

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

PRINTED: 03/31/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155215	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/24/2022
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NAME OF PROVIDER OR SUPPLIER  PLAINFIELD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 CLARKS CREEK RD PLAINFIELD, IN 46168
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00368136, IN00368701, IN00372901, and IN00373530.</p> <p>Complaint IN00368136 - Substantiated. Federal/state deficiencies related to the allegations are cited at F558.</p> <p>Complaint IN00368701 - Substantiated. Federal/state deficiencies related to the allegations are cited at F558.</p> <p>Complaint IN00372901 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00373530 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 21, 22, 23, and 24, 2022</p> <p>Facility number: 000121 Provider number: 155215 AIM number: 100290940</p> <p>Census Bed Type: SNF/NF: 93 Total: 93</p> <p>Census Payor Type: Medicare: 19 Medicaid: 57 Other: 17 Total: 93</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0558 SS=E Bldg. 00	<p>Quality review completed on March 7, 2022.</p> <p>483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>Based on observation, interview, and record review, the facility failed to provide showers for residents, or document showers for 9 of 10 residents reviewed for bathing preferences (Residents E, G, T, K, U, B, L, V, W).</p> <p>Finding includes:</p> <p>A confidential interview during the survey indicated their family member had not been getting a shower until they got upset and complained to a staff member in administration. They were told residents that resided on the Red Zone (marked with Red Stop Signs which indicated: "Contact Droplet Precautions.", the COVID-19 isolation zone) would not be offered a shower.</p> <p>A confidential interview during the survey indicated it took "throwing a big fit" to get staff to give their family member a shower. The family member was also told if residents were placed on the Red Zone, they were not allowed to have a shower.</p> <p>A current map of the facility, provided by the Administrator (ADM) on 2/21/21, indicated there were spa rooms containing showers on each unit</p>	F 0558	<p>Plan of Correction 2/24/22 Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Plainfield Health Care Center maintains the alleged deficiencies do not individually jeopardize the health and/or safety of its residents nor are they of such character as to limit the providers capacity to render adequate resident care. Furthermore, Plainfield Health Care Center asserts that it is in substantial compliance with regulations governing the operation of long-term facilities, and this Plan of Correction in its entirety constitutes the providers credible allegation of compliance F-558</p>	02/25/2022

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	<p>of the facility and accessible to all residents.</p> <p>1. On 2/21/22 at 10:55 a.m., Resident E was observed in the lounge near the front entrance of the facility. The resident was dressed in clean clothing, her hair was messy in a low ponytail. Resident indicated staff assisted her as needed with showering.</p> <p>Resident E's record was reviewed on 2/23/22 at 1:54 p.m. Diagnoses included, but were not limited to COVID, sepsis, muscle wasting, unsteady on feet, cerebra ischemia, and history of falling.</p> <p>An admission MDS (Minimum Data Set) assessment, completed on 1/11/22, assessed Resident E as having the ability to make herself understood and to understand others. Brief Interview for Mental Status (BIMS) score 14 of 15 indicated she was cognitively intact. There were no signs or symptoms of behaviors or rejection of care. She required extensive assistance of 2 or more persons physical assist for bed mobility and transfers. She required extensive assistance of 1 person physical assist for dressing, personal hygiene, and total dependence of 1 person physical assist for the bathing activity. It was somewhat important to the resident to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>A care plan for Resident E indicated the resident required up to total assistance for activities of daily living (ADL's). Her goal was to present a neat, clean, odor free appearance daily through the next review. Interventions included, required total assistance for bathing.</p> <p>Resident E's shower/bath sheets, dated 2/1/22 -</p>		<p><b>1) How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>A. DON immediately initiated education for nursing staff on the completion of shower sheets of all residents and proper documentation in plan of care.</p> <p>B. Shower schedule and Care Plan was reviewed and updated for residents E, G, T, K, U, B, L, V, W. Shower sheets were updated to include bed baths and refusals and shower schedule updated to correlate with resident Plan of Care.</p> <p><b>2) How will the facility identify other resident having the potential to be affected by the same deficient practice?</b></p> <p>A. DON identified all residents have the potential to be affected by the alleged deficient practice.</p> <p><b>3) What measures will be put in place or systematic changes made to ensure the deficient practice will not recur?</b></p> <p>A. DON/designee to use shower audit tool weekly X 4 weeks, biweekly X 8 weeks then monthly X 3 months to ensure completion of showers.</p> <p>B. Random interviews of</p>	

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	<p>2/23/22, indicated she had received showers on 2/1 and 2/12.</p> <p>Certified Nursing Assistant (CNA) task documentation in the electronic medical record (EMR) indicated Resident E had a shower on 2/1 and 2/12/22. There was no documentation of refusals.</p> <p>A Pocket Care Plan (CNA assignment sheet) indicated showers were scheduled on Wednesday and Saturday on evening shift.</p> <p>2. On 2/21/22 at 11:15 a.m. Resident G was observed sitting up in his bed watching TV, his hair was oily but combed. The resident indicated he was supposed to get a shower every Wednesday and another day, but he only got one when the staff decided they had help to do it.</p> <p>Resident G's record was reviewed on 2/23/22 at 2:10 p.m. Diagnoses included but were not limited to acute respiratory failure with hypoxia, chronic obstructive pulmonary disorder (COPD), and vascular dementia.</p> <p>A quarterly MDS assessment, completed on 1/24/22, assessed Resident G as having the ability to make himself understood and to understand others. A BIMS score 14 of 15 indicated he was cognitively intact. There were no signs or symptoms of behaviors or rejection of care. He required extensive assistance of 1 person physical assist for bed mobility, and he did not transfer between surfaces including from the bed to wheelchair or standing position. He required extensive assistance of 1 person physical assist for dressing, personal hygiene, toilet use, and total dependence of 2 or more persons physical assist for the bathing activity. It was somewhat</p>		<p>residents to ensure bathing preferences are being met, weekly X 4 weeks, biweekly X 8 weeks then monthly X 3 months.</p> <p>C. In-service on facility shower policy and documentation procedures added to Contract Staff Information Packet to ensure proper education (add date education was completed, can not be date Of exit).</p> <p>4) <b>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</b></p> <p>A. DON/Designee will complete random audits of shower sheets, POC documentation to ensure compliance with resident preferences and Plan of Care weekly x's 4 weeks, then bi-weekly x's 8 weeks and then monthly x's 3 months with results reported during monthly QAPI meeting.</p>	

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	<p>important to the resident to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>A care plan for Resident G indicated the resident required up to total assist with ADL's. His goal was to present a neat, clean, odor free appearance daily through next review. Interventions included the resident was a total assist with bathing.</p> <p>Resident G's shower/bath sheets dated 2/1/22 - 2/23/22, indicated he had received a shower on 2/10, and refused on 2/3, 2/7, 2/9.</p> <p>CNA task documentation in the EMR indicated Resident G had a shower on 2/11. There was no documentation of refusals.</p> <p>A Pocket Care Plan indicated, showers were scheduled on Tuesday and Friday on the day shift.</p> <p>3. On 2/21/22 at 1:55 p.m., Resident T was observed sitting in a wheelchair in his room watching TV, wearing only a pair of blue shorts. The resident indicated at home he took a shower daily but had only had 1 shower since being admitted to the facility for therapy.</p> <p>Resident T's record was reviewed on 2/23/22 at 2:35 p.m. Diagnoses included, but were not limited to COVID-19, Parkinson's disease, dementia, anxiety disorder, and unspecified pain.</p> <p>An admission MDS assessment, completed 2/3/22, assessed Resident T as having the ability to make himself understood and to understand others. A BIMS score of 15 indicated he was cognitively intact. There were no signs or symptoms of behaviors or rejection of care. He required extensive assistance of 2 or more persons</p>			

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	<p>physical assist for bed mobility, transfers, and toilet use. He required extensive assistance of 1 person physical assist for dressing and personal hygiene. The bathing activity did not occur. It was somewhat important to the resident to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>A care plan for Resident T indicated the resident had an ADL self-care performance deficit. His goal was to improve his current level of function through the review date. Interventions were not specified.</p> <p>Resident T's shower/bath sheets, dated 2/1/22 - 2/23/22, indicated he had received a shower on 2/15, and refused on 2/16 and 2/19.</p> <p>CNA task documentation in the EMR indicated Resident T had no documentation relating to showers or bathing.</p> <p>A Pocket Care Plan indicated, showers were scheduled on Monday and Thursday on evening shift.</p> <p>4. On 2/21/22 at 12:08 p.m., Resident K was observed sitting in a wheelchair in his room, wearing a sweat suit soiled with food crumbs, and indicated he was supposed to get a shower at least twice weekly but that was not happening.</p> <p>On 2/22/22 at 1:55 p.m., Resident K was observed sitting in a wheelchair in his room, a towel draped over his shoulder, wearing the same sweat suit as the day before. He indicated he had reminded the staff it was his shower day and had yet to get his shower.</p> <p>Resident K's record was reviewed on 2/23/22 at</p>			

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	<p>2:45 p.m. Diagnoses included, but were not limited to, hemiplegia affecting left non-dominant side, and need for assistance with personal care.</p> <p>A quarterly MDS assessment, completed 2/19/22, assessed Resident K as having the ability to make himself understood and to understand others. A BIMS score of 15 indicated he was cognitively intact. There were no signs or symptoms of behaviors or rejection of care. He required extensive assistance of 1 person physical assist for bed mobility, transfers, dressing, personal hygiene, and toilet use. He required total dependence of 1 person physical assist for the bathing activity. It was somewhat important to the resident to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>A care plan for Resident K indicated he required up to total assist with ADL's. His goal was to present a neat clean odor free appearance daily. Interventions included he had a shower preference once weekly on evening shift.</p> <p>Resident K's shower/bath sheets, dated 2/1/22 - 2/23/22, indicated he had not received any showers, and had refused on 2/4 and 2/16.</p> <p>CNA task documentation in the EMR indicated Resident K had no documentation of showers or refusals.</p> <p>A Pocket Care Plan indicated, showers were scheduled on Wednesday and Friday on evening shift.</p> <p>5. On 2/21/22 at 10:41 a.m., Resident U was observed ambulating around his room talking about the pictures on his walls. He indicated he was supposed to get a shower on Tuesday and</p>			

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	<p>Friday, but when he went down on Tuesday, he did not get a shower and was told there was not enough staff. That happened "a lot."</p> <p>On 2/23/22 at 10:30 a.m., Resident U indicated he had not gotten a shower yet this week, but the staff told him they would get to him the next day.</p> <p>On 2/24/22 at 10:15 a.m., Resident U was observed wearing a soiled t-shirt. He had not had a shower yet this week, but the new girl told him she would not forget him the next day.</p> <p>Resident U's record was reviewed on 2/23/22 at 3:27 p.m. Diagnoses included, but were not limited to Alzheimer's disease, and abnormalities of gait and mobility.</p> <p>A quarterly MDS assessment, completed on 1/25/22, assessed Resident U as having the ability to make himself understood and usually had the ability to understand others. A BIMS score of 15 indicated he was cognitively intact. There were no signs or symptoms of behaviors or rejection of care. He required extensive assistance of 1 person physical assist for bed mobility, transfers, dressing, personal hygiene, and toilet use. He required total dependence of 1 person physical assist for the bathing activity. It was somewhat important to the resident to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>A care plan for Resident U indicated the resident required up to total assist with ADL's. His goal was to present a neat clean odor free appearance daily. Interventions included the resident required total assistance for bathing.</p> <p>Resident U's shower/bath sheets, dated 2/1/22 - 2/23/22, indicated he had a shower on 2/1/22.</p>			



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	<p>There was no documentation or resident refusals.</p> <p>CNA task documentation in the EMR indicated Resident U had a shower on 2/1, no documentation of refusals.</p> <p>A Pocket Care Plan indicated showers were scheduled on Tuesday and Friday on day shift.</p> <p>6. Resident B's doorway was observed to have a yellow stop sign on door indicated transmission based precautions, contact droplet, and PPE required to include a N95 mask, universal eye protection, single gown, and gloves. Resident B was not observed to be in the room.</p> <p>Resident B's record was reviewed on 2/23/22 at 3:35 p.m. Diagnoses included but were not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side and need for assistance with personal care.</p> <p>A quarterly MDS assessment, completed 12/27/21, assessed Resident B as having the ability to make himself understood and had the ability to understand others. A BIMS score of 15 indicated cognitively intact. There were no signs or symptoms of behaviors or rejection of care. He required extensive assistance of 1 person physical assist for bed mobility, transfers, dressing, personal hygiene, and toilet use. He required total dependence of 1 person physical assist for the bathing activity. It was somewhat important to the resident to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>A care plan for Resident B indicated the resident required up to total assist with ADL's. His goal was to present a neat clean odor free appearance daily. Interventions included the resident required</p>			

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	<p>total assistance for bathing, and showers per resident/family preference.</p> <p>Resident B's shower/bath sheets, dated 2/1/22 - 2/23/22, indicated he had a shower 2/10 and 2/11/22. There was no documentation of refusals.</p> <p>CNA task documentation in the EMR indicated Resident B had a shower on 2/11, no documentation of refusals.</p> <p>A Pocket Care Plan indicated showers were scheduled on Monday, Wednesday, and Friday on day shift.</p> <p>7. Resident L's doorway was observed to have a yellow stop sign on door indicated transmission based precautions, contact droplet, and PPE required to include a N95 mask, universal eye protection, single gown, and gloves. Resident L was not observed to be in the room.</p> <p>Resident L's record was reviewed on 2/23/22 at 3:45 p.m. Diagnoses included, but were not limited to pleural effusion, dementia, repeated falls, and need for assistance with personal care.</p> <p>An admission MDS assessment, completed on 12/10/21, assessed Resident L as having the ability to make himself understood and had the ability to understand others. A BIMS score of 13 indicated the resident was cognitively intact. There were no signs or symptoms of behaviors or rejection of care. The resident required extensive assistance of 1 person physical assist for bed mobility, transfers, dressing, personal hygiene, and toilet use. The resident required total dependence of 1 person physical assist for the bathing activity. It was somewhat important to the resident to choose between a tub bath, shower,</p>			

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	<p>bed bath or sponge bath.</p> <p>A care plan for Resident L indicated the resident refused/declined ADL care and MD orders on occasion such as bathing/hygiene. His goal was to remain free from complications related to refusals. Interventions included offering the resident a bed bath when he refused a shower.</p> <p>Resident L's shower/bath sheets, dated 2/1/22 - 2/23/22, indicated he had a shower on 2/1, and refused on 2/4, 2/6, 2/7, and 2/18/22.</p> <p>CNA task documentation in the EMR indicated Resident L had a shower on 2/1 and 2/3 and refused on 2/20/22.</p> <p>A Pocket Care Plan indicated showers were scheduled daily on day shift.</p> <p>8. Resident V's doorway was observed to have a yellow stop sign on door indicated transmission based precautions, contact droplet, and PPE required to include a N95 mask, universal eye protection, single gown, and gloves. Resident V was not observed to be in the room.</p> <p>Resident V's record was reviewed on 2/23/22 at 3:51 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, malignant neoplasm of left kidney, and unsteady on feet.</p> <p>A quarterly MDS assessment, completed on 12/29/21, assessed Resident V as having the ability to make himself understood and to understand others. A BIMS score of 12 indicated moderately impaired cognition. No signs or symptoms of behaviors or rejection of care. Extensive assistance of 1 person physical assist for bed mobility, transfers, dressing, toilet use,</p>			

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	<p>and personal hygiene. Total dependence with 1 person physical assist for the bathing activity. It was somewhat important to the resident to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>A care plan for Resident V indicated he required up to total assist with ADL's. His goal was to present a neat, clean, odor free appearance daily through next review. Interventions included the resident would get a sponge baths daily. Remind resident to wash in room or spa room, and shower per resident/family preference.</p> <p>Resident V's shower/bath sheets dated 2/1/22 - 2/23/22, indicated he had no showers or refusals.</p> <p>CNA task documentation in the EMR indicated Resident V had a shower on 2/18/22. There was no documentation of refusals.</p> <p>A Pocket Care Plan indicated, showers were scheduled on Tuesday and Friday on day shift.</p> <p>9. Resident W's doorway was observed to have a yellow stop sign on door indicated transmission based precautions, contact droplet, and PPE required to include a N95 mask, universal eye protection, single gown, and gloves. Resident W was not observed to be in the room.</p> <p>Resident W's record was reviewed on 2/23/22 at 4:00 p.m. Diagnoses included, but were not limited to Alzheimer's disease, peripheral vascular disease, and need for assistance with personal care.</p> <p>A quarterly MDS assessment, completed 2/8/22, assessed Resident W as having the ability to make herself understood and to understand</p>			

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NAME OF PROVIDER OR SUPPLIER  PLAINFIELD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 3700 CLARKS CREEK RD PLAINFIELD, IN 46168
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	<p>others. A BIMS score of 3 indicated she had severe cognitive impairment. There were no signs or symptoms of behaviors or rejection of care. He required extensive assistance of 1 person physical assist for bed mobility, dressing, toilet use, and personal hygiene. He required limited assistance of 1 person physical assist for transfers. He required total dependence with 1 person physical assist for the bathing activity. It was somewhat important to the resident to choose between a tub bath, shower, bed bath, or sponge bath.</p> <p>A care plan for Resident W indicated she required up to total assist with ADL's. Her goal was to present a neat, clean, odor free appearance daily through next review. Interventions included she required total assistance for bathing.</p> <p>Resident W's shower/bath sheets, dated 2/1/22 - 2/23/22, indicated she had a shower on 2/18/22. There was no documentation of refusals.</p> <p>CNA task documentation in the EMR indicated Resident L had a shower on 2/1/22, and no documentation of refusals.</p> <p>A Pocket Care Plan indicated showers were scheduled on Tuesday and Friday on day shift.</p> <p>On 2/23/22 at 4:20 p.m., the Director of Nursing (DON) provided resident shower schedules, updated 2/23/22, and indicated she might not be able to find the old shower schedules.</p> <p>On 2/23/22 at 9:50 a.m., CNA 14 indicated staff knew the resident's shower day by looking at the Pocket Care Plan general information sheet daily. Each resident was listed with information to include information like the room number, transfer, mobility, feed status, diet, and shower day. A</p>			

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	<p>Shower/Bath Sheet was to be completed daily when the shower or bed bath was completed.</p> <p>On 2/24/22 at 10: 18 a.m., CNAs 7, 15, and 16 indicated they were made aware of resident shower days by looking in the shower book daily. After giving a shower or bed bath, documentation was completed in the EMR system to indicate which the resident got, and then they documented on a Shower/Bath Sheet. CNA 7 and 15 indicated they would write documentation to indicate whether a bed bath or shower was provided. CNA 16 indicated she filled out the Shower/Bath Sheet but did not specify whether a shower or bed bath was given as she assumed everyone would know it was a shower.</p> <p>On 2/24/22/at 10:25 a.m., Registered Nurse (RN) 8 indicated aides knew who their shower assignments for the day were by looking at the aide assignment list when they arrived for their shift. The aide was to fill out the handwritten shower sheet and have the nurse sign when completed. If a resident refused a shower the aide was supposed to notify the nurse. RN 8 tried to get out the shower sheets in the am and put resident names on them, so the aide did not even need to look, but some days the day got too crazy for her to do that. In a perfect world the nurse would check the shower sheets completed against the assignment sheets but that most likely did not happen. The responsibility to assure residents received their showers belonged to both the aides and nurses assigned to care for the resident on that day.</p> <p>On 2/24/22 at 9:33 a.m., the DON provided a Bath, Shower/Tub policy, dated February 2018, and indicated the policy was the one currently being used by the facility. The policy indicated, " ...The</p>			

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

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	<p>purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin ...5. Bath/Showers will be offered and encouraged to residents at least 2 times weekly or per resident/family preference ...Documentation: 1. The date and time the shower/tub bath were performed. 2. The name and title of the individual[s] who assisted the resident with the shower/tub bath. 3. All assessment data [e.g., any reddened areas, sores, etc., on the resident's skin] obtained during the shower/tub bath. 4. If the resident refused the shower/tub bath. 5. The signature and title of the person recording the data. Reporting: 1. Notify the supervisor if the resident refuses the shower/tub bath. 2. Notify the physician of any skin areas that may need to be treated. 3. Report other information in accordance with facility policy and professional standards of practice ...."</p> <p>This Federal tag relates to Complaints IN00368136 and IN00368701.</p> <p>3.1-3(v)(1)</p>			