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F 465	Continued From page 24 main floor of the building. According to the facility's Director of Maintenance (E10) the Garden unit had approximately two to three inches of water covering the entire floor. Many of the residents had to sleep in common areas of the facility during the clean up and remained there for two nights before returning to the Garden unit. On 4/30/13 The facility's administrator (E1) stated that the facility was aware of a history of flooding in the facility, with flooding occurring in August of 2008 and in August of 2012. E1 stated that the facility did not have a specific emergency plan for flooding prior to the flooding on 4/18/13 nor were the family members of residents notify prior to the flooding. E1 stated that Resident families were not notified until the following day after the Garden unit residents were evacuated.	F 465		
F9999	FINAL OBSERVATIONS Licensure Violations 300.610a) 300.1210b) 300.1210d)3) 300.1220b)2) 300.3240a) Section 300.610 Resident Care Policies	F9999		

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F9999	Continued From page 25 a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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:	F9999		

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F9999	Continued From page 26 Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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.	F9999		

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F9999	Continued From page 27 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Based on interview and record review, the facility failed to ensure that residents received sufficient interventions to adequately manage pain; failed to anticipate resident's pain and develop interventions to address severe pain; failed to recognize pain in a cognitively impaired resident; failed to recognize and evaluate the existing pain for a resident These failures resulted in R1 suffering ongoing severe pain daily over a period 3 weeks. R1's pain interfered with his sleep and activity level, and hampered his ability to reach his full potential to progress in therapy. These failures also resulted in R20 being in pain with an undiagnosed right ankle fracture for a number of days before receiving treatment. This applies to 2 residents (R1, R20) out of 11 reviewed for pain in the sample of 23.	F9999		

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F9999	Continued From page 28 The findings include: 1. R1 was admitted to the facility on 4/12/13 with multiple diagnoses, including effusion of joint and infection, according to the admission Minimum Data Sets (MDS) dated 4/19/13. R1 has pain "almost constantly" which affects his sleep and day-to-day activities according to the MDS dated 4/19/13. R1 has impaired range of motion in his left knee due to an infection (status post incision and drainage), and a history of falls according to the MDS dated 4/12/13, and care plan dated 4/15/13. From 4/12/13 to 5/1/13 R1 had orders for PRN (as needed) pain medications but no orders for scheduled pain medication according to review of the physician order sheet (POS) and medication administration record (MAR) in the electronic medical record. R1 had physician orders for Percocet 5 mg-325 mg (2 tablets) every 4 hours as needed for severe pain, and Acetaminophen 325 mg (2 tablets) every 4 hours as needed for mild pain according to the POS. On 4/22/13, R1's pain medication order for Percocet was changed from 5 mg-325 mg (2 tablets) to 10 mg-325 mg (1 tablet) every 4 hours as needed. This change resulted in a decrease in the amount of pain medication being given - from 650 mg of acetaminophen to 325 mg per dose - at a time when R1 was experiencing severe pain. On 4/27/13, an order for Tramadol 25 mg 3 times a day as needed was added, according to the MAR. On 5/1/13 at 1:20 PM, E2 (Director of Nursing) stated that R1's Percocet was changed by the orthopedic doctor when R1 went out of the facility to see the doctor on 4/22/13. E2 stated that the nurse should have clarified the order with the doctor because the new order for Percocet resulted in less pain	F9999		

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F9999	Continued From page 29 medication per dose. R1 suffered from severe pain daily at an intensity level of 7 - 10 (on a scale of 0 - 10) according to the MAR, Occupational Therapy notes, and/or Physical Therapy notes dated 4/13, 4/14, 415, 4/16, 4/17, 4/18, 4/19, 4/20, 4/21, 4/22, 4/23, 4/24, 4/25, 4/26, 4/27, 4/28, 4/29, and 4/30/13. R1 received PRN pain medication 2 - 7 times a day according to the MAR for April 2013. "Severe Pain" is described as a pain intensity of 7 -10 according to the MAR. Occupational Therapy notes dated 4/22/13 and 4/24/13 document that R1's pain appears to be affecting his activity tolerance and limits his activity. Occupational Therapy notes dated 4/26/13 and 4/29/13 document that R1 expresses anxiety over his pain level "which he perceives as his lack of ability for ADLs." Physical Therapy notes dated 4/18/13 document that R1's pain level was 9 and he refused some therapy because of increased knee pain. Physical therapy notes dated 4/23/13 and 5/1/13 document that R1's progress is limited due in part to pain. R1's pain prohibits him from participating in therapy per nursing, according to the Nurse Practitioner Assessment dated 5/1/13. R1 verbalized that he was experiencing 'excruciating pain' according to nursing notes dated 4/23/13. R1's care plan does not address R1's constant pain and does not provide interventions for providing a regular pain management regimen, nor does it provide interventions for providing pain medications prior	F9999		

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F9999	Continued From page 30 to physical and occupational therapy. On 5/1/13 at 9:30 AM, R1 said that he was having a lot of pain in his left leg. R1 rated his pain at a level 8 on a scale of 0 - 10. R1 stated that he is in pain "all of the time" and that he cannot fully participate in therapy because of his pain. R1 said that his pain keeps him awake at night. R1 stated that his pain has gotten worse since he has been in the facility. R1 said he has no objection to taking regularly scheduled pain medication. On 5/1/13 at 10:10 AM, R1 stated that his pain level was still at a level 8, despite receiving Percocet 10 mg-325 mg at 8:20 AM and Tramadol 25 mg at 9:25 AM (per the MAR). On 5/1/13 at 12:55 PM, Z4 (Occupational Therapy) stated that she has worked with R1 over the past week. Z4 said that R1 was experiencing "a lot of pain" prior to starting therapy on 4/22, 4/25 and 4/26/13. Z4 said that R1 was frustrated with the level of pain he was experiencing. The facility's policy titled "Pain Management" states that pain relief measures will be evaluated and documented in the progress notes and MAR (medication administration record." 2) R20, a 93 year old resident with multiple diagnoses including s/p CVA (cerebral vascular accident) with Right (R) sided deficit, had an incident that was dated 4/4/13. The description of the incident describes that on 4/4/13 at around 2:30pm R20 complained of right leg pain. Upon	F9999		

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assessment, the leg was found to be swollen, slightly warm to touch with pain upon movement. Relief was achieved with rest and pain medication. The NP (nurse practioner) was contacted and an order for Xrays of the right knee, right tibia, right fibula and right foot was obtained. When the result came back it revealed:"soft tissue swelling and demineralization with slightly oblique fracture of the distal tibia and fibula. The right foot shows a hallux deformity with degenerative changes."

Documentation shows that R20 was seen by the NP on 4/3/13 and was told about R20 having on and off pain including bilateral leg pain. Orders were given for some labs and a new order for a Fentanyl patch 12mcg every 72 hours. No further evaluation or assessment is documented. On 4/4/13 the NP saw R20 again with no new orders. R20 was allowed to rest in bed with the leg elevated. At 7pm the resident was reassessed and the right ankle area to the right foot was swollen, with slight warmth. R20 said she had pain with movement in the leg but she had general body ache at the same time. The physician was called and the order was received for the Xrays. Once results were obtained, R20 was sent to the hospital for evaluation.

During routine record review it was noted that on three different dates, 3/16/13, 3/23/13, and 3/28, R20 had documentation of significant bruising to the right leg. On 3/16/13 the resident was "noted with purplish discoloration on the right anterior leg" measuring 7.5cm x 4cm. The NP was notified with no new orders given.

Subsequent nurses notes document continuing

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F9999	Continued From page 32	F9999		

complaints of pain in the legs and other areas. R20 was again found to have another bruise to the right lower leg on 3/23/13 at 6 am while being changed. The new area was described as being 5 x 8 cm, purplish in color surrounding it with approximately 1.5 x 3 cm blackish discoloration. R20 was unable to say what had happened. The treatment nurse was made aware. Diagrams of both areas indicate that they are on two different areas of the leg.

The notes between 3/23/13 and 3/28/13 indicate continued brusing apparent on this area and periodic complaints of pain. On 3/28/13 a nurses note documents "still noted with purplish discoloration on right lower leg skin is intact. Also resident was noted with bruise on her right anterior foot."

Investigation of these bruises of unknown origin were presented for 3/16/13 and 3/23/13. E2 the director of nursing (DON) was unable to provide any information for the 3/28/13 observations. During this time R20's complaints of pain were increasing. R20 who according to the most recent MDS (minimum data set) dated 3/12/13 has a cognitive score of 3 out of 15 and is not always able to specify the location of her pain. Though R20 was experiencing increasing pain and discomfort and at least three episodes of bruising of unknown origin in less than two weeks, comprehensive evaluation was not done to determine the extent of R20's injuries causing her prolonged discomfort.
E2 was asked if there was any further documentation of evaluation by rehab, restorative, treatment nurse, nurse practioner or physician that would help find the cause of the

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F9999	Continued From page 33 injuries . Though the two investigative reports presented refer to input from the other disciplines, no documentation was available at this time. (B)	F9999		