

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

PRINTED: 03/20/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155187	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/15/2023
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NAME OF PROVIDER OR SUPPLIER  BRICKYARD HEALTHCARE - PORTAGE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 3175 LANCER ST PORTAGE, IN 46368
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00398703, IN00400064, IN00400671, and IN00401156.</p> <p>Complaint IN00398703 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00400064 - Substantiated. Federal/State deficiencies related to the allegations are cited at F676 and F689.</p> <p>Complaint IN00400671 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00401156 - Substantiated. Federal/State deficiencies related to the allegations are cited at F676 and F842.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: February 14 and 15, 2023</p> <p>Facility number: 000098 Provider number: 155187 AIM number:100290980</p> <p>Census Bed Type: SNF/NF: 125 Total: 125</p> <p>Census Payor Type: Medicare: 14 Medicaid: 88 Other: 23 Total: 125</p> <p>These deficiencies reflect State Findings cited in</p>	F 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jacqueline Carpenter-Heard	Executive Director	03/01/2023

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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F 0676 SS=D Bldg. 00	<p>accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 2/16/23.</p> <p>483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p>			

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	<p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. Based on observation, record review, and interview, the facility failed to ensure residents received necessary care and services in a timely manner, related to activities of daily living (ADLs) of toileting and incontinent care, and call light response for care needed for 6 of 7 residents interviewed about call light response (Residents G, H, M, N, P, and Q) and 1 of 3 residents reviewed for ADLs/ incontinent care. (Resident G)</p> <p>Findings include:</p> <p>1. The following residents were interviewed regarding ADLs and assistance on 2/14/23:</p> <p>At 9:33 a.m., Resident M indicated his call light was not answered timely when he needed care and he has had to wait for an hour before the call light was answered.</p> <p>At 10:22 a.m., Resident N indicated she has had to wait 25 minutes if not more for staff to respond to her call light.</p> <p>At 10:24 a.m., Resident P indicated she has had to wait for an hour before staff responded to her call light.</p> <p>At 10:40 a.m., Resident Q indicated staff would answer the call light, then say they would be back, and never come back to help her and she has waited hours to get help.</p> <p>At 11:25 a.m., Resident H indicated she has waited for long periods of time for her call light to be answered when she needed help.</p>	F 0676	<p>F676</p> <p>p="" paraid="658476460" paraeid="{2ec9b3e5-f442-42d2-93d5-a4feb4bee035}{171}"&gt;Activities Daily Living/ Abilities</p> <p>p="" paraid="663369993" paraeid="{2ec9b3e5-f442-42d2-93d5-a4feb4bee035}{183}"&gt;Res</p> <p>p="" paraid="734047566" paraeid="{2ec9b3e5-f442-42d2-93d5-a4feb4bee035}{190}"&gt;Residents M, N, P, Q, H, G</p> <p>p="" paraid="922518494" paraeid="{2ec9b3e5-f442-42d2-93d5-a4feb4bee035}{202}"&gt;Res Identified</p> <p>p="" paraid="852000994" paraeid="{2ec9b3e5-f442-42d2-93d5-a4feb4bee035}{209}"&gt;All residents have the potential to be affected Residents M, N, P, Q, H and G were assessed and had no adverse effects related to the alleged deficient practice. Resident G was given as needed with linen changed and the Bowel and Bladder Evaluation was completed. All other call lights were monitored for timely .</p> <p>p="" paraid="112908011" paraeid="{2ec9b3e5-f442-42d2-93d5-a4feb4bee035}{253}"&gt;Others</p> <p>p="" paraid="1798124511" paraeid="{606715c3-1f96-47f6-a684-a653de386703}{9}"&gt;No other</p>	03/03/2023

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	<p>2. During an observation on 2/14/23 at 10:35 a.m., Resident G's call light was activated. The Social Service Coordinator entered the room and turned the call light off and then exited the room. She indicated the resident needed a CNA.</p> <p>On 2/14/23 at 10:40 a.m., CNA 1 entered the room. Resident G indicated she needed her brief changed and was out of briefs. CNA 1 informed the resident she would go get the briefs and would be back and then left the room.</p> <p>After CNA 1 left the room to get the briefs, the resident indicated she had activated her call light an hour ago and informed CNA 5 she had been incontinent, needed changed, and needed briefs. CNA 5 had informed her she would be back for care and had never come back. The resident indicated frequently the call light would be answered, the staff would come in and turn it off and tell her they would be back and then not return to the room. She indicated a few days earlier, she had waited for two hours in the afternoon for someone to answer her call light for care.</p> <p>On 2/14/23 at 10:48 a.m., CNA 1 returned to the room, she removed a saturated brief from the resident and indicated the pad under the brief was wet. The wet pad was removed and there was a large dried light beige stain on the bottom sheet. CNA 1 indicated it as from dried urine. After the care was completed, CNA 1 left the room</p> <p>After CNA 1 left the room, the the resident indicated she was able to feel the urge to void urine, she would put her call light on and the staff would not respond, so she would void in her brief. She would prefer to use the bedpan but voiding in</p>		<p>residents were identified as being affected. Employees, including CNA 1 and CNA 5 were re-educated immediately regarding timeliness of call light response and provision of assistance with ADLs. A 30 day look back to be completed of all residents who required Bowel and Bladder evaluations and call light audits implemented each shift.</p> <p>p="" paraid="300873457" paraeid="{606715c3-1f96-47f6-a684-a653de386703}{55}"&gt;Education</p> <p>p="" paraid="2083685901" paraeid="{606715c3-1f96-47f6-a684-a653de386703}{62}"&gt;DCE/Designee will - all nursing on answering call lights and timeliness on administering ADL care. The education will also include Bowel and Bladder evaluations for completion.</p> <p>p="" paraid="778362536" paraeid="{606715c3-1f96-47f6-a684-a653de386703}{86}"&gt;Audits</p> <p>p="" paraid="983140678" paraeid="{606715c3-1f96-47f6-a684-a653de386703}{93}"&gt;The</p> <p>DNS/DCE or will audit 3 random residents with incontinence issues and those requiring ADL assistance and Bowel and Bladder evaluations. Audits will occur 3 times weekly for 4 weeks then weekly for 5 months. Audits will occur on all shifts and units and will include weekend audits. Any negative trends will be reviewed in Monthly QAPI program x 6</p>	

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	<p>the brief had not bothered her. She indicated the last time someone had provided care after the call light was activated was at 1 a.m., and she had been assisted immediately. She had activated her call light after she had eaten breakfast, she thought around 9:30 a.m. to get help with toileting. CNA 5 answered her call light and had informed her she would be back and never came back to the room. The resident had activated the call light again and CNA 5 returned and informed her she needed to go get the briefs and never returned, she indicated by then she had voided in her brief. She then activated her call light again at 10:35 a.m. and just then had received help. She indicated the brown spot on her sheet had been there for a few days and the pad on her bed had been dry at 1 a.m.</p> <p>CNA 5 was interviewed on 2/14/23 at 2:04 p.m. and indicated the resident had needed more briefs and "they" had someone else change the resident. She indicated she was probably in the room with another resident.</p> <p>Resident G's record was reviewed on 2/15/23 at 2:11 p.m. The diagnoses included, but were not limited to, epilepsy and depression.</p> <p>An Admission Minimum Data Set assessment, dated 1/26/23, indicated an intact cognitive status, no behaviors, required extensive assistance with bed mobility, transfer, and toileting and was frequently incontinent of bowel and bladder.</p> <p>A Care Plan, dated 1/24/23, indicated a assistance was required for ADLs. The interventions included assistance with toileting would be provided as needed.</p> <p>A Care Plan, dated 1/31/23, indicated a risk for</p>		<p>months and until 95% compliance is reached.</p> <p>p="" paraid="580763873" paraeid="{606715c3-1f96-47f6-a684-a653de386703}{123}"&gt;QAPI p="" paraid="1153178940" paraeid="{606715c3-1f96-47f6-a684-a653de386703}{132}"&gt;Audits will be submitted to QAPI monthly until 95% compliance is reached.</p> <p>Asking for papaer compliance/desk review Compliance date March 2, 2023</p>	

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	<p>pressure ulcers. The interventions included skin care would be provided after incontinence episodes.</p> <p>A Bowel and Bladder Evaluation, dated 1/24/23, indicated there were other, non-documented risk factors for the bowel incontinence and the resident was incontinent of bowels due to the resident was unable to feel urge sensation and recognize the appropriate time/place to defecate for a bowel movement. There was no treatment or management program. The Bladder evaluation indicated the she was currently continent of bladder and then it was marked as currently incontinent of bladder. There were no risk factors, the signs and symptoms of urinary incontinence was not marked. The assessment had not been completed for potential reversible causes and medication that may have been contributing to bladder dysfunction.</p> <p>The Corporate RN was interviewed on 2/15/23 at 3:11 p.m. and indicated the Bowel and Bladder Evaluation had not been completed, the facility had no policy for bowel and bladder assessments and management.</p> <p>An Incontinence Policy, dated 10/2022 and received from the Corporate RN as current, indicated the facility must ensure residents who were continent of bladder and bowel upon admission received appropriate treatment, services, and assistance to maintain continence unless the clinical condition was that continence was not possible to maintain. Residents who were incontinent of bladder or bowel would receive appropriate treatment to prevent infections and continence would be restored to the extent possible.</p>			

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F 0689 SS=D Bldg. 00	<p>This Federal tag relates to Complaints IN00400064 and IN00401156.</p> <p>3.1-(a)(2)(A) 3.1-(a)(2)(B) 3.1-(a)(2)(C) 3.1-(a)(3)</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. Based on record review and interview, the facility failed to ensure a resident's environment remained free of accident hazards, related to a wheelchair not secured in the facility transportation van to prevent movement of the chair for 1 of 3 residents reviewed for accident hazards. (Resident C)</p> <p>Finding includes:</p> <p>During an interview on 2/14/23 2:12 p.m., Resident C indicated while being transported in his wheelchair in the facility bus, there was an incident in which the wheelchair was not locked down and when the bus stopped, he "went flying out of the chair."</p> <p>Resident C's record was reviewed on 2/14/23 at 2:23 p.m. The diagnoses included, but were not limited to, end stage renal disease and vascular dementia.</p>	F 0689	<pre>table="" border="1" data-table data-tablelook="0" aria-rowcount="7"&gt; p="" paraid="1751758394" paraeid="{606715c3-1f96-47f6-a68 4-a653de386703}{180}"&gt;F689 p="" paraid="106333034" paraeid="{606715c3-1f96-47f6-a68 4-a653de386703}{187}"&gt;Free of Accident Hazards/Supervision/Devices p="" paraid="1276708058" paraeid="{606715c3-1f96-47f6-a68 4-a653de386703}{195}"&gt;Res p="" paraid="1654495894" paraeid="{606715c3-1f96-47f6-a68 4-a653de386703}{202}"&gt;Resident C p="" paraid="553909707" paraeid="{606715c3-1f96-47f6-a68</pre>	03/02/2023

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	<p>A Quarterly Minimum Data Set assessment, dated 1/23/23, indicated the cognitive status was not assessed, had modified independence for daily decision making skills, required supervision for locomotion, and had no falls.</p> <p>A Facility Grievance Form, dated 1/3/23, indicated on 12/30/22, the wheelchair had not been secured in the facility bus and when the brakes were applied, it "yanked" the resident very hard and he had to hold onto the seats in the van to keep from, "going through the windshield".</p> <p>An Employee Statement, dated 12/30/22, indicated the wheelchair had not been clamped down to secure it from moving. When the van had stopped for a red light, the wheelchair had slid forward until it came to a stop. The resident indicated he had no injuries. The seatbelt also had not been applied to the resident.</p> <p>During an interview on 2/15/23 at 11:10 a.m., the Administrator indicated the resident had not fallen from the wheelchair and he had no complaints about pain upon return to the facility. The wheelchair was to be secured and the seatbelt applied before the resident was transported.</p> <p>The Van Driver was interviewed on 2/15/23 at 11:54 a.m. and indicated the resident had not fallen from the wheelchair. The chair had not been secured and the seatbelt had not been applied. He had made a mistake and not secured the wheelchair that day.</p> <p>A checklist for resident transport, received from the Corporate RN as current on 2/15/23 at 1:10 p.m., indicated all wheelchairs were to be secured using the "QRT Restraint" system and all</p>		<p>4-a653de386703}{212}"&gt;Res Identified p="" paraid="15912268" paraeid="{606715c3-1f96-47f6-a684-a653de386703}{219}"&gt;All residents have the potential to be affected Resident C was noted to an incident where his wheelchair was not secured during transportation, resident was assessed with no injuries noted. p="" paraid="1646032661" paraeid="{606715c3-1f96-47f6-a684-a653de386703}{245}"&gt;Others p="" paraid="1735459841" paraeid="{25dae137-df39-4880-80b1-5d0162eb07e1}{1}"&gt;No other residents were identified as being affected. The van driver was re-educated at the time of the incident on thorough review and completion of transport checklist. A 30 day look back to be completed of all residents who had been transported with the facility van to ensure all resident wheelchairs are fully secured prior to movement of the van. p="" paraid="2133837838" paraeid="{25dae137-df39-4880-80b1-5d0162eb07e1}{47}"&gt;Education p="" paraid="711240962" paraeid="{25dae137-df39-4880-80b1-5d0162eb07e1}{54}"&gt;Maintenance Consultant/designee all facility drivers on the required training. Any reported incident will be reviewed immediately. ED/designee will in-service facility</p>	



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F 0697 SS=D Bldg. 00	<p>residents would be secured with the lap and shoulder restraints before movement of the van.</p> <p>This Federal tag relates to Complaint IN00400064.</p> <p>4.1-45(a)(1)</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,</p>		<p>bus drivers on falls/accidents policy.</p> <p>p="" paraid="563183617" paraeid="{25dae137-df39-4880-80b1-5d0162eb07e1}{102}"&gt;Audits</p> <p>p="" paraid="1509164807" paraeid="{25dae137-df39-4880-80b1-5d0162eb07e1}{109}"&gt;The ED/designee will audit 3 random residents with transportation arrangements with the facility bus. Audits will occur 2 times weekly for 4 weeks, then weekly for 5 months. Audits will occur on all shifts and units and will include weekend audits. Any negative trends will be reviewed in Monthly QAPI program x 6 months and until 95% compliance is reached.</p> <p>p="" paraid="1330100146" paraeid="{25dae137-df39-4880-80b1-5d0162eb07e1}{143}"&gt;QAPI</p> <p>p="" paraid="1147790596" paraeid="{25dae137-df39-4880-80b1-5d0162eb07e1}{152}"&gt;Audits will be submitted to QAPI monthly until 95% compliance is reached.</p> <p>Requesting paper compliance/desk review Compliance date March 2, 2023</p>	

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	<p>and the residents' goals and preferences. Based on observations, record review, and interview, the facility failed to ensure pain management was provided to a resident in a timely manner for 1 of 2 residents reviewed for pain management. (Resident F)</p> <p>Finding includes:</p> <p>The following was observed on 2/14/23:</p> <p>At 9:28 a.m., Resident F was in his room. He was yelling out. He indicated he had head pain, and stated, "I have a brain aneurysm." The ADON (Assistant Director of Nursing) entered the room and informed the resident she would report his pain to his nurse.</p> <p>At 9:30 a.m., the ADON approached Nurse 2 and informed her Resident F was in pain, had a head ache, and needed pain medication. Nurse 2 indicated she was unsure what the Physician's Orders were for the pain medications and she would check. The ADON indicated if there were no orders for a pain medication, then let her know and she would notify the Physician. The ADON walked away and Nurse 2 continued with her morning medication administration.</p> <p>At 9:33 a.m., the resident continued to yell out and indicated he was having pain in his head. The ADON entered the room and informed him the Nurse (Nurse 2) was coming. The resident indicated every time he moved his head he had pain and continued yelling out.</p> <p>At 9:35 a.m., Nurse 2's Medication Pass Observation was initiated.</p> <p>At 9:41 a.m., CNA 1 entered the room. She stated</p>	F 0697	<pre>table="" border="1" data-table data-tablelook="0" aria-rowcount="7"&gt; p="" paraid="1726187716" paraeid="{25dae137-df39-4880-80b 1-5d0162eb07e1}{212}"&gt;F697 p="" paraid="1840136875" paraeid="{25dae137-df39-4880-80b 1-5d0162eb07e1}{221}"&gt;Pain Management p="" paraid="825377017" paraeid="{25dae137-df39-4880-80b 1-5d0162eb07e1}{229}"&gt;Res p="" paraid="246374583" paraeid="{25dae137-df39-4880-80b 1-5d0162eb07e1}{236}"&gt;Resident F p="" paraid="245214617" paraeid="{25dae137-df39-4880-80b 1-5d0162eb07e1}{246}"&gt;Res Identified p="" paraid="1344702702" paraeid="{25dae137-df39-4880-80b 1-5d0162eb07e1}{253}"&gt;All residents have the potential to be affected Resident F was assessed and medicated for pain. p="" paraid="39546761" paraeid="{c0dacff6-ba33-4257-a9b b-b9688a2cbb75}{20}"&gt;Others p="" paraid="1934933708" paraeid="{c0dacff6-ba33-4257-a9b b-b9688a2cbb75}{31}"&gt;No other residents were identified as being affected. Nurse 2, Nurse 3 and the ADON were immediately re-educated on the Pain Management policy to include the need to ensure pain management</pre>	03/02/2023	

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	<p>she came in to see what the resident needed. The resident continued to yell out in pain.</p> <p>At 9:43 a.m., CNA 1 entered the room again and obtained a cool cloth and placed it on the resident's forehead. She offered to help him back into bed. He indicated he did not want to go back to bed. He continued to moan loudly and voiced that his head was hurting. Nurse 1, who was working on the hallway, was observed exiting a room at the end of the hallway. She then went to the next room on the hall. The nurse had not responded to Resident F's pain.</p> <p>At 9:45 a.m., Nurse 2 prepared and administered medications to a resident whose room was toward the end of the hall. Nurse 3 entered the room and asked for the Medication Cart Keys and indicated she would obtain the pain medication. The pain medication was not located in the Medication Cart and Nurse 3 informed Nurse 2 the medication would be obtained from the Emergency Medication Kit (Pyxis).</p> <p>At 9:49 a.m., Nurse 3 entered the resident's room. He informed Nurse 3 that he felt like his brain was exploding. Nurse 3 indicated she would inform his nurse. She then exited the room. Nurse 3 re-entered the room at 9:52 a.m. and assessed the resident. He indicated his pain was a 10 out of 10. His blood pressure was checked and was 160/92 and the pulse was 116. The resident stated, "that is high". Nurse 3 indicated she would get him something for pain and would notify the Physician.</p> <p>At 9:56 a.m., the Director of Nursing (DON) entered the room. Nurse 3 re-entered the room and indicated the nurse on the Hallway was administering the morning medications and then</p>		<p>is provided in a timely manner. A 30 day look back to be completed of all residents who had a history of pain to ensure pain management was provided in a timely manner.</p> <p>p="" paraid="1678329835" paraeid="{c0dacff6-ba33-4257-a9b b-b9688a2cbb75}{81}"&gt;Education p="" paraid="387976372" paraeid="{c0dacff6-ba33-4257-a9b b-b9688a2cbb75}{88}"&gt;DCE/Designee will in-service all nurses on providing pain management in a timely manner for all residents who have pain management needs. All pain management will be reviewed daily by nursing management to ensure pain management is provided in a timely manner and proper follow up is completed including proper provider notification of any findings.</p> <p>p="" paraid="722909930" paraeid="{c0dacff6-ba33-4257-a9b b-b9688a2cbb75}{128}"&gt;Audits p="" paraid="956768712" paraeid="{c0dacff6-ba33-4257-a9b b-b9688a2cbb75}{135}"&gt;The DNS/DCE or will audit 3 random residents with pain management needs to ensure proper follow up and provider notification of any findings is completed in a timely manner. Audits will occur 3 times weekly for 4 weeks, then weekly for 5 months. Audits will occur on all shifts and units and will include weekend audits. Any negative</p>	

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	<p>left the room.</p> <p>At 10:01 a.m., the resident continued to yell out and indicated he had a headache.</p> <p>At 10:03 a.m., Nurse 3 re-entered the room and informed the resident she was going to get his pain medication. The resident continued to moan and yell out. The DON remained in the room with the resident.</p> <p>At 10:10 a.m., Nurse 2 entered the room and assessed the resident's pain. He indicated the pain was a 12 out of 10 and it was his ear and radiated down his neck. Nurse 2 reminded the resident he was being treated for an ear infection. The pain medication was administered after the assessment was completed.</p> <p>At 11:08 a.m., the resident remained in his wheelchair and was talking with a visitor. He indicated his headache was, "better".</p> <p>Resident F's record was reviewed on 2/15/23 at 12:37 p.m., The diagnoses included, but were not limited to, myopathy and spinal stenosis.</p> <p>An Admission Minimum Data Set assessment, dated 1/6/23, indicated an intact cognitive status, no behaviors, and occasional pain rated at a 3.</p> <p>A Care Plan, dated 1/3/23, indicated pain management was required. The interventions indicated pain medication as ordered by the Physician would be administered.</p> <p>The Physician's Orders, dated 1/10/23 indicated Norco (pain medication) 5-325 milligrams every eight hours as needed for pain and on 2/9/23, Levaquin (antibiotic) 500 milligrams was ordered</p>		<p>trends will be reviewed in Monthly QAPI program x 6 months and until 95% compliance is reached.</p> <p>p="" paraid="1841096856" paraeid="{c0dacff6-ba33-4257-a9b b-b9688a2cbb75}{165}"&gt;QAPI p="" paraid="1621811115" paraeid="{c0dacff6-ba33-4257-a9b b-b9688a2cbb75}{174}"&gt;Audits will be submitted to QAPI monthly until 95% compliance is reached.</p> <p>Requesting paper compliance/desk review Compliance date March 2, 2023</p>	

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F 0842 SS=D Bldg. 00	<p>daily for an ear infection.</p> <p>The Progress Notes for 2/14/23 indicated: At 10:10 a.m., he complained of a throbbing pain in his head, rated a 10 out of 10. His blood pressure was 160/92 and the pulse was 115. The Norco was administered as ordered and the Physician was notified.</p> <p>At 10:16 a.m., the resident was yelling out and indicated he was having pain in his head, and the Nurse had administered pain medication.</p> <p>At 11:03 a.m., the situation was documented as complaints of left ear pain, rated at a 10 and radiated down the left side of his neck. Orders were obtained and the resident was transferred to the Emergency Room.</p> <p>At 2:08 p.m., he returned from the Emergency Room with diagnoses of earache and ear wax build up.</p> <p>A facility pain management policy, dated 2022, received from the Corporate RN as current, indicated pain management was to be provided to the residents consistent with professional standards of practice. The resident's pain would be assessed and would be managed or prevented.</p> <p>3.1-37(a)</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</p>			

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	<p>agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §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"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <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"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(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.</li> </ul> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p>			

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	<p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <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 record review and interview, the facility failed to ensure a medical record was complete related to a resident discharge for 1 of 8 residents whose medical records were reviewed. (Resident E)</p> <p>Finding includes:</p> <p>Resident E's closed record was reviewed on 2/15/23 at 11:25 a.m. The diagnoses included, but were not limited to, hypertension and Korsakoff's psychosis. The resident had been discharged on 11/18/22.</p> <p>There were no Progress Notes in the record that indicated the resident had been discharged, who and where he had been discharged to, and the condition of the resident when he was discharged.</p>	F 0842	<p>p="" paraid="1972082601" paraeid="{c0dacff6-ba33-4257-a9b b-b9688a2cbb75}{238}"&gt;F842</p> <p>p="" paraid="1587113785" paraeid="{c0dacff6-ba33-4257-a9b b-b9688a2cbb75}{247}"&gt;Resident Records- Identifiable Information</p> <p>p="" paraid="932361253" paraeid="{95424b95-ee66-4595-81 2f-301bc940cbe6}{4}"&gt;Res</p> <p>p="" paraid="1094629793" paraeid="{95424b95-ee66-4595-81 2f-301bc940cbe6}{11}"&gt;Resident E</p> <p>p="" paraid="556478956" paraeid="{95424b95-ee66-4595-81 2f-301bc940cbe6}{21}"&gt;Res</p>	03/02/2023

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	<p>The Corporate RN was interviewed on 2/15/23 at 2:22 p.m. and indicated the nurse on duty should have documented the resident had discharged against medical advise (AMA) and an assessment of the resident at the time of the discharge.</p> <p>The Director of Nursing indicated on 2/15/23 at 2:54 p.m., she had contacted the Agency Nurse on duty on the date the resident discharged. The Nurse indicated the resident's spouse entered the facility and informed her she was taking the resident out of the facility and had refused to sign the AMA papers. The Nurse had not documented the discharge because he had left AMA.</p> <p>This Federal tag relates to Complaint IN00401156.</p> <p>3.1-50(a)(1)</p>		<p>Identified</p> <p>p="" paraid="1940159989" paraeid="{95424b95-ee66-4595-812f-301bc940cbe6}{28}"&gt;All residents have the potential to be affected Resident E was discharged AMA and no paperwork was given at the time and this was not documented by the nurse. Resident E no longer resides in the facility.</p> <p>p="" paraid="354133906" paraeid="{95424b95-ee66-4595-812f-301bc940cbe6}{54}"&gt;Others</p> <p>p="" paraid="545316412" paraeid="{95424b95-ee66-4595-812f-301bc940cbe6}{65}"&gt;No other residents were identified as being affected. The identified nurse was employed by a nursing Agency and is not employed for the facility and could not be re-educated. A 30 day look back to be completed of all residents who had AMA or scheduled discharges related to required paperwork and documentation to ensure proper documentation and follow up was completed.</p> <p>p="" paraid="2023703920" paraeid="{95424b95-ee66-4595-812f-301bc940cbe6}{107}"&gt;Education</p> <p>p="" paraid="1342348042" paraeid="{95424b95-ee66-4595-812f-301bc940cbe6}{114}"&gt;DCE/Designee in-service all nurses documentation discharges and the discharge policy. All discharges will be</p>	



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			<p>reviewed daily by nursing management to ensure proper follow up is completed including proper documentation and proper provider notification.</p> <p>p="" paraid="1353633969" paraeid="{95424b95-ee66-4595-812f-301bc940cbe6}{158}"&gt;Audits</p> <p>p="" paraid="599784166" paraeid="{95424b95-ee66-4595-812f-301bc940cbe6}{165}"&gt;The DNS/DCE/designee will audit 3 random residents discharges. Audits will occur 3 times weekly for 4 weeks, then weekly for 5 months. Audits will occur on all shifts and units and will include weekend audits. Any negative trends will be reviewed in Monthly QAPI program x 6 months and until 95% compliance is reached.</p> <p>p="" paraid="410639655" paraeid="{95424b95-ee66-4595-812f-301bc940cbe6}{191}"&gt;QAPI</p> <p>p="" paraid="1508354732" paraeid="{95424b95-ee66-4595-812f-301bc940cbe6}{200}"&gt;Audits will be submitted to QAPI monthly until 95% compliance is reached.</p> <p>Requesting paper compliance/desk review Compliance date March 2, 2023</p>	