

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

PRINTED: 12/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155277		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/18/2016	
NAME OF PROVIDER OR SUPPLIER APERION CARE VALPARAISO				STREET ADDRESS, CITY, STATE, ZIP CODE 3301 N CALUMET AVE VALPARAISO, IN 46383			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00214972.</p> <p>Complaint IN00214972 - Substantiated. Federal/State deficiencies related to the allegations are cited at F225, F226, and F329.</p> <p>Survey dates: November 17 & 18, 2016</p> <p>Facility number: 000176 Provider number: 155277 AIM number: 100288940</p> <p>Census bed type: SNF/NF: 91 Total: 91</p> <p>Census payor type: Medicare: 12 Medicaid: 63 Other: 16 Total: 91</p> <p>Sample: 5</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 32883 on</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 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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F 0225 SS=D Bldg. 00	<p>11/21/16.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his</p>						

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	<p>designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the investigation of an injury of unknown origin was thorough and complete related to failure to interview all staff providing care for the resident for 1 of 3 allegations of abuse reviewed. (Resident D)</p> <p>Finding includes:</p> <p>During the Orientation Tour on 11/17/16 at 8:30 a.m., Resident D was observed in a wheel chair. The resident was propelling herself down the hall. The resident had several items of clothing and bags on her lap.</p> <p>Resident D's record was reviewed on 11/17/16 at 2:49 p.m. Diagnoses included, but were not limited to, Alzheimer's disease, bipolar disorder, major depressive disorder, and anxiety disorder.</p> <p>The 9/19/16 MDS (Minimum Data Set) quarterly assessment was reviewed. A BIMS (Brief Interview for Mental Status) was not completed. The resident's</p>			F 0225	<p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>The interview with LPN #1 was completed and the investigation for incident with resident D was closed with no substantiated abuse. Care plan for resident D was reviewed. The reference</p>		12/13/2016

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	<p>cognitive skills were noted to be moderately impaired and no behaviors were noted. She required extensive assistance of staff for bed mobility, transfers, and personal hygiene and had no limitations in range of motion in her extremities. No skin concerns were noted.</p> <p>A Nursing Progress note was entered on 11/9/16 at 1:46 p.m. and indicated the Nurse was notified by a CNA that the resident had a "huge" bruise to the right arm. The bruising was to her lower arm.</p> <p>A Skin Condition report was completed on 11/9/16. A total of (3) bruises were observed. The bruises measured 6 cm (centimeters) x 3.5 cm, 7.0 cm x 3.0 cm, and 9.5 cm x 3.5 cm.</p> <p>A Care Plan initiated on 4/28/15 indicated the resident had the potential for bruising and skin tears due to fragile skin. The Care Plan was last revised on 9/21/16. Interventions included, but were not limited to, document any witnessed/reported/observed bruising or skin tears per policy. Note cause if known, and use caution when entering/exiting doorways, turning corners, and assisting with transfers.</p> <p>A Care Plan initiated on 6/11/15</p>				<p>checks and documentation of training on Resident Rights and Abuse Prohibition were completed for employee C.N.A. #3.</p> <p>2) How the facility identified other residents:</p> <p>An audit was completed of all new and rehired employees for the past 30 days to assure all required documentation is on file, including reference checks and Abuse/Resident rights education.</p> <p>An audit was completed of all abuse investigation for the past 30 days to ensure a thorough and timely investigation was completed, including reference checks and Abuse/Resident Rights education.</p> <p>3) Measures put into place/ System changes:</p> <p>Staff were in-serviced on the reporting protocols when abuse/neglect concerns including injuries/bruises of unknown origin are observed. A Quality Assurance Checklist was implemented to guide Abuse allegations to ensure investigations are completed thoroughly and timely, including interviews of residents, witnesses</p>		

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	<p>indicated the resident had a tendency to resist care. The Care Plan was last reviewed on 9/21/16. Interventions included, but were not limited to, allow the resident to make decisions about her treatment regime, give clear explanations of care activities prior to and as they occur, if the resident resists care please reassure her and leave and return 5-10 minutes later.</p> <p>The November 2016 Medication Administration Record indicated there were no Physician orders for the resident to receive any aspirin or other anti-coagulant medications.</p> <p>A 10/23/16 Physician Progress note indicated the resident had a diagnosis of dementia, had memory loss, and was orientated to name only.</p> <p>The 11/10/16 Behavior Summary report for the week ending on 11/10/16 indicated the resident had no one episode of pinching and scratching on a night shift. The resident displayed no episodes of kicking, hitting, scratching, pushing, rejection of care, grabbing, biting, yelling, screaming, or wandering.</p> <p>A Weekly Skin Inspection note was completed on 11/17/16 and indicated no bruising was observed.</p>		<p>and all staff that care for resident as indicated. The investigations and checklists for all allegation will be reviewed by the Administrator and/or designee prior to submitting the final 5 day follow-up report to ISDH.</p> <p>The Human Resource Supervisor was in-serviced on employee reference checks and Abuse/Resident Rights documentation being done for all new employees and re-hire employees the same as new hire employees. An audit was completed of all new and rehire employees. An audit checklist of all new hires will be completed each month to assure new/rehire employee files are complete.</p> <p>The Administrator or designee will be responsible for oversight of these audits.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months.</p>				

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	<p>An "Investigation of Skin Tear, Bruises, and Abrasions" report was completed on 11/9/16. The report indicated a CNA first observed the bruise to the resident's right forearm on 1/9/16 at 1:00 p.m. The area was purple in color. The resident was not combative with care and was able to independently propel her wheelchair and freely move her extremities. The resident was interviewed and stated she was in a fight and "the person got the best of her." The person grabbed her arm and twisted it. Staff interviews were conducted and the incident was reported. Another 11/9/16 interview with the resident indicated the resident was asked by staff "Has everyone been nice?" and the resident replied "All but one." The resident then showed the staff member her bruise and the resident stated "she twisted my arm " and when asked when this happened the resident stated "day before yesterday." The resident was also asked if she had any problems lately and replied "yeah". Then was asked "Like what" and she answered "not really." When asked if she wanted to tell staff anything else about what had happened she replied "I don't understand. I got my hair done though."</p> <p>CNA #1's written statement noted she worked Monday night 11:00 p.m. to 7:00</p>				<p>5) Date of compliance:</p> <p>12/13/2016</p>		

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	<p>a.m. and gave the resident a shower. A bruise was noticed on the resident's right arm. The written statement indicated the staff member reported the bruise to LPN #1. Activity staff #1 was interviewed and reported she had told another activity aide about the bruise on 11/8/16.</p> <p>No interviews had been completed with LPN #1. LPN #1 worked the night shift 11/7/16 into 11/8/16.</p> <p>When interviewed on 11/17/16 at 3:30 p.m., the Director of Nursing indicated staff members were interviewed on 11/9/16. There were conflicting statements from the staff who were interviewed. LPN #1 had not worked this week and she had not called her until today. At this time they were not able to determine how the injury occurred.</p> <p>Interview with the facility Administrator on 11/18/19 at 8:45 a.m., the facility Administrator indicated he was informed of the bruise when it was discussed at the morning meeting.</p> <p>2. The facility Employee Records were reviewed on 11/17/16 at 1:00 p.m. CNA #3 was hired on 11/10/16. The employee had previously been employed at the facility from 3/2016 - 6/2016. No reference checks were sent out. There</p>						

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	<p>was no verification the CNA had received training on Resident Rights and the Abuse Prohibition policies and procedures.</p> <p>When interviewed on 11/18/16 at 9:45 a.m., the Human Resources Manager indicated she had only completed the criminal history check for the employee.</p> <p>The facility Abuse Prevention Program was reviewed. The facility Administrator provided the policy and indicated the policy was current. All potential employees were to be screened. Screening was to include, references from previous/current employees. The results of the screening were to be documented to include the date, name and title of the person contacted the name of the staff obtaining the reference. The Abuse Prevention Program also indicated injuries of unknown source were to be investigated.</p> <p>When interviewed on 11/17/16 at 3:30 p.m., the facility Administrator indicated reference checks and Abuse training should have been completed for CNA #3 and the investigation of Resident D's bruises should have included interviews from all staff caring for the resident.</p> <p>This Federal tag relates to Complaint</p>						

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F 0226 SS=D Bldg. 00	<p>IN00214972.</p> <p>3.1-28(c) 3.1-28(d)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview the facility failed to follow the Abuse Prevention Program related to completing a timely and thorough investigation of an injury of unknown origin, employee screening, and employee education on Resident Rights and Abuse. (Resident D and CNA #3)</p> <p>Finding includes:</p> <p>Resident D's record was reviewed on 11/17/16 at 2:49 p.m. The resident's diagnoses included, but were not limited to, Alzheimer's disease, bipolar disorder, major depressive disorder, and anxiety disorder.</p>		F 0226	<p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of</i></p>		12/13/2016	

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	<p>The 9/19/16 MDS (Minimum Data Set) quarterly assessment was reviewed. A BIMS (Brief Interview for Mental Status) was not completed. The resident's cognitive skills were noted to be moderately impaired and no behaviors were noted. She required extensive assistance of staff for bed mobility, transfers, and personal hygiene and had no limitations in range of motion in her extremities. No skin concerns were noted.</p> <p>A Nursing Progress note was entered on 11/9/16 at 1:46 p.m. and indicated the Nurse was notified by a CNA that the resident had a "huge" bruise to the right arm. The bruising was to her lower arm.</p> <p>A Skin Condition report was completed on 11/9/16. A total of (3) bruises were observed. The bruises measured 6 cm (centimeters) x 3.5 cm, 7.0 cm x 3.0 cm, and 9.5 cm x 3.5 cm.</p> <p>A 10/23/16 Physician Progress indicated the resident had a diagnosis of dementia, had memory loss, and was orientated to name only.</p> <p>An "Investigation of Skin Tear, Bruises, and Abrasions" report was completed on 11/9/16. The report indicated a CNA first observed the bruise to the resident's</p>				<p><i>federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>The interview with LPN #1 was completed and the investigation for incident with resident D was closed with no substantiated abuse. Care plan for resident D was reviewed. The reference checks and documentation of training on Resident Rights and Abuse Prohibition were completed for employee C.N.A. #3.</p> <p>2) How the facility identified other residents:</p> <p>An audit was completed of all new and rehired employees for the past 30 days to assure all required documentation is on file, including reference checks and Abuse/Resident rights education.</p> <p>An audit was completed of all abuse investigation for the past 30 days to ensure a thorough and timely investigation was completed, including reference checks and Abuse/Resident Rights education.</p> <p>3) Measures put into place/</p>		

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	<p>right forearm on 1/9/16 at 1:00 p.m. The area was purple in color. The resident was not combative with care and was able to independently propel her wheelchair and freely move her extremities. The resident was interviewed and stated she was in a fight and "the person got the best of her." The person grabbed her arm and twisted it. Staff interviews were conducted and the incident was reported. Another 11/9/16 interview with the resident indicated resident was asked by staff "Has everyone been nice?" and the resident replied "All but one." The resident then showed the staff member her bruise and the resident stated "she twisted my arm" and when asked when this happened the resident stated "day before yesterday." The resident was also asked if she had any problems lately and replied "yeah". Then was asked "Like what" and she answered "not really." When asked if she wanted to tell staff anything else about what had happened she replied "I don't understand. I got my hair done though."</p> <p>CNA #1's written statement noted she worked Monday night 11:00 p.m. to 7:00 a.m. and gave the resident a shower. A bruise was noticed on the resident's right arm. The written statement indicated the staff member reported the bruise to LPN #1. Activity staff #1 was interviewed</p>		<p>System changes:</p> <p>Staff were in-serviced on the reporting protocols when abuse/neglect concerns including injuries/bruises of unknown origin are observed. A Quality Assurance Checklist was implemented to guide Abuse allegations to ensure investigations are completed thoroughly and timely, including interviews of residents, witnesses and all staff that care for resident as indicated. The investigations and checklists for all allegation will be reviewed by the Administrator and/or designee prior to submitting the final 5 day follow-up report to ISDH.</p> <p>The Human Resource Supervisor was in-serviced on employee reference checks and Abuse/Resident Rights documentation being done for all new employees and re-hire employees the same as new hire employees. An audit was completed of all new and rehire employees. An audit checklist of all new hires will be completed each month to assure new/rehire employee files are complete.</p> <p>The Administrator or designee will be responsible for oversight of these audits.</p>				

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	<p>and reported she had told another activity aide about the bruise on 11/8/16.</p> <p>No interviews had been completed with LPN #1. LPN #1 worked the night shift 11/7/16 into 11/8/16.</p> <p>When interviewed on 11/17/16 at 3:30 p.m., the Director of Nursing indicated staff members were interviewed on 11/9/16. There were conflicting statements from the staff who were interviewed. LPN #1 had not worked this week and she had not called her until today. At this time they were not able to determine how the injury occurred.</p> <p>Interview with the facility Administrator on 11/18/19 at 8:45 a.m., indicated he was informed of the bruise when it was discussed at the morning meeting.</p> <p>2. The facility Employee Records were reviewed on 11/17/16 at 1:00 p.m. CNA #3 was hired on 11/10/16. The employee had previously been employed at the facility from 3/2016 -6/2016. No reference checks were sent out. There was no verification the CNA had received training on Resident Rights and the Abuse Prohibition policies and procedures.</p>				<p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months.</p> <p>5) Date of compliance:</p> <p>12/13/2016</p>		

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	<p>When interviewed on 11/18/16 at 9:45 a.m., the Human Resources Manager indicated she had only completed the criminal history check for the employee.</p> <p>The facility Abuse Prevention Program was reviewed. The facility Administrator provided the policy and indicated the policy was current. All potential employees were to be screened. Screening was to include, references from previous/current employees. The results of the screening were to be documented to include the date, name and title of the person contacted the name of the staff obtaining the reference. The Abuse Prevention Program also indicated injuries of unknown source were to be investigated.</p> <p>When interviewed on 11/17/16 at 3:30 p.m., the facility Administrator indicated reference checks and Abuse training should have been completed for CNA #3 and the investigation of Resident D's bruises should have included interview from all staff caring for the resident.</p> <p>This Federal tag relates to Complaint IN00214972.</p> <p>3.1-28(c) 3.1-28(d)</p>						

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F 0329 SS=D Bldg. 00	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the resident's drug regime remained free of unnecessary drugs related to anti- anxiety medications administered without indications for use and non-pharmacological interventions not</p>		F 0329	<p>The facility requests paper compliance for this citation.</p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p>		12/13/2016	

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	<p>attempted prior to the administration of the medication for 2 of 3 residents reviewed for the use of anti-anxiety medications in a sample of 5. (Residents C and G)</p> <p>Findings include:</p> <p>1. During Orientation Tour on 11/17/16 at 8:25 a.m., Resident C was observed sleeping on a small couch in the hallway across from the Nursing Station.</p> <p>The resident's record was reviewed on 11/17/16 at 9:12 a.m. Diagnoses included, but were not limited to, Alzheimer's disease, psychotic disorder with delusions, and high blood pressure.</p> <p>A Quarterly Minimum Data Set assessment, dated 8/16/16, indicated the resident's BIMS (Brief Interview for Mental Status) score was (1) and the resident's cognitive patterns were severely impaired. The resident received antipsychotic medication (7) days of the (7) day reference period and anti-anxiety medications (3) days of the (7) day reference period.</p> <p>A Care Plan last reviewed on 9/16/16 indicated the resident had a diagnosis of psychotic disorder with delusions and hallucinations. The resident received</p>				<p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>1) Immediate actions taken for those residents identified:</p> <p>Residents C and F's PRN orders were placed into the category PRN psychotropic which automatically prompts for the three non-pharmacological interventions prior to allowing staff to administer.</p> <p>2) How the facility identified other residents:</p> <p>Medication lists were reviewed for all residents to identify those with PRN psychotropic medication. All residents who were identified as having PRN psychotropic medications had their PRN orders switched to include the prompts for the three interventions.</p>		

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	<p>antipsychotic and anti-anxiety medications. Interventions included, but were not limited to, administer medications as ordered and observe for adverse reactions.</p> <p>The current Physician orders were reviewed. An order was obtained on 1/12/16 for the resident to receive Xanax (an anti-anxiety medication) 0.25 milligrams orally every 12 hours as needed for anxiety.</p> <p>The August 2016 Medication Administration Record indicated the resident received the Xanax medication on 8/2/16 at 8:24 p.m. and 8/5/16 at 9:46 p.m. There was no description of the resident's specific behaviors exhibited at the time.</p> <p>The August 2016 Behavior Summary Report for the week ending on 8/9/16 indicated the resident had one episode of grabbing and no episodes of yelling/screaming, threatening behavior, pushing, kicking/hitting, or biting.</p> <p>The August 2016 Nursing progress notes with an entry dated 8/5/16 at 9:46 p.m. indicated the resident received Xanax .25 milligrams for anxiety. There was no documentation of any specific behaviors exhibited at the time. No Nursing</p>			<p>3) Measures put into place/ System changes:</p> <p>Nurses and QMS's were in-serviced on this template and the necessity of documenting the non-pharmacological interventions that were completed. They were also educated on the need to check that the physician or NP used the proper template when entering their orders. An audit tool was devised to monitor the documentation and completion of the three interventions and the proper use of the template. Audits will be completed at least 3 times weekly, on all residents with PRN psychotropic medications, and monitored by the Director of Nursing/Designee.</p> <p>4) How the corrective actions will be monitored:</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved x3 consecutive months.</p> <p>5) Date of compliance:</p> <p>12/13/2016</p>			

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FORM APPROVED
OMB NO. 0938-0391

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	<p>progress notes related to the 8/2/16 administration of the Xanax were noted.</p> <p>The October 2016 Medication Administration Record indicated the resident received the Xanax medication on 10/6/16 at 4:07 p.m.</p> <p>The October 2016 Behavior Summary Report for the week ending 10/6/16 indicated the resident had no episodes of yelling/screaming, threatening behavior, use of abusive language, kicking/ hitting, grabbing, pushing, or biting.</p> <p>The October 2016 Nursing progress notes with an entry dated 10/6/16 at 4:07 p.m. indicated the Xanax medication was administered as the resident was anxious and irritated. The was no documentation of the specific behavior exhibited at the time.</p> <p>When interviewed on 11/17/16 at 3:00 p.m., the Director of Nursing indicated Nursing or Social Services were to document the behaviors the resident had displayed prior to administering any prn anti anxiety medications.</p> <p>2. Resident F's record was reviewed on 11/17/16 at 11:25 a.m. Diagnoses included, but were not limited to, dementia and hypertension.</p>						

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	<p>A Quarterly Minimum Data Set assessment, dated 11/06/16, indicated the resident's cognition was impaired and there were no behaviors present.</p> <p>A care plan, dated 05/23/16, indicated the resident had a tendency to yell out during care. The interventions included, administer medications as ordered, monitor/document effectiveness, assess and anticipate resident's needs: food, thirst, toileting needs, comfort level, give many choices as possible about care and activities, re-approach when calmer, and if the resident was agitated, intervene before the agitation escalates, guide away from the source of distress, if response is aggressive, staff were to walk away and approach later.</p> <p>A Physician's order, dated 08/31/16, indicated lorazepam (anti-anxiety) 0.5 mg (milligram) every six hours as needed for anxiety.</p> <p>The Medication Administration Record (MAR), dated 10/2016, indicated the resident received the lorazepam 0.5 mg on 10/05/16 at 7:14 p.m., 10/06/16 at 4:17 p.m., and 10/11/16 at 7:21 p.m. There were no indications for the lorazepam administration and no interventions were attempted prior to the administration of the lorazepam.</p>						

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	<p>The Behavior Summary Report indicated the resident had no behaviors for the weeks ending on 10/06/16 and 10/13/16.</p> <p>The MAR, dated 11/2016, indicated the resident received the lorazepam 0.5 mg on 11/15/16 at 6:54 p.m. There was no indication for the lorazepam administration and no interventions were attempted prior to the administration of the lorazepam.</p> <p>The Behavior Summary Report, indicated the resident had no behaviors for the week ending on 11/17/16.</p> <p>During an interview on 11/17/16 at 1:55 p.m., the Social Service Director stated she could find no further information for the usage of the as needed lorazepam and no interventions initiated prior to the administration of the lorazepam.</p> <p>During an interview on 11/17/16 at 3:15 p.m. the Director of Nursing stated prior to the administration of an as needed psychotropic, the staff were to initiate at least three interventions to decrease the behavior and the medication, behavior, and interventions were to be documented.</p> <p>The current facility policy titled "Behavior Management for Agitated</p>						

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	<p>Behaviors" was provided by the Nurse Consultant. The policy indicated if a resident's behavior escalates and/or reoccurs staff were to:</p> <ul style="list-style-type: none"> - Remove the resident from the problem area and separate from others if necessary, allow time to calm down with a 1:1 explanation of why the behaviors was inappropriate and unacceptable. - If anger, aggression or anxiety cannot be redirected, and is in danger of harming self, administrate Physician ordered medication for anxiety symptoms. - Document all interventions attempted or administered and the resident's response to the medical medical interventions. - Monitor the resident's response to drug therapy <p>This Federal Tag relates to complaint IN00214972.</p> <p>3.1-48(a) 3.1-48(a)(4)</p>						