

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

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/25/2012
NAME OF PROVIDER OR SUPPLIER COLONIAL PLAZA		STREET ADDRESS, CITY, STATE, ZIP CODE 618 WEST GOODNER NASHVILLE, IL 62263		
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W 370	Continued From page 49	W 370		
W9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>350.510a) 350.610a) 350.610b) 350.810e) 350.3720a) 350.3740a)</p> <p>Section 350.510 Administrator</p> <p>a) There shall be an administrator licensed under the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1987, ch. 111, par. 3651 et seq.) full-time for each licensed facility. The licensee will report any change in administrator to the Department, within five days.</p> <p>Section 350.610 Management Policies</p> <p>a) The facility's governing body shall exercise general direction of the facility, and shall establish the broad policies and procedures for the facility related to its purpose, objectives, operation, and the welfare of the residents served.</p> <p>b) There shall be established a table of organization showing the major operating programs of the facility, with staff divisions, the administrative personnel in charge of programs and divisions, and their lines of authority, responsibilities and communication.</p>	W9999		

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W9999	<p>Continued From page 50 Section 350.810 Personnel</p> <p>e) The facility shall provide a Resident Services Director who is a Qualified Mental Retardation Professional as defined in Section 350.330, who is assigned responsibility for the coordination and monitoring of the residents overall plan of care. The administrator or an individual on the professional staff of the facility may fill this assignment to assure that residents' plans of care are individualized, written in terms of short and long range goals, understandable and utilized; their needs are met through appropriate staff interventions and community resources; and residents are involved, whenever possible, in the preparation of their plan of care.</p> <p>Section 350.3720 Administration</p> <p>a) The administrator is responsible for ensuring that the facility remains in compliance with the Act and this Subpart P, and that all resident care plans are carried out as written. The administrator need not be full-time as required by Section 350.510(a), but shall spend at least four hours per week in the facility in the performance of these duties.</p> <p>Section 350.3740 Personnel</p> <p>a) The Resident Services Director shall be responsible for ensuring that all recommendations in the individual plan of care are carried out as stated in the plan. The Resident Services Director shall spend at least two hours per week per resident in the performance of these duties.</p>	W9999			

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W9999	<p>Continued From page 51</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility's governing body has failed to implemented their policies, and the facility has failed to meet minimum requirements, by failing to ensure adequate oversight of the facility by a Licensed Administrator and Qualified Mental Retardation Professional.</p> <p>Findings include:</p> <p>A) In an interview with E2/ Direct Support Person/ House Manger on 6/28/12 on 4:35 PM, E2/Direct Support Person/ House Manager (since 1/1/12) confirmed there was no acting Administrator for the residential facility at the present time. E1 could provide no written evidence of the facility having an acting Administrator at the present time to govern day to day operations or to oversee compliance to Federal and State regulations.</p> <p>In interviews with E1/Owner on 7/20/12 at 12:35 PM and 1:40 PM, E1 stated, "The facility's staff would consist of the Administrator, Qualified Mental Retardation Professional and Direct Care Staff." E1 confirmed that the facility did not currently have an Administrator. When asked when the facility last had an Administrator, E1 stated, "Over a year ago."</p> <p>Facility's policy titled "Governing Body and Management Subject: Administrator" (no date) states, "The governing body will appoint and set the qualifications for the Administrator of the facility complying with those already set by State law." The facility's policy also states, "The</p>	W9999			

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W9999	<p>Continued From page 52</p> <p>Administrator need not be full-time but shall spend at least four hours per week in the facility in the performance of their duties."</p> <p>B) In observation from 8:55 AM- 6:10 PM on 6/29/12 at the facility, E4/Qualified Mental Retardation Professional/QMRP was not at this facility.</p> <p>In interviews with E2/Direct Support Person/House Manger (since 1/1/12) on 6/28/12 at 8:55 AM, 1:05 PM, 1:50 PM and 4:35 PM, E2 stated that E4 was at the sister facility located about 60 -65 miles away. When asked when E4 makes it to the facility, E2 stated she tries to make it twice a month, she comes when she can. E2 stated that the last time E4 made it to the facility was on 6/15/12 to do an investigation. E2 stated that E4 became the QMRP when E5/QMRP left about 3 - 4 years ago. E2 stated that E4 was always at the facility when she was the QMRP. When asked what E2 does at the facility as a House Manager E2 stated "Filing, printing out programs, appointments and monthly Q notes." E2 further stated, "I fill out the Q notes and E4 will review. E4 provides oversight of what I do." E2 confirmed that she (E2) reviews the data, types in the percentages, prints it off and gives it to E4 to review and sign off. E2 stated that she could not provide a policy/job description for the House Manager.</p> <p>In an interview with Z4/Day Training Director of Development on 6/28/12 at 10:40 AM, Z4 stated that she sees E4 at staffings but when she calls the facility she talks with E2. When asked when she would talk with E4, Z4 stated, "I don't talk with E4, I talk with E2."</p>	W9999			

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W9999	<p>Continued From page 53</p> <p>In an interview with E4 on 6/28/12 at 12:25 PM, E4 stated she assumed responsibility as the QMRP until the facility could secure another QMRP. When asked when she is at this facility, E4 stated, "It's expected that I go to the facility twice a week." E4 confirmed that the last time she was at this facility was on 6/15/12 to do an investigation.</p> <p>In review of R1- R5 records, the only written evidence of E4/Qualified Mental Retardation Professional/QMRP performing job duties is signatures on monthly QMRP Summaries, Individual Service Plans signature page, Individual Program Plan signature pages, and Quarterly Behavior Committee Meetings signature pages.</p> <p>On 6/30/12 this surveyor called the facility at 3:20 PM to do a daily status, E2 was not available so the surveyor gave E6/Direct Support Person a phone number for E2 to return a phone call. E2 returned a phone call to the surveyor at 3:27 PM but was not anywhere that a fax could be utilized. Surveyor obtained the phone number for the facility where E4 would be. The surveyor called the number given to the facility in Herrin to do a daily status with E4, and was informed that E4 was not available.</p> <p>In an interview with E1/Owner on 7/20/12 at 1:20 PM, E1 stated that the facility had a job description for the QMRP, but did not have a policy by the governing body that specifically states the facility's staffing of a QMRP.</p> <p>(A)</p>	W9999			

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W9999	Continued From page 54 350.620a) 350.1450d) 350.3750 350.3760k) 350.3760l) 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 350.1450 Control of Medications d) For all Schedule II controlled substances, a controlled substances record shall be maintained that lists on separate sheets, for each type and strength of Schedule II controlled substance, the following information: date, time administered, name of resident, dose, licensed prescriber's name, signature of person administering dose, and number of doses remaining. The pharmaceutical advisory committee may also require that other medications shall be subject to such inventory records. Section 350.3750 Consultation Services and Nursing Services Residents needing nursing care shall be admitted to an ICF/DD of 16 Beds or Less only if the facility	W9999			

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W9999	<p>Continued From page 55</p> <p>has adequate professional nursing services to meet the resident's needs. Arrangements shall be made through formal contract for the services of a licensed nurse to visit as required. A responsible staff member shall be on duty at all times who is immediately accessible, and to whom residents can report injuries, symptoms of illness, and emergencies (see Section 350.810(a)). The consultant nurse shall provide consultation on the health aspects of the individual plan of care and shall be in the facility not less than two hours per month.</p> <p>Section 350.3760 Medication Policies</p> <p>j) All discontinued legend or controlled drugs, all medications having an expiration date that has passed, and all medications of residents who have expired shall be disposed of in accordance with the regulations of the Federal Drug Enforcement Administration by the prescribing physician or the consultant pharmacist. A notation of their disposition shall be made in the resident's record.</p> <p>k) All medications taken by residents in this type of facility must be administered by a nurse or physician licensed to practice in Illinois unless the medication is self-administered by the resident. Facility staff shall not administer medication to residents unless the staff person is a properly licensed nurse or physician.</p> <p>l) Medication may be administered by non-licensed direct care staff who have been trained and authorized in accordance with 59 Ill. Adm. Code 116 (Administration of Medication in Community Settings). In addition to the</p>	W9999			

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W9999	<p>Continued From page 56</p> <p>requirements set forth in 59 Ill. Adm. Code 116.50, medications shall be given "as needed" or "PRN" only as follows:</p> <ol style="list-style-type: none"> 1) Only over-the-counter medications such as those listed in 59 Ill. Adm. Code 116.50(e), with the exception of laxatives, shall be administered PRN; 2) Facilities may develop and follow policies limiting the administration of PRN medication; 3) Each client's medical record shall state what medications may be administered PRN and shall include documentation of administration of PRN medication; and 4) A licensed professional shall be notified within 24 hours after the administration of PRN medication by unlicensed direct care personnel. <p>These Regulations were not met as evidenced by:</p> <p>A. Based on record review, observation, and interview the facility failed to follow the guidelines under state law as written in Section 116 ADMINISTRATION OF MEDICATIONS for 5 of 5 individuals who reside at the facility (R1- R5). The facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure that a RN Trainer is available to provide for the oversight of medication administration. 2. Ensure that authorized Direct Staff Persons are trained on new and changed medications. 3. Ensure authorized Direct Staff Persons are evaluated annually on medication administration by a RN Trainer. 4. Remove discontinued medications from the 	W9999			

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W9999	<p>Continued From page 57 facility in a timely manner.</p> <p>5. Ensure that Controlled Substances are counted shift to shift until used or disposed of.</p> <p>B. In addition, based on record review and interview the facility failed to ensure the health care needs are met for 5 of 5 residents (R1, R2, R3, R4 and R5) who reside at the facility when nursing failed to:</p> <p>6. Ensure quarterly physical assessments and record review.</p> <p>7. Ensure review of incident/accident reports and provide assessments/monitoring related to the change in medical status.</p> <p>8. Ensure that direct care staff reported changes in individuals medical/physical complaints for consultation with a professional nurse for further recommendations.</p> <p>Findings Include:</p> <p>Per review of undated roster, provided to the surveyor on 6/28/12 upon entrance, there are five individuals (R1- R5) who reside at the facility.</p> <p>Physician's Orders/POS (dated 6/1/12- 6/30/12) identifies R1 as a 30 year old individual who has diagnoses of Spastic Left Hemiparesis, Intermittent Explosive Disorder, Hypertension, Depression, Seasonal Allergies and Chronic Obstructive Pulmonary Disease. The POS states that R1 has routine medications of Citalopram, Lisinopril, Spiriva Inhaler, Calcium Carbonate, Trazadone, Zonisamide, Baclofen Tizanidine</p>	W9999			

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W9999	<p>Continued From page 58 Hydrochloride, Primidone and Olanzapine.</p> <p>Physician's Orders/POS (dated 6/1/12- 6/30/12) identifies R2 as a 39 year old individual who functions at the Moderate range of Mental Retardation with additional diagnoses of Prader Willi Syndrome, Tachycardia, Hypertension, Hypertrophic Subpulmonic and Subaortic Stenosis. The POS states that R2 has routine medications of Aviane, Dilitiazem, Fluticasone, Meloxicam Resperidone and Calcium Carbonate with Vitamin D. R2's Individual Service Plan/ ISP (dated 8/17/11) states that R2 has the potential for chest pain, Congestive Heart Failure and Shortness of breath related to the heart stenosis. The ISP states under the High Priority Recommendations that staff are to observe for any shortness of breath without exertion, constant cough, weight increase of more than five pounds in one month, (pain in chest, arms, shoulders or lower legs) or if hands/feet are cool to touch or bluish/purple in color. If R2 exhibits any of these symptoms direct care staff are to take blood pressure and pulse and contact the nurse for further instructions. The ISP further states that the nurse will review labs and medication effectiveness and consult with physician as needed.</p> <p>Physician's Orders/POS (dated 6/1/12- 6/30/12) identifies R3 as a 26 year old individual who functions at the Severe range of Mental Retardation with additional diagnoses of Cerebral Palsy, Seizure Disorder, Hypertension and Paralysis to left side. The POS states that R3 has routine medications of Tegretol, Divalproex Sprinkle and Multivitamin.</p>	W9999			

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W9999	<p>Continued From page 59</p> <p>Physician's Orders/POS (dated 6/1/12- 6/30/12) identifies R4 as a 55 year old individual who functions at the Moderate range of Mental Retardation with additional diagnoses of Cervical Spondylosis with Cord Compression,Cervical Decompression with Fusion, Hypertension, Severe Degenerative Disc Disease, Peripheral Edema, Allergic Rhinitis, Arthritic Pain and Onychomycosis. The POS states R4 has routine medications of Tylenol, Hydrochlorothiazide, Omeprazole, Calcium Carbonate with Vitamin D, Magnesium Oxide and Metoprolol Tartrate.</p> <p>Medication Administration Record/MAR(dated 6/1/12- 6/30/12) identifies R5 as a 32 year old individual who functions at the Mild range of Mental Retardation with an additional diagnosis of Arthritis. The MAR states that R5 is currently taking Medrol Dose Pack, Metronidazole and Fluconazole.</p> <p>PART 116 ADMINISTRATION OF MEDICATION IN COMMUNITY SETTINGS (no date) states the following:</p> <p>Section 116.20 Definitions :</p> <p>"Authorized direct care staff." Non-licensed persons who have successfully completed a medication administration training program specified by the Illinois Department of Human Services (DHS) and conducted by a nurse-trainer.</p> <p>"Nurse-trainer." A registered professional nurse and/or advanced practice nurse who has successfully completed the DHS (Department of Human Services) nurse-trainer training program.</p>	W9999			

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W9999	Continued From page 60 Section 116.40 Training and Authorization on Non-licensed Staff by Nurse Trainers : a) Only a nurse-trainer may delegate and supervise the task of medication administration to direct care staff. c) Non- licensed direct care staff who are to be authorized to administer medications under the delegation of the registered professional nurse shall meet the following criteria: 6)receive specific additional competency-based training and assessment by a nurse-trainer as deemed necessary by the nurse-trainer whenever a change of medication or dosage occurs or a new individual that requires medication enters the program. i) Clear documentation of training, retraining, and evaluation shall be kept in each staff or contractual person's personnel file by each agency where authorized direct care staff are employed. SECTION 116.70 MEDICATION ADMINISTRATION RECORD AND REQUIRED DOCUMENTATION e) An inventory and a record of use of controlled substances shall be maintained by the registered professional nurse in the program, and each substance shall require a separate sheet indicating the: 9) documentation of a shift count done by authorized direct care staff.	W9999			

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W9999	Continued From page 61 1. In an interview with E2/ Direct Support Person on 6/28/12 at 8:55 AM, E2 confirmed that all 5 residents (R1, R2, R3, R4, and R5) take routine medications. E2 confirmed that Z1/RN Trainer/Consultant Nurse left employment with the facility before Christmas. E2 further stated that the facility hired Z3/Registered Nurse to be their consultant nurse/RN Trainer and that E1/Owner has been trying to get a hold of her. E2 confirmed that Z3 has not been to the facility since the previous RN left. The facility had provided the surveyor with a number for Z3. When the surveyor attempted to call the number provided, it was to Z3's other employment and Z3 was not available. E2 confirmed she did not have any other number to reach Z3. E2 also confirmed that there has been no other RN Consultant/RN Trainer to the facility since Z1 left prior to Christmas. E2 confirmed that she and E3/Direct Support Person are administering medications to R1-R5 at the facility In an interview with Z3 (per telephone at the facility's sister facility sixty miles away) on 6/28/12 at 12:15 PM, Z3 confirmed that she had talked with E1 in early May. Z3 stated, "I told him I would start as soon as able, that I was getting ready for knee surgery on 5/7/12." Z3 provided the surveyor with a different number than the one provided to the surveyor by the facility and stated that this was her cell phone number. When surveyor informed Z3 that there has been no RN Trainer since December 2011, Z3 stated, "They have nurses passing meds there." Surveyor then informed Z3 that the Direct Support Persons were currently passing medications. Z3 stated, "Then	W9999			

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W9999	<p>Continued From page 62</p> <p>we have a problem. I'll have to talk with E1/Owner."</p> <p>In an interview with E4/ Qualified Mental Retardation Professional on 6/28/12 at 12:25 PM, E4 stated, "I was told it was ok for the DSPs (Direct Support Persons) to pass medications until the medication training."</p> <p>In an interview with E1/Owner on 6/28/12 at 4:00 PM, E1 confirmed that Z3 had signed a contract with the facility 5/5/12 and had not been to facility as of this date. When asked for a phone number, E1 was unable to provide Z3's cell phone number that she could be reached at, but the number previously given to surveyor which was Z3's other employment. Surveyor provided Z3's cell phone number to the facility.</p> <p>In an interview with E2/Direct Support Person/House Manager on 6/28/12 at 8:55 AM, E2 confirmed that Z1/RN Consultant stopped employment with the facility before Christmas 2011. In an interview with E2 on 6/30/12, E2 confirmed that Z1 was at the facility 10/25/11 and could provide no written documentation of Z1 providing consultation at the facility after 10/25/11.</p> <p>2. In review of resident records (5/1/12- 6/28/12) found the following new and changed medications:</p> <p>a) Physician's Order Sheet/POS (dated 6/1/12- 6/30/12) identifies R2 as a 40 year old individual who has diagnoses of Prader Will Syndrome, Tachycardia and Hypertension. The POS states that R2 had a change in her Risperdal from 1 mg</p>	W9999			

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W9999	<p>Continued From page 63 (milligram) once a day to 1 mg twice a day.</p> <p>Medical Appointment (consultation report) dated 5/14/12 states that R2 was prescribed Mobic (Meloxicam) 15 mg daily for knee pain.</p> <p>Medical Appointment (consultation report) dated 6/25/12 states that R2's Risperdal was discontinued and that a new medication of Prozac 20 mg once daily was ordered for Obsessive/Compulsive.</p> <p>b) Physician's Order Sheet (dated 6/1/12-6/30/12) identifies R5 as a 32 year old individual who functions at the Mild range of Mental Retardation.</p> <p>Medical Appointment (consultation report) dated 6/25/12 states that R5 was seen for a pap smear. Physician's office prescribed R5 Flagyl 250 mg three times a day, Diflucan 100 mg and Medrol Dose Pack for Bacterial Vaginitis, Vaginal Candida and Sinusitis.</p> <p>In an interview with E2/Direct Support Person/House Manager (since January 2012) on 6/28/12 at 1:05 PM, E2 confirmed that R2 had an increase in her Risperdal on 4/4/12. A new medication of Meloxicam prescribed on 5/14/12 and R2's Risperdal was discontinued on 6/25/12 with Prozac 20 mg daily prescribed. E2 also confirmed that R5 had new medications of Diflucan, Medrol Dose Pack and Flagyll prescribed on 6/25/12. When asked if there was any training with the new and changed medications stated, "We read the instruction sheets that pharmacy sends over and initial those sheets." E2 confirmed that facility does not have</p>	W9999			

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W9999	<p>Continued From page 64 an RN trainer available to train on the new and changed medications.</p> <p>3. E2/Direct Support Person/House Manager provided a list of facility employees on 6/28/12 at 2:00 PM per surveyor request which identified that E2 and E3 are authorized to pass medications.</p> <p>In review of RN Trainer's annual evaluations, E2 was reauthorized to pass medications on 4/28/11 by Z1/RN Trainer (who last worked at facility prior to Christmas 2011). Facility could provide no written evidence that E2 had her annual training/evaluation by an RN Trainer since that date.</p> <p>In review of RN Trainer's Annual evaluations, E3 was reauthorized to pass medications on 6/25/11 by Z1/RN Trainer (previously employed RN nurse trainer).</p> <p>4. On 6/28/12 at 9:05 AM, 5 packets of discontinued medications were observed stored in a locked four drawer file cabinet in facility's office. Among these blister packs of medications there were the following controlled substances; R5's Vicodin 5/ 500 mg (15 tablets), R4's Tylenol with Codeine (12 tablets), R4's Propoxy N/ APAP 100/ 600 mg (29 tablets), R4's PropoxyN/ APAP (30 tablets) and R4's Diazepam 5 mg (1 tablet). E2 stated that she is the only one that has a key to the office in which the locked file cabinet the medications are stored. When asked when these medications would be removed from facility, E2 stated, "We haven't had a nurse to dispose of them." The Diazepam has a date of 9/13/09 on the Controlled Substance count sheet.</p>	W9999			

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W9999	Continued From page 65 5. In an interview with E2 on 6/28/12 at 9:05 AM, E2 stated, "I started doing the counts after last survey, but I haven't done them lately." E2 confirmed the last count of the controlled substances was done on 6/20/12. R5's Vicodin 5/ 500 mg (15 tablets)- 4/24/12, then count done 6/14/12-6/20/12. R4's Tylenol with Codeine (12 tablets) -was filled on 5/27/10 with count started 6/14/12 until 6/20/12. R4's PropoxyN/ APAP 100/ 600 mg (29 tablets)-2/21/12, then count done 6/14/12- 6/20/12. R4's PropoxyN/ APAP (30 tablets)-filled on 3/24/10 with count started 6/14/12- 6/20/12. R4's Diazepam 5 mg (1 tablet)-9/13/09, then count done 6/14/12- 6/20/12. 6. Per review of R1- R5's Nursing Quarterly Assessments, all 5 residents (R1, R2, R3, R4, and R5) have not been provided the required quarterly nursing assessment. R1, R2, R3, R4 and R5's "QUARTERLY NURSING PHYSICAL ASSESSMENT," per record and stated per E1, during interview on 6/30/12 at 3:30 PM, were last completed on 10/25/11. These assessments per signature were completed by the formerly employed Registered Nurse (RN) consultant Z1. E2 confirmed that nursing quarterly assessments have not completed since 10/25/11, done due to facility not	W9999			

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W9999	<p>Continued From page 66 having an RN consultant available.</p> <p>In review of R1-R5's Nurses Notes, the last entry by a Consultant Nurse was on 10/25/11, written by Z1/RN Consultant/RN Trainer.</p> <p>7. A review of facility's incident/accident reports (4/1/12- 6/29/12) found the following incidents in which there was no review by a Consultant Nurse:</p> <p>Incident/Injury Report (dated 5/29/12) states that R5 reported pain in the small of her back. There is no evidence that an RN consultant was notified or reviewed the change in health status.</p> <p>Incident/Injury report (dated 5/14/12) states that R5 had a bloody nose due to an unknown cause. There is no written evidence that an RN consultant was notified or reviewed the change in health status.</p> <p>Incident/Injury Report (dated 4/30/12) states that R3 fell to floor, then flat out. R3 exhibited redness to her knees. There is no evidence that an RN Consultant was notified or reviewed the change in R3's health status.</p> <p>Incident/Injury Report (dated 5/15/12) states that R4 reported she got stung on right side of her hand. Day training staff examined and found what was believed to be a splinter. There is no written evidence that an RN consultant was notified or reviewed the change in R4's health status.</p> <p>Incident/Injury Report (dated 6/14/12) states that peer kicked R1's left leg. There is no written evidence that an RN consultant was notified or</p>	W9999			

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W9999	<p>Continued From page 67 reviewed the injury report.</p> <p>Incident/Injury Report (dated 6/25/12) states that peer hit R2 with slight redness noted under her chin. There is no written evidence that an RN consultant was notified or assessed R2.</p> <p>In an interview with E2 on 6/28/12 at 1:05 PM, E2 confirmed that the Incident/Injury Reports have not been reviewed by a Consultant Nurse for incidents (4/1/12- 6/29/12). E2 stated, "Unable to due to no RN."</p> <p>8. In an interview with E2/Direct Support Person on 6/28/12 at 8:55 AM, when surveyor asked if there had been any new or changed medications or medical complaints, E2 stated, "R5 kept complaining of her ears hurting so I looked in her ears. They looked red, but I couldn't see anything. R5 had an appointment for a pap test on Monday, so I had the doctor look in her ears. He said there wasn't any wax, just sinusitis causing her ears to hurt." E2 confirmed that R5 was seen on Monday (6/25/12) for a scheduled pap test and that R5 had complained the previous week of ear pain. E2 confirmed that she did not call an RN consultant due to no RN consultant being available. When asked who do you contact if individuals are having any medical/physical concerns, E2 stated, "We try to figure it out and call the doctor." E2 could provide no written documentation made by direct care staff regarding R5's complaint of ear pain. E2 showed surveyor the consultant form (dated 6/25/12) which states that R5 was prescribed a Medrol Dose Pack for Sinusitis, Diflucan and Flagyl for Bacterial Vaginitis and Vaginal Candida. Surveyor asked E2 what her educational background was,</p>	W9999			

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W9999	<p>Continued From page 68</p> <p>E2 stated, "I've got my GED (general equivalency diploma)."</p> <p>In an interview with E2 on 6/28/12 at 1:50 PM, when surveyor asked about the consultation report for R2's Risperdal being increased from 1 mg once a day to Risperdal 1 mg twice a day on 4/4/12, E2 stated, "R2 didn't see the doctor, I called it in and got an order for the prescription." E2 stated that R2's Risperdal was increased due to an increase in nail picking. E2 was unable to provide written evidence of the increase in behavior or the documentation of the call to the Qualified Mental Retardation Professional or Physician to report the increase in behavior. E2 confirmed that there was no RN Consultant available to report the increase in R2's behavior.</p> <p>Facility's "Nursing Protocol" (no date) states, "The nurse is available 24 hours a day. To contact dial her personal pager number."</p> <p>Facility policy titled, "RN Consultant" (no date)</p> <p>4. The consultant nurse shall provide consultation in the facility not less than two (2) hours per month.</p> <p>5. The facility must employ or arrange for nursing services sufficient to care for a client's health needs including those clients with medical care plans.</p> <p>Facility's policy titled, "Nursing Duties" (no date) states;</p> <p>7. For those residents not in need of a medical care plan the nurse will perform a direct quarterly</p>	W9999			

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W9999	Continued From page 69 full visual assessment that includes an examination of all body systems. 8. RN Consultant shall monitor, review, and make recommendations of the residents medication orders and training programs. 12. RN Consultant shall examine and complete quarterly health status review including breast examination and follow up. (A)	W9999			