

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

PRINTED: 07/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/09/2012
NAME OF PROVIDER OR SUPPLIER RICHLAND CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 410 EAST MACK OLNEY, IL 62450		
(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	
F 441	Continued From page 30 area to apply a foam dressing with antibiotic ointment without changing her gloves. The infection control problem was discussed with E3 on 04-09-12 at 2:45 PM	F 441			
F9999	FINAL OBSERVATIONS Licensure Violations: 300.1210b) 300.1210c) 300.1210d)1)3) 300.1220b)2)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall 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 resident care plan. 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. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,	F9999			

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F9999	<p>Continued From page 31 seven-day-a-week basis:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's</p>	F9999			

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F9999	<p>Continued From page 32</p> <p>comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</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 were not as evidenced by:</p> <p>Based on observation, record review and interviews the facility failed to provide adequate pain medication management, for 1 resident (R2) reviewed for pain management. These failures caused R2 to have to have an increase in pain during a treatment observation.</p> <p>Findings include:</p> <p>R2 was admitted on 03-17-05 with diagnoses including Senile Dementia with Agitation, Intractable Pain, History of Falls with Fractures of</p>	F9999			

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F9999	<p>Continued From page 33</p> <p>the Rib, Pelvic and Right hip Fracture (01-12-12), and a Small Bowel Obstruction 03-12-12) according to the a cumulative diagnosis record with the last date 03-12-12. According to R2's Significant Change Minimum Data Set Assessment (MDS) dated 02-22-12 (compared to MDS dated 01-12-12), R2 had a decline in all Activities of Daily Living and is now totally dependent on 2 staff persons for transfers, dressing, eating and bathing. R2 is transferred by mechanical lift and is nonambulatory. R2 now has a indwelling urinary catheter and is totally incontinent of bowel. R2 developed two stage 2 Pressure sores since the MDS dated 01-12-12. According to R2's weight log, R2 has had a weight loss of 9.13% in one month (weight from 03-01-12 #104 to 03-31-12 #94).</p> <p>R2 fractured her right hip and returned to the facility on 01-14-12, with a physician's order for Hydrocodone/Acetaminophen was ordered 4 times a day. This was documented given through February and March 19, 2012 when R2 reentered the hospital for a Acute bowel distention and probable ileus bowel obstruction. According to R2's March physician's orders dated 03-19-12, a pain medication order included Morphine Sulfate 2 mg subcutaneous every 4 hours as needed for pain with no routine pain medications. R2's "Pain Management Assessment" dated 03-17-12 states "no complaints of pain voiced". No Morphine Sulfate was given to R2 from March 17 to present (04-04-12), confirmed by interview with E2 (Director of Nursing) on 04-05-12 at 11 AM.</p> <p>During observation of treatments to R2's legs and feet of multiple skin tears and pressure ulcers on 04-04-12 at 10:05 AM by E3 (Registered Nurse)</p>	F9999			

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F9999	Continued From page 34 and assisted by E4 (Certified Nurse Aide), R2 voiced numerous complaints of pain. Treatments were done to 2 skin tears on R2's right outer and inner leg (all stage II) , a large 7 cm x 2.4 cm skin tear to the left calf (progressing to a stage III with Methicillin Resistive Staphylococcus Aureus from a hospital lab culture - dated 03-13-12). Additional treatments were done on R2's pressure ulcer of the right heel (stage II), and left lateral foot (stage II). During the treatments performed by E3, R2 repeatedly stated "that hurts" , "that hurts my leg", "help, help help", "quit fooling with my knee" , "ouch, ouch, ouch", "that's enough", "don't do that" and "hurry up". When R2 was questioned on 04- 05-12 at 2:15 PM regarding pain during treatment/bandage changes R2 stated "of course it hurts". Interview with E3 on 04-04-12 at 10:05 AM regarding pain management for R2, E3 stated R2 did not receive any pain medication prior to the treatment. E3 was unsure if R2 had any routine pain medications ordered or given. E3 did not stop the treatment or ask if R2 needed pain meds during the treatment. Interview with E4 (Certified Nurse Aide) on 04-04-12 at 10:45 AM, E4 stated R2 complains of pain when her legs are moved during care since her hip fracture in January. E4 states she was not aware if R2 receives pain medication. (B) 300.7010a) Section 300.7010 Admission Criteria	F9999			

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F9999	<p>Continued From page 35</p> <p>a) The unit shall have clearly defined admission, admission exclusion, and discharge criteria. This shall include a policy specifying the individuals whom the unit will admit and retain based on the stages of Alzheimer's disease, individuals' behaviors, or other definable needs. These criteria shall reflect the unit's mission and scope of services.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to follow its Admission Criteria for assessing/reassessing residents to ensure appropriate placement when admitted to or retained on the Alzheimer's Unit for 3 residents (R8, R10, R11) reviewed for appropriate placement on the Alzheimer's Unit.</p> <p>Findings include:</p> <p>1. R8 is a 76 year old woman residing in this facility since 7/7/2009 according to facility admission records of this date. R8's diagnoses as listed on the facility diagnoses record and updated on 3/13/2010 includes Alzheimer's Disease with Psychosis, Agitation, Dysphagia, Seizure Disorder, and Renal Failure. On 4/2/2012 at 1:30 pm R8 was observed sitting in her room in front of a television in a wheeled reclining chair with a tray across her lap. R8's call light was not in reach and R8 did not have water accessible to her. R8 was again observed sitting in this chair with the tray across her lap on 4/4/2012, 4/5/2012 and 4/9/2012 at 12:00 pm in the dining room waiting to be fed by staff. Review on 4/2/2012 of R8's record noted the</p>	F9999			

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F9999	<p>Continued From page 36</p> <p>Pre-Restraining Assessment dated 4/2/2012 noting inability to ambulate is attached to a Physician Telephone Order of 4/1/2012 with the order for "patient to be up in tilt-in-space wheelchair with lap tray for upright midline positioning related to weakness". R8's Care Plan dated 3/25/12 notes she is total dependent on staff for all activities of daily living needs, she is incontinent of bowel and bladder, transfer with assist of two staff persons using a mechanical lift device, and she has contractures of her right hand. The Minimum Data Set/MDS dated 12/20/2011 Section G-Functional Status indicates R8 is total dependent on staff and requires 2-3 staff persons for care, and Functional Limitation in Range of Motion is impairment on both sides. During an interview on 4/9/2012 at 12:30 pm with E9 (Administrator Alzheimer's Unit) when asked about R8, E9 stated "she is one of the people not appropriate for this unit and we will be moving her as soon as we find a place for her, she is unable to make her needs known, she yells out constantly when awoke, and she is unable to participate in activities or make use of ability centered care.</p> <p>2. R10 is a 67 year old woman residing in this facility since 2/1/08 according to facility admission records of this date. R10's diagnoses as listed on the Physician Order Sheet dated 4/1/2012 includes Dementia, Hypertension, Constipation, Depression, Anxiety, Agitation, Alzheimer's Disease, and Psychosis. On 4/2/2012, 4/4/2012, 4/5/2012 and 4/9/2012 at 12:00 pm R10 was observed in the dining room being fed by staff. A review of R10's record on 4/4/2012 noted a Care Plan dated 1/10/2012 noting R10's behavior has deteriorated and she yells out constantly, she</p>	F9999			

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F9999	<p>Continued From page 37</p> <p>requires 2 staff and a mechanical lift device for transfer needs and that R10 is total staff dependent for all activities of daily living needs. The Minimum Data Set/MDS dated 1/1/2012 indicates that R10 is total dependent on 1-2 staff for all needs and she is incontinent of bowel and bladder. During an interview on 4/9/2012 at 12:20 pm with E9, she states "she is another one of the people not appropriate for this unit and we will be moving her as soon as we find a place for her, she is unable to make her needs known, she yells out constantly when awake, she is unable to participate in activities or take advantage of ability centered care..</p> <p>3. R11 is a 76 year old woman residing in this facility since 2/19/2008 according to facility admission records of this date. R11's diagnoses as listed on the Physician Order Sheet dated 4/1/2012 includes Hypertension, Diabetes, Depression, Dementia, Alzheimer's Disease, and Failure to Thrive. On 4/2/2012 at 1:30 pm R11 was observed sitting in a wheel chair in her room wearing a self release alarm belt. When R11 was asked if she could self release the belt she made not effort or motion to comply with this request. A review on 4/5/2012 of R11's record noted a Care Plan dated 2/16/2012 noting R11 is totally dependent on staff for all activities of daily living and transfers, and she is incontinent of bowel and bladder. The Minimum Data Set/MDS dated 2/7/2012 indicates that R11 is extensive assistance for activities of daily living including eating and she requires 1-2 staff for physical assist. During an interview on 4/2/2012 at 1:30 pm with E9 when asked about R11, E9 stated "she is another person not appropriate for this unit and we will also be moving her as soon as</p>	F9999			

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F9999	<p>Continued From page 38</p> <p>we find a place for her, most of the time she is unable to make her needs known, she yells out constantly when awoke, she refuses to eat, she is unable to participate in activities or make use of ability centered care.</p> <p>(AW)</p> <p>300.7040a) 300.7040e)</p> <p>Section 300.7040 Activities</p> <p>a) The unit's activity program shall use ability-centered care programming. e) Activities shall be adapted, as needed, to provide for maximum participation by individual residents. If a particular resident does not participate in at least an average of 4 activities per day over a one-week period, the unit director shall evaluate the resident's participation and have the available activities modified and/or consult with the interdisciplinary team.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide an activity program using ability centered care adapted for maximum participation for individual residents, and the facility failed to evaluate/reevaluate</p>	F9999			

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F9999	<p>Continued From page 39</p> <p>residents not participating in 4 activities per day over a one week period for 3 of 12 residents (R8, R10, R11) reviewed for activities in the sample of 15.</p> <p>Findings include:</p> <p>1. R8 is a 76 year old woman residing in this facility since 7/7/2009 according to facility admission records of this date. R8's diagnoses as listed on the facility diagnoses record and updated on 3/13/2010 includes Alzheimer's Disease with Psychosis, Agitation, Dysphagia, Seizure Disorder, and Renal Failure. On 4/2/2012 at 1:30 pm R8 was observed sitting in her room in front of a television in a wheeled reclining chair with a tray across her lap, provided on the tray were 3-4 small items for R8 to tinker with. R8 has contractures of her right hand and she is unable to fully utilize the objects provided. R8 was again observed sitting in this chair with the tray across her lap on 4/4/2012, 4/5/2012 and 4/9/2012 at 12:00 pm in the dining room waiting to be fed by staff, noted in R8's right hand was a therapy carrot which is used to assist with the contracture management. The Quarterly Activity Assessment dated 3/20/2012 notes R8's daily activity routine is up in A.M., assist to feed, lay down between meals. During an interview on 4/9/2012 at 12:30 pm with E9 (Unit Admin/Az) when asked about R8, E9 stated "she is one of the people not appropriate for this unit and we will be moving her as soon as we find a place for her, she is unable to make her needs known, she yells out constantly when awoke, and she is unable to participate in activities.</p> <p>2. R10 is a 67 year old woman residing in this</p>	F9999			

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F9999	<p>Continued From page 40</p> <p>facility since 2/1/08 according to facility admission records of this date. R10's diagnoses as listed on the Physician Order Sheet dated 4/1/2012 include Dementia, Hypertension, Constipation, Depression, Anxiety, Agitation, Alzheimer's Disease, and Psychosis. On 4/2/2012, 4/4/2012, 4/5/2012 and 4/9/2012 at 12:00 pm R10 was observed in the dining room being fed by staff. A review of R10's record on 4/4/2012 noted a Care Plan dated 1/10/2012 noting R10's behavior has deteriorated and she yells out constantly. R10's Activity Care Plan dated 10/3/2011 notes "resident has cognitive impairments and repetitive verbalizations which inhibits activity participation". During an interview on 4/9/2012 at 12:20 pm with E9 she stated "she is another one of the people not appropriate for this unit and we will be moving her as soon as we find a place for her, she is unable to make her needs known, she yells out constantly when awoke, and she is unable to participate in activities.</p> <p>3. R11 is a 76 year old woman residing in this facility since 2/19/2008 according to facility admission records of this date. R11's diagnoses as listed on the Physician Order Sheet dated 4/1/2012 include Hypertension, Diabetes, Depression, Dementia, Alzheimer's Disease, and Failure to Thrive. On 4/2/2012 at 1:30 pm R11 was observed sitting in a wheel chair in her room wearing a self release alarm belt. When R11 was asked if she could self release the belt she made not effort or motion to comply with this request. A review on 4/5/2012 of R11's record noted an Activity Care Plan dated 2/16/2012. Listed as activity approaches on this care plan is to provide activities for orientation, insight and concentration, memory and verbal abilities, invite</p>	F9999			

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F9999	<p>Continued From page 41</p> <p>to activities. The Minimum Data Set/MDS dated 2/7/2012 Section C - Cognitive Patterns notes problems with long and short term memory, and severely impaired cognitive skills. During an interview on 4/2/2012 at 1:30 pm with E9 she stated "she is another one of the people not appropriate for this unit and we will be moving her as soon as we find a place for her, she is unable to make her needs known, she yells out constantly when awoke, and she is unable to participate in activities.</p> <p>Tour of the unit on 4/2/2012 at 11:00 A.M noted an activity board in the hallway outside the nurse's station. Written on the activity board was 7 days of activities including; 7 am Rise and Shine, 8:30 am Looking Good, 9:30 am Pit Stop, 10:00 am Current Events, 10:30 am Musicsittersize, 11:00 am Reminisce, 11:30 am Meal Prep, 1:00 pm Pit Stop, 2:00 pm Crafts, 3:00 pm Reminisce, 4:30 pm Balloon Volley, 5:00 pm Meal Prep, 6:00 pm Movie/Snack, 8:00 pm Lotion Therapy. According to E9 (Unit Admin/Az) these same activities are offered daily and don't change except to add holiday specific events. When E9 was asked about Rise and Shine she stated "that is when residents are gotten up and grooming begins, when asked about Looking Good E9 said more extensive grooming is performed, and when asked about Pit Stop E9 stated that is when residents are toileted, adding they are toileted every two hours in addition to the times on this schedule". On unit observations on 4/2/2012 noted no menu was posted on the unit, there was no time orienting device, no orientation supplies or equipment, and no sensory stimulating device was present.</p>	F9999			

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NAME OF PROVIDER OR SUPPLIER RICHLAND CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 410 EAST MACK OLNEY, IL 62450		
(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	
F9999	<p>Continued From page 42</p> <p>During this interview E9 added that she had just taken over this unit as Unit Administrator on 3/6/2012, and that prior to that date she was the activity director for the entire facility. E9 stated E6 (Activity Director) was new to the facility, date of hire 3/22/12, and had only been working a couple of weeks, E12 (Activity Aide) had moved from a position in dietary to activities one week ago, and E13 (Activity Aide) PRN (as needed) sometimes assists with activities on this unit, that there would be changes made to activities and other areas for the unit in the near future.</p> <p>(AW)</p> <p>300.7050a)3)A)B) 300.7050b) 300.7050c)</p> <p>Section 300.7050 Staffing</p> <p>a) The unit shall have a full-time unit director. 3) The unit director shall have documented course work in dementia care and ability-centered care, and shall meet at least one of the following requirements: A) Have an associate's or a bachelor's degree and/or be a registered nurse and have at least one year of experience working with persons with Alzheimer's disease and other dementia; or B) Have a minimum of 5 years of experience working with persons with Alzheimer's disease and other dementia, at least two years of which are management experience working with persons with Alzheimer's disease and other</p>	F9999			

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F9999	<p>Continued From page 43</p> <p>dementia.</p> <p>b) The unit shall have assigned, consistent staff. There shall be enough staff to meet the scheduled and unscheduled needs of each resident, as defined in the care plan, taking into account the purpose of the setting, the severity of dementia, and the resident's physical abilities, behavior patterns, and social and medical needs.</p> <p>c) All staff who ever work on the unit (e.g., nurses, CNAs, housekeepers, social services and activities staff, and food service staff) shall receive at least four hours of dementia-specific orientation within the first 7 days of working on the unit.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to employ a person meeting the requirements to serve as Director of the Dementia Care Unit, the facility failed to have assigned consistent staff on the unit, and the facility failed to ensure staff working on the unit have received 4 hours of dementia specific orientation within the first 7 days of working on the unit. This has the potential to affect all 19 residents(R7, -R11.R20- R-35) living on the unit.</p> <p>Findings include:</p> <p>During an interview on 4/2/2012 at 1:30 pm E9) stated she had just taken over this unit as the unit director on 3/6/2012 and that prior to this position she was the activity director for the entire facility</p>	F9999			

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F9999	<p>Continued From page 44</p> <p>beginning her employment at the facility on 4/5/2007. E9 stated she is also a Certified Nurse aide but she does not have an associate degree, or bachelor's degree and she is not a registered nurse, but she has 5 years experience working with persons with Alzheimer's Disease or other Dementia and her management experience was as Activity Director. E9 stated she has not had the required Alzheimer's training but she is scheduled for training in Peoria Ill on 4/25/2012.</p> <p>On 4/4/2012 at 11:00 am E15 (Certified Nurse Aide/CNA) was observed working on the Dementia Care Unit, when asked what her job title was E15 replied "I am a nurse aide". A review of employee listing with training hours provided by the facility notes E15 began employment at the facility on 11/02/2011 and has not received the required 4 hours of dementia specific orientation.</p> <p>When E14 (Licensed Practical Nurse) was asked about staffing for that shift E14 identified E15 and E16 (CNAs), E9 and E14 (LPN) as staff on the unit on 4/4/2012. When E14 was asked about consistent staff for the unit she stated "we try to have the same staff but it does not always work out that way".</p> <p>During an interview on 4/9/2012 at 12:40 pm with E9 when asked about staffing and the consistency of staffing on this unit E9 stated staff are assigned by E2 (Director of Nurses), and that she as Unit Director has no say so about assignment of staff for the unit. When asked how staff duties are assigned on the unit E9 stated "probably by the nurses, I honestly don't know".</p>	F9999			

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F9999	Continued From page 45 The resident census of 19 was confirmed by E9 on 4/2/2012.at12:40 PM (AW) 300.7060a) 300.7060b) 300.7060c) Section 300.7060 Environment a) The environment (cultural, social, and physical) shall support the functioning of cognitively impaired residents. It shall accommodate behaviors, maximize functional abilities, promote safety, and encourage residents' independence by compensating for losses resulting from the disease process in accordance with each resident's care plan. b) The unit shall use a variety of sensory cues to differentiate rooms, spaces, and uses. c) The unit shall be designed and maintained to ensure an appropriate range of environmental and sensory stimulation and information; e.g., using minimally distracting security, pager and safety systems. These Regulations were not met as evidenced by: Based on observation and interview the facility failed to provide an environment to meet and support the needs of cognitively impaired	F9999			

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F9999	<p>Continued From page 46</p> <p>residents by failing to designate adequate space and areas for resident use, failing to provide and use sensory cues and stimulation devices, failing to provide ability centered activities, and failing to have supplies out and available for resident use to aid in promoting maximum independence and functioning abilities. This has the potential to affect all of the 19 residents(R7, -R11.R20- R-35) living on the unit.</p> <p>Findings include:</p> <p>On unit observations on 4/2/2012 noted no menu was posted on the unit for resident viewing, there was no time orienting device, no orientation supplies or equipment, and no sensory stimulating devices were present out and available for resident use. During this tour of the unit E14 (Licensed Practical Nurse) identified the only area for activities was the dining room. Noted in the dining room was a television set and a radio. On 4/4/2012 at 11:10 am (R7, R9, R10, R11) was seated in the dining room awaiting lunch, no activity was provided, and no staff was present. Shortly thereafter E13 (Activity Aide) came into the dining room and was asked about activities E13 turned on the radio, E13 did not interact with the residents, E13 did not solicit resident input as to choice of music, music volume, or ask the residents if they wanted the radio on. R7 kept asking E13 if "we are going to get a meal now", E13 never responded to to R7's question.</p> <p>During an interview on 4/2/2012 with E9, E9 added that she had just taken over this unit as Unit Administrator on 3/6/2012, and that prior to that date she was the activity director for the</p>	F9999			

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F9999	Continued From page 47 entire facility. E9 stated E6 (Activity Director) was new to the facility and had only been working a couple of weeks, E12 (Activity Aide) had moved from a position in dietary to activities one week ago, and E13 (Activity Aide) PRN (as needed) sometimes assisted with activities on this unit. E9 added she was in the process of making changes on the unit that would better include the needs of the residents. (AW).	F9999			