

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

PRINTED: 04/30/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145919	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/24/2010
NAME OF PROVIDER OR SUPPLIER ROCKFORD NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1920 NORTH MAIN STREET ROCKFORD, IL 61103		
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F 520	Continued From page 139 Medical Director did not attend any of those QA meetings. On 11/17/10, E1 stated that the facility did not have record of a QA meeting in July or August. During the Annual Licensure and Certification Survey conducted on 11/14/10-11/24/10 the following deficient practices were identified to be at harm level: Neglect, Pressure Sores, Safety and Supervision, and Hydration. The facility had 30 additional deficient practices identified during the survey.	F 520			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1010h) 300.1210a) 300.1210b)2) 300.1210b)5) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes	F9999			

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F9999	<p>Continued From page 140 of such a meeting.</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24 hour, seven day a week basis so that a resident who enters the facility without pressure sores does not</p>	F9999			

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F9999	<p>Continued From page 141</p> <p>develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations are not met, as evidenced by the following:</p> <p>Based on observation, interview, and record review the facility neglected to have a wound management system in place to ensure that nursing staff were knowledgeable in the prevention of pressure ulcers. The facility neglected to identify resident risk factors and implement specific interventions for a resident with skin breakdown. The facility neglected to systematically inspect the skin of a resident with actual skin breakdown. The facility neglected to identify the resident's current skin condition and develop an individualized plan to prevent worsening. The facility failed to have oversight and supervision to ensure that the facility was implementing its policies and procedures for the prevention and treatment of pressure ulcers. The facility also neglected to ensure that nursing staff were knowledgeable in the operation of a negative pressure wound vacuum. R1's wound vacuum dressing was left on the wound for 18 hours without being connected to the negative pressure vacuum machine, creating a breeding ground for bacteria, as stated in the manufacturer's instructions and interviews with a</p>	F9999			

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F9999	<p>Continued From page 142</p> <p>hospital wound care certified Registered Nurse (Z3).</p> <p>This is for 1 (R1) of 1 residents with 7 facility acquired pressure ulcers and 2 pressure sores not identified by the facility.</p> <p>Findings include:</p> <p>The facility's undated Skin Condition, and Pressure Ulcer Assessment Policy states, "(4) Each resident will be observed for skin breakdown daily during care and on the assigned bath day by the CNA (Certified Nursing Assistant). Changes shall be promptly reported to the supervising nurse who will perform the detailed assessment...The resident's care plan will be revised as appropriate, to reflect alteration of skin integrity, approaches and goals for care. Response to the plan of care shall be documented in the nursing progress notes.</p> <p>The facility's Pressure Ulcer Prevention Program states, "An integral part of any skin care program is a systematic skin assessment. It is through these inspections that early skin problems can be detected and interventions started...Assessments must continue on a daily basis for all residents that are at risk for skin breakdown...A weekly skin assessment should be completed on all residents..."</p> <p>On 10/12/2010 the facility's Pressure Ulcers / Wounds log shows that R1 had 7 facility acquired pressure ulcers. Included in the log are the following wounds and their description: 2 coccyx wounds, each are staged at Stage II. One is measured to be a .8 cm X .4 cm (developed 6/3/2010) and the other (developed</p>	F9999			

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F9999	<p>Continued From page 143</p> <p>10/3/2010) is measured to be .6 cm X < 0.2 cm. The documentation shows that each wound has epithelialization (regeneration of the epidermis - outer cellular layer of skin), 2 left hip wounds, both unstageable, one of the wounds was developed on 10/3/2010 (1 cm x 1.5 cm) and the other one developed on 6/25/2010 (1 cm X 1.8 cm). The documentation shows that each wound contained slough (necrotic/devitalized).</p> <p>Nurses Notes of 10/08/2010, written by E15 (Registered Nurse - RN) state, "noted a 3.2 X 1.2 blood blister on right outer heel...heel will be monitored...." There is no other documentation in the resident's record showing that the facility obtained treatment orders for R1's right heel pressure ulcer. The facility did not monitor the right heel, or put interventions in place. The facility's 10/5/2010 and 10/12/2010 Pressure Ulcer Log does not show that R1 has bilateral heel pressure ulcers.</p> <p>Nursing Notes show that R1 was admitted to a local hospital on 10/19/2010. On 10/27/2010 at 2:00 PM, Z1 (hospital RN) said, "He had bilateral hip ulcers and a wound on his entire coccyx area."</p> <p>Emergency Department (ED) nursing notes of 10/19/2010 state the following, "...decubitus ulcer to left hip that is unstageable. 6cm by 3.5 cm. Edges of the wound red and raw, the inner portion of the wound eschar. Patient also has an ulcer on his coccyx and right hip...Pressure ulcer, two large stage four pressure ulcer to coccyx, pressure ulcers present on the right hip, depth is stage IV, drainage notes, which is bloody, eschar noted, stage IV wound covers patient's entire coccyx." The ED documentation shows that a</p>	F9999			

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F9999	<p>Continued From page 144</p> <p>culture of the coccyx wound was obtained. The hospital History and Physical of 10/19/2010 shows that the wound culture results were, "positive for gram-negative rods and gram-positive bacilli (infection)...."</p> <p>On 10/20/2010, the hospital wound consultant (Z3 - Registered Nurse) documented that the left hip has dense devitalized slough that is a full thickness wound. The Sacral wound measured 10 cm X 10 cm and is unstageable but probably full thickness. Z3 documented that both of the resident's heels are purple and deep tissue injury is suspected.</p> <p>A Surgical report shows that on 10/22/2010 a wound debridement of the left hip was performed by Z5. Z5 ordered a negative pressure wound vacuum therapy to left wound.</p> <p>On 11/5/2010 at 1:50 PM, Z5 (Surgeon) said that R1's decubiti were caused by pressure and not related to the resident's physical state of health.</p> <p>R1's Physician Order Sheet (facility - POS) shows that the last new order obtained for R1's left hip wound was on 9/27/2010.</p> <p>On 11/16/2010 at 9:00 AM, E2 (Director of Nursing) said that the nurses are to sign off on the resident's Medication Administration Record that the residents who are at risk for skin break down have had daily skin checks done. E2 said that the CNA's (Certified Nursing Assistants) are to monitor the residents for skin break down during care. E2 was asked if there is a system in place to ensure that the staff have a systematic approach when assessing the condition of a resident's skin. E2 stated, "The only process I'm</p>	F9999			

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F9999	<p>Continued From page 145</p> <p>aware of is when the staff are giving care, they should be looking at everything." E2 said that whenever the residents receive their showers, the CNAs are to fill out a skin sheet identifying any wounds or bruises. E2 said that the nurses are to review and sign the sheet showing they have reviewed them. E2 said, "It is pretty hit and miss that the nurses review them. I looked at R1's shower sheets and no one documented worsening of the left hip and that he had bilateral heel ulcers. The CNAs should have seen the heel pressure ulcers." E2 said that she compared the hospital wound findings with the facility's last wound assessments (10/12/2010) for R1. E2 said, "I agree the facility's wound staging and descriptions were not accurate."</p> <p>Facility admission orders show that R1 was readmitted to the facility on 10/28/2010 at 2:30 PM. The orders state, "1st Step Mattress or its equivalent, pressure relief cushion for chair... wound vac to left hip...elevate heels...."</p> <p>From 10/28/2010 at 3:00 PM through 11/10/2010 at 1:00 PM, R1 was observed on 5 different occasions, lying on his back on a blue vinyl mattress that did not have an air flow source. On 11/5/2010 at 10:30 AM, R1 was observed seated in a geriatric chair. The resident's heels were not protected and he did not have a pressure-relieving cushion in his chair. On 11/5/2010 at 3:30 PM, E2 (Director of Nursing) said that R1's heels should be protected at all times. When he is out of bed, he should have bilateral heel protectors in place.</p> <p>The manufacturer information sheet regarding the mattress ordered by the hospital physician, upon discharge, is a mattress that supplies air</p>	F9999			

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F9999	<p>Continued From page 146</p> <p>flow to the mattress. The sheet states that it helps maintain tissue viability in high-risk patients.</p> <p>On 10/16/2010 at 2:15 PM, E2 (Director of Nursing) said that the mattress which was on R1's bed was not a low air loss mattress and was not equivalent to the mattress which the physician ordered.</p> <p>On 10/28/2010 at 8:00 AM, R1 was observed in bed, at the facility. R1's heels were not elevated and the wound vac was not connected to the negative vacuum. At 8:30 AM, E8 said the resident had the wrong dressing on for the wound vacuum that the facility was using. E8 said that is probably why the machine vacuum (vac) would not work. E8 confirmed that the wound had not been to suction since returning to the facility the day before at 2:30 PM (18 hours).</p> <p>On 10/29/2010 at 9:00 AM, E2 (Director of Nursing) said that the staff should have contacted the 24 hour number available to them to obtain assistance with the wound vac. E2 was asked if the facility nurses had received inservice on the machine. E2 presented the surveyor with an inservice sign-in sheet dated 1/21/2010. E3 (LPN - nurse caring for and who admitted R1 on 10/28/2010) and E7 (LPN - nurse caring for R1 on 10/28/2010 from 7PM to 7AM on 10/29/2010) were not in attendance at the inservice. E2 (Director of Nursing) and E10 (Office Manager) confirmed that neither of the nurse's signatures were on the sign-in sheet and had not received education on the use of the wound vac machine.</p> <p>On 10/29/2010 at 3:15 PM, Z3 (hospital Enterostomal Registered Nurse) said that the</p>	F9999			

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F9999	<p>Continued From page 147</p> <p>hospital wound vac machine dressings and the facility's wound vac machine are not interchangeable. Z3 said that the hospital dressing should not have been left on for any longer than 2 hours without being connected to the negative pressure created by the wound vac machine. Z3 said, "Bacteria will grow if the dressing is left on and it is not connected to the negative pressure source." The instructions on the hospital's wound vac negative pressure machine states, "WARNING: Never leave a V.A.C. dressing in place without active V.A.C therapy for more than 2 hours. If therapy is off for more than 2 hours, remove the old dressing and irrigate the wound...."</p> <p>R1's Impairment of Skin Integrity care plan shows that the resident is at risk for skin break down due to incontinence. The careplan is not updated with each wound the resident has, there are no specific interventions to prevent further breakdown or to prevent wounds from worsening. The careplan does not show how the facility determined that the resident is at risk for further breakdown.</p> <p>On 11/17/2010 at 8:00 AM, E2 said, "There hasn't been anyone here for quite a while doing careplans and MDS's. (Z8 - Corporate careplan and MDS Coordinator) has been doing them. I have noticed that the careplans are 'canned' and are not individualized."</p> <p>On 11/4/2010 at 12:40 PM, E1 (Administrator) said, " We have a corporate wound consultant but she hasn't come out here. She only comes if the facility has 3 or more pressure ulcers."</p> <p style="text-align: center;">(A)</p>	F9999			

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F9999	Continued From page 148 300.4010a) 300.4010b) 300.4030a)1)2)3)4) 300.4030b) 300.4030c) 300.4030d)1)2)3)4) 300.4030e)1)2)3)4) 300.4030g)1)2) 300.4030h) 300.4030i) 300.4030j) 300.4030k) 300.4060l)1)2)3)4)5)6) Section 300.4010 Comprehensive Assessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S a) The facility shall establish an Interdisciplinary Team (IDT) for each resident. The IDT is a group of persons that represents those professions, disciplines, or service areas that are relevant to identifying an individual's strengths and needs, and that designs a program to meet those needs. The IDT includes, at a minimum, the resident; the resident's guardian; a Psychiatric Rehabilitation Services Coordinator (PRSC); the resident's primary service providers, including an RN or an LPN with responsibility for the medical needs of the individual; a psychiatrist; a social worker; an activity professional; and other appropriate professionals and care givers as determined by the resident's needs. The resident or his or her guardian may also invite other individuals to meet with the IDT and participate in the process of identifying the resident's strengths and needs.	F9999			

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F9999	Continued From page 149 b) The IDT must identify the individual's needs by performing a comprehensive assessment as needed to supplement any preliminary evaluation conducted prior to admission to the facility. The assessment shall be coordinated by a PRSC. Section 300.4030 Individualized Treatment Plan for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S a) On admission, information received from the admission source (e.g., resident, family, preadmission screening (PAS) agent) shall be used to develop an interim treatment plan. In developing an individual's interim treatment plan (IITP), the facility shall review the PAS/MH assessments and "Notice of Determination" and consider the use of this information in developing the interim treatment plan. The IITP shall focus on those behaviors and needs requiring attention prior to development of the individualized treatment plan (ITP). Each IITP shall be based on physician's orders and shall include diagnosis, allergies and other pertinent medical information. The following information shall also be considered, as appropriate, to allow for the identification and provision of appropriate services until a final plan is developed: 1) Known risk factors (e.g., wandering, safety issues, aggressive behavior, suicide, self-mutilation, possible victimization by others); 2) Observable resident medical/psychiatric conditions that may require additional immediate assessment or consultation; 3) Therapeutic involvement that might be of interest to the resident, be recommended based on referral information, aid in orientation or	F9999			

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F9999	Continued From page 150 provide meaningful data for further professional assessment; and 4) Other known factors having an impact on the resident's condition (e.g., family involvement, social interaction patterns, cooperation with treatment planning). b) An ITP shall be developed within seven days after completion of the comprehensive assessment. c) The plan for each resident shall state specific goals that are developed by the IDT. The resident's major needs shall be prioritized, and approaches or programs shall be developed with specific goals, to address the higher prioritized needs. If a lower priority need is not being addressed through a specific goal or program, a statement shall be made as to why it is not being addressed or how the need will be otherwise addressed. d) The ITP shall contain objectives to reach each of the individual's goals in the plan. Each objective shall: 1) Be developed by the IDT; 2) Be based on the results obtained from the assessment process; 3) Be stated in measurable terms and identify specific performance measures to assess; and 4) Be developed with a projected completion or review date (month, day, year). e) Services designed to implement the objectives in the resident's ITP shall specify: 1) Specific approaches or steps to meet the objective; 2) Planned skills training, skill generalization technique, incentive/behavior therapy, or other	F9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145919	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/24/2010
NAME OF PROVIDER OR SUPPLIER ROCKFORD NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1920 NORTH MAIN STREET ROCKFORD, IL 61103		
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F9999	Continued From page 151 interventions to accomplish the objectives, including the frequency (number of times per week, per day, etc.), quantity (in number of minutes, hours, etc.) and duration (period of time, i.e., over the next 6 months) and the support necessary for the resident to participate; 3) The evaluation criteria and time periods to be used in monitoring the expected results of the intervention; and 4) Identification of the staff responsible for implementing each specific intervention. f) Whenever possible, residents shall be offered some choice among rehabilitation interventions that will address specific ITP objectives using techniques suited to individual needs. g) ITP Documentation: 1) Significant events that are related to the resident's ITP, and assessments that contribute to an overall understanding of his/her ongoing level and quality of functioning, shall be documented. 2) The resident's response to the ITP and progress toward goals shall be documented in progress notes. h) The ITP shall be reviewed by the IDT quarterly and in response to significant changes in the resident's symptoms, behavior or functioning; sustained lack of progress; the resident's refusal to participate or cooperate with the treatment plan; the resident's potential readiness for discharge and actual planned discharge; or the resident's achievement of the goals in the treatment plan. i) The resident's individual treatment plan shall be signed by all members of the IDT participating in	F9999			

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F9999	<p>Continued From page 152</p> <p>its development, including the resident or the resident's legal guardian.</p> <p>j) If the resident refuses to attend the IDT meeting or refuses to sign the treatment plan, the PRSC shall meet with the resident to review and discuss the treatment plan as soon as possible, not to exceed 96 hours after the treatment plan review. Evidence of this meeting shall be documented in the resident's record.</p> <p>k) The resident's treating psychiatrist shall review and approve the resident's treatment plan as developed by the IDT. The date of this review and approval shall be entered on the resident's treatment plan and be signed by the attending psychiatrist.</p> <p>l) The ITP shall be based upon each resident's assessed functioning level, appropriate to age, and shall include structured group or individual psychiatric rehabilitation services interventions or skills training activities, as appropriate, in the following areas: 1) Self-maintenance; 2) Social skills; 3) Community living skills; 4) Occupational skills; 5) Symptom management skills; and 6) Substance abuse management</p> <p>These regulations are not met as evidenced by:</p> <p>Based on Interview and Record Review the facility failed to provide a comprehensive assessment for R29 upon admission to the facility in May 2010. The facility failed to ensure and interdisciplinary team was established for R29 to show identification of R29's individual</p>	F9999			

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F9999	<p>Continued From page 153</p> <p>strengths and needs and provide a program to meet those needs. The facility failed to obtain information from the Hospital such as a preadmission screening or contact the previous facility R29 resided at (and signed out from) for further information to develop an interim treatment plan for R29. The facility failed to obtain and review the PAS/MH assessment for R29 and use this information to develop a personalized treatment plan. The facility failed to provide a complete interdisciplinary treatment plan for R29 within seven days after completion of his comprehensive assessment. The facility failed to identify and implement objectives for R29 regarding planned skills training, incentive/behavior therapy, mental health programing (in and outside of the facility), medication management, and plans for discharge with a timetable for participation, evaluation or duration. The facility failed to ensure a psychiatric assessment was completed and have the psychiatrist approve R29's treatment plan. The facility failed to provide structured groups or individual psychiatric rehabilitation services for R29.</p> <p>Findings include:</p> <p>R29's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/09/10 showed no assessment of R29 in Section B - Hearing, Speech and vision; Section C - Cognitive Patterns; Section D - Mood; Section F - Preferences for Customary Routine and Activities; Section G - Functional Status; Section H - Bladder and Bowel; Section I - Active Diagnoses; Section J - Health Conditions; Section M - Skin Conditions; Section N - Medications; Section O - Special Treatments and</p>	F9999			

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F9999	<p>Continued From page 154</p> <p>Procedures; Section P - Restraints or Section Q - Participation in Assessment and Goal Setting. R29's MDS with an ARD of 11/9/10 showed Section Z - Assessment Administration was signed by the Registered Nurse (RN)/MDS Care Plan Coordinator on 11/12/10 and by the Dietary Manager on 11/15/10.</p> <p>The Hospital Renal Consult dated 5/10/10 for R29 showed, "The patients is a 53 year-old...with a past medical history significant for hypertension which has been in bad control because of noncompliance, anemia of chronic kidney disease which is stable, end stage renal disease (ESRD) on maintenance dialysis 3 times per week, history of hepatitis C and history of Congestive Heart Failure (CHF) compensated at this time. Patient presented to the emergency room for not feeling well. He was complaining of tiredness, fatigue, and nausea and vomiting. He missed his last two dialysis treatments. R29 has done this in the past and he has not been compliant with dialysis treatments medically.; Plan: R29 was admitted for nausea, vomiting and not feeling well. He has missed 2 of his last dialysis treatments. Will arrange hemodialysis today for improvement of fluid and electrolyte imbalance and he will get his second dialysis treatment again tomorrow. Other plans will be as per the hospitalist service."</p> <p>R29's Clinic HIV Follow-Up dated 6/21/10 showed, "Past Medical History - Chronic Renal Failure, Hepatitis B, Hepatitis C and Schizophrenia."</p> <p>The Hospital History and Physical dated 5/10/10 showed, "The patient is...admitted for dialysis. The patient states he left the (previous) nursing</p>	F9999			

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F9999	<p>Continued From page 155</p> <p>home last week, missed dialysis on Thursday and Saturday as he had been living in a shelter. He has been unable to find a ride to dialysis."</p> <p>R29's Nurses Notes showed on 5/12/10 R29 was admitted to the facility from the hospital.</p> <p>A review of R29's medical records at the facility on 11/15/10, 11/16/10 and 11/17/10 showed no Preadmission Screening (PASSR) had been completed for R29.</p> <p>R29's Mini-Mental Cognitive Assessment dated 5/13/10 showed a score of 29 out of the 30 possible which equals no impairment of cognition.</p> <p>R29's Clinic Follow-Up dated 6/21/10 showed, "Past Medical History - Chronic Renal Failure, Hepatitis B, Hepatitis C and Schizophrenia."</p> <p>R29's Social Service Notes showed, "6/15/10 - R29 has been going to the Clinic for his appointments independently and does have a community pass. Discovered through talking with caseworker that R29 told the doctor that he is no longer living here so that he could get medications. Had not been taking his Norco here....; 9/14/10 - Was reported to this caseworker that R29 is suspected of getting alcohol for two female patients in the facility.; 9/29/10 - Was reported to this caseworker by another staff member that R29 was seen panhandling outside of a store. Confronted R29 about this as well and staying out past 8pm."</p> <p>R29's Facility Medical Record was reviewed 11/16/10 and 11/17/10 and did not have any information related to a Psychiatric Evaluation,</p>	F9999			

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F9999	<p>Continued From page 156</p> <p>Psycho-Social Assessment, and Structured Assessment of R29's interests and expectations regarding Psychiatric Rehabilitation.</p> <p>R29's Care Plans dated 5/19/10, 8/16/10 and 11/10/10 showed no care plan related to R29's diagnoses of Schizophrenia, Hepatitis B & C, ESRD, Dialysis or use of Geodon.</p> <p>On 11/15/10 at 1:35pm, E19 (Social Services Director -SSD) stated, "R29 was noncompliant with dialysis or taking his medications. We are providing structure and medication management. I have not started a discharge plan for R29 yet. R29 is alert and oriented and can care for himself."</p> <p>On 11/16/10 at 11:30am, E19 (SSD) was asked why R29 was not included in the facility's list of residents with a Serious Mental Illness? E19 stated, "I was not aware R29 had any psychiatric diagnoses."</p> <p>On 11/15/10 at 1:49pm, E19 was asked who attends the care plan meetings for residents? E19 replied, "Me, the Dietary Manager and the Activity Director. I try to get a report from the floor nurse or have them sit in." The Care Plan Meeting Sheet for attendance to R29's Care Plan Meeting on 11/9/10 showed Social Services and the Dietary Manager were the only people in attendance.</p> <p>R29's Physician Order Sheet dated 11/1/10, Clinic Notes dated 6/21/10 and Hospital Renal Consult Note dated 5/10/10 were reviewed with E19 on 11/16/10 at 11:30am. E19 confirmed R29's Diagnoses of Schizophrenia and need for Subpart S inclusion, evaluation and treatment.</p>	F9999			

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F9999	<p>Continued From page 157</p> <p>R29's Pass Privilege Contract dated 9/28/10 showed R29 cannot leave the facility before 8:00am and must return to the facility by 8:00pm.</p> <p>On 11/16/10 at 11:30am, E19 (Social Services Director) stated, "I don't evaluate psychotropic medications. I take care of behaviors as they happen. I do resident assessments according to our Subpart S policy for residents with mental illnesses."</p> <p>The facility's Subpart S Checklist showed the following would be done for residents with a serious mental illness: Subpart S screening; Psychiatric evaluation (To be done every 12 months and seen by a psychiatrist every 90 days and as needed); Psychosocial Assessment (redone every 12 months); Skills assessment (redone every 12 months); Discharge Plan (review every 3 months); Oral Screening; and Structured assessment of residents interests and expectations regarding psychiatric rehabilitation conducted by a social worker (redone every 12 months.). Narrative statement and put resident in one of three categories - Basic skills training.... Intensive skills training.... Advanced skills training....; Mini mental exam.; Substance abuse assessment.; Smoking assessment.</p> <p style="text-align: center;">(B)</p> <p>300.4020b)1) 300.4020b)2) 300.4020b)3) 300.4020b)4) 300.4020b)5)A)B)C)</p>	F9999			

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F9999	Continued From page 158 300.4020b)6) Section 300.4020 Reassessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S b) Complete comprehensive reassessments shall be conducted as needed but at least every 12 months in the following areas: 1) Psychiatric evaluation; 2) Psychosocial assessment update (including significant events, e.g., death of a significant other since the last reassessment); 3) Skills assessment update, including an assessment of resident levels of functioning and reassessment of rehabilitation potential (an evaluation of the individual's strengths, potentials, environmental opportunities and ability to achieve or likelihood of achieving maximum functioning); and a narrative statement of the individual's strengths and potential as they directly relate to the individual's functional limitations with recommendations for treatment and/or services, and the potential of the individual to function more independently. A complete reassessment shall be required if changes in the resident's functional level make the current assessment inapplicable. If a complete reassessment is not required, the update must include a narrative summary of the reevaluated assessment; 4) Recreation and leisure activities updates, including the resident's participation, perceived enjoyment, frequency of self-initiated involvement versus staff coaxing or refusal, and recommended interventions; 5) Physical examination update, including, but not limited to: A) Medical history and medication history updates, including any illness and changes in	F9999			

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F9999	<p>Continued From page 159</p> <p>medical diagnosis and medication prescription or indication of administration compliance that have occurred since the last assessment; B) Oral screening update completed by a dentist or registered nurse; C) Nutritional update completed by a dietician or the food service supervisor under the direction of the dietician; and 6) Other assessments needed, as determined by the interdisciplinary team.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on Interview and Record Review the facility failed to ensure a resident (R20) had complete comprehensive reassessments every 12 months.</p> <p>This is for 1 of 16 residents in the sample with a serious mental illness.</p> <p>The findings include:</p> <p>R20's Subpart S Screening Form dated 10/2/09 showed a diagnosis of Schizophrenia with substantial functional limitations in self maintenance, social functioning, community living activities, work related skills; has had a history of two or more psychiatric hospitalizations and receives income for disability. R20's Subpart S Screening Form dated 10/2/09 showed, "R20 has significant issues with alcohol abuse."</p> <p>R20 had a Short Portable Mental Status Questionnaire done on 8/13/09. R20 had a Mini Mental Cognitive Assessment done on 10/2/09 that showed a score of 21 which equals mild cognitive impairment with a contributing factor to her problems with cognition due to "alcohol</p>	F9999			

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F9999	<p>Continued From page 160 abuse."</p> <p>R20's current Subpart S Summary was dated 10/3/09 and showed, "R20 has limited insight into her psychiatric or substance abuse issues. R20 believes she has complete control of her life and is resistant to any outside interventions. Will come to addictions management in the facility if she has nothing better to do. Needs total assistance with medication management and money management. At this time I would have to recommend R20 for basic skills training."</p> <p>The most recent Psychosocial History for R20 was dated 10/3/09 and showed, "Diagnosis: Schizophrenia.; Went to college 2 years.; Bankteller. Worked at (drug store) for summer job.; Per R20 and records, first signs of serious problems surfaced about 20 years ago at the time of her husbands death. R20 could no longer care for her home or herself and was drinking nearly every day. R20 was first hospitalized not long after. R20 has been in and out of long term care facilities for the past 6 years. Each time she looks for opportunities to drink whenever she can find them. R20 denies that she does not have control of her drinking. Her self hygiene is poor.... Has a nicotine addiction....; R20 cannot care for herself or refrain from drinking without 24 hour supervision."</p> <p>R20's last Psychiatric Rehabilitation Services Level of Functioning Skills Assessment was dated 10/3/09.</p> <p>The last Psychiatric Evaluation for R20 was dated 10/5/09.</p> <p>R20's last Therapeutic Activity History and</p>	F9999			

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F9999	<p>Continued From page 161 Assessment was dated 8/14/09.</p> <p>R20's last Nutritional Assessment was dated 7/29/09.</p> <p>The most recent assessments for R20, since last year are as follows: Smoking at Risk assessment dated 11/9/10, Elopement Risk Assessment dated 11/9/10 and Community Survival Skills Assessment dated 11/10/10.</p> <p>On 11/16/10 at 11:30am, E19 (Social Services Director) stated, "I don't evaluate psychotropic medications. I take care of behaviors as they happen. I do resident assessments according to our Subpart S policy for residents with mental illnesses."</p> <p>The facility's Subpart S Checklist showed the following would be done for residents with a serious mental illness: Subpart S screening.; Psychiatric evaluation (To be done every 12 months and seen by a psychiatrist every 90 days and as needed; Psychosocial Assessment (redone every 12 months); Skills assessment (redone every 12 months); Discharge Plan (review every 3 months); Oral Screening; Structured assessment of residents interests and expectations regarding psychiatric rehabilitation conducted by a social worker (redone every 12 months.); Narrative statement and put resident in one of three categories - Basic skills training.... Intensive skills training.... Advanced skills training....; Mini mental exam.; Substance abuse assessment.; Smoking assessment.</p> <p style="text-align: center;">(B)</p>	F9999			