

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

PRINTED: 02/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G294		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/14/2011	
NAME OF PROVIDER OR SUPPLIER HARRIS PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 209 HARRIS ROAD EAST PEORIA, IL 61611			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
W 000	INITIAL COMMENTS	W 000					
W 102	ANNUAL CERTIFICATION SURVEY - FULL INSPECTION OF CARE 483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. This CONDITION is not met as evidenced by: Based on interview and record review, the governing body failed to: 1) Develop policies that address meeting the needs of individuals who are in the facility for overnight preadmission visits for 1 of 1 individual (R5) who was visiting the facility as a pre-admission. 2) Ensure the implementation of Facility Policy "Pressure Ulcer Prevention" dated March 2007 for 1 of 1 individual in the sample with an open area. (R1) Findings Include: Refer to deficiencies cited at: W104-Governing Body W111-Record Documents W114-Any Entry is Signed and Dated W318-Condition of Participation-Health Care Services	W 102		11/17/11			
W 104	483.410(a)(1) GOVERNING BODY	W 104		11/17/11			

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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W 104	<p>Continued From page 1</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the governing body failed to:</p> <p>1) Develop policies that address meeting the needs of individuals who are in the facility for overnight preadmission visits for 1 of 1 individual (R5) who was visiting the facility as a pre-admission.</p> <p>2) Ensure the implementation of Facility Policy "Pressure Ulcer Prevention" dated March 2007 for 1 of 1 individual in the sample with an open area. (R1)</p> <p>Findings Include:</p> <p>1) R5, per "Authorization to Exchange Information" form dated 8/12/11 is a 54 year old male. A facility computer log entry dated 8/12/11 at 2:20pm states that "There will be a male visitor coming this afternoon and staying for a 2 week visit for screening prior to a possible admission. He previously was living in his own residence with some daily assistance provided by an in-home aide. This is the information that we have available at this time". The information is listed as; "own guardian, utilized a walker for ambulation, pureed diet, no current medications, limited vision, will need physical assistance in ADL's (bathing, hygiene, etc)" [ADL's, Activities of Daily Living]. The computer log continues "As</p>	W 104			

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W 104	<p>Continued From page 2</p> <p>this is a potential emergency placement we only have a short period of time to screen if his placement will be appropriate and if we can provide service to him." This computer log entry was made by E2 (Administrator)</p> <p>A computer log entry dated 9/06/11 at 8:17pm. states, "I assist (sic) (R5) with a shower today. I dry (sic)him off and he start (sic) to put on his clothes before I left the bathroom. So I came back in and he was between the tub and the toilet. So I went to get (E1, Resident Services Director) to help me to get him up. We look (sic) over his body to see if any bruise, there were no visible at that moment. He state (sic) that his side was hurting. I call (sic) nurse about the situation." This computer log entry was made by E3 (direct care).</p> <p>A computer log entry dated 9/06/11 at 7:51pm. written by E4 (Nurse) states, R5 "Had a fall tonight while he was in the bathroom. Resident told the Staff (sic) that his side was hurting extremely bad. Resident was given Tylenol by the (direct care staff)."</p> <p>E4 (nurse) was interviewed on 9/14/11 at 1:55pm. When asked what time she was notified about R5's fall, E4 stated that it was around 5:00pm. When asked if she had done an assessment of R5 that evening, she stated, yes. E4 stated R5 was in bed when E4 arrived at the facility and he was laying on his left side with his right side up. E4 stated that she woke R5 up and he didn't complain about his right rib hurting but mentioned his right foot. E4 stated that at the time she did the assessment there was no redness, no swelling and no edema.</p>	W 104			

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W 104	Continued From page 3 E3 (direct care) was interviewed on 9/15/11 at 3:40pm. When asked approximately what time the incident occurred, E3 stated that it was approximately 4:30pm. When asked what instructions she had received regarding this individuals mobility and supervision needs prior to his fall regarding, E3 stated stay with him when in the shower, step out when putting clothes on. When asked if after his shower does he dress in the bathroom, E3 stated, "Yes." When asked how she knew this, E3 stated, "I talk to him, he tells me what he is able to do." E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. E2 was asked for any information that the facility had regarding addressing R5's needs at the time he came to the facility. E2 provided a set of documents. Included was a form titled Department of Human Service-Division of Rehabilitation Services "Determination of Need" dated 3/02/10. Under the section titled "Dressing" it states, "Needs help to put his tee shirt and pants on saying his hands will not grip the clothes to put on. Not able to use his hands to put on his shoes and socks." Under the section titled "Bathing" it states, "Is not able to get in and out of tub by himself saying his balance is not very good and needs help." A "Home Services Program Service Plan" dated 1/31/11 regarding R5, under the task listed as Bathing it states that it is done by a "Homemaker". Under the task listed as Dressing it states that it is done by a "Homemaker". A facility "Prescreen Form" (undated) regarding R5 under the section titled "Dressing" it states	W 104			

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W 104	<p>Continued From page 4 "Physical Assist".</p> <p>E2 was interviewed on 9/13/11 at 12:45pm. When asked how staff were to meet R5's needs, E2 stated that they were to assist with all ADL's.</p> <p>A computer log entry dated 9/06/11 at 7:51pm. written by E4 (Nurse) states, R5 "Had a fall tonight while he was in the bathroom. Resident told the Staff (sic) that his side was hurting extremely bad. Resident was given Tylenol by the (direct care staff)."</p> <p>E3 (direct care) was interviewed on 9/15/11 at 3:40pm. When asked approximately what time she notified the nurse of the fall, E3 stated that she called the nurse about 5:00pm and the "nurse said give him Tylenol".</p> <p>A Medication Administration Record dated 9/06/11 states that R5 was given Acetaminophen at 4:45pm by E3 (direct care). E4 was interviewed on 9/14/11 at 1:55pm. When asked if R5 had an order for the Acetaminophen, E4 stated, "He came here with Tylenol. He took it at home for something else. (Z1, facility physician) will not see him until he's admitted. He is not admitted. He does not have a routine doctor. I've referred that to the administrator and she knows."</p> <p>On 9/07/11 at 8:33am. a computer log entry was made by E2 (Administrator) which stated, "as there is no way to complete a GER (general event report) on him as he is not a resident yet...please be sure to document any bruising or further complaints of pain in (computer log) and notify (E4) of any changes as well." The next computer log entry regarding R5 was on 9/07/11 at 9:53pm</p>	W 104			

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W 104	<p>Continued From page 5</p> <p>which stated, R5 "didn't ate (sic) supper, he said he wasn't feeling well, but he did not describe exactly on how he was feeling." This was written by E5 (direct care).</p> <p>The next computer log entry is dated 9/09/11 at 3:07pm. which states R5 "has 2 cracked ribs is to be given 800mg ibuprofen every 6 hours for pain as needed he is to cough frequently and take deep breaths." This entry was written by E6 (direct care).</p> <p>A form from the visit to the out patient emergent care facility dated 9/08/11 at 11:05am., under the section titled "Reason for Visit" states "complain of right rib pain after falling in his bathroom." Under the section titled "Diagnoses" it states, "Fracture of rib, closed."</p> <p>E6 (direct care) was interviewed on 9/15/11 at 1:00pm. E6 verified that she was the staff member who took R5 to the emergent care facility on 9/08/11. When asked if she was told one or two ribs were broken, E6 stated two. E6 verified that they were on the right side.</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. E2 verified that R5 came to the facility on 8/12/11. E2 was asked for any information that the facility had regarding addressing R5's needs at the time he came to the facility. E2 provided a set of documents. No physicians orders were included in the documents.</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. When asked if R5 had any physicians orders, E2 stated "I'll have to look." No order for the Tylenol was provided.</p>	W 104			

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W 104	Continued From page 6 Facility Policies "Admission Process" dated March 2007, "Admissions" dated 12/1/08, and "Visitors" dated March 2007 were reviewed. Admission Process dated March 2007, under the section 1.f. states, "The team will complete a pre-screen form to determine suitability for placement. An overnight visit or face-to-face meeting with the potential resident is encouraged." Under the section titled 3. Admissions Process, 3. A. b. states, "Several issues will be discussed with those present, including but not limited to, the trial period, funding, and the bed hold policy." The Visitors policy dated March 2007, the last paragraph is the only section that addresses individuals visiting the facility prior to an admission and only regarding incidents of serious maladaptive behavior. E2 (Administrator) was interviewed on 9/14/11 at 9:53am. When asked if the admission policies address what specific information is needed to address individual needs during trial overnight visits, E2 stated, "I do not believe so." 2) R1, per current Individual Service Plan of 6/21/11, is a 64 year old female who uses a wheelchair and "requires staff assistance for transfers." R1's Physicians Order Sheet (POS) for 9/11 lists under diagnoses, Moderate Mental Retardation, Osteoporosis, Speech Disorder, Excessive Salivation, Moderate Paraplegia, Encephalopathy, and Degenerative Joint Disease. The POS for 9/11 states that R1 is on a Pureed diet. Under the section titled "Nursing Orders" it states R1 is to have a wheelchair with	W 104			

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W 104	<p>Continued From page 7</p> <p>tip guard, seat belt, and seat cushion. "Under the section titled "Treatment Orders" it states, "Bag Balm: Apply Topically Twice Daily To Prevent Skin Break Down To Pressure Areas."</p> <p>A "Consultation Form" dated 1/26/11 and signed by Z1 (Personal Care Physician) under the section titled "Finding/Recommendations" it states, Right Buttock superficial sore, Gluteal Fold. The plan listed was reposition and barrier cream antibiotic ointment.</p> <p>A computer log entry dated 1/28/11 states, R1 "has a sore on her buttocks. She went to the doctor and she needs to sleep on the opposite side of the sore. Also apply (antibiotic ointment) 2-3 times daily until it heals. Please follow up with this over the weekend. When you do your (computer log entry) for (R1), please comment on how the sore is looking and healing."</p> <p>A computer log entry dated 1/29/11 at 8:47am. states, "The sores on her butt still look fresh, but not too bad."</p> <p>A computer log entry dated 1/29/11 at 10:41pm. states, "her bottom is looking better".</p> <p>A computer log entry dated 1/30/11 at 8:37pm. states, "Her sores look much better."</p> <p>A "Monthly Nursing Progress Report" dated 2/12/11 under the section titled "Active Diagnoses" states, "Coccyx area less red no tenderness."</p> <p>Per a review of R1's clinical record, no skin risk assessment was located. Facility Policy</p>	W 104			

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W 104	Continued From page 8 "Pressure Ulcer Prevention" dated March 2007 was reviewed. Under the section titled "Procedure" it states, "1. If necessary, within 14 day (sic) of admission, residents will have an assessment for pressure ulcer, using a standardized assessment. 2. All resident assessments will be reviewed and revised as necessary on a quarterly basis. 3. Level of risk for the development of pressure ulcers will be addressed on the nursing care plan." The policy goes on to address plans for individuals determined to be "Moderate Risk Residents" and "High Risk Residents." E2 was interviewed on 9/15/11 at 1:34pm. When asked for a Skin Risk Assessment on R1, E2 stated, "I'll look for it." On 9/15/11 at 2:00pm, E2 stated that the skin risk is completed as part of the nursing quarterly. E2 stated the skin is assessed through observation. When asked if, other than observations done on the nursing quarterlies is there a current skin risk assessment using a standardized assessment, E2 stated, "I am not aware of any other than the admit assessment." E2 was interviewed on 9/16/11 at 10:50am. When asked for a standardized skin risk assessment other than the visual assessment of current skin status done on the nursing quarterly, E2 stated, "That's what we have." When asked if there was a standardized skin risk assessment done during admission as per facility policy, E2 stated, "Not that we can locate, no."	W 104			
W 111	483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information,	W 111		11/17/11	

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W 111	<p>Continued From page 9 and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to maintain a recordkeeping system that ensures that laboratory results are available for 2 of 4 individuals in the sample. (R1 and R2)</p> <p>Findings Include:</p> <p>1) R1, per current Individual Service Plan of 6/21/11, is a 64 year old female who uses a wheelchair and "requires staff assistance for transfers." R1's Physicians Order Sheet (POS) for 9/11 lists under diagnoses, Moderate Mental Retardation, Osteoporosis, Speech Disorder, Excessive Salivation, Moderate Paraplegia, Encephalopathy, and Degenerative Joint Disease. The POS for 9/11 states that R1 is on a Pureed diet.</p> <p>R1's POS of 9/11, under the section titled "Diet Orders" it states, Pureed Pudding Consistency Using Nosey Cup, Nectar Thick Liquids In Nosey Cup. Under the section titled "Laboratory Orders" it states, CBC yearly, Chem Screen yearly, and Electrolytes Every 3 Months.</p> <p>R1's clinical record was reviewed. The most recent Laboratory tests available were from 7/10.</p> <p>R1's "Nutritional Assessment" dated 6/21/11, under the section titled "Evaluation of Needs/Recommendations" it states, "No labs to review, medications reviewed." A Dietitian's Progress Record dated 3/07/11 states, "No new labs to review." A Dietitian's Progress Record</p>	W 111			

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W 111	Continued From page 10 dated 12/07/10 states, "No new labs to review." E2 (Administrator) was interviewed on 9/15/11 at 2:00pm. E2 was asked if R1 has had any labs done since 7/10. E2 called the lab the facility uses. At 2:20pm. on 9/15/11 E2 reported that she had received some labs done on R1 from May. E2 provided lab tests done on R1 for 5/29/11, 5/30/11 and 5/31/11. 2) R2, per POS from 9/11, is a 68 year old female with diagnoses of Moderate Mental Retardation, Hypertension, Hypothyroidism, and Hypercholesterolemia. Under the section titled "Laboratory Orders" it states, Electrolytes every 3 months, Lipid Profile every 6 months, CBC every 6 months, Creatinine every 6 months, Liver Profile every 6 months, Thyroid Profile yearly, Fasting Blood Sugar yearly, and A1c yearly. R2's clinical record was reviewed. The most recent Laboratory tests available were from 7/10 and 8/10. R2's "Quarterly Nutritional Re-Evaluation" for 5/24/11 and 8/25/11 both state "No new labs". E2 (Administrator) was interviewed on 9/15/11 at 10:05am. When asked what were the most recent labs available in R2's chart, E2 stated 7/2010 and 8/2010. E2 also stated that she would see if there were newer ones. E2 later provided copies of labs done on 9/06/11.	W 111			
W 114	483.410(c)(4) CLIENT RECORDS Any individual who makes an entry in a client's record must make it legibly, date it, and sign it.	W 114		11/17/11	

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W 114	Continued From page 11 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that guardian consents contained in the clinical records were dated for 1 of 4 individuals in the sample. (R2) Findings Include: R2, per POS from 9/11, is a 68 year old female with diagnoses of Moderate Mental Retardation, Depression, and Aggressive Behavior . R2's clinical record contained consents for the use of Abilify 10mg as an "Antidepressant", Prozac 20mg as an "Antidepressant", and a consent for R2 to received the "Pneumococcal Pneumonia" vaccine. All three were signed by R2's guardian (Z2). None of the consents were dated as to when they were signed by the guardian. Both the consent for the Abilify and the consent for the Prozac contained the statement, "This consent is valid for one year from day signed" but did not have a date listed as to when the guardian signed the consent. E2 was interviewed on 9/15/11 at 10:05am. When asked about the consents for Abilify and Prozac, E2 stated, "My assumption is that they were updated with the ISP (Individual Service Plan) in February." E2 verified that the consents had "no date".	W 114			
W 154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.	W 154		11/17/11	

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W 154	<p>Continued From page 12</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to have evidence of a thorough investigation of an incident which resulted in fractured ribs for 1 of 1 individual (R5) who was visiting the facility as a pre-admission.</p> <p>Findings Include:</p> <p>1) R5, per "Authorization to Exchange Information" form dated 8/12/11 is a 54 year old male. A facility computer log entry dated 8/12/11 at 2:20pm states that "There will be a male visitor coming this afternoon and staying for a 2 week visit for screening prior to a possible admission. He previously was living in his own residence with some daily assistance provided by an in-home aide. This is the information that we have available at this time." The information is listed as; "own guardian, utilized a walker for ambulation, pureed diet, no current medications, limited vision, will need physical assistance in ADL's (bathing, hygiene, etc)" [ADL's, Activities of Daily Living]. The computer log continues "As this is a potential emergency placement we only have a short period of time to screen if his placement will be appropriate and if we can provide service to him." This computer log entry was made by E2 (Administrator).</p> <p>A computer log entry dated 9/06/11 at 8:17pm. states, "I assist (sic) (R5) with a shower today. I dry (sic)him off and he start (sic) to put on his clothes before I left the bathroom. So I came back in and he was between the tub and the toilet. So I went to get (E1, Resident Services Director) to help me to get him up. We look (sic) over his body to see if any bruise, there were no</p>	W 154		

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W 154	<p>Continued From page 13</p> <p>visible at that moment. He state (sic) that his side was hurting. I call (sic) nurse about the situation." This computer log entry was made by E3 (direct care).</p> <p>A computer log entry dated 9/06/11 at 7:51pm. written by E4 (Nurse) states, R5 "Had a fall tonight while he was in the bathroom. Resident told the Staff (sic) that his side was hurting extremely bad. Resident was given Tylenol by the (direct care staff)."</p> <p>E4 (nurse) was interviewed on 9/14/11 at 1:55pm. When asked what time she was notified about R5's fall, E4 stated that it was around 5:00pm. When asked if she had done an assessment of R5 that evening, she stated, yes. E4 stated R5 was in bed when E4 arrived at the facility and he was laying on his left side with his right side up. E4 stated that she woke R5 up and he didn't complain about his right rib hurting but mentioned his right foot. E4 stated that at the time she did the assessment there was no redness, no swelling and no edema.</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. When asked how staff were to meet R5's needs, E2 stated that they were to assist with all ADL's.</p> <p>A computer log entry dated 9/06/11 at 7:51pm. written by E4 (Nurse) states, R5 "Had a fall tonight while he was in the bathroom. Resident told the Staff (sic) that his side was hurting extremely bad. Resident was given Tylenol by the (direct care staff)."</p> <p>On 9/07/11 at 8:33am. a computer log entry was</p>	W 154			

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W 154	<p>Continued From page 14</p> <p>made by E2 (Administrator) which stated, "as there is no way to complete a GER (general event report) on him as he is not a resident yet...please be sure to document any bruising or further complaints of pain in (computer log) and notify (E4) of any changes as well." The next computer log entry regarding R5 was on 9/07/11 at 9:53pm which stated, R5 "didn't ate (sic) supper, he said he wasn't feeling well, but he did not describe exactly on how he was feeling." This was written by E5 (direct care).</p> <p>The next computer log entry is dated 9/09/11 at 3:07pm. which states R5 "has 2 cracked ribs is to be given 800mg Ibuprofen every 6 hours for pain as needed he is to cough frequently and take deep breaths." This entry was written by E6 (direct care).</p> <p>An untitled form from the visit to the out patient emergent care facility dated 9/08/11 at 11:05am., under the section titled "Reason for Visit" states "complain of right rib pain after falling in his bathroom". Under the section titled "Diagnoses" it states, "Fracture of rib, closed."</p> <p>E6 (direct care) was interviewed on 9/15/11 at 1:00pm. E6 verified that she was the staff member who took R5 to the emergent care facility on 9/08/11. When asked if she was told one or two ribs were broken, E6 stated two. E6 verified that they were on the right side.</p> <p>E2 was interviewed on 9/13/11 at 12:45pm. When asked if R5's fall was investigated, E2 stated, "I don't believe so."</p>	W 154			
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL	W 159		11/17/11	

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W 159	<p>Continued From page 15</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility Qualified Mental Retardation Professional (QMRP) failed to ensure consistency with the outside day training site by failing to ensure that the day training site had current Individual Service Plans (ISP) and Behavior Management Programs (BMP) for 3 of 4 individuals in the sample. (R2, R3, and R4)</p> <p>Findings Include:</p> <p>1) R2, per POS from 9/11, is a 68 year old female with diagnoses of Moderate Mental Retardation, Depression, and Aggressive Behavior .</p> <p>Z3 (Day Training QMRP) was interviewed on 9/14/11 at 11:47am. Z3 was asked what was the most recent ISP the day training site had for R2, Z3 checked the file and stated that they did not have the facility's ISP for this year. Z3 stated that she had been requesting it from the facility since March 28th. Z3 stated that the staffing for Z3 was held 2/15/11.</p> <p>A memo dated 3/28/11 from Z3 to the facility states, "We have been reviewing case files for our upcoming...survey and have found the following paperwork missing from the workshop case files. If you could review the list below, make copies and send them to me as soon as</p>	W 159			

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W 159	<p>Continued From page 16</p> <p>possible, I would really appreciate it." Among the items requested for R2 are "Residential ISP with programs and monthly progress reports for 9/09 to present."</p> <p>R2's clinical record at the facility contained an ISP dated 2/15/11. E2 was interviewed on 9/15/11 at 10:05am. When asked why the day training site did not have R2's current ISP of 2/15/11, E2 stated that ISP's are sent to day training and then stated, "They didn't have a copy of it?"</p> <p>2) R3, per current Individualized Service Plan (ISP) of 6/21/11, is a 63 year old male. The ISP under the section titled "Current Diagnosis" it states, Profound Mental Retardation.</p> <p>Z3 (Day Training QMRP) was interviewed on 9/14/11 at 11:47am. Z3 was asked what was the most recent ISP the day training site had for R3, Z3 checked the file and stated that they did not have the facility's ISP for this year. When asked what the most recent BMP they had for R3, Z3 stated that they did not have a BMP for R3 and were not monitoring R3 for any behaviors.</p> <p>R3's clinical record at the facility contained an ISP dated 6/21/11. Under the section titled "My Reaction To Situations" it states, R3 likes to do what he wants to do and does not always respond in appropriate ways to requests. He has been working on a program for his aggression. His aggression is defined as yelling at peers or staff. He has some months where he is meeting his short term goal of three or less incidents of aggression per month and then other months where he knocks it out of the park with six or seven episodes." It also states, R1 "has a</p>	W 159			

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W 159	<p>Continued From page 17</p> <p>secondary diagnosis of schizophrenia and is currently taking Zyprexa".</p> <p>R3's clinical record contained a BMP dated 3/10 which addresses aggression. Hand written under the program revised date of 3/10 is "6/11 continue per IPP" (ISP).</p> <p>E2 (Administrator) was interviewed on 9/15/11 at 2:55pm. When asked who was responsible for ensuring that day training had copies of R3's ISP and BMP, E2 stated that the facility would be.</p> <p>3) R4, per Physicians Order Sheet of 9/11 is a 74 year old male with diagnoses of Severe Mental Retardation, Organic Brain Syndrome with aggressive behavior, and Intermittent Explosive Disorder.</p> <p>Z3 (Day Training QMRP) was interviewed on 9/14/11 at 11:47am. Z3 was asked what was the most recent ISP the day training site had for R4, Z3 checked the file and stated that they did not have the facility's ISP for this year. When asked what is the most recent BMP they had for R4, Z3 stated that they did not have a BMP for R3. When asked if they had any methodologies to address the agitation, Z3 stated no.</p> <p>R4's record at the facility contained an ISP dated 7/21/11. Under the section titled "My Reaction To Situations" it states, R4 is currently diagnosed with having intermittent explosive disorder. He currently takes Zyprexa" It also states, "When (R4) gets upset he likes to yell and curse. He will call others names and it takes quite a bit for him to calm down." R4's facility record also contained a BMP dated 7/10.</p>	W 159			

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W 248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the day training site had current Individual Service Plans (ISP) for 3 of 4 individuals in the sample. (R2, R3, and R4)</p> <p>Findings Include:</p> <p>1) R2, per Physicians Order Sheet (POS) from 9/11, is a 68 year old female with diagnoses of Moderate Mental Retardation, Depression, and Aggressive Behavior .</p> <p>Z3 (Day Training QMRP) was interviewed on 9/14/11 at 11:47am. Z3 was asked what was the most recent ISP the day training site had for R2, Z3 checked the file and stated that they did not have the facility's ISP for this year. Z3 stated that she had been requesting it from the facility since March 28th. Z3 stated that the staffing for Z3 was held 2/15/11.</p> <p>A memo dated 3/28/11 from Z3 to the facility states, "We have been reviewing case files for our upcoming...survey and have found the following paperwork missing from the workshop case files. If you could review the list below, make copies and send them to me as soon as possible, I would really appreciate it." Among the</p>	W 248		11/17/11

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W 248	<p>Continued From page 19</p> <p>items requested for R2 are "Residential ISP with programs and monthly progress reports for 9/09 to present."</p> <p>R2's clinical record at the facility was reviewed. It contained an ISP dated 2/15/11. E2 was interviewed on 9/15/11 at 10:05am. When asked why the day training site did not have R2's current ISP of 2/15/11, E2 stated that ISP's are sent to day training and then stated, "They didn't have a copy of it?"</p> <p>2) R3, per current Individualized Service Plan (ISP) of 6/21/11, is a 63 year old male. The ISP under the section titled "Current Diagnosis" it states, Profound Mental Retardation.</p> <p>Z3 (Day Training QMRP) was interviewed on 9/14/11 at 11:47am. Z3 was asked what was the most recent ISP the day training site had for R3, Z3 checked the file and stated that they did not have the facility's ISP for this year.</p> <p>R3's record at the facility contained an ISP dated 6/21/11. E2 (Administrator) was interviewed on 9/15/11 at 2:55pm. When asked who was responsible for ensuring that day training had copies of R3's ISP, E2 stated that the facility would be.</p> <p>3) R4, per Physicians Order Sheet of 9/11 is a 74 year old male with diagnoses of Severe Mental Retardation, Organic Brain Syndrome with aggressive behavior, and Intermittent Explosive Disorder.</p> <p>Z3 (Day Training QMRP) was interviewed on 9/14/11 at 11:47am. Z3 was asked what was the</p>	W 248			

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W 248	Continued From page 20 most recent ISP the day training site had for R4, Z3 checked the file and stated that they did not have the facility's iSP for this year.	W 248			
W 318	R4's clinical record at the facility contained an ISP dated 7/21/11. 483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: Based on interview and record review, nursing failed to provide adequate and prompt medical care for 1 of 1 individual (R5) who was visiting the facility as a pre-admission and who had two fractured ribs due to a fall while unsupervised after completing a shower and fell, when they failed to: 1a) Provide adequate supervision while providing bathing and dressing for 1 of 1 individual (R5) who was visiting the facility as a pre-admission. 1b) Provide follow-up assessment of 1 of 1 individual (R5) after a fall in the bathroom resulting in a delay for obtaining an X-ray which showed fractured ribs. 1c) Identify the health care needs, provide prompt health care services and obtain physicians orders for 1 of 1 individuals (R5) who was visiting the facility as a pre-admission, falling while unsupervised resulting in two fractured ribs. This resulted in an Immediate Jeopardy.	W 318	11/17/11		

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W 318	<p>Continued From page 21</p> <p>Based on interview and record review, nursing failed to provide adequate and prompt medical care for 2 of 4 individuals in the sample (R1 and R3) when they failed to:</p> <p>2) Follow up with neuro checks for R1 after potential head injuries.</p> <p>3) Provide appropriate skin care including an updated skin risk assessment for R1 who experienced an open area.</p> <p>4) Provide bowel movement tracking for R3 who has a diagnosis of constipation.</p> <p>Findings Include:</p> <p>On 9/14/11 at 3:00pm, an Immediate Jeopardy was identified to have begun on 9/06/11 when R5 fell in the facility bathroom while unsupervised and the facility failed to follow-up with a Physicians visit until 9/08/11 when R5 was diagnosed with two fractured ribs. No additional safety measures have been implemented regarding R5's personal care or retraining of staff. The facility failed to investigate this incident. The facility policy does not address overnight visits or how to meet the nursing needs of overnight visitors. E2 (Administrator) was notified of the Immediate Jeopardy on 9/14/11 at 3:00pm.</p> <p>E2 was notified that the Immediate Jeopardy was removed on 9/23/11 at 2:30pm.</p> <p>Refer to deficiencies cited at:</p>	W 318			

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W 318	Continued From page 22 W322-Physicians Services W331-Nursing Services W368-Medication Administered In Compliance With Physicians Orders	W 318			
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that referrals to specialists were followed up on for 1 of 4 individuals in the sample. (R1) Findings Include: R1, per current Individual Service Plan of 6/21/11, is a 64 year old female who uses a wheelchair and "requires staff assistance for transfers." R1's Physicians Order Sheet (POS) for 9/11 lists under diagnoses, Moderate Mental Retardation, Osteoporosis, Speech Disorder, Excessive Salivation, Moderate Paraplegia, Encephalopathy, and Degenerative Joint Disease. The POS for 9/11 states that R1 is on a Pureed diet. 1) R1's clinical record contained a prescription dated 7/25/11 signed by Z1 (Personal Care Physician) states "Pt (patient) needs swallow study Dx (diagnosis) Pureed Diet". No swallow study was located in the clinical record. E2 (Administrator) was interviewed on 9/15/11 at	W 322		11/17/11	

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W 322	Continued From page 23 11:50am. When asked if R1's swallow study ordered 7/25/11 was completed, E2 stated, "I'll have to look." On 9/15/11 at 1:34pm., E2 reported that R1's swallow study is scheduled for 9/19/11. 2) R1's current Physicians Order Sheet, under the section titled "Laboratory Orders" states that R1 is to have a mammogram done yearly. The most recent mammogram in R1's clinical record is from 7/26/10. E2 was interviewed on 9/15/11 at 11:50am. When asked for R1's most recent mammogram, E2 stated that she would see if there is one more current. On 9/15/11 at 1:34pm, E2 reported that R1's mammogram is scheduled for 9/20/11.	W 322			
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on interview and record review, nursing failed to provide adequate and prompt medical care for 1 of 1 individual (R5) who was visiting the facility as a pre-admission and who had two fractured ribs due to a fall while unsupervised after completing a shower and fell, when they failed to: 1a) Provide adequate supervision while providing bathing and dressing for 1 of 1 individuals (R5) who was visiting the facility as an overnight pre-admission. 1b) Provide follow-up assessment of 1 of 1	W 331		11/17/11	

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W 331	<p>Continued From page 24</p> <p>individuals (R5) after a fall in the bathroom resulting in a delay for obtaining an X-ray which showed fractured ribs.</p> <p>1c) Identify the health care needs, provide prompt health care services and obtain physicians orders for 1 of 1 individuals (R5) who was visiting the facility as a pre-admission, falling while unsupervised resulting in two fractured ribs.</p> <p>This resulted in an Immediate Jeopardy.</p> <p>Based on interview and record review, nursing failed to provide adequate and prompt medical care for 2 of 4 individuals in the sample (R1 and R3) when they failed to:</p> <p>2) Follow up with neuro checks for R1 after potential head injuries.</p> <p>3) Provide appropriate skin care including an updated skin risk assessment for R1 who experienced an open area.</p> <p>4) Provide bowel movement tracking for R3 who has a diagnosis of constipation.</p> <p>Findings Include:</p> <p>On 9/14/11 at 3:00pm, an Immediate Jeopardy was identified to have begun on 9/06/11 when R5 fell in the facility bathroom while unsupervised and the facility failed to follow-up with a Physicians visit until 9/08/11 when R5 was diagnosed with two fractured ribs. No additional safety measures have been implemented regarding R5's personal care or retraining of staff. The facility failed to investigate this incident. The</p>	W 331			

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W 331	<p>Continued From page 25</p> <p>facility policy does not address overnight visits or how to meet the nursing needs of overnight visitors. E2 (Administrator) was notified of the Immediate Jeopardy on 9/14/11 at 3:00pm.</p> <p>1a) The facility failed to provide adequate supervision while providing bathing and dressing for 1 of 1 individuals (R5) who was visiting the facility as a pre-admission.</p> <p>R5, per "Authorization to Exchange Information" form dated 8/12/11 is a 54 year old male. A facility computer log entry dated 8/12/11 at 2:20pm states that "There will be a male visitor coming this afternoon and staying for a 2 week visit for screening prior to a possible admission. He previously was living in his own residence with some daily assistance provided by an in-home aide. This is the information that we have available at this time." The information is listed as; "own guardian, utilized a walker for ambulation, pureed diet, no current medications, limited vision, will need physical assistance in ADL's (bathing, hygiene, etc)" [ADL's, Activities of Daily Living]. The computer log continues "As this is a potential emergency placement we only have a short period of time to screen if his placement will be appropriate and if we can provide service to him." This computer log entry was made by E2 (Administrator)</p> <p>A computer log entry dated 9/06/11 at 8:17pm. states, "I assist (sic) (R5) with a shower today. I dry (sic)him off and he start (sic) to put on his clothes before I left the bathroom. So I came back in and he was between the tub and the toilet. So I went to get (E1, Resident Services Director) to help me to get him up. We look (sic)</p>	W 331			

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W 331	<p>Continued From page 26</p> <p>over his body to see if any bruise, there were no visible at that moment. He state (sic) that his side was hurting. I call (sic) nurse about the situation." This computer log entry was made by E3 (direct care).</p> <p>E3 was interviewed on 9/15/11 at 3:40pm. When asked approximately what time the incident occurred, E3 stated that it was approximately 4:30pm. When asked what instructions she had received prior to his fall regarding ADLs, E3 stated stay with him when in the shower, step out when putting clothes on. When asked if after his shower does he dress in the bathroom, E3 stated, "Yes." When asked how she knew this, E3 stated, "I talk to him, he tells me what he is able to do."</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. E2 verified that R5 came to the facility on 8/12/11. E2 was asked for any information that the facility had which addresses R5's health care needs at the time he came to the facility. E2 provided a set of documents. Included was a form titled Department of Human Service-Division of Rehabilitation Services "Determination of Need" dated 3/02/10. Under the section titled "Dressing" it states, "Needs help to put his tee shirt and pants on saying his hands will not grip the clothes to put on. Not able to use his hands to put on his shoes and socks." Under the section titled "Bathing" it states, "Is not able to get in and out of tub by himself saying his balance is not very good and needs help."</p> <p>A "Home Services Program Service Plan" dated 1/31/11 regarding R5, under the task listed as Bathing it states that it is done by a</p>	W 331			

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W 331	<p>Continued From page 27</p> <p>"Homemaker." Under the task listed as Dressing it states that it is done by a "Homemaker."</p> <p>A facility "Prescreen Form" (undated) regarding R5 under the section titled "Dressing" it states "Physical Assist."</p> <p>E2 was interviewed on 9/13/11 at 12:45pm. When asked how staff were to meet R5's needs, E2 stated that they were to assist with all ADL's.</p> <p>1b) The facility failed to provide a nursing follow-up assessment of 1 of 1 individuals (R5) after a fall in the bathroom resulting in a delay for obtaining an X-ray which showed fractured ribs.</p> <p>A computer log entry dated 9/06/11 at 7:51pm. written by E4 (Nurse) states, R5 "Had a fall tonight while he was in the bathroom. Resident told the Staff (sic) that his side was hurting extremely bad. Resident was given Tylenol by the (direct care staff)."</p> <p>E3 was interviewed on 9/15/11 at 3:40pm. When asked approximately what time she notified the nurse of the fall, E3 stated that she called the nurse about 5:00pm and the "nurse said give him Tylenol."</p> <p>E4 (nurse) was interviewed on 9/14/11 at 1:55pm. When asked what time she was notified about R5's fall, E4 stated that it was around 5:00pm. When asked if she had done an assessment of R5 that evening, she stated, yes. E4 stated R5 was in bed when E4 arrived at the facility and he was laying on his left side with his right side up. E4 stated that she woke R5 up and he didn't complain about his right rib hurting but mentioned</p>	W 331			

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W 331	<p>Continued From page 28</p> <p>his right foot. E4 stated that at the time she did the assessment there was no redness, no swelling and no edema.</p> <p>The computer log entry of 9/06/11 at 7:51pm. states, "Will continue to assess Resident for change of condition."</p> <p>On 9/07/11 at 8:33am. a computer log entry was made by E2 (Administrator) which stated, "as there is no way to complete a GER (general event report) on him as he is not a resident yet...please be sure to document any bruising or further complaints of pain in (computer log) and notify (E4) of any changes as well." The next computer log entry regarding R5 was on 9/07/11 at 9:53pm which stated, R5 "didn't ate (sic) supper, he said he wasn't feeling well, but he did not describe exactly on how he was feeling." This was written by E5 (direct care).</p> <p>The next computer log entry is dated 9/09/11 at 3:07pm. which states R5 "has 2 cracked ribs is to be given 800mg ibuprofen every 6 hours for pain as needed he is to cough frequently and take deep breaths." This entry was written by E6 (direct care).</p> <p>A form from the visit to the out patient emergent care facility dated 9/08/11 at 11:05am., under the section titled "Reason for Visit" states "complain of right rib pain after falling in his bathroom." Under the section titled "Diagnoses" it states, "Fracture of rib, closed."</p> <p>E6 (direct care) was interviewed on 9/15/11 at 1:00pm. E6 verified that she was the staff member who took R5 to the emergent care</p>	W 331			

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W 331	<p>Continued From page 29</p> <p>facility on 9/08/11. When asked if she was told one or two ribs were broken, E6 stated two. E6 verified that they were on the right side. E6 was interviewed on 9/14/11 at 9:20am. When asked if there have been any new instructions regarding R5 since the fall, E6 stated that she was told it will heal itself in 2 weeks, to give him a pillow for it and Ibuprofen every 4 hours as needed.</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. When asked if there was an investigation into R5's fall in the bathroom on 9/06/11, E2 stated, "I don't believe so." E2 was interviewed on 9/13/11 at 2:42pm. When asked if there has been any retraining of staff to address R5's needs regarding being in the bathroom and dressing, E2 stated, "I'll have to look." When asked if staff were to do anything different with R5, E2 stated, "Assist with all ADL's, supervise and assist."</p> <p>1c) Identify the health care needs, provide prompt health care services and obtain physicians orders for 1 of 1 individuals (R5) who was visiting the facility as a pre-admission, falling while unsupervised resulting in two fractured ribs.</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. E2 verified that R5 came to the facility on 8/12/11. E2 was asked for any information that the facility had regarding addressing R5's health care needs at the time he came to the facility. E2 provided a set of documents. No physicians orders were included in the documents.</p> <p>A computer log entry dated 9/06/11 at 7:51pm. written by E4 (Nurse) states, R5 "Had a fall</p>	W 331			

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W 331	<p>Continued From page 30 tonight while he was in the bathroom. Resident told the Staff (sic) that his side was hurting extremely bad. Resident was given Tylenol by the (direct care staff)."</p> <p>E3 was interviewed on 9/15/11 at 3:40pm. When asked approximately what time she notified the nurse of the fall, E3 stated that she called the nurse about 5:00pm and the "nurse said give him Tylenol."</p> <p>A Medication Administration Record dated 9/06/11 states that R5 was given Acetaminophen at 4:45pm by E3 (direct care). E4 was interviewed on 9/14/11 at 1:55pm. When asked if R5 had an order for the Acetaminophen, E4 stated, "He came here with Tylenol. He took it at home for something else. (Z1, facility physician) will not see him until he's admitted. He is not admitted. He does not have a routine doctor. I've referred that to the administrator and she knows."</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. When asked if R5 had any physicians orders, E2 stated "I'll have to look." No order for the Tylenol was provided.</p> <p>The Department of Human Services-Division of Rehabilitation Services "Determination of Need" form dated 3/02/10 under the section titled "Eating" states, "Says he has to have his food ground up saying he is not able to eat whole food. Says he has trouble chewing his food mostly saying the food gets stuck to his teeth."</p> <p>A consultation report from a local hospital dated 11/08/08 states, "He is also having difficulty with swallowing, and he is being evaluated by the</p>	W 331			

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W 331	<p>Continued From page 31</p> <p>speech and swallow evaluation group and he is on a modified diet. He has swallowing difficulty. However, he denies any aspiration or choking."</p> <p>A facility "Social History" form dated 9/13/11 under the section titled "Health" it states "Pureed diet." E2 was interviewed on 9/13/11 at 12:45pm. When asked if there was a physicians order for the pureed diet, E2 stated, "Not other than what he came with." There was no order for a pureed diet provided. E2 was interviewed on 9/13/11 at 2:42pm. When asked where the facility got the information for the pureed diet from, E2 stated, "I believe that's on the pre-screen form, information from the PAS (preadmission screening) agent."</p> <p>Facility Policies "Admission Process" dated March 2007, "Admissions" dated 12/1/08, and "Visitors" dated March 2007 were reviewed. Admission Process dated March 2007, under the section 1.f. states, "The team will complete a pre-screen form to determine suitability for placement. An overnight visit or face-to-face meeting with the potential resident is encouraged." Under the section titled 3. Admissions Process, 3. A. b. states, "Several issues will be discussed with those present, including but not limited to, the trial period, funding, and the bed hold policy."</p> <p>The Visitors policy dated March 2007, the last paragraph is the only section that addresses individuals visiting the facility prior to an admission and only regarding incidents of serious maladaptive behavior.</p> <p>E2 (Administrator) was interviewed on 9/14/11 at 9:53am. When asked if the admission policies</p>	W 331			

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W 331	<p>Continued From page 32</p> <p>address what specific information is needed to address individual needs during trial overnight visits, E2 stated, "I do not believe so."</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. E2 verified that R5 came to the facility on 8/12/11.</p> <p>E2 was notified that the Immediate Jeopardy was removed on 9/23/11 at 2:30pm., when the surveyor confirmed through interview and review of the facility plan that the facility took the following actions to remove the Immediate Jeopardy. A procedure to address overnight visits has been developed. A formal plan has been developed for Resident Services Directors (RSD) to ensure that information is available for all staff so individuals in the facility for overnight visits needs are identified. No medications will be passed without a current physicians order. Staff will be retrained on Basic Emergency Procedures policy. The RSD will be retrained on proper investigations. All staff will be retrained on the Registered Nurse (RN) Protocol to ensure the RN is notified if there is an area of concern.</p> <p>While the Immediate Jeopardy was removed on 9/23/11, the facility remains out of compliance as the faciity has not had the opportunity to fully implement and evaluate the effectiveness of their plan.</p> <p>2) The facility failed to follow up with neuro checks for R1 after potential head injuries.</p> <p>R1, per current Individual Service Plan of 6/21/11, is a 64 year old female who uses a wheelchair and "requires staff assistance for transfers."</p>	W 331			

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W 331	<p>Continued From page 33</p> <p>A General Event Report dated 9/11/11 states, R1 "was being assisted in the restroom, staff helping her stand as she pulled her pants down. She began to wiggle. Staff grabbed her, but she slipped and bumped the back of her head. After the fall, staff controlled the bleeding, washed her hair, checked vitals and kept (R1) up for a while for observation. (R1) worked on her crossword puzzle books and behavior normally. When she finally did go back to bed, staff continued to monitor her throughout the night."</p> <p>E4 (Nurse) was interviewed on 9/14/11 at 1:50pm. E4 was asked if she was notified of R1's head injury of 9/11/11. E4 stated, no. When asked if she had done an assessment of R1's head injury, E4 stated, no. When asked if Neuro checks had been done due to R1 head injury of 9/11/11, E4 stated that the direct care staff would have done them if they were done." When asked if Neuro checks are documented, E4 stated that staff have a sheet for that. When asked when should staff initiate Neuro checks, E4 stated "Right away, anytime a person hits their head." When asked if direct care are trained to perform Neuro checks, E4 stated, yes.</p> <p>No documentation of Neuro checks having been done were provided for the incident of 9/11/11. The facility policy titled "Neurological Checks" dated March 2007 was reviewed. Under the section titled "Policy" it states, "It is the policy of this facility that neurological checks will be completed when ordered by a physician. Additionally, neurological checks may be initiated as a nursing measure when there is reason to suspect a head injury or other adverse</p>	W 331			

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W 331	<p>Continued From page 34 neurological event has occurred."</p> <p>A General Event Report dated 8/04/11, under the section titled "Injury Summary" states, R1 "slip (sic) and fell in the shower while I was drying her off. She hit her head on the shower head." E4 was interviewed on 9/14/11 at 1:50pm. When asked if Neuro checks were done as a result of R1's head injury on 8/04/11, E4 stated she would check. E4 stated that the Neuro checks should be in the chart. No documentation of Neuro checks having been done were provided for the incident of 8/04/11.</p> <p>3) The facility failed to provide appropriate skin care including an updated skin risk assessment for R1 who experienced an open area.</p> <p>R1, per current Individual Service Plan of 6/21/11, is a 64 year old female who uses a wheelchair and "requires staff assistance for transfers." R1's Physicians Order Sheet (POS) for 9/11 lists under diagnoses, Moderate Mental Retardation, Osteoporosis, Speech Disorder, Excessive Salivation, Moderate Paraplegia, Encephalopathy, and Degenerative Joint Disease. "Under the section titled "Treatment Orders" it states, "Bag Balm: Apply Topically Twice Daily To Prevent Skin Break Down To Pressure Areas".</p> <p>A "Consultation Form" dated 1/26/11 and signed by Z1 (Personal Care Physician) under the section titled "Finding/Recommendations" it states, Right Buttock superficial sore, Gluteal Fold. The plan listed was reposition and barrier cream antibiotic ointment.</p> <p>A computer log entry dated 1/28/11 states, R1</p>	W 331			

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W 331	<p>Continued From page 35</p> <p>"has a sore on her buttocks. She went to the doctor and she needs to sleep on the opposite side of the sore. Also apply (antibiotic ointment) 2-3 times daily until it heals. Please follow up with this over the weekend. When you do your (computer log entry) for (R1), please comment on how the sore is looking and healing."</p> <p>A computer log entry dated 1/29/11 at 8:47am. states, "The sores on her butt still look fresh, but not too bad."</p> <p>A computer log entry dated 1/29/11 at 10:41pm. states, "her bottom is looking better."</p> <p>A computer log entry dated 1/30/11 at 8:37pm. states, "Her sores look much better."</p> <p>A "Monthly Nursing Progress Report" dated 2/12/11 under the section titled "Active Diagnoses" states, "Coccyx area less red no tenderness."</p> <p>R1's Medication Administration Records (MAR) were reviewed. R1's MAR for 11/10 for the Bag Balm Apply Topically Twice Daily To Prevent Skin Break Down To Pressure Areas was documented as having been used on all opportunities (60 times). R1's MAR for 12/10 for the Bag Balm was documented as having been used on all but one opportunities (61 times). R1's MAR for 1/11 for the Bag Balm had no documentation as having been used at all in January 2011. R1's MAR for 2/11 for the Bag Balm was documented as having been used on all opportunities (56 times).</p> <p>E2 (Administrator) was interviewed on 9/15/11 at 11:50am. When asked why the Bag Balm was</p>	W 331			

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W 331	<p>Continued From page 36</p> <p>not documented as used in January 2011, E2 stated, "I'll look into it, but that's the only documentation we have." On 9/15/11 at 1:10pm, regarding the Bag Balm documentation for 1/11, E2 stated, "I guess it (the documentation sheet) was never put in." There was no documentation to determine if or how frequently the Bag Balm was applied during 1/11, the month R1 developed sores on her Gluteal Fold area.</p> <p>Per a review of R1's clinical record, no skin risk assessment was located. Facility Policy "Pressure Ulcer Prevention" dated March 2007 was reviewed. Under the section titled "Procedure" it states, "1. If necessary, within 14 day (sic) of admission, residents will have an assessment for pressure ulcer, using a standardized assessment. 2. All resident assessments will be reviewed and revised as necessary on a quarterly basis. 3. Level of risk for the development of pressure ulcers will be addressed on the nursing care plan." The policy goes on to address plans for individuals determined to be "Moderate Risk Residents" and "High Risk Residents."</p> <p>E2 was interviewed on 9/15/11 at 1:34pm. When asked for a Skin Risk Assessment on R1, E2 stated, "I'll look for it." On 9/15/11 at 2:00pm, E2 stated that the skin risk is completed as part of the nursing quarterly. E2 stated the skin is assessed through observation. When asked if, other than observations done on the nursing quarterlies is there a current skin risk assessment using a standardized assessment, E2 stated, "I am not aware of any other than the admit assessment." E2 was interviewed on 9/16/11 at 10:50am. When asked for a standardized skin</p>	W 331			

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W 331	<p>Continued From page 37</p> <p>risk assessment other than the visual assessment of current skin status done on the nursing quarterly, E2 stated, "That's what we have." When asked if there was a standardized skin risk assessment done during admission as per facility policy, E2 stated, "Not that we can locate, no."</p> <p>4) The facility failed to provide bowel movement tracking for R3 who has a diagnosis of constipation.</p> <p>R3, per current Individualized Service Plan (ISP) of 6/21/11, is a 63 year old male. The ISP under the section titled "Toileting" states, "He has constipation and then diarrhea on a regular basis." Under the section titled "Current Diagnosis" it states, Profound Mental Retardation and History of Constipation.</p> <p>A Consultation Form regarding R3 dated 8/02/11 and signed by Z1 (Personal Care Physician), under the section titled "Findings/Recommendations" it has a question mark and states constipation mild abdominal bloating. A monthly "Health Care Report" for the month of 8/11 and dated 9/1/11 under the section titled "Appointments" states, 8/2/11 at 1:30pm with Z1. Under "Diagnosis" it states, "give plenty of water and give milk of magnesia and monitor bowel movements". This report was generated by E4 (Nurse).</p> <p>R3's as needed MAR for 8/11 states that R3 was given Milk of Magnesia one time for the month of August on 8/02/11 at 3:25pm. for constipation. No results are noted on the MAR.</p>	W 331			

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W 331	Continued From page 38 E2 and E4 were interviewed on 9/15/11 at 2:25pm. When asked about the recommendation to give plenty of water and milk of magnesis, E2 stated that because of the constipation (Z1) said to give water, Milk of Magnesium, and monitor. When asked how R3's bowel movements are monitored, E2 stated that it is recorded on the facility's computer documentation system. E2 was asked if there was any documentation of the monitoring of bowel movements for R3 for 8/11? E2 stated that she would have to check. On 9/15/11 at 2:50pm., E2 stated that the facility has a system for monitoring bowel movements but "during that time the system was not utilized properly." When asked if the facility had any documentation of bowel movement tracking during 8/11 for R3, E2 stated, "We do not." On 9/16/11 at 10:50am., E2 again verified that the facility has a system in place but for R3 during that time period it was "not utilized."	W 331			
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that medications were passed as ordered by the physician without error for 3 of 14 individuals in the facility. (R6, R7, and R8) Findings Include: 1) R6, per Physicians Order Sheet (POS) of 7/11, is a 53 year old female who functions in the Mild range of Mental Retardation.	W 368		11/17/11	

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W 368	<p>Continued From page 39</p> <p>An incident was reported to the Department by the facility regarding R6. The letter was dated 7/14/11 and stated, "On 07-14-11 (R6) was taken to (a local hospital) Emergency Room due to dizziness. Lab work was done and we are currently awaiting results. It is suspected that this may be due to a medication error."</p> <p>A follow-up report sent to the Department by the facility dated 7/18/11 stated, "After an investigation it was determined per staff member admission that (R6) received an additional 200mg of Lamictal during the AM med pass on July 9-12. Lab results from the hospital are still pending. It was determined that after a (outpatient emergent care facility) visit on 7/08/11 that an incorrect med list was sent to the pharmacy which resulted in an additional bubble pack of a medication that had been decreased was delivered on July 8th, 2011. Both the current dose (150mg) and the additional 200mg were administered on July 9th, 10th, 11th, and 12th."</p> <p>E4 (Nurse) was interviewed on 9/15/11 at 3:35pm. E4 stated that R6 went to the (outpatient emergent care facility) and an order was sent to the pharmacy. E4 stated that the pharmacy sent both the 150mg and 200mg pills. When asked if there has been any retraining since the incident, E4 stated that staff can no longer put medications away. E4 stated that if a nurse is not in the facility the staff can not dispose of or put any new medications in the med cart.</p> <p>2) R8, per POS of 7/11, is a 71 year old who female functions in the Moderate range of Mental Retardation.</p>	W 368			

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W 368	Continued From page 40 An incident was reported to the Department by the facility regarding R8. The letter was dated 7/25/11 and was in regard to a medication error which occurred on 7/22/11. The letter states, R8's "4:00 medications were not administered." The medications listed include; Calcium, Colestipol, Metformin and Ferrous Sulfate. 3) R7, per POS of 8/11, is a 72 year old female who functions in the Profound range of Mental Retardation. An incident was reported to the Department by the facility regarding R7. The letter was dated 8/05/11 and was in regard to a medication error which occurred on 8/05/11. The letter states, R7's "AM nebulizer medication (Albuterol and Pulmicort) was omitted."	W 368			
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to ensure that evacuations drills were completed quarter for all three shifts for 14 of 14 individuals in the facility. (R1-R4, R6-R15) Findings Include: The facility evacuation drills were reviewed. For first shift, there were no evacuation drills available since 2/01/11.	W 440		11/17/11	

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W 440	Continued From page 41 For second shift, there were no evacuation drills available between 1/18/11 and 7/19/11. For third shift, there were no evacuation drills available since 3/13/11. E2 (Administrator) was interviewed on 9/16/11. When asked if there were any first shift drills since 2/01/11, E2 stated no. When asked if there were any second shift drills between 1/18/11 and 7/19/11, E2 stated, "It doesn't appear so." When asked if there were any third shift drills since 3/31/11, E2 stated "None since March."	W 440			
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.620a) 350.630b) 350.1210 350.1220j) 350.1230d)2) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.630 Admission, Retention and Discharge Policies	W9999			

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W9999	<p>Continued From page 42</p> <p>b) Residents shall only be admitted who have had a comprehensive evaluation covering physical, emotional, social and cognitive factors, conducted by an appropriately constituted interdisciplinary team.</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p> <p>Section 350.1220 Physician Services</p> <p>j) The facility shall notify the resident's physician of any accident, injury, or 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.</p> <p>Section 350.1230 Nursing Services</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following: 2) Basic skills required to meet the health needs and problems of the residents.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>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 were not met as evidenced by:</p> <p>Based on interview and record review, nursing</p>	W9999			

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W9999	<p>Continued From page 43</p> <p>failed to provide adequate and prompt medical care for 1 of 1 individual (R5) who was visiting the facility as a pre-admission and who had two fractured ribs due to a fall while unsupervised after completing a shower, when they failed to:</p> <p>a) Provide adequate supervision while providing bathing and dressing for 1 of 1 individuals (R5) who was visiting the facility as an overnight pre-admission.</p> <p>b) Provide follow-up assessment of 1 of 1 individuals (R5) after a fall in the bathroom resulting in a delay in obtaining an X-ray which showed fractured ribs.</p> <p>c) Identify the health care needs, provide prompt health care services and obtain physicians orders for 1 of 1 individuals (R5) who was visiting the facility as a pre-admission, and fell while unsupervised resulting in two fractured ribs.</p> <p>Findings Include:</p> <p>a) The facility failed to provide adequate supervision while providing bathing and dressing for 1 of 1 individuals (R5) who was visiting the facility as a pre-admission.</p> <p>R5, per "Authorization to Exchange Information" form dated 8/12/11 is a 54 year old male. A facility computer log entry dated 8/12/11 at 2:20pm states that "There will be a male visitor coming this afternoon and staying for a 2 week visit for screening prior to a possible admission. He previously was living in his own residence with some daily assistance provided by an in-home aide. This is the information that we have</p>	W9999			

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W9999	<p>Continued From page 44</p> <p>available at this time." The information is listed as, "own guardian, utilized a walker for ambulation, pureed diet, no current medications, limited vision, will need physical assistance in ADL's (bathing, hygiene, etc) [ADL's, Activities of Daily Living]." The computer log continues, "As this is a potential emergency placement we only have a short period of time to screen if his placement will be appropriate and if we can provide service to him." This computer log entry was made by E2 (Administrator).</p> <p>A computer log entry dated 9/06/11 at 8:17pm. states, "I assist (sic) (R5) with a shower today. I dry (sic) him off and he start (sic) to put on his clothes before I left the bathroom. So I came back in and he was between the tub and the toilet. So I went to get (E1, Resident Services Director) to help me to get him up. We look (sic) over his body to see if any bruise, there were no visible at that moment. He state (sic) that his side was hurting. I call (sic) nurse about the situation." This computer log entry was made by E3 (direct care).</p> <p>E3 was interviewed on 9/15/11 at 3:40pm. When asked approximately what time the incident occurred, E3 stated that it was approximately 4:30pm. When asked what instructions she had received prior to his fall regarding ADLs, E3 stated stay with him when in the shower, step out when putting clothes on. When asked if after his shower does he dress in the bathroom, E3 stated, "Yes." When asked how she knew this, E3 stated, "I talk to him, he tells me what he is able to do."</p> <p>E2 (Administrator) was interviewed on 9/13/11 at</p>	W9999			

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W9999	<p>Continued From page 45</p> <p>12:45pm. E2 verified that R5 came to the facility on 8/12/11. E2 was asked for any information that the facility had which addresses R5's health care needs at the time he came to the facility. E2 provided a set of documents. Included was a form titled Department of Human Service-Division of Rehabilitation Services "Determination of Need" dated 3/02/10. Under the section titled "Dressing" it states, "Needs help to put his tee shirt and pants on saying his hands will not grip the clothes to put on. Not able to use his hands to put on his shoes and socks." Under the section titled "Bathing" it states, "Is not able to get in and out of tub by himself saying his balance is not very good and needs help."</p> <p>A "Home Services Program Service Plan" dated 1/31/11 regarding R5, under the task listed as "Bathing," states that it is done by a "Homemaker." Under the task listed as Dressing states that it is done by a "Homemaker."</p> <p>A facility "Prescreen Form" (undated) regarding R5 under the section titled "Dressing" states "Physical Assist."</p> <p>E2 was interviewed on 9/13/11 at 12:45pm. When asked how staff were to meet R5's needs, E2 stated that they were to assist with all ADL's.</p> <p>b) The facility failed to provide a nursing follow-up assessment of 1 of 1 individuals (R5) after a fall in the bathroom resulting in a delay for obtaining an X-ray which showed fractured ribs.</p> <p>A computer log entry dated 9/06/11 at 7:51pm. written by E4 (Nurse) states R5, "Had a fall tonight while he was in the bathroom. Resident</p>	W9999			

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NAME OF PROVIDER OR SUPPLIER HARRIS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 209 HARRIS ROAD EAST PEORIA, IL 61611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W9999	<p>Continued From page 46</p> <p>told the Staff (sic) that his side was hurting extremely bad. Resident was given Tylenol by the (direct care staff)."</p> <p>E3 was interviewed on 9/15/11 at 3:40pm. When asked approximately what time she notified the nurse of the fall, E3 stated that she called the nurse about 5:00pm and the "nurse said give him Tylenol."</p> <p>E4 (nurse) was interviewed on 9/14/11 at 1:55pm. When asked what time she was notified about R5's fall, E4 stated that it was around 5:00pm. When asked if she had done an assessment of R5 that evening, she stated, yes. E4 stated R5 was in bed when E4 arrived at the facility and he was laying on his left side with his right side up. E4 stated that she woke R5 up and he did not complain about his right rib hurting but mentioned his right foot. E4 stated that at the time she did the assessment there was no redness, no swelling and no edema.</p> <p>The computer log entry of 9/06/11 at 7:51pm. states, "Will continue to assess Resident for change of condition."</p> <p>On 9/07/11 at 8:33am., a computer log entry was made by E2 (Administrator) which stated, "as there is no way to complete a GER (general event report) on him as he is not a resident yet...please be sure to document any bruising or further complaints of pain in (computer log) and notify (E4) of any changes as well." The next computer log entry regarding R5 was on 9/07/11 at 9:53pm which stated, R5 "didn't ate (sic) supper, he said he wasn't feeling well, but he did not describe exactly on how he was feeling." This was written</p>	W9999			

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W9999	<p>Continued From page 47 by E5 (direct care).</p> <p>The next computer log entry is dated 9/09/11 at 3:07pm. which states R5 "has 2 cracked ribs is to be given 800mg ibuprofen every 6 hours for pain as needed he is to cough frequently and take deep breaths." This entry was written by E6 (direct care).</p> <p>A form from the visit to the outpatient emergent care facility dated 9/08/11 at 11:05am., under the section titled "Reason for Visit" states "complain of right rib pain after falling in his bathroom." Under the section titled "Diagnoses" it states, "Fracture of rib, closed."</p> <p>E6 (direct care) was interviewed on 9/15/11 at 1:00pm. E6 verified that she was the staff member who took R5 to the emergent care facility on 9/08/11. When asked if she was told one or two ribs were broken, E6 stated two. E6 verified that they were on the right side. E6 was interviewed on 9/14/11 at 9:20am. When asked if there have been any new instructions regarding R5 since the fall, E6 stated that she was told it will heal itself in 2 weeks, to give him a pillow for it and Ibuprofen every 4 hours as needed.</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. When asked if there was an investigation into R5's fall in the bathroom on 9/06/11, E2 stated, "I don't believe so." E2 was interviewed on 9/13/11 at 2:42pm. When asked if there has been any retraining of staff to address R5's needs regarding being in the bathroom and dressing, E2 stated, "I'll have to look." When asked if staff were to do anything different with R5, E2 stated, "Assist with all ADL's, supervise</p>	W9999			

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W9999	<p>Continued From page 48 and assist."</p> <p>c) The facility failed to identify the health care needs, provide prompt health care services and obtain physicians orders for 1 of 1 individuals (R5) who was visiting the facility as a pre-admission, and fell while unsupervised resulting in two fractured ribs.</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. E2 verified that R5 came to the facility on 8/12/11. E2 was asked for any information that the facility had regarding addressing R5's health care needs at the time he came to the facility. E2 provided a set of documents. No physicians orders were included in the documents.</p> <p>A computer log entry dated 9/06/11 at 7:51pm. written by E4 (Nurse) states R5, "Had a fall tonight while he was in the bathroom. Resident told the Staff (sic) that his side was hurting extremely bad. Resident was given Tylenol by the (direct care staff)."</p> <p>E3 was interviewed on 9/15/11 at 3:40pm. When asked approximately what time she notified the nurse of the fall, E3 stated that she called the nurse about 5:00pm and the "nurse said give him Tylenol."</p> <p>A Medication Administration Record dated 9/06/11 states that R5 was given Acetaminophen at 4:45pm by E3 (direct care). E4 was interviewed on 9/14/11 at 1:55pm. When asked if R5 had an order for the Acetaminophen, E4 stated, "He came here with Tylenol. He took it at home for something else. (Z1, facility physician)</p>	W9999			

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W9999	<p>Continued From page 49</p> <p>will not see him until he's admitted. He is not admitted. He does not have a routine doctor. I've referred that to the administrator and she knows."</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. When asked if R5 had any physicians orders, E2 stated "I'll have to look." No order for the Tylenol was provided.</p> <p>The Department of Human Services-Division of Rehabilitation Services "Determination of Need" form dated 3/02/10 under the section titled "Eating" states, "Says he has to have his food ground up saying he is not able to eat whole food. Says he has trouble chewing his food mostly saying the food gets stuck to his teeth."</p> <p>A consultation report from a local hospital dated 11/08/08 states, "He is also having difficulty with swallowing, and he is being evaluated by the speech and swallow evaluation group and he is on a modified diet. He has swallowing difficulty. However, he denies any aspiration or choking."</p> <p>A facility "Social History" form dated 9/13/11 under the section titled "Health" states "Pureed diet." E2 was interviewed on 9/13/11 at 12:45pm. When asked if there was a physicians order for the pureed diet, E2 stated, "Not other than what he came with." There was no order for a pureed diet provided. E2 was interviewed on 9/13/11 at 2:42pm. When asked where the facility got the information for the pureed diet from, E2 stated, "I believe that's on the pre-screen form, information from the PAS (preadmission screening) agent."</p> <p>Facility Policies "Admission Process" dated March 2007, "Admissions" dated 12/1/08, and</p>	W9999			

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W9999	<p>Continued From page 50</p> <p>"Visitors" dated March 2007 were reviewed. Admission Process dated March 2007, under the section 1.f. states, "The team will complete a pre-screen form to determine suitability for placement. An overnight visit or face-to-face meeting with the potential resident is encouraged." Under the section titled 3. Admissions Process, 3. A. b. states, "Several issues will be discussed with those present, including but not limited to, the trial period, funding, and the bed hold policy." The Visitors policy dated March 2007, the last paragraph is the only section that addresses individuals visiting the facility prior to an admission and only regarding incidents of serious maladaptive behavior.</p> <p>E2 (Administrator) was interviewed on 9/14/11 at 9:53am. When asked if the admission policies address what specific information is needed to address individual needs during trial overnight visits, E2 stated, "I do not believe so."</p> <p>E2 (Administrator) was interviewed on 9/13/11 at 12:45pm. E2 verified that R5 came to the facility on 8/12/11.</p> <p>(A)</p>	W9999			