rounds to ensure call lights are being answered timely and any deficiencies were addressed and reported.</p> <p>3. All nursing staff were educated on facilities policy “Resident Rights” with an emphasis on answering call lights timely.</p> <p>4. DON/Designee will conduct observations of staff answering call light times. This will be conducted weekly x 4 weeks for 5 different residents 5 days a week, then 3x’s a week for 2 months of 5 residents and then 5 residents a week x 3 month until compliance is achieved. All results will be submitted monthly to the Quality Assurance Committee</p> <p>5. Date of Compliance:</p>	

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			<p>12-3-21</p> <p>F583 – Privacy and confidentiality of records</p> <ol style="list-style-type: none"> Resident E was not harmed by the alleged deficient practice. Upon notification deficient practice was immediately corrected by employee. All residents have the potential to be affected by the deficient practice. The DON/designee will educate all the nursing staff on facilities policy “Clinical documentation standards” with an emphasis on ensuring that residents private health information is kept private; and screen is locked during med pass when nurse /QMA steps away from the medication cart. DON/Designee will conduct observations of privacy of health records during medication pass by nurses/QMA’s. This will be conducted weekly x 4 weeks and Monthly x 3 month until compliance is achieved. All results will be submitted monthly to the Quality Assurance Committee. Date of Compliance: 12-3-21 <p>F761 – Label/store drugs and biological</p> <ol style="list-style-type: none"> Resident E was not harmed by the deficient practice. Resident E received scheduled medications per physician order. All residents have the 	

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			<p>potential to be affected by the deficient practice.</p> <p>3. All licensed nurses and QMA's were educated on facilities policy "Medication Storage and Labeling" and "Resident Rights" with an emphasis on medication security and safety.</p> <p>4. DON/Designee will conduct observations of medications being secured during medication pass by nurses/QMA's. This will be conducted weekly x 4 weeks and Monthly x 3 month until compliance is achieved. All results will be submitted monthly to the Quality Assurance Committee</p> <p>5. Date of Compliance: 12-3-21</p> <p>F842 – Resident Records – identifiable information</p> <p>1. Residents identified as F, G, H, B and C are confidential related to complaint survey and unable to correct for specific residents.</p> <p>2. All residents have the potential to be affected by the deficient practice. An audit was completed of the last 14 days MARS to identify missing documentation. MD was notified of any deficiencies.</p> <p>3. The DON/Designee will educate all nurses on the policy of "Medication Administration" with emphasis on documentation related to acknowledgment on the MARS/TARS for accurate and complete medical records.</p>	

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F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must 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. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or</p>		<p>4. DON/Designee will audit the MARs/TARS for missed treatments 5 x week for 1 month, 2 x week for 1 month 1x week for 3 months and continue as needed. All results will be submitted monthly to the Quality Assurance Committee.</p> <p>5. Date of Compliance: 12-3-21</p>		

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	<p>her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on observation, interview and record review, the facility failed to ensure staff interacted with a resident, in a courteous manner (Resident B) and failed to ensure staff provided privacy during care (Resident D) for 2 of 2 randomly observed residents for resident rights.</p> <p>Findings include:</p> <p>1. During an observed interaction, on November 4th, 2021 at 1:44 p.m., Resident B was up in a wheel chair propelled by staff, his Hoyer pad strap was dragging on the floor under the left side close to the wheel. The staff member was notified, at the time the resident had made a request of the staff member and the staff member left to retrieve the item the resident had requested.</p> <p>At 1:45 p.m., Certified Medication Assistant (CMA) 2 approached the resident and in a curt manner indicated, "What is the problem with the Hoyer pad?"</p> <p>During an interview, on November 4th, 2021 at 12:35 p.m., Resident B indicated some staff were rude and he had reported it but was not made</p>	F 0550	<p>The Plan of Correction is the center's credible allegation of compliance. Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of the federal and state law. The facility respectfully requests a desk review for this plan of correction.</p> <p>F550 – Resident Rights/Exercise of Rights - Failed to provide dignified existence, self determination, and communication with and access to persons and services inside and outside the facility.</p> <p>1.Residents B and D did not sustain harm from the deficient practice. Both residents are at</p>	12/03/2021	

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	<p>aware of the outcome of his concern. Resident B indicated one of the staff was CMA 2.</p> <p>During an interview, on November 4th, 2021 at 12:53 p.m., Resident C indicated some staff could be rude.</p> <p>During an interview, on November 4th, 2021 at 1:55 p.m., the Director of Nursing indicated there was no excuse for addressing a resident in that manner.</p> <p>2. During an observation of colostomy care, on November 5th, 2021 at 1:32 p.m., LPN 2 entered Resident D's room to provide care. The nurse did not close the door to the room, close the blinds of the window which the resident's bed was in front of, or draw the privacy curtain before or during the treatment.</p> <p>During an interview, on November 5th, 2021 at 1:41 p.m., LPN 2 indicated she had not realized she had left the door open and she should have provided privacy.</p> <p>An undated facility document, titled "Section 2: CommuniCare's Principals," provided by the Director of Nursing on November 5th, 2021 at 12:14 p.m., indicated "...Our customers come first...Show respect and treat resident with dignity...They are adults and should be treated as adults...Use a pleasant tone of voice when talking to a resident...Our Resident Rights statement is an important part of our resident care policy...It promises every resident that we will do everything we can to guarantee the fundamental right and individual sense of dignity to which every human being is entitled...."</p> <p>A current facility policy, titled "Resident Rights,"</p>		<p>their psychosocial baseline</p> <p>2.All residents have the potential to be affected. Residents were interviewed during angel care rounds to ensure resident rights were being met and any deficiencies were addressed and reported.</p> <p>3. All nursing staff were educated on facilities policy "Resident Rights"</p> <p>1.The DON/Clinical Designee will conduct observations of staff providing care to ensure that resident rights are being observed. 5 days per week x 30 days, then 3 days per week x 2 months and weekly x 3 months thereafter. The DON/Clinical Designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations.</p> <p>Dare of Compliance: 12-3-21</p>		

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F 0558 SS=D Bldg. 00	<p>dated August 11, 2017 and provided by the Director of Nursing on November 5th at 12:14 p.m., indicated "...Dignity: a state worthy of honor or respect; includes but not limited to speaking respectfully to resident, providing privacy for care and treatment...Residents will be treated with dignity and respect including but not limited to...When providing care...Staff will speak respectfully to residents...Have their privacy when treatment, medication or care is being administered including...Treatments...."</p> <p>This Federal tag relates to complaint IN00365437.</p> <p>3.1-3(p)(4) 3.1-3(t)</p> <p>483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>Based on observation, interview and record review, the facility failed to ensure a call light was answered promptly for 1 of 5 randomly observed activated call lights. (Room 3011)</p> <p>Finding includes:</p> <p>During a random observation, on November 4th, 2021 at 2:01 p.m., CNA 6 was observed standing directly under a lit call light of Room 3011. At that time, CNA 6 indicated it was her first day in the facility and she could check to see what the resident wanted, but she was waiting for report as she was not familiar with the residents. She did</p>	F 0558	<p>F558 – Reasonable Accommodations Needs/Preferences</p> <ol style="list-style-type: none"> Residents in room 3011 were not harmed by the deficient practice. Call light was answered and residents needs were met All resident have the potential to be affected by the deficient practice. Residents were interviewed during angel care rounds to ensure call lights are being answered timely and any deficiencies were addressed and 	12/03/2021

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F 0583 SS=D Bldg. 00	<p>not check on the resident.</p> <p>During an interview, on November 4th, 2021 at 2:02 p.m., LPN 3 indicated everyone was responsible to answer call lights. Any staff could check the resident's needs and if they were not able to assist the resident they could get help from another staff member.</p> <p>During an interview, on November 5th, 2021, the Director of Nursing indicated all staff were trained to answer call lights and if they were unable to assist the resident they were to leave the light on and get help.</p> <p>A current facility policy, titled "Resident Rights," dated August 11, 2017 and provided by the Director of Nursing on November 5th at 12:14 p.m., indicated "...Staff will answer call needs promptly...Any staff within the vicinity will answer a call light..."</p> <p>This Federal tag relates to complaint IN00365437.</p> <p>3.1-3(v)(1)</p> <p>483.10(h)(1)-(3)(i)(ii) Personal Privacy/Confidentiality of Records §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>§483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p>		<p>reported.</p> <p>3. All nursing staff were educated on facilities policy "Resident Rights" with an emphasis on answering call lights timely.</p> <p>4. DON/Designee will conduct observations of staff answering call light times. This will be conducted weekly x 4 weeks for 5 different residents 5 days a week, then 3x's a week for 2 months of 5 residents and then 5 residents a week x 3 month until compliance is achieved. All results will be submitted monthly to the Quality Assurance Committee</p>				

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	<p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>Based on observation, interview and record review, the facility failed to ensure private health information was kept private during a medication pass for 1 of 8 residents observed for privacy of health information. (Resident E)</p> <p>Finding includes:</p> <p>During an observation of medication preparation and administration, on November 4th, 2021 at 9:32 a.m., RN 7 was observed to prepare medications at her cart, parked in a common hall with other staff and residents present. The computer screen was up, showing the medications which were due to be administered. When RN 7 had finished preparing the medications, she turned and walked</p>	F 0583	<p>F583 – Privacy and confidentiality of records</p> <ol style="list-style-type: none"> Resident E was not harmed by the alleged deficient practice. Upon notification deficient practice was immediately corrected by employee. All residents have the potential to be affected by the deficient practice. The DON/designee will educate all the nursing staff on facilities policy “Clinical documentation standards” with an emphasis on ensuring that residents private health information 	12/03/2021
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F 0761 SS=D Bldg. 00	<p>away from her medication cart leaving the computer screen up and the medications containers, on the cart. RN 8 did leave the immediate area, leaving the medications, cart and computer out of her line of vision.</p> <p>At 9:36 a.m., RN 7 returned to her cart. At that time, she indicated she should not have left the computer screen visible.</p> <p>The information visible on the screen included, but were not limited to, Resident E's name and medications.</p> <p>A current facility policy, titled "Clinical Documentation Standards," dated August 31, 2018 and provided by the Director of Nursing on November 5, 2021 at 12:14, indicated "...Health Insurance Portability and Accountability Act of 1996 provides for data privacy and security for medical information...Legal considerations...Each resident will have a medical record...kept secure...."</p> <p>This Federal tag relates to complaint IN00365437.</p> <p>3.1-3(o)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p>		<p>is kept private; and screen is locked during med pass when nurse /QMA steps away from the medication cart.</p> <p>4. DON/Designee will conduct observations of privacy of health records during medication pass by nurses/QMA's. This will be conducted weekly x 4 weeks and Monthly x 3 month until compliance is achieved. All results will be submitted monthly to the Quality Assurance Committee.</p> <p>5. Date of Compliance: 12-3-21</p>		

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	<p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure a staff member kept medications secure and within sight during a medication pass for 1 of 8 residents observed during a medication administration. (Resident E)</p> <p>Finding includes:</p> <p>During an observation of medication preparation and administration, on November 4th, 2021 at 9:32 a.m., RN 7 was observed to prepare Resident E's medications at her cart, parked in a common hall with other staff, and residents present. The computer screen was up, showing the medications which were due to be administered. When RN 7 had finished preparing the medications, she turned and walked away from her medication cart leaving the computer screen up and the medications containers, on the cart. RN 8 did leave the immediate area, leaving the medications, cart and computer out of her line of vision.</p> <p>At 9:36 a.m., RN 7 returned to her cart. At that</p>	F 0761	<p>F761 – Label/store drugs and biological</p> <ol style="list-style-type: none"> Resident E was not harmed by the deficient practice. Resident E received scheduled medications per physician order. All residents have the potential to be affected by the deficient practice. All licensed nurses and QMA's were educated on facilities policy "Medication Storage and Labeling" and "Resident Rights" with an emphasis on medication security and safety. DON/Designee will conduct observations of medications being secured during medication pass by nurses/QMA's. This will be conducted weekly x 4 weeks and Monthly x 3 month until compliance is achieved. All results will be submitted monthly to the 	12/03/2021

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NAME OF PROVIDER OR SUPPLIER BRIDGEWATER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14751 CAREY ROAD CARMEL, IN 46033		
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F 0842 SS=E Bldg. 00	<p>time, she indicated she thought the medications were being reviewed.</p> <p>The medications, in their packaging left on the cart, unattended by licensed staff were Vitamin B-12 100 micrograms, acetaminophen 325 milligrams and amlodipine (a medication for high blood pressure) 5 milligrams.</p> <p>During an interview, on November 5th, 2021 at 10:43 a.m., the Director of Nursing indicated the nurse should not have walked away leaving the medication on the cart, observers were not employees and were not responsible to watch the medications. A policy was requested at that time.</p> <p>A policy specific to securing medications was not provided by exit from the facility on November 5th at 2:40 p.m. However, a current facility policy, titled "Resident Rights," dated August 11, 2017 and provided by the Director of Nursing on November 5th, 2021 at 12:34 p.m., indicated "...property...Have the facility protect their property...."</p> <p>This Federal tag relates to Complaint IN00365437.</p> <p>3.1-25(m)</p> <p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p>		Quality Assurance Committee 5. Date of Compliance: 12-3-21		

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	<p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or 			

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	<p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Based on interview and record review, the facility failed to document, in the medication and/or treatment records, medications and treatment administered for 5 of 5 residents reviewed for documentation of medication administration. (Residents F, G, H, B and C)</p> <p>Findings include:</p> <p>1. The Medication Administration Record (MAR) for Resident F was reviewed on November 4th, 2021. A physician's order indicated to measure and record Foley Catheter (a type of indwelling catheter used for urine elimination) output every shift. There was no documentation for October 3rd, 2021, from day shift, October 18th from night shift and October 22nd on night shift.</p> <p>A physician's order indicated to give Midodrine (a medication used for low blood pressure) 10 milligrams (mg) three times a day for hypotension.</p>	F 0842	<p>F842 – Resident Records – identifiable information</p> <p>1. Residents identified as F, G, H, B and C are confidential related to complaint survey and unable to correct for specific residents.</p> <p>2. All residents have the potential to be affected by the deficient practice. An audit was completed of the last 14 days MARs to identify missing documentation. MD was notified of any deficiencies.</p> <p>3. The DON/Designee will educate all nurses on the policy of “Medication Administration” with emphasis on documentation related to acknowledgment on the MARS/TARS for accurate and complete medical records.</p>	12/03/2021

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	<p>There was no documentation for October 3rd, 2021 on the days shift for the 7:00 a.m. or the 12:00 p.m. administration.</p> <p>2. The MAR for Resident G was reviewed on November 4th, 2021 at 10:22 a.m. A physician's order indicated to record the Foley Catheter output every shift. There was no documentation for October 1st, 2021 on the day shift, October 2nd on the evening shift, October 9th on days, evenings or night shifts, October 10th on the day shift, October 16th on days or evening shifts, October 20th on the evening shift and October 22nd on the night shift.</p> <p>3. The MAR for Resident H was reviewed on November 4th, 2021 at 1:10 p.m. A physician's order indicated to monitor for pain every shift. There was no documentation on October 13th evening shift.</p> <p>A physician's order indicated to flush the PICC (A peripherally inserted central catheter, a long, thin tube which was inserted through a vein in your arm) Line lumens which were not in use, with 10 milliliters of saline every 8 hours. There was no documentation for October 13th on evening shift and October 23rd on day shift.</p> <p>A physician's order, started on October 11th, 2021, indicated to document vital signs every shift while on antibiotics the order was discontinued on October 30th, 2021. There was no documentation on October 13th, 2021 for the evening shift.</p> <p>A physician's order indicated to check blood sugars before meals and at bedtime related to diabetes. There was no documentation in the MAR for October 12th, 2021 at 12:00 p.m. or</p>		<p>4. DON/Designee will audit the MARs/TARS for missed treatments 5 x week for 1 month, 2 x week for 1 month 1x week for 3 months and continue as needed. All results will be submitted monthly to the Quality Assurance Committee.</p> <p>5. Date of Compliance: 12-3-21</p>		

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	<p>October 29th, 2021 at 12:00 p.m.</p> <p>4. The MAR for Resident B was reviewed on November 4th, 2021 at 1:00 p.m. A physician's order indicated to give atorvastatin (a medication for high cholesterol levels) 10 mg at 9:00 p.m. There was no documentation in the MAR for October 13th, 2021.</p> <p>A physician's order indicated to apply calmoseptine (medication used to treat and prevent minor skin irritations) to the buttocks for wound care. The medication was to be applied twice a day. There was no documentation for October 13th at 4:00 p.m.</p> <p>A physician's order indicated to give Apixaban (a medication used to prevent clotting) 5 mg two times a day. There was no documentation for the second administration on October 13, 2021.</p> <p>A physician's order indicated to give Flecainide (a medication used to treat an irregular heart beat) 50 mg two times a day. There was no documentation for October 13, 2021 at 9:00 p.m.</p> <p>5. The MAR for Resident C was reviewed on November 4th, 2021 at 12:55 p.m. A physician's order indicated to give Iron 100 plus (a vitamin supplement) one tablet orally every day. There was no documentation for October 13th, 2021.</p> <p>A physician's order indicated to give Remeron (a medication used for depression) 15 mg daily at bedtime. There was no documentation for October 13th, 2021 at 8:00 p.m.</p> <p>A physician's order indicated to give trazodone 50 mg at bedtime for insomnia. There was no documentation for October 13, 2021 at 9:00 p.m.</p>			

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

PRINTED: 12/06/2021

FORM APPROVED

OMB NO. 0938-039

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	<p>During an interview, on November 5th, 2021, the Corporate Support Nurse indicated it was the expectation of the facility when care was provided or medication was administered it was to be documented in the medication or treatment record and staff were expected to follow the physician's orders.</p> <p>During an interview, on November 5th, 2021, the Director of Nursing indicated the facility had a computer outage on October 6th and 7th, 2021 which affected the staff's ability to chart in the computer.</p> <p>A current facility policy, titled "Clinical Documentation Standards, dated as effective August 31, 2018 and provided by the Director of Nursing on November 5th, 2021 at 12:34 p.m., indicated "...Nurses will follow the basic standard of practice for documentation including but not limited to providing a timely and accurate account of resident information in the medical record...Chart in "real time" when an event is occurring or shortly thereafter...."</p> <p>This Federal tag relates to complaint IN00365437.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			