

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

PRINTED: 06/05/2018

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155441		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/03/2018	
NAME OF PROVIDER OR SUPPLIER  CORYDON NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 315 COUNTRY CLUB RD CORYDON, IN 47112			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00260473.</p> <p>Complaint IN00260473 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550, F656, F742, and F758.</p> <p>Survey dates: May 2 and 3, 2018</p> <p>Facility number: 000338 Provider number: 155441 AIM number: 100287590</p> <p>Census Bed Type: SNF/NF: 26 Total: 26</p> <p>Census Payor Type: Medicare: 2 Medicaid: 21 Other: 3 Total: 26</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on May 11, 2018.</p>			F 0000			
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>						

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 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>§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 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 a resident's dignity remained intact for 2 of 3 residents reviewed for resident rights. (Resident B and C)</p> <p>Findings include:</p>			F 0550	<p>F 550 Resident Rights/Exercise of Rights</p> <p>- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p>		06/02/2018

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	<p>1. The clinical record for Resident B was reviewed on 5/3/18 at 11:10 a.m. Diagnosis included, but was not limited to, Huntington's disease.</p> <p>On 5/2/18 at 3:50 p.m., the resident was observed resting in bed and uncovered wearing only a pull-up. The door was open and the privacy curtain was not pulled.</p> <p>On 5/3/18 at 10:35 a.m., the resident was observed resting in bed and uncovered wearing only a pull-up. The door was open and the privacy curtain was not pulled.</p> <p>During an interview on 5/3/18 at 10:36 a.m., CNA (Certified Nursing Assistant) 4 indicated when the resident was hot, he kicks off the sheet.</p> <p>During an interview on 5/3/18 at 4:03 p.m., the Administrator indicated the resident had Huntington's disease and chorea (disease that causes involuntary movement) which caused him to kick off his blanket.</p> <p>2. The clinical record for Resident C was reviewed on 5/2/18 at 4:20 p.m. Diagnoses included, but were not limited to, bipolar, depression, anxiety, and Huntington's disease.</p> <p>The behavior note, dated 4/21/18 at 10:46 p.m., indicated the resident wanted out of the facility and was beating on the front door trying to break out. The nurse asked the resident why she wanted out and the resident stated she needed a cigarette. The nurse told the resident she would let the CNA take her out to smoke if she agreed to calm down and take her night time medication when she came back from smoking.</p>				<p>o For Resident B, Shorts have been provided and resident wearing them</p> <p>o For resident C, Resident C was Discharged to her sister</p> <p>- how other residents having the potential to be affected by the same deficient practice will be identified and corrective action(s) will be taken;</p> <p>o All residents have the ability to be affected this finding</p> <p>o All residents will be assessed for adequate clothing</p> <p>o Residents exhibiting behaviors will have adequate interventions when behaviors are noted</p> <p>- what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>o All staff will be in-serviced on resident rights including Dignity</p> <p>o CNA sheets to be updated to identify residents that have a tendency to disrobe and will be audited for accuracy by DON and/or designee weekly for four weeks and monthly for six months thereafter until compliance is maintained for two consecutive quarters</p> <p>o All Care Plans will be updated with adequate interventions</p> <p>- how the corrective action(s) will be monitored to</p>		

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F 0656 SS=D Bldg. 00	<p>During an interview, on 5/3/18 at 10:39 a.m., the Administrator indicated the staff were not trying to do anything harmful. They were just trying to calm her down and figure out what works.</p> <p>On 5/3/18 at 3:43 p.m., the Assistant Director of Nursing provided a current copy of the document titled "Resident Rights". It included, but was not limited to, the following: "As a resident of this facility, you have the right to a dignified existence...The facility must care for you in a manner that enhances your quality of life...The facility will treat you with dignity and respect in full recognition of your individuality..."</p> <p>This Federal tag relates to Complaint IN00260473</p> <p>3.1-3(t)</p> <p>483.21(b)(1) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under</p>				<p>ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place;</p> <p>o The results of these audits will be reviewed by the QAPI committee monthly. If compliance is not achieved, an action plan will be developed and implemented. Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk management team for review.</p> <p>- by what date the systemic changes will be completed o June 2, 2018</p> <p>- Facility requests desk review in lieu of revisit</p>		

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	<p>§483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c) (6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>Based on interview and record review, the facility failed to ensure a plan of care was implemented for a resident (Resident C) who received anti-anxiety medications for 1 of 3 residents reviewed for care plans.</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 5/2/18 at 5:20 p.m. Diagnoses included, but were not limited to, depression and Huntington's disease.</p>			F 0656	<p>F 656 Develop/Implement Comprehensive Care Plans</p> <p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>o care plan was updated for resident to reflect the use of Anti-Anxiety medications.</p> <p>- how other residents having the potential to be affected by the same deficient practice will be</p>		06/02/2018

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	<p>The physician order, dated 3/26/18 at 1:04 p.m., indicated the resident was to receive ativan (anti-anxiety medication) 1 mg, one time only, for anxiety.</p> <p>The March 2018 medication administration record indicated, on 3/26/18 at 1:55 p.m., the resident received 1 mg of ativan.</p> <p>The physician order, dated 3/31/18, indicated the resident was to receive diazepam (anti-anxiety medication) 2 mg every 8 hours as needed for anxiety.</p> <p>The April 2018 medication administration record indicated the resident received the diazepam on 4/2/18 at 9:14 p.m., 4/7/18 at 9:01 p.m., 4/10/18 at 1:28 p.m., 4/12/18 at 8:39 p.m., 4/13/18 at 3:00 p.m., 4/15/18 at 7:29 p.m., 4/16/18 at 2:39 p.m., 4/17/18 at 1:43 a.m. and 9:58 a.m., 4/18/18 at 1:18 p.m., 4/20/18 at 3:40 p.m., 4/21/18 at 7:00 p.m., 4/23/18 at 9:13 p.m., 4/24/18 at 4:51 p.m., 4/27/18 at 11:00 a.m. and 6:20 p.m., and 4/29/18 at 8:05 a.m.</p> <p>The clinical record lacked documentation of a plan of care and interventions for anxiety.</p> <p>During an interview, on 5/3/18 at 3:54 p.m., the Assistant Director of Nursing indicated the resident did not have a care plan for anxiety.</p> <p>This Federal tag relates to Complaint IN00260473</p> <p>3.1-35(a)</p>				<p>identified and corrective action(s) will be taken;</p> <ul style="list-style-type: none"> <li>o Review of current resident's comprehensive care plans for completion and accuracy by MDS Coordinator and/or DON by 6/02/18</li> <li>- what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</li> <li>o The MDS/DON will audit all resident care plans for accuracy</li> <li>o DON/Designee will review the recommendations made by practitioners when a resident returns from receiving care and treatment from offsite source to ensure Care Plan reflects any new orders received for accuracy and will be audited weekly for four weeks and monthly for six months thereafter until compliance is maintained for two consecutive quarters</li> <li>- 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;</li> <li>o The results of these audits will be reviewed by the QAPI committee monthly. If compliance is not achieved, an action plan will be developed and implemented.</li> </ul>		

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F 0742 SS=D Bldg. 00	<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 the highest practicable mental and psychosocial well-being; Based on interview and record review, the facility failed to ensure a resident (Resident D) with compulsive behaviors received psychological services for those behaviors for 1 of 3 residents reviewed for behaviors.</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 5/2/18 at 4:20 p.m. Diagnoses included, but were not limited to, bipolar, depression, anxiety, and Huntington's disease.</p>	F 0742	<p>Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk management team for review.</p> <p>- by what date the systemic changes will be completed. o June 2, 2018</p> <p>- Facility requests desk review in lieu of revisit</p>	06/02/2018	

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	<p>The admission order, dated 4/18/18, indicated the resident may be seen for psychological services.</p> <p>The behavior note, dated 4/19/18 at 6:55 p.m., indicated the resident was pacing up and down the hallways telling the nurse she was scared and repeatedly stated she "wanted out of this place".</p> <p>The behavior noted, dated 4/19/18 at 11:23 p.m., indicated the resident was pacing up and down the hallway and stated she was scared and everything bad always happened to her.</p> <p>The behavior noted, dated 4/21/18 at 2:15 p.m., indicated the resident exited the facility by entering the door code, was brought back inside with much encouragement, and kept saying "I don't want to f***** be here".</p> <p>The behavior note, dated 4/21/18 at 10:46 p.m., indicated the resident wanted out of the facility. She was beating on the front door trying to break out and then threatened to smash her head through the window. She walked away from the doors and told the CNA she was going to put her head through the wall if someone did not let her out.</p> <p>The behavior note, dated 4/25/18 at 9:30 a.m., indicated the resident refused to come back inside the building after the smoke break, she stated repeatedly that she didn't like it here and didn't want to be here. The resident walked out of the smoke area into the parking lot towards the road. The staff member stopped her, however, the resident was still persistent to leave, telling staff to get their f***** hands off her and she was not coming back inside. The resident was placed in a wheel chair and brought back inside the</p>				<p>identified and what corrective action(s) will be taken;</p> <ul style="list-style-type: none"> <li>o All residents with behaviors have the ability to be affected by this finding</li> <li>o Residents requiring Emergency Services will be sent to Psych Services or E.R.</li> </ul> <p>- what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <ul style="list-style-type: none"> <li>o All Nurses will be in-serviced when a behavior occurs and medications and interventions are not helpful they will send resident with Dr. orders to Psych Services or E.R.</li> <li>o All new admits with documented behaviors will be seen by Psych services within 30 days of admission and accuracy will be completed by DON and/or designee weekly for four weeks and monthly for six months thereafter until compliance is maintained for two consecutive quarters</li> </ul> <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> <ul style="list-style-type: none"> <li>o The results of these audits will be reviewed by the QAPI committee monthly. If compliance</li> </ul>		



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	<p>facility.</p> <p>The behavior noted, dated 4/25/18 at 7:15 p.m., indicated after dinner the resident began to yell "get me out of here" repeatedly and was pacing the hallways. Staff tried to redirect with no success, and she continued pacing, yelling, and kicked over a wet floor sign.</p> <p>The behavior noted, dated 4/27/18 at 2:49 p.m., indicated the resident was cursing, pacing the hallways, and stated she did not want to be here.</p> <p>The behavior note, dated 5/2/18 at 9:45 a.m., indicated the resident was walking around the facility yelling "Get me the hell out of here! I don't want to be here! This isn't working!"</p> <p>During an interview, on 5/3/18 at 3:35 p.m., the Director of Nursing indicated the resident had not been seen for psych services yet.</p> <p>During an interview, on 5/3/18 at 4:02 p.m., the Administrator indicated the nurse practitioner for psychiatric services only comes to the building once a month.</p> <p>On 5/3/18 at 3:43 p.m., the Assistant Director of Nursing provided a current copy of the document titled "Resident Rights". It included, but was not limited to, the following: "As a resident of this facility, you have the right to a dignified existence...The facility must care for you in a manner that enhances your quality of life...The facility will treat you with dignity and respect in full recognition of your individuality...You have the right as a resident to receive services with reasonable accommodations to individual needs...."</p>				<p>is not achieved, an action plan will be developed and implemented. Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk management team for review.</p> <p>- by what date the systemic changes will be completed. o June 2, 2018</p> <p>- Facility requests desk review in lieu of revisit</p>		

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F 0758 SS=D Bldg. 00	<p>This Federal tag relates to Complaint IN00260473</p> <p>3.1-43(a)(1)</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic</p>						

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NAME OF PROVIDER OR SUPPLIER  CORYDON NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 315 COUNTRY CLUB RD CORYDON, IN 47112			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on interview and record review, the facility failed to ensure interventions were documented prior to the administration of as needed psychotropic and anti-anxiety medications for 2 of 3 residents reviewed for unnecessary medications. (Resident C and Resident D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 5/2/18 at 4:20 p.m. Diagnoses included, but were not limited to, bipolar, depression, anxiety, and Huntington's disease.</p> <p>The physician order, dated 4/20/18, indicated to administer haldol (antipsychotic medication) 1 mg (milligram) as needed for anxiety/agitation and Geodon (antipsychotic medication) 20 mg intramuscularly every 6 hours as needed for manic behaviors.</p> <p>The April 2018 medication administration record indicated the resident received the haldol on 4/20/18 at 3:40 p.m., 4/21/18 at 2:08 p.m. and 8:15 p.m., 4/22/18 at 8:46 p.m., and 4/25/18 at 8:29 a.m..</p>			F 0758	<p>F 758 Free from Psychotropic Meds/PRN use</p> <p>- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>o Resident was Discharged to her sister</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>o No additional residents have PRN Psychotropic Medications</p> <p>- what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>o All Nurses will be In-Serviced on attempting adequate interventions that have been written, care planned, and</p>		06/02/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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	<p>The April 2018 medication administration record indicated the resident received the Geodon 20 mg intramuscularly on 4/21/18 at 3:30 p.m.</p> <p>The clinical record lacked documentation of interventions attempted prior to the administration of the as needed psychotropic medications.</p> <p>During an interview, on 5/3/18 at 10:39 a.m., the Director of Nursing indicated interventions should be documented prior to the administration of the as needed medications.</p> <p>2. The clinical record for Resident C was reviewed on 5/2/18 at 5:20 p.m. Diagnoses included, but were not limited to, depression and Huntington's disease.</p> <p>The physician order, dated 3/26/18 at 1:04 p.m., indicated the resident was to receive ativan (anti-anxiety medication) 1 mg, one time only, for anxiety.</p> <p>The March 2018 medication administration record indicated, on 3/26/18 at 1:55 p.m., the resident received 1 mg of ativan.</p> <p>The physician order, dated 3/31/18, indicated the resident was to receive diazepam (anti-anxiety medication) 2 mg every 8 hours as needed for anxiety.</p> <p>The April 2018 medication administration record indicated the resident received the diazepam on 4/2/18 at 9:14 p.m., 4/7/18 at 9:01 p.m., 4/10/18 at 1:28 p.m., 4/12/18 at 8:39 p.m., 4/13/18 at 3:00 p.m., 4/15/18 at 7:29 p.m., 4/16/18 at 2:39 p.m., 4/17/18 at 1:43 a.m. and 9:58 a.m., 4/18/18 at 1:18 p.m., 4/20/18 at 3:40 p.m., 4/21/18 at 7:00 p.m., 4/23/18 at 9:13 p.m., 4/24/18 at 4:51 p.m., 4/27/18 at 11:00 a.m. and</p>				<p>accepted by the Quality Assurance Committee prior to administering PRN Psychotropic Medications</p> <ul style="list-style-type: none"> <li>o All new PRN Psychotropic orders for residents will be audited for interventions and will be completed by DON and/or designee weekly for four weeks and monthly for six months thereafter until compliance is maintained for two consecutive quarters</li> </ul> <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> <ul style="list-style-type: none"> <li>o The results of these audits will be reviewed by the QAPI committee monthly. If compliance is not achieved, an action plan will be developed and implemented. Monthly QAPI minutes and action plans are submitted to regional operations staff and corporate risk management team for review.</li> </ul> <p>- by what date the systemic changes will be completed.</p> <ul style="list-style-type: none"> <li>o June 2, 2018</li> </ul> <p>- Facility requests desk review in lieu of revisit</p>		

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	<p>6:20 p.m., and 4/29/18 at 8:05 a.m.</p> <p>The clinical record lacked documentation of interventions attempted prior to the administration of the as needed anxiety medication.</p> <p>On 5/3/18 at 11:35 a.m., the Social Services Director provided a copy of the document titled "Behavior Management", dated December 2015. It included, but was not limited to, the following: "Documentation...All Licensed Nurses...are responsible for documentation on the Behavior Monitoring Form and identifying interventions initiated to redirect the behaviors..."</p> <p>This Federal tag relates to Complaint IN00260473</p> <p>3.1-48(b)(2)</p>						