

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

PRINTED: 10/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155810		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/15/2023	
NAME OF PROVIDER OR SUPPLIER VERNON HEALTH & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 1955 S VERNON ST WABASH, IN 46992			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00415964 and IN00416015.</p> <p>Complaint IN00415964 - Federal/state deficiencies related to the allegations are cited at F679.</p> <p>Complaint IN00416015 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 11, 12, 13, 14, and 15, 2023</p> <p>Facility number: 000274 Provider number: 155810 AIM number: 100271660</p> <p>Census Bed Type: SNF/NF: 48 Total: 48</p> <p>Census Payor Type: Medicare: 1 Medicaid: 47 Total: 48</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 21, 2023.</p>			F 0000	<p>This Plan of Correction is being prepared and executed because it is required by the provisions of state regulation, and not because Vernon Health and Rehabilitation agrees with the allegations and citations listed on the statement of deficiencies. Vernon Health and Rehabilitation maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Vernon Health and Rehabilitation's written credible allegations of compliance. This plan of correction is not meant to establish any standard of care contract, obligation or position, and Vernon Health and Rehabilitation reserves all possible contentions and defenses in any civil or criminal actions or proceeding.</p> <p>Please accept the date of correction 10/06/23, as the facility's credible allegation of compliance. We respectfully request paper compliance.</p>		
F 0679 SS=E	483.24(c)(1) Activities Meet Interest/Needs Each Resident						

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

TITLE

(X6) DATE

Jessica McKinley

10/06/2023

10/06/2023

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 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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Bldg. 00	<p>§483.24(c) Activities.</p> <p>§483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement individualized activities programming to meet individual resident needs for 6 of 7 residents with developmental disabilities reviewed for activities (Residents D, F, H, I, J, and C).</p> <p>Findings include:</p> <p>1. Resident D's clinical record was reviewed 9/12/23 at 3:12 p.m. Current diagnoses included profound intellectual disabilities, personal history of traumatic brain injury, spastic quadriplegic cerebral palsy, cognitive communication deficit, and mixed receptive-expressive language disorder.</p> <p>The resident had a current physician's order which originated 8/25/16 and was continued as current in September 2023 for may participate in activities and recreations program. The resident did not have an order for bed rest or isolation.</p> <p>An 9/10/2014, "OBRA Pre Admission Screening" indicated the resident could not make his wants and needs known and he depended on others to anticipate his needs. He had the social skills of a 6 (six) month old. He had the communication skills of an 8 (eight) month-old.</p>			F 0679	<p>F679</p> <p>1) Immediate actions taken for those residents identified: Resident's D, F, H, I, J, and C activity programming have been reviewed and updated to meet each individual's activity needs.</p> <p>2)How the facility identified other residents: All residents could be affected by the alleged deficient practice. All Care plans have been reviewed and updated to reflect each resident's individual interests/needs.</p> <p>3)Measures put into place/System changes: Activity Staff in serviced on expectation of ensuring activities meet interest/needs of each resident through care plans, assessments, programs, and one on one visits. Nursing Staff in serviced on the utilization of sensory boxes and</p>		10/06/2023

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	<p>The resident had a current care plan/problem/need which originated 9/26/2024 and was last reviewed 6/15/23 regarding activities, which indicated he enjoyed group activities such as movies, music, crafts, massages, manicures, Wii-games, and ball toss. When in his room, he enjoyed bells, holding stuffed animals, and watching cartoons. Approaches to this need included the following: "Provide him with hand over hand assistance during group activities", "When in room offer him bells, stuff animals and or turn his television so he can watch cartoons" and "Invite and take to group activities such as movies, music, crafts, massage, manicures, Wii games, and or ball toss games."</p> <p>The resident had a current, care plan/problem/need which originated 4/12/16 and was last reviewed 6/15/23 regarding communications, which indicated he was unable to communicate his wants and needs. "Resident does have a communication device however, does not use it appropriately to communicate wants/needs."</p> <p>The resident had a current, care plan/problem/need which originated 4/12/16 and was last reviewed 6/15/23 regarding cognitive loss. Approaches to this need included, "staff will help him go to activities to stimulate cognition."</p> <p>The resident had a current, care plan/problem/need which originated 9/26/16 and was last reviewed 6/15/23 regarding receiving offsite adult services.</p> <p>A current, 8/11/23, quarterly, Minimum Data Set (MDS) indicated the resident was severely</p>				<p>the implementation of the Activity Interest Guide.</p> <p>Individualized sensory boxes have been provided to those residents identified in the alleged deficient practice.</p> <p>Individual assessments will be used to identify other residents that could be affected by the alleged deficient practice.</p> <p>An Activity Interest Guide has been created for all residents and is being kept at the nurses' station for all staff to reference when needed.</p> <p>Activity Director/Designee will audit assessments/participation/documentation daily 5 times per week 4 weeks, 3 times per week for 4 weeks, and 1 time per week for 4 months.</p> <p>4)How the corrective actions will be monitored: QA will be responsible for oversight of the activity programming and assessments. A Quality Assurance Audit has been created to ensure our corrective measures stay corrected.</p> <p>Any Corrections will be made immediately. All findings will be reported to the Administrator and reviewed at the QA Monthly Meeting Monthly for 6 months and quarterly thereafter.</p>		

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	<p>cognitively impaired, was non-speaking, was highly visually impaired, required staff assistance for all activities of daily living including dressing, displayed no maladaptive behaviors during the assessment period, was rarely or never understood, rarely or never understood others, and was totally dependent on staff for locomotion both on and off the unit.</p> <p>The clinical record lacked any documentation of the resident refusing any activities during the period from August 1 to September 14, 2023.</p> <p>On the following dates and times, the resident was observed as follows:</p> <p>On 09/11/23 at 2:13 p.m., the resident was in his room in bed. He was awake and smiled when spoken to.</p> <p>On 9/12/23 at 9:56 a.m., the resident was in bed awake and vocalizing to the staff member who was cleaning the room. He had an electronic device mounted on a pole, out of his reach. The device was placed where he could see the screen.</p> <p>On 9/12/23 at 11:08 a.m., the resident remained in bed, with the electronic device mounted on a pole.</p> <p>On 9/12/23 at 3:43 p.m., he was in his wheelchair in the lounge. He was facing a TV which had the volume turned down very low and could not be heard. The TV in the back of the lounge was on a different channel. It's volume was very loud and over shadowed any sound from the TV the resident was facing.</p> <p>On 9/13/23 at 9:35 a.m., he was up in his wheelchair in his room. He did not have any form of manipulative devices.</p>						

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	<p>On 9/13/23 at 10:18 a.m., the resident was in the activity area. He was attending an event where a staff member made a sign for an upcoming event. The staff member spoke to the residents as she made the sign. The residents were not asked questions directed to them by name. The residents did not touch the materials used to make the sign. The residents watched the activity staff do their work making a sign.</p> <p>On 9/14/23 at 11:02 a.m., the resident was taken from the common lounge. The staff member indicated they needed to plug in his electronic device.</p> <p>On 9/14/23 at 11:16 a.m., the resident was seated in his wheelchair in his room with his electronic device plugged in.</p> <p>During the observations from 9/11/23 to 9/14/23, the resident was not offered hand over hand assistance during group activities, nor when in room was he offered bells or stuff animals.</p> <p>During an interview on 9/15/23 at 11:18 a.m., LPN 3 indicated Resident D used a wheelchair and was totally dependent on staff assistance for mobility and locomotion.</p> <p>During an interview on 9/15/23 at 11:25 a.m., CNA. 4 indicated Resident D used a wheelchair and required staff assistance to move about.</p> <p>2. Resident F's clinical record was reviewed 9/12/23 at 2:45 p.m. Current diagnoses included profound intellectual disabilities, spastic quadriplegic cerebral palsy, anoxic brain damage, and legal blindness.</p>						

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	<p>The resident had a current physician's order which originated 8/27/16 and was continued as current in September 2023 for may participate in activities and recreations program. The resident did not have an order for bed rest or isolation. He received his nutrition via feeding tube.</p> <p>A 3/11/15, "OBRA Pre-Admission Screening Level II" indicated he was profoundly intellectually disabled, he was not mobile, he was not able to grip objects, and his expressive and receptive language skills were very delayed.</p> <p>The resident had a current, care plan/problem/need which originated 3/17/15 and was last reviewed 8/7/23 regarding activities, which indicated he was profoundly intellectually disabled, non-verbal, and legally blind. Per staff observation he enjoyed group activities such as arts and crafts, Wii sports, music, reading, sensory, special events and outings as weather permits. He enjoyed independent activities such as kids bop, gospel music, and cartoons. Approaches to this need included the following: "Assisting him in turning on kids bop and gospel music", "Offer him sensory activities such as squish balls, pat mats, and sensory bags/ bottles", "Invite and take him to group activities such as arts and crafts, Wii-sports, music, reading, sensory, special events, and outings."</p> <p>The resident had a current care plan/problem/need which originated 3/24/15 and was last reviewed 8/7/23 regarding visual function which indicated the resident was legally blind. An approach to this problem was to provide him with sensory stimulation activities.</p> <p>The resident had a current care plan/problem/need which originated 6/20/16 and was last reviewed</p>						

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	<p>8/7/23 regarding cognition concerns due to profoundly intellectually disabled. An approach to this need was to assist him to attend in-house activities.</p> <p>The resident had a current care plan/problem/need which originated 6/20/16 and was last reviewed 8/7/23 regarding communication needs due to being non-verbal. An approach to this need was to assist him to attend activities.</p> <p>A current, 6/22/23, quarterly, Minimum Data Set (MDS) indicated the resident was severely cognitively impaired, was non-speaking, required staff assistance for all activities of daily living including dressing, displayed no maladaptive behaviors during the assessment period, was rarely or never understood, rarely or never understood others, and required staff assistance for locomotion both on and off the unit.</p> <p>The clinical record lacked any documentation of the resident refusing any activities during the period from August 1 to September 14, 2023.</p> <p>On the following dates and times, Resident F was observed as follows:</p> <p>On 9/11/23 at 11:21 p.m., the resident was seated in his room in his wheelchair. His eyes were closed. He had socks on his hands. He did not have any sensory or manipulation devices.</p> <p>On 9/11/23 at 2:16 p.m., the resident was seated in his room in his wheelchair. His eyes were closed. He had socks on his hands. He did not have any sensory or manipulation devices.</p> <p>On 9/12/23 at 10:10 a.m., the resident was seated in his room in his wheelchair. His eyes were closed.</p>						

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	<p>He had socks on his hands. He did not have any tactile sensory or manipulation devices. Music was on.</p> <p>On 9/12/23 at 3:40 p.m., the resident was in bed. His eyes were closed. He had socks on both hands. There was no manipulative, tactile, or sensory devices with the resident. Two televisions in the room were on two different stations, both playing very loudly resulting in the inability to hear and understand either television program.</p> <p>On 9/13/23 at 9:33 a.m. the resident was in bed. His eyes were closed. He had socks on both hands. There was no manipulative, tactile or sensory devices with the resident. There was country music playing in his room.</p> <p>On 9/13/23 at 10:16 a.m., the resident was in bed. His eyes were closed. He had socks on both hands. There was no manipulative, tactile or sensory devices with the resident.</p> <p>On 9/13/23 at 11:06 a.m., the resident was in his wheelchair in his room. His eyes were closed. He had socks on his hands. Both a radio and TV were playing very loudly in the room resulting in the inability to hear either device clearly.</p> <p>On 9/13/23 at 12:20 p.m., the resident was awake in his wheelchair. He had socks on both hands. He turned his head slightly from side to side. He had no sensory devices within reach.</p> <p>On 9/14/23 at 9:40 a.m., the resident was in bed. He was snoring. He had socks on both hands. He had no tactile, manipulative or sensory devices within reach.</p>						

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	<p>On 9/14/23, from 10:18 a.m. to 10:34 a.m., the resident sat in his wheelchair at a table in the lounge. A staff member was present. She indicated she was going to make cookies. She took frozen cookies out of a package and placed them on a cooking sheet and put them in a small baking oven. As the cookies baked from 10:18 a.m. to 10:34 a.m. (16 minutes), the staff member did not speak to the residents, and continued to sit near the oven. When the cookies were done, she asked if they smelled good. She asked the residents about their favorite cookies. Resident F sat in his chair. He was not spoken to by name. The resident sat at the table as the staff member prepared and served another resident a cookie.</p> <p>On 9/14/23 at 11:06 a.m., Resident F was seated in his wheelchair in the area the cookie baking had occurred. He was snoring.</p> <p>On 9/14/23 at 11:09 a.m., one staff member said to another "do me a favor and take him back to his room." The resident was still snoring. A staff member took the resident from the activity area.</p> <p>On 9/14/23 at 11:15 a.m., the resident was in his room seated in his wheelchair beside his bed. He was snoring. He had his eyes closed and gloves on both hands. The privacy curtain was pulled halfway around the bed.</p> <p>During observations from 9/11/23 to 9/14/23, the resident did not have sensory objects such as "squish balls, pat mats, or sensory bags bottles." He wore socks on his hands during all observations and could not participate in manipulative or tactile actions. The resident did not actively participate in a group activity. During the cooking activity, he was never spoken to by name, nor was the activity modified to allow the</p>						

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	<p>resident to participate.</p> <p>During an interview on 9/15/23 at 11:18 a.m., LPN 3 indicated Resident F used a wheelchair and was totally dependent on staff assistance for mobility and locomotion.</p> <p>During an interview on 9/15/23 at 11:25 a.m., CNA 4 indicated Resident F used a wheelchair and required staff assistance to move about.</p> <p>3. Resident H's clinical record was reviewed 9/13/23 at 11:35 a.m. Current diagnoses included Down syndrome, developmental disorder of speech and language, and pervasive developmental disorder.</p> <p>The resident had a current physician's orders for may participate in activities and recreation programs. This order originated 6/29/18 and continued as current in September 2023. The resident did not have an order for bed rest or isolation.</p> <p>The resident had a current, care plan/problem/need which originated 7/6/2018 and was last reviewed 7/28/23 regarding activities which indicated the resident had Down syndrome, was nonverbal, and enjoyed activities such as sensory stimulation, arts and crafts, music groups, game groups, walks outside, and outings. Approaches to this need included, "Offer to take outside on a walk", "When in a groups and I begin to wonder, I am not interested. Take me on a walk or offer me a one on one activity such as coloring pages or finger paints.", "Invite and take me to activity groups such as sensory stimulation, arts and crafts, game groups, and movie groups.", and "When in my room for down time offer me sensory stimulation items such as a soft and</p>						

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	<p>squishy balls (sic), textured items such as rice, noodles and balloon balls and cause and effect toys, music such as kids bop."</p> <p>The resident had a current care plan/problem/need which originated 7/4/18 and was last reviewed 7/28/23 regarding vision needs due to a diagnoses of disorders of the eyes and being nonverbal and cannot verbalize being able to see.</p> <p>A current, 9/5/23, quarterly, Minimum Data Set (MDS) indicated the resident was severely cognitively impaired, was non-speaking, required staff assistance for all activities of daily living including dressing, displayed maladaptive behaviors towards self 1 to 3 days of the assessment period, was rarely or never understood, rarely or never understood others, and required staff assistance for purposeful locomotion.</p> <p>The clinical record lacked documentation of the resident refusing any activities during the period from August 1 to September 14, 2023.</p> <p>On the following dates and times, the resident was observed as follows:</p> <p>On 9/11/23 at 11:14 a.m. the resident was in her bed. She had a fidget in her hand, and the privacy curtain was pulled three quarters of the way around her bed.</p> <p>On 9/11/23 at 2:18 p.m., the resident was in bed with her head covered. She had no form of sensory or manipulatives devices within reach.</p> <p>On 9/12/23 at 9:54 a.m., the resident was in bed. The curtain was pulled half way around the bed. The resident had no sensory stimulation within</p>						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155810		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/15/2023	
NAME OF PROVIDER OR SUPPLIER VERNON HEALTH & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 1955 S VERNON ST WABASH, IN 46992			
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	<p>reach.</p> <p>On 9/12/23 at 11:03 a.m., the resident was in bed. She was in the fetal position. She had no sensory stimulation devices within reach.</p> <p>On 9/12/23 at 3:38 p.m., the resident was in bed. The privacy curtain was pulled half way around the bed blocking the view of the TV. The TV was on. The resident appeared asleep.</p> <p>On 9/13/23 at 9:32 a.m., the resident was awake, sitting up in her bed. She was rocking and vocalizing. She had no sensory stimulation devices.</p> <p>On 9/13/23 at 10:14 a.m., the resident was on her bed moving about, rocking, and vocalizing. She had no sensory stimulation devices.</p> <p>On 9/13/23 at 11:04 a.m., the resident was in bed looking about and rocking. She had no sensory stimulating devices.</p> <p>On 9/13/23 at 12:20 p.m., the resident was in bed rocking. She had no manipulative tactile devices. Her TV was on.</p> <p>On 9/13/23 at 12:50 p.m., the resident was still in bed rocking. She had no manipulative or tactile devices.</p> <p>On 9/13/23 at 1:13 p.m., the resident was still in bed rocking and moving about. She had no tactile or sensory items.</p> <p>On 9/13/23 at 1:37 p.m., the resident was still in bed. She had not been assisted to have a meal in the common area with her peers.</p>						

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	<p>On 9/14/23 at 9:38 a.m., the resident was crawling on her bed. She had no sensory devices within reach.</p> <p>On 9/14/23 at 11:14 a.m., the resident was in bed curled up and appeared to be asleep.</p> <p>During the observations from 9/11/23 to 9/14/23, Resident H was not observed out of her room, nor in a group activity of any kind.</p> <p>During an interview on 9/15/23 at 11:15 a.m., Housekeeper 1 indicated Resident H was usually in her bed and would sometimes come out of the room on her own. She would walk with staff if they hold her hand and walk her.</p> <p>During an interview on 9/15/23 at 11:18 a.m., LPN 3 indicated Resident H did at times walk around her room and into the hallway. She liked sensory devices such as "her noodle" (described as a wiggly string like device). She would come out to the dining room for meals and walked there by holding the staff's hand.</p> <p>During an interview on 9/15/23 at 9:46 a.m., the Activity Director indicated Resident H "comes and goes as she pleases" during activities. At other times, "she does as she pleases." She received one to one activities which lasted approximately 15 minutes each day. There was not an approach to offer her in room sensory devices at times other than her one-to-one activities.</p> <p>During an interview on 9/15/23 at 11:25 a.m., CNA 4 indicated, after she was dressed, Resident H usually laid around on her bed. The resident enjoyed sensory devices. The resident was not able to get a device herself, but the staff had to</p>						

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	<p>hand the sensory devices to the resident. If the resident dropped a sensory item off her bed, she would not pick it up herself.</p> <p>4. Resident I's clinical record was reviewed on 9/14/23 at 11:28 a.m. Current diagnoses included spastic hemiplegic cerebral palsy, profound intellectual disabilities, deaf non-speaking, Rubella and neurological complication, and unqualified visual loss-both eyes.</p> <p>The resident had a current physician's orders for may participate in activities and recreation programs. This order originated 8/24/16 and continued as current in September 2023. The resident did not have an order for bed rest or isolation.</p> <p>A current, 6/1/2016, "Annual Case Review" indicated the resident required total support for mobility due to blindness. She did not verbalize. She enjoyed personal touch to interact with others.</p> <p>The resident had a current care plan/problem/need which originated 7/22/17 and was last reviewed 6/15/23 regarding self-injurious behaviors. Approaches to this problem included, "provide soft sensory."</p> <p>The resident had a current care plan/problem/need which originated 7/22/17 and was last reviewed 6/15/23 regarding cognitive loss due to being blind and deaf.</p> <p>The resident had a current care plan/problem/need which originated 6/2/16 and was last reviewed 6/15/23 regarding a constant purposeless movement disorder. Approaches to this need included, "Encourage her to attend an activity of</p>						

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	<p>her choice, such as walk outside ..."</p> <p>The resident had a current care plan/problem/need which originated 3/9/16 and was last reviewed 6/15/23, regarding activity needs due to being deaf and blind. Approaches to this need included: "Invite and take her to sensory activities, ensure her safety, allow her to remain on the floor, and provide a safe object to hold."</p> <p>The resident had a current care plan/problem/need which originated 7/17/14 and was last reviewed 6/15/23 regarding visual function and being blind and deaf. Approaches to this problem included "Provide her with sensory stimulation activities. She likes soft hand held objects to prevent her from injury when rubbing her face."</p> <p>A current, 6/19/23, Minimum Data Set (MDS) indicated the resident was severely cognitively impaired, was non-speaking, was severely impaired in vision and hearing, required staff assistance for all activities of daily living including dressing, displayed no maladaptive behaviors during the assessment period, was rarely or never understood, was rarely or never understood by others, and required staff assistance for purposeful locomotion.</p> <p>The clinical record lacked documentation of the resident refusing any activities during the period from August 1 to September 14, 2023.</p> <p>On the following dates and times, the resident was observed as follows:</p> <p>On 9/11/23 at 11:38 a.m., the resident was in her room in her bed. She had no sensory devices within her reach. Her privacy curtain was partially pulled around her bed.</p>						

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	<p>On 9/12/23 at 9:59 a.m., the resident was in her room in her bed. She had no sensory devices within her reach. Her privacy curtain was partially pulled around her bed.</p> <p>On 9/12/23 at 11:10 a.m., the resident was in her room in her bed. She had no sensory devices within her reach. Her privacy curtain was partially pulled around her bed.</p> <p>On 9/13/23 at 9:37 a.m., the resident was in her room in her bed. She had no sensory devices within her reach.</p> <p>On 9/13/23 at 10:20 a.m., the resident was in her room in her bed. She had no sensory devices within her reach. Her privacy curtain was partially pulled around her bed.</p> <p>On 9/13/23 at 11:07 a.m., the resident was in her room in her bed. She had no sensory devices within her reach. She was vocalizing. Her privacy curtain was pulled three quarters of the way around her bed.</p> <p>On 9/13/23 at 12:16 p.m., the resident was in her room in her bed. She had no sensory devices within her reach. The resident was vocalizing.</p> <p>On 09/14/23 at 11:17 a.m., the resident was in her room in her bed. She had no sensory devices within her reach. Her privacy curtain was partially pulled around her bed.</p> <p>During the observations for 9/11/23 to 9/14/23, the resident was not observed with any sensory item, nor involved in any group activity.</p> <p>During an interview on 9/15/23 at 11:15 a.m.,</p>						

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	<p>Housekeeper 1 indicated Resident I mostly laid on their bed. The resident didn't see well. She did walk out of her room into the hall at times. She had observed the staff hold the resident's hand and walk her to meals.</p> <p>During an interview on 9/15/23 at 11:18 a.m., LPN 3 indicated Resident I did, at times, walk out of her room. She also scooted around on her bottom in the room and hallway. She would walk with the staff as the held her hand.</p> <p>During an interview on 9/15/23 at 9:47 a.m., the Activity Director indicated Resident I had one-to-one activities and "does as she pleases," walking in the room and hallway.</p> <p>During an interview on 9/15/23 at 11:25 a.m., CNA 4 indicated Resident I usually laid in bed until meals. She didn't do anything on her own. She just laid in bed and slept quite a bit.</p> <p>5. Resident J's clinical record was reviewed on 9/12/23 at 3:09 p.m. Current diagnoses included spastic quadriplegia, profound intellectual disabilities, tracheostomy status, and visual deprivation nystagmus.</p> <p>The resident had a current physician's orders which originated 8/29/16 and was continued in September 2023 for may participate in activities as tolerated and another order which originated 5/20/22 and continued in September 2023 for no food by mouth.</p> <p>The resident had a current care plan/problem/need which originated on 3/8/16 and was last reviewed 6/15/23 regarding activities needs due to needing total assistance to be ready for activities and per staff observation appears to enjoy activities such</p>						

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	<p>as sensory, music group, manicures, arts and crafts, and special events. Approaches to this need included "Invite and take her to activity groups such as sensory, music groups, manicures, arts and crafts, and special events ..." and "While in her room, assist her to turn on her radio to bop/gospel music or assist her with turning on her television to cartoons."</p> <p>The resident had a current care plan/problem/need which originated on 6/4/14 and was last reviewed 6/15/23 regarding visual needs due to a history of visual deprivations nystagmus and age related nuclear cataracts. Approaches to this need included, "Provide with sensory stimulation activities."</p> <p>The resident had a current care plan/problem/need which originated on 4/9/10 and was last reviewed 6/15/23 regarding cognition needs. Approaches to this need included, "Provide activity preferences per family interview."</p> <p>A current, 8/16/23, quarterly, Minimum Data Set (MDS) indicated the resident was severely cognitively impaired, was non-speaking, was highly visually impaired, required staff assistance for all activities of daily living, displayed no maladaptive behaviors during the assessment period, was rarely or never understood, and was rarely or never understood by others, and was totally dependent on staff assistance for all locomotion.</p> <p>The clinical record lacked documentation of the resident refusing any activities during the period from August 1 to September 14, 2023.</p> <p>On the following dates and times, the resident was observed as follows:</p>						

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	<p>On 9/11/23 at 11:36 a.m., the resident was in her wheelchair in her room. She was seated beside her bed facing into the room.</p> <p>On 9/12/23 at 9:57 a.m., the resident was in her wheelchair in her room. She was seated beside her bed facing into the room. The television was on.</p> <p>On 9/12/23 at 11:09 a.m., the resident was in her wheelchair in her room. She was seated beside her bed facing into the room.</p> <p>On 9/13/23 at 9:37 a.m. the curtain was totally closed around the resident.</p> <p>On 9/13/23 from 10:03 a.m. to 10:30 a.m., the resident sat in the lounge in a semi-circle around an employee who made a large banner poster and talked to the group in general. The resident did not assist with the making of the sign, touch the supplies, or participate in any form of craft activities.</p> <p>On 9/13/23 at 12:15 p.m., the resident was in her wheelchair in her room. She was seated beside her bed facing into the room. The television was on.</p> <p>On 9/14/23 at 9:43 a.m., the resident was being transferred from her bed to her wheelchair.</p> <p>On 9/14/23 at 10:21 a.m., the resident was in her wheelchair in the therapy room.</p> <p>On 9/14/23 at 11:17 a.m., the resident was in her wheelchair in her room. She was seated beside her bed facing into the room. The television was on.</p>						

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	<p>The resident was observed to attend one group activity from 9/11/23 to 9/14/23.</p> <p>During an interview on 9/15/23 at 11:18 a.m., LPN 3 indicated Resident J used a wheelchair and was totally dependent on staff assistance for mobility and locomotion.</p> <p>During an interview on 9/15/23 at 11:25 a.m., CNA 4 indicated Resident J used a wheelchair and required staff assistance to move about.</p> <p>6. Resident C's clinical record was reviewed on 9/12/23 at 2:52 p.m. Current diagnoses included pervasive developmental disorder, profound intellectual disabilities, diplegia of upper limbs, tuberous sclerosis, seizures, and sensorineural hearing loss left ear.</p> <p>His care plan indicated he had a diagnosis of profound intellectual disabilities and would benefit from two to three group activities weekly (7/17/23). His goal was to attend and engage in two to three group activities per week (target date 10/17/23). His interventions included help resident to know what activities are happening daily and if he would like to attend (7/17/23), offer room activities such as television or music (7/17/23), and when resident engages in group activities give praise and encouragement (7/17/23). The care plan was last revised on 7/17/23 by the Activities Director.</p> <p>A care plan for cognitive loss/dementia indicated a risk for adverse safety consequences, altered decision making or memory recall, social isolation, and injury related to diagnosis of intellectual disabilities (7/27/23). The goal was cognitive deficits will have no adverse consequence on</p>						

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	<p>safety and well-being (target date 10/27/23). His interventions included engage in meaningful activities, interaction and conversation based on personal preferences or life story (7/27/23) and anticipate needs and provide assistance as needed (7/27/23).</p> <p>The 7/20/23 admission Minimum Data Set (MDS) assessment indicated the resident was rarely/never understood. He rarely/never understood others. His vision was highly impaired. He had an absence of speech. His decision making was severely impaired. He was unable to recall the current season, location of his own room, staff names and faces, and that he is in a nursing home. He required extensive assistance of one person with bed mobility, transfers, eating, and toileting. He required extensive assist of one person for walking in room and corridor, but the activity only occurred once or twice during the assessment period. He was totally dependent on the staff for locomotion on the unit.</p> <p>The Preadmission Screening and Resident Review (PASRR) with a determination date of 7/12/23 and effective date of 7/3/23 indicated the resident needed to be provided rehabilitative services which included socialization, leisure, and recreation activities. The reasons for the support services included activities and socialization were needed to prevent isolation. Because of his mobility and functional issues, he might need activities modified so he could participate or have them brought to him.</p> <p>A 7/17/23 Activity Assessment indicated the resident's activity schedule preference was morning, afternoon, and evening. His preferred activity environment was his own room, day/activity room, inside the nursing home/ off</p>						

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	<p>unit. The adaptation for activity participation included requires reminders/cues, assistance needed getting to and from activity, and attention span. His personal strengths marked were enthusiastic, cooperative, cheerful, willing to try, and motivated.</p> <p>During an observation, on 9/11/23 at 2:16 p.m., the resident was resting in a low bed with his eyes closed.</p> <p>During an observation, on 9/12/23 at 10:28 a.m., the resident was sitting up in bed looking around the room.</p> <p>During an observation, on 9/13/23 at 10:04 a.m., the resident was sitting on a mat beside his bed with his arms and legs drawn up and looking around the room.</p> <p>During an observation, on 9/13/23 at 11:46 a.m., the resident was resting in his bed on his right side with his eyes closed.</p> <p>During an observation, on 9/14/23 at 9:39 a.m., the resident was resting in his bed with his legs drawn up and his eyes closed.</p> <p>During an observation, on 9/14/23 at 3:03 p.m., the resident was lying on his right side in bed with his eyes closed.</p> <p>During an observation, on 9/15/23 at 11:04 a.m., the resident was resting in his bed on his right side with his eyes closed.</p> <p>A Nurses Note, dated 8/4/23 at 2:45 a.m., indicated the resident attempted to enter other residents' room multiple times. He was redirect by staff and assisted back to his own bed multiple times. He</p>						

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	<p>continued to come back out into the hallway.</p> <p>A Nurses Note, dated 9/9/23 at 2:26 a.m., indicated the resident was found multiple times in other residents' beds. He was assisted back to his own bed and taken to dining room to watch television.</p> <p>During an interview, on 9/15/23 at 10:30 a.m., the Activity Director indicated the resident was assisted to activities, but would often leave. He would come and go as he pleased. She had not documented this behavior.</p> <p>During an interview, on 9/15/23 at 12:29 p.m., the Social Services Designee indicated the resident scooted around on the floor frequently, would enter other residents' rooms, and lie down in their beds. She did not believe he was seeking company, but was seeking a bed to lie in.</p> <p>During on observation on 9/11/23 at 11:42 a.m., six (6) residents sat in the lounge in front of a television that had no sound.</p> <p>During an observation on 9/12/23 from 9:47 a.m. to 10:01 a.m., nine (9) resident sat in the lounge in front of a TV that had no sound.</p> <p>During an observation on 9/13/23 from 9:38 a.m. to 10:33 a.m., music played in the lounge. Twelve residents were present. During this 55-minute period, the staff member walked around, periodically swayed to the music, touched the hand and arm of 3 residents and periodically sang. She called 3 residents by name. At 10:33 a.m., the staff member stated "I am going to turn the music off now because you are just having me sing karaoke."During an observation on 9/13/23</p>						

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	<p>from 9:59 a.m. to 10:30 a.m., residents sat in the lounge in a semi-circle around an employee who made a large banner poster and talked to the group in general. No residents assisted with the making of the sign, touched the supplies, or participated in any form of craft activities. During an observation on 9/13/23 from 10:57 a.m. until 12:23 p.m., resident were escorted into and out of the lounge area where the television was on multiple episodes of the show "Family Matters". During an interview on 9/15/23 at 9:30 a.m., the Administrator and Social Services Director indicated the community-based outings service provider and workshop provider for residents with developmental disabilities were having a staffing issue, and many residents did not receive their outings this past week. They both indicated no additional in-house programs/activities were initiated to address the missed programs. During an interview on 9/15/23 at 11:18 a.m., LPN 3 indicated many residents usually went out for workshop or outings, but did not this week due to staffing issues with the service provider. Review of a current, undated, facility policy titled, "Activity Program", left on the conference room table on 9/15/23 at 1:44 p.m. indicated: "...Activity programs to meet the needs of each resident are available on a daily basis...1. Our activity programs</p>						

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F 0761 SS=D Bldg. 00	<p>are designed to encourage maximum individual resident participation...."This Federal tag relates to complaint IN00415964.3.1-33(a)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §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>§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 securely store medications during a random observation of 1 of 2 medication carts utilized for the east end of the 300 Hall.</p>			F 0761	<p>F761</p> <p>1) Immediate actions taken for those residents identified: No residents were affected by this alleged deficient practice.</p>		10/06/2023

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	<p>Finding includes:</p> <p>During a random observation, on 9/14/23 at 9:40 a.m., a medication cart outside of room 309 was unlocked and unattended. The drawers were easily opened and contained various liquid and tablet medications which included amlodipine (lowers blood pressure), baclofen (muscle relaxant), carbamazepine (for seizures), and potassium chloride liquid. No licensed staff members were in view of the medication cart.</p> <p>During an interview, on 9/14/23 at 9:46 a.m., LPN 5 locked the medication cart and indicated the medication cart should have been locked.</p> <p>During an interview, on 9/14/23 at 3:07 p.m., LPN 6 indicated the above-mentioned medication cart stored the medications for the four residents from room 309.</p> <p>During an interview, on 9/15/23 at 10:44 a.m., the DON indicated the medication carts should be locked when setting in the hall unattended.</p> <p>During an interview, on 9/15/23 at 12:02 p.m., the Corporate Clinical Support Nurse indicated she was unable to locate a policy specifically on medication storage.</p> <p>A current, undated procedure tool, provided by the Corporate Clinical Support Nurse on 9/15/23 at 4:08 p.m., titled "Medication Administration," indicated security of cart was a condition that was to be "met". " ...A 'Not Met' response may indicate potential problems ..."</p> <p>3.1-25(m)</p>				<p>2) How the facility identified other residents: All residents have the potential to be affected by this alleged deficient practice. None were Identified.</p> <p>3) Measures put into place/System changes: Nursing Staff In-serviced on expectation of ensuring med carts are always locked when unattended. DON/Designee will audit the med carts daily 5 times per week for 4 weeks, 3 times per week for 4 weeks, and 1 time per week for 4 months.</p> <p>4) How the corrective actions will be monitored: QA will be responsible for oversight of the med carts. A Quality Assurance Audit has been created to ensure our corrective measures stay corrected. Any Corrections will be made immediately, education and/or disciplinary action will also be presented immediately as needed. All findings will be reported to the Administrator and reviewed at the QA Monthly Meeting Monthly for 6 months and quarterly thereafter.</p>		

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

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	<p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.</p> <p>Based on observation, interview, and record review, the facility failed to provide recommended dental services to 1 of 2 residents reviewed for nutrition (Resident 43).</p> <p>Finding includes:</p> <p>During an interview, on 9/11/23 at 2:52 p.m., Resident 43 indicated she received ground up food and did not care for it. She had been told that the problem was taken care of, and she should be getting the regular diet. She had given up trying to find out when she could get regular food.</p> <p>Resident 43's record was reviewed on 9/13/23 at 9:09 a.m. Her current physician's orders included mechanical soft diet with thin liquids (12/17/21).</p> <p>The 12/14/22 annual Minimum Data Set (MDS) assessment indicated the resident had no natural teeth.</p> <p>The 8/22/23 quarterly MDS assessment indicated the resident was moderately cognitively impaired. She required supervision of one staff member for eating. No swallowing issues were identified.</p> <p>A Notification of Discharge from therapy, dated 12/1/22, indicated the resident's last day of speech therapy was 12/8/23. The reason for the discharge was the resident had plateaued and needed dentures. It was recommended for the resident to receive dentures.</p>			F 0791	<p>F791</p> <p>1) Immediate actions taken for those residents identified: Resident 43 has refused to participate in dental services. The responsible party has been notified and agrees with resident wishes.</p> <p>2)How the facility identified other residents: Any resident who requires dental services has the potential to be affected by the alleged deficient practice. An audit was completed, and none were identified.</p> <p>3)How the facility Identified other residents: SSD in-serviced on expectation of ensuring residents are assisted with obtaining dental services. SSD/Designee will audit the need for dental services 5 times per week for 4 weeks, 3 times per week for 4 weeks, and 1 time per week for 4 months.</p> <p>4)How the corrective actions will be monitored: QA will be responsible for oversight of the need for dental services and completion of said</p>		10/06/2023

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	<p>During an observation, on 9/13/23 at 12:45 p.m., the resident had ground-up chicken with gravy, wax beans, and French fries on her lunch plate. At the time of the observation, the resident pointed at the ground up chicken, scowled, and indicated it was all ground up and she did not like it.</p> <p>During an interview on 9/15/23 at 12:24 p.m., the Social Services Designee (SSD) indicated when the dentures had been recommended, the facility was in the middle of changing dental providers. She had contacted the current dental provider on 2/21/23 to add the resident to the next dental visit for evaluation of dentures. The provider indicated enrollment was needed from the resident's representative. On 3/2/23 the dental provider notified the SSD and indicated they had been unable to get in contact with the resident's representative. They would try again. They asked the facility to have the resident's representative to call them to speak to someone about enrollment with the dental provider. On 4/12/23, the SSD sent an email to the resident representative asking if he had taken care of the enrollment so that the resident could be seen by the dentist. She had spoken to the resident's representative sometime in May of 2023 to follow up about the resident needing enrolled with the dental provider for the resident to get her dentures. She was unable to locate documentation of the conversation in May 2023, further contact, or conversations with the resident representative about the need for consent/enrollment for dental services.</p> <p>During an interview, on 9/15/23 at 4:17 p.m., the DON indicated the staff should continue to reach out to the resident's representative until the issue with the consent and enrollment was resolved for dental services.</p>				<p>services.</p> <p>A Quality Assurance Audit has been created to ensure our corrective measures stay corrected.</p> <p>Any Corrections will be made immediately. All findings will be reported to the Administrator and reviewed at the QA Monthly Meeting Monthly for 6 months and quarterly thereafter.</p>		

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F 0847 SS=E Bldg. 00	<p>A current policy, dated 3/24/20, and provided by the Corporate Clinical Support Nurse on 9/15/23 at 4:35 p.m., titled "Dental Services (including dentures)," indicated "Purpose: Ensure a resident obtains needed dental services and not charge inappropriately for these services ...1. The facility will assist residents in obtaining routine and emergency dental care"</p> <p>3.1-24(a)(1)</p> <p>483.70(n)(2)(i)(ii)(3)-(5) Entering into Binding Arbitration Agreements §483.70(n) Binding Arbitration Agreements If a facility chooses to ask a resident or his or her representative to enter into an agreement for binding arbitration, the facility must comply with all of the requirements in this section.</p> <p>§483.70(n)(1) The facility must not require any resident or his or her representative to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility and must explicitly inform the resident or his or her representative of his or her right not to sign the agreement as a condition of admission to, or as a requirement to continue to receive care at, the facility.</p> <p>§483.70(n)(2) The facility must ensure that: (i) The agreement is explained to the resident and his or her representative in a form and manner that he or she understands, including in a language the resident and his or her representative understands; (ii) The resident or his or her representative</p>						

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	<p>acknowledges that he or she understands the agreement;</p> <p>§483.70(n)(3) The agreement must explicitly grant the resident or his or her representative the right to rescind the agreement within 30 calendar days of signing it.</p> <p>§483.70(n) (4) The agreement must explicitly state that neither the resident nor his or her representative is required to sign an agreement for binding arbitration as a condition of admission to, or as a requirement to continue to receive care at, the facility.</p> <p>§483.70(n) (5) The agreement may not contain any language that prohibits or discourages the resident or anyone else from communicating with federal, state, or local officials, including but not limited to, federal and state surveyors, other federal or state health department employees, and representative of the Office of the State Long-Term Care Ombudsman, in accordance with §483.10(k).</p> <p>Based on interview and record review, the facility failed to ensure residents and/or their representatives were not required to sign an agreement for binding arbitration as a requirement for admission to the facility for 6 of 7 current residents admitted after 8/1/22 (Residents 29, 46, 47, 48, 49, and 51).</p> <p>Findings include:</p> <p>During an interview conducted in conjunction with the entrance conference on 9/11/23 at 9:31 a.m., the Administrator indicated the facility offered arbitration agreements in the admission</p>			F 0847	<p>F847</p> <p>1) Immediate action taken for those residents identified: Residents 29,46,47,48,49,51 and/or responsible parties have received the binding arbitration agreement with explanation given as to signing form is voluntary and does not affect the resident's status.</p> <p>2) How the facility identified other residents:</p>		10/06/2023

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	<p>agreement packet.</p> <p>1. Resident 29's 7/12/23, Admission Agreement document indicated section 8.7 addressed an agreement "not to elect a trial by jury of any fact triable by a jury." The form did not indicate signing the binding arbitration agreement was voluntary. The Admission Agreement did not have any section allowing the signer to decline the binding arbitration agreement.</p> <p>2. Resident 46's, 8/8/23, Admission Agreement document indicated section 8.7 addressed an agreement "not to elect a trial by jury of any fact triable by a jury." The form did not indicate signing the binding arbitration agreement was voluntary. The Admission Agreement did not have any section allowing the signer to decline the binding arbitration agreement.</p> <p>3. Resident 47's, 8/9/22, Admission Agreement document indicated section 8.7 addressed an agreement "not to elect a trial by jury of any fact triable by a jury." The form did not indicate signing the binding arbitration agreement was voluntary. The Admission Agreement did not have any section allowing the signer to decline the binding arbitration agreement.</p> <p>4. Resident 48's, 10/17/22, Admission Agreement document indicated section 8.7 addressed an agreement "not to elect a trial by jury of any fact triable by a jury." The form did not indicate signing the binding arbitration agreement was voluntary. The Admission Agreement did not have any section allowing the signer to decline the binding arbitration agreement.</p> <p>5. Resident 49's, 3/16/23, Admission Agreement document indicated section 8.7 addressed an</p>				<p>All residents have the potential to be affected by this alleged deficient practice. All current residents and/or responsible parties have received the binding arbitration agreement with the explanation given as to signing form is voluntary and does not affect the resident's status.</p> <p>3) Measures put into place/System changes: In-service was provided to the SSD and/or Admissions Director with emphasis on the proper way to have the binding arbitration form completed by resident and/or responsible party. The Administrator or Designee will audit 3 admissions weekly x 6 months to ensure completion of the binding arbitration agreement.</p> <p>4) How the corrective actions will be monitored: The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6months or until 100% compliances achieved for 3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>		

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	<p>agreement "not to elect a trial by jury of any fact triable by a jury." The form did not indicate signing the binding arbitration agreement was voluntary. The Admission Agreement did not have any section allowing the signer to decline the binding arbitration agreement.</p> <p>6. Resident 51's, 5/5/23, Admission Agreement document indicated section 8.7 addressed an agreement "not to elect a trial by jury of any fact triable by a jury." The form did not indicate signing the binding arbitration agreement was voluntary. The Admission Agreement did not have any section allowing the signer to decline the binding arbitration agreement.</p> <p>During an interview, on 9/14/23 at 2:53 p.m., the Social Services Designee (SSD) indicated she was currently the person who went over the admission agreement with the residents and their representatives during the admission process. She read the arbitration section to the residents and their representative in section 8.7 and explained they would have to go through a third party if they wanted to "pursue anything legal such as dissatisfied with something." The current admission agreement provided a place to accept or decline arbitration. She did not have additional information that she supplied about the arbitration process.</p> <p>During an interview, on 9/15/23 at 10:42 a.m., the Administrator indicated the facility had recently updated their admission agreement to include acceptance or declination of the arbitration process in section 8.7. She had not reached out to residents and their representative who had not been previously given the opportunity to decline arbitration to provide them the opportunity to decline arbitration if they chose to do so when the</p>						

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	new admission agreement was put into effect. During an interview, on 9/15/23 at 12:02 p.m., the Corporate Clinical Support Nurse indicated the facility did not have a policy on arbitration agreements.						