

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2021
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00360171, IN00363212 and IN00363398.</p> <p>Complaint IN00360171 - Substantiated. Federal/state deficiencies related to the allegations are cited at F550 and F689.</p> <p>Complaint IN00363212 - Substantiated. Federal/state deficiencies related to the allegations are cited at F677 and F684.</p> <p>Complaint IN00363398 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 28, 29 and 30, 2021</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Census Bed Type: SNF/NF: 59 Total: 59</p> <p>Census Payor Type: Medicare: 9 Medicaid: 42 Other: 8 Total: 59</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on October 5, 2021</p>	F 0000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.	
F 0550 SS=D	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights			

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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Bldg. 00	<p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of</p>			

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	<p>his or her rights as required under this subpart.</p> <p>Based on interview and record review, the facility failed to ensure the dignity of 2 of 3 residents reviewed for incontinence care assistance were provided care and services in a timely manner in order to prevent urinary incontinence, embarrassment and discomfort. (Residents B and G)</p> <p>Findings include:</p> <p>1. The clinical record of Resident B was reviewed on 9-29-21 at 1:45 p.m. Her diagnoses included, but were not limited to, cerebral infarction, hemiparesis and hemiplegia post cerebral infarction, hypertensive heart disease, pain in left hand joints, osteoarthritis, depression, anxiety, muscle weakness, gait and mobility abnormality. Her most recent MDS (minimum data set) analysis, dated 7-30-21, indicated she is cognitively intact and is always incontinent of her bladder, requiring extensive assistance of two or more persons for toileting assistance.</p> <p>In an interview with Resident B on 9-29-21 at 9:20 a.m., she indicated, "The only problem I have here is that it can take a while to get them to take me to the bathroom when I need to. That's whether I'm in my room or out there by the nurse's station. It can take up to 15 minutes or more. When I have to go, if I don't get to the bathroom pretty quick, I will have an accident on myself. It's embarrassing and uncomfortable. When I go, I go a lot and even though I have a brief on, sometimes it will fall on the floor and that's embarrassing."</p> <p>2. The clinical record of Resident G was</p>	F 0550	<p>F 550 Resident Rights/Exercise of Rights</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident B: Facility is not able to identify the resident</p> <p>Resident G: Facility is not able to identify the resident</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;</p> <p>Residents that require assistance with toileting have the potential to be affected by the same deficient practice.</p> <p>The facility completed an audit to identify residents that need assistance with toileting and reviewed their medical record to ensure their plan of care and reflected the services needed.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur</p>	10/20/2021			

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	<p>reviewed on 9-30-21 at 11:40 a.m. Her diagnoses included, but were not limited to, late onset Alzheimer's disease, hypertension, dementia with behavioral disturbance, glaucoma, general muscle weakness and unsteadiness on her feet. Her most recent MDS assessment, dated 8-25-21, indicated she was severely cognitively impaired, but was able to be understood and was able to understand others, requires extensive assistance of one person with transfers and toileting, requires limited assistance of one person with walking and was frequently incontinent of bladder. The September, 2021 of ADL (activities of daily living) documentation for bladder continence indicated 41 instances of Resident G being continent and 12 instances of her being incontinent.</p> <p>In an interview on 9-28-21 at 12:10 p.m., with Resident G, she indicated "It can take a while [for her call light to be responded to when activated]. The problem with that is that I can only hold it [urine] so long before I pee myself and it's very uncomfortable and embarrassing. I can walk to the bathroom with my walker and somebody to help me. It's happened several times that they don't come quick enough and I wet myself."</p> <p>A care plan, entitled, "Bowel & Bladder: Alteration in elimination of bowel and bladder; diuretic, urge incontinence," was initiated on 9-28-21. The goal identified was "I will improve my current level of continence." Interventions listed included, but were not limited to, having the call light within reach, staff reminders for utilizing the call light and one person assistance to toilet for assistance provision with balance, clothing adjustment and pericare after voiding.</p> <p>A care plan, entitled, "Cognition," was initiated</p>		<p>Clinical staff re-educated on the guidelines for providing care and services timely with focus on toileting needs.</p> <p>The DNS or Designee will complete an audit to include observation of response time to care needs. DNS or Designee will interview residents to ensure care is provided timely.</p> <p>Audit is to be reviewed 5 times weekly x 1 month, then 3 times weekly times 1 month, then weekly x 4 months.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.</p> <p>By what date the systemic changes be completed: 10/20/2021</p>		

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F 0677 SS=D Bldg. 00	<p>on 8-26-21, six days after admission. One of the goals identified was, "I wish to be safe and have my dignity maintained through my next review." Interventions listed, all dated 8-26-21, included, but were not limited to, maintaining her dignity, allowing her to do what she is capable of doing at her own pace and helping her to make safe choices.</p> <p>This Federal tag relates to Complaint IN00360171.</p> <p>3.1-3(t) 3.1-32(a)</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview and record review, the facility failed to ensure nails were trimmed in accordance with each resident's preference for 2 of 4 residents reviewed for nail care. (Residents F and G)</p> <p>Findings include:</p> <p>1. The clinical record of Resident G was reviewed on 9-30-21 at 11:40 a.m. Her diagnoses included, but were not limited to, late onset Alzheimer's disease, hypertension, dementia with behavioral disturbance, glaucoma, general muscle weakness and unsteadiness on her feet. Her most recent MDS assessment, dated 8-25-21, indicated she was able to be understood and was able to understand others, requires extensive assistance of one person with hygiene</p>	F 0677	<p>F 677 ADL Care Provided for Dependent Residents What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Resident F: facility is unable to identify the resident Resident G: facility is unable to identify the resident</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective</p>	10/20/2021

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	<p>and was dependent of one person for bathing. The September, 2021 of ADL (activities of daily living) documentation for bathing indicated she had 7 instances of bathing documented.</p> <p>In an observation of Resident G's nails on 9-28-21 at 12:10 p.m., her nails appeared clean with fingernails of short length, but toenails long, approximately one-half inch past end of toes.</p> <p>In an interview on 9-28-21 at 12:10 p.m., with Resident G, she indicated she had asked staff to have her toenails trimmed several times, but this had not happened yet. She indicated she does not like having her toenails "so long."</p> <p>In an interview on 9-30-21 at 11:20 a.m., Resident G recalled a discussion on 9-28-21, recalling the visitor's name, color and design of clothing and discussion regarding care and services and her telling the visitor she wanted her toenails trimmed. Resident G indicated her toenails have not been trimmed yet as she will be scheduled to see a podiatrist for this. 2. During an observation on 9/29/21 at 9:10 a.m., Resident F was laying in bed. The resident had a right hand contracture, the resident's nails on his left hand were long. The resident indicated he preferred to keep his nails trimmed.</p> <p>Review of the record of Resident F on 9/30/21 at 12:07 p.m., indicated the resident's diagnoses included, but were not limited to, adult failure to thrive, diabetes, peripheral vascular disease, muscle weakness and chronic ischemic heart disease.</p> <p>The plan of care for Resident F, dated 8/7/2019, indicated the resident had physical functioning deficit related to muscle weakness and Cerebral</p>		<p>action will be taken; All residents that require assistance with nail care have the potential to be affected by the same deficient practice. The Facility completed an observation of resident's fingernails and toenails to determine those residents that needed nail care and services provided.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur Nurses and Aides were re-educated on the guidelines for nail care. DNS or Designee will complete observations of residents for completion of care. Audit is to be reviewed 5 times weekly x 1 month, then 3 times weekly times 1 month, then weekly x 4 months.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.</p>	

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F 0684 SS=D Bldg. 00	<p>Vascular Accident (CVA). The interventions included, but were not limited to, nail care as needed.</p> <p>The Quarterly Minimum Data Set (MDS) assessment for Resident F, dated 7/14/21, indicated the resident was extensive assistance of two staff for personal hygiene.</p> <p>The nail care policy provided by the Corporate Executive Director on 9/30/21 at 2:39 p.m., indicated the the procedure was to provide guidelines for the provision of care to a resident's nails for good grooming and health. "Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis." "Routine nail care, to include trimming and filing will be provided on a regular schedule. "Only licensed nurses shall trim or file fingernails of resident with diabetes."</p> <p>This Federal tag relates to Complaint IN00363212.</p> <p>3.1-38(a)(3)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on observation, interview and record</p>	F 0684	<p>By what date the systemic changes be completed: 10/20/2021</p> <p>F 684 Quality of Care</p>	10/20/2021			

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	<p>review, the facility failed to ensure physician orders for the care and monitoring for infection of a PICC (peripherally-inserted center catheter, type of intravenous delivery system) line were in place and followed for 3 of 3 residents reviewed for PICC lines. (Residents C, D and J)</p> <p>Findings include:</p> <p>1. The clinical record of Resident C was reviewed on 9-29-21 at 2:40 p.m. His diagnoses included, but were not limited to, spondylosis of thoracic region, diabetes, polyneuropathy osteomyelitis of the vertebra, sacral and sacrococcygeal region, a stage 4 pressure ulcer of sacral region and paraplegia. His most recent MDS (minimum data set) analysis, dated 8-5-21, indicated he was cognitively intact and received IV (intravenous) medications.</p> <p>In an interview with Resident C on 9-28-21 at 11:37 a.m., he indicated he currently has a PICC line for IV antibiotics due to "tiny bit of my tailbone is exposed" and hopes to complete the antibiotics within the next month.</p> <p>In review of Resident C's physician orders and medication and treatment administration records for September, 2021, there were no orders located for any type of PICC line flushes, used to maintain the patency of the intravenous catheter.</p> <p>A care plan, entitled, "Pressure ulcer #2 sacrum unstageable," was initiated on 5-26-21. It's goal was indicated was for the pressure wound to heal. Interventions were listed to include, but were not limited as, treatments as ordered, effective as of 5-26-21, and being followed by the wound center with a treatment added as the use of a wound vacuum, effective 9-1-21.2. Review of the</p>		<p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident C: Residents clinical record was reviewed and updated to reflect appropriate orders for care and maintenance of PICC line.</p> <p>Resident D: Resident no longer has PICC line in place. Clinical record was reviewed and accurately reflects residents care needs and physician orders are followed.</p> <p>Resident J: Residents clinical record was reviewed and updated to reflect appropriate orders for care and maintenance of PICC line.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;</p> <p>All residents that have IV/PICC/Midline devices have the potential to be affected by the same deficient practice. An audit was completed to identify those residents with IV/PICC/Midline devices to ensure there are orders for care and maintenance per physician orders.</p> <p>What measures will be put into place and what systemic changes will be made to ensure</p>				

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	<p>record of Resident J on 9/30/21 at 12:42 p.m., indicated the resident's diagnoses included, but were not limited to, aphasia, Cerebrovascular disease, diabetes, hemiplegia and hemiparesis, muscle weakness, major depressive disorder, hypertension and urinary tract infection.</p> <p>The progress note for Resident J, dated 9/8/21, indicated the resident was readmitted from the local hospital with a Peripherally inserted central catheter (PICC) line.</p> <p>During an interview with the Director Of Nursing on 9/30/21 at 12:53 p.m., indicated Resident J had a Peripherally inserted central catheter (PICC) line.</p> <p>During an interview and observation with LPN 2 on 9/30/21 at 2:30 p.m., indicated she was Resident J's nurse and the resident did not have a PICC line. LPN 2 went to Resident J's room and showed me both arms and stated "he does not have a PICC line" when queried if it might be located on the resident's chest wall, LPN 2 felt the residents left upper chest wall and revealed the resident did have a PICC line with a clear dressing dated 9/28/21. LPN 2 indicated she was unaware that the resident had a PICC line and that he had no physician orders for the care of a PICC line.</p> <p>During an interview with the Corporate Executive Director on 9/30/21 at 2:42 p.m., indicated Resident J did not have physician orders or documentation for care or monitoring of his PICC line. This indicated the resident had not had PICC line flushes or monitoring for infection for 22 days.</p> <p>During an interview with LPN 1 on 9/30/21 at</p>		<p>that the deficient practice does not recur</p> <p>Nurses were re-educated on the guidelines for IV/PICC/Midline devices to include following physician orders and ensuring appropriate orders are in place for care and maintenance. DNS or Designee will review new admissions, re-admissions and new orders for IV/PICC/Midline devices to ensure there are orders for care and maintenance per physician orders. Audit is to be reviewed 5 times weekly x 1 month, then 3 times weekly times 1 month, then weekly x 4 months.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.</p> <p>By what date the systemic changes be completed: 10/20/2021</p>	

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	<p>3:45 p.m., indicated Resident J had returned from the local hospital with the PICC line for infusion of an antibiotic for sepsis and urinary tract infection.</p> <p>The physician order for Resident J, dated 9/28/21, indicated for the resident to have a weekly dressing change to the PICC line.</p> <p>The physician order for Resident J, dated 9/30/21 indicated for the resident to have all lumens flushed with 10 milliliters of normal saline every shift for PICC line care, monitor PICC line site every shift and notify the physician as needed for redness, drainage, edema, warmth, dislodgement every shift for PICC line care.</p> <p>3. On 9/28/21 at 12:16 p.m., Resident D was observed lying in bed, the head of her bed was elevated 30 degrees, she wore street clothing, and her PICC (Peripherally Inserted Central Catheter) line was observed inserted in the inside of her left elbow (antecubital). She indicated she is unsure how long she has been at the facility and was unsure if she receives medications into her PICC line.</p> <p>Resident D's record was reviewed on 9/30/21, at 10:45 a.m. The record indicated Resident D was admitted with diagnoses that included, but were not limited to, muscle wasting and atrophy at multiple sites, depression with psychotic features, type 2 diabetes mellitus with other complications, anxiety, mood disorder, insomnia, tremors, high blood pressure, and delusional disorders.</p> <p>An Admission Minimum Data Set assessment, dated 8/13/21, indicated Resident was moderately impaired in cognitive skills for daily</p>			

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	<p>decision making, had no impairment in range of motion, had no infections, and did not receive an antibiotic.</p> <p>Resident D's care plan, dated 9/4/21, indicated a problem for: "At risk for complications...IV-LUE (Left upper extremity) PICC. DX (Diagnosis) URI (upper respirator infection). Goal: Will have no complication r/t (related to) IV - through 9/15/21. Interventions: (1.) Administer IV meds per MD order. (2.) Change IV tubing, dressing, and caps according to line type tubing. (3.) monitor infiltrate. (4.) Monitor IV site per s/s (signs/symptoms) infection. (5.) Notify MD of abnormalities."</p> <p>A progress note, dated 9/3/2021 at 10:29 p.m., indicated: "Res (Resident) returned from hospital stay via stretcher with transport team of two. Res in hospital gown non-slip footwear. Res is A&O x3 (alert and oriented to person, time and place) able to verbalize wants and needs. Res is ext (extensive) assist of two with alds (activities of daily living) and transfers. Res has(L) are (sic) PICC that flushes appropriately. Res continues on IV ATB (Intravenous antibiotic)...."</p> <p>A progress note, dated 9/28/2021 at 7:10 p.m., indicated: "NP (Nurse Practitioner) ordered for PICC line to be discontinued due to no longer needed. Line removed, noted to be 12cm length and verified. No redness or warmth noted to site or surrounding area. no drainage form site. pressure dressing applied, no active bleeding observed. Resident tolerated well with no complaints of discomfort."</p> <p>Medication Administration Records and Treatment Administrator Records, dated September 1 through September 30, 2021 failed</p>			

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374
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	<p>to indicate there were dressing changes, flushes, or care provided to the PICC line, and progress notes and assessments failed to indicate Resident D's PICC line had the care provided for monitoring for infection, dressing changes or flushes.</p> <p>There were no physician's orders provided, that indicated Resident D had an order for the PICC line, and orders for dressing changes or flushes.</p> <p>On 9/30/21 at 2:38 p.m., the Corporate Executive Director, indicated she did not see any orders for flushes for Resident D, nor did she have treatment orders for dressing changes or flushes.</p> <p>On 9/30/21 at 4:30 p.m., LPN 4, and Unit Manager, indicated when Resident D came back from the hospital she had a PICC line. She said they have orders for the PICC line for standard care, dressing changes, monitoring the site, and if they use heparin or saline flushes.</p> <p>A policy for "Peripherally Inserted Central Catheter Flushing" was provided by LPN 1 on 9/30/21 at 3:00 p.m. The policy included, but was not limited to, "It is the policy of this facility to ensure that peripherally inserted central catheters (PICC) are flushed, locked and removed consistent with current standards of practice. Policy Explanation: Peripherally inserted central catheters (PICC) are catheters that are placed into the central circulation. They are inserted above the antecubital fossa and the tip extends into the superior vena cava. Typically, they are inserted into the basilic, cephalic, or median veins. They may be used for short-term or longer-term intravenous infusion therapy. Compliance Guidelines: The nurse will obtain</p>			

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F 0689 SS=D Bldg. 00	<p>and /or verify the physician's order for the type of IV solution or medication, dose, rate and length of treatment. The nurse will review the resident's medical record for any allergies to antiseptic solutions, adhesives, or latex prior to site maintenance and care. Peripherally inserted central catheters will be flushed and aspirated for blood return prior to each infusion to assess catheter functionality and prevent complications. Peripherally inserted central catheters will be flushed after each infusion to clear infused medication from the lumen...."</p> <p>A policy for "PICC/Midline/CVAD Dressing Change" was provided by the Corporate Executive Director on 9/30/21 at 2:20 p.m. The policy included, but was not limited to, "It is the policy of this facility to change peripherally inserted central catheter (PICC), midline or central venous access device (CVAD) dressing, weekly or if soiled, in a manner to decrease potential for infection and /or cross-contamination. Physician's orders will specify type of dressing and frequency of changes...Document the procedure."</p> <p>This Federal tag relates to Complaint IN00363212.</p> <p>3.1-37(a)</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>			

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	<p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to identify the use of a gait belt as a safety device for transfers and/or ambulation for 1 of 3 residents reviewed for falls. (Resident B)</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed on 9-29-21 at 1:45 p.m. Her diagnoses included, but were not limited to, cerebral infarction, hemiparesis and hemiplegia post cerebral infarction, hypertensive heart disease, pain in left hand joints, osteoarthritis, depression, anxiety, muscle weakness, gait and mobility abnormality. Her most recent MDS (minimum data set) analysis, dated 7-30-21, indicated she was cognitively intact, required extensive assistance of two or more persons with transfers, did not walk, required the use of a wheelchair for mobility and is always incontinent of her bladder, requiring extensive assistance of two or more persons for toileting assistance.</p> <p>In an interview on 9-29-21 at 9:20 a.m., with Resident B, she recalled she had a fall about 1 month ago in which was being transferred from the toilet to her wheelchair while in her bathroom when her legs became weak and CNA 6, then assisted her to the floor, with no resulting injuries.</p> <p>Resident B's clinical record and a facility "Fall" investigation document, dated 8-2-21, indicated Resident B was lowered to the floor on 8-2-21 at 7:38 p.m. by one CNA and had no apparent injuries. A resident statement after the fall</p>	F 0689	<p>F 689 Free of Accident Hazards/Supervision/Devices</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Resident B: Residents clinical record has been reviewed and care plan and kardex reflects residents care needs including mobility and fall risk interventions. CNA 6: no longer employee at the facility</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; Residents that require assistance with transfers and mobility are at risk for the same deficient practice. Clinical records have been reviewed to ensure that care plan and kardex reflect the residents care needs with focus on mobility and fall risk interventions.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur</p>	10/20/2021			

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	<p>indicated her legs became weak and the CNA lowered her to the floor, but resulted in no apparent injuries. This document indicated she was alert and oriented to person, place, time and situation. It indicated after the fall, Resident B was laughing and joking with the CNA. An intradisciplinary team (IDT) note on 8-3-21, indicated the witnessed fall on the previous evening with Resident B occurred while two CNA's assisted with transferring her onto the toilet. None of the documents indicated if a gait belt was utilized by CNA 6 for the transfer. On the fall investigation document, section entitled, "Predisposing Situation Factors," a box beside "Gait Belt Required," was not checked. The documentation in the progress notes of the fall, dated 8-2-21 at 7:39 p.m., and the IDT note, dated 8-3-21 at 12:03 p.m., did not address the use of a gait belt.</p> <p>In an interview with the Interim Director of Nursing (DON) on 9-30-21 at 11:30 a.m., she indicated she could not verify one way or another if the gait belt was used by the staff member and CNA 6 was no longer employed at the facility. She indicated the paperwork for the fall investigation did not get marked to show if a gait belt was or was not used.</p> <p>A care plan entitled, "Fall," with an initiation date of 3-24-21, indicated the goal was for Resident B to have no falls. Interventions were listed, but not limited to, utilizing a gait belt for transfers, with an initiation date of 6-8-21, and to have two persons to assist with transfers, initiated on 8-3-21.</p> <p>On 9-30-21 at 4:05 p.m., the Corporate Executive Director (ED) provided a copy of a policy for gait belt usage which had no revision</p>		<p>Nurse and Aides have been re-educated on the guidelines for transfers and following residents plan of care with focus on mobility needs and fall risk interventions. DNS or designee will observe clinical staff assisting residents with mobility and transfers to ensure staff are following the plan of care. Audit is to be reviewed 5 times weekly x 1 month, then 3 times weekly times 1 month, then weekly x 4 months.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place Results of these audits will be brought to QAPI monthly x 6 months to identify trends and to make recommendations. If issues/trends are identified, then will continue audits based on QAPI recommendation. If none noted, then will complete audits based on a prn basis.</p> <p>By what date the systemic changes be completed: 10/20/2021</p>	

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	<p>date. This policy indicated, "It is the policy of this facility to use gait belts with residents that cannot independently ambulate or transfer for the purpose of safety...All employees will receive education on the proper use of the gait belt during orientation and annually. It will be the responsibility of each employee to ensure they have it available for use at all times when at work...Failure to use gait belt properly may result in termination."</p> <p>On 9-30-21 at 4:05 p.m., the Corporate Executive Director (ED) provided a copy of a policy entitled, "Accidents and Supervision," with a revision date of November, 2017. It indicated, "The resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents..."</p> <p>This Federal tag relates to Complaint IN00360171.</p> <p>3.1-45(a)(2)</p>				