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F 000	INITIAL COMMENTS Annual Licensure and Certification Licensure Survey for Subpart S : SMI	F 000		
F 176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow the self administration policy and assess one resident (R19) for the safety of storing medications at the bedside and failed to assess the cognitive, physical and visual ability to self administer three different eyedrops. R19 is one of one resident reviewed for self administration of medication in a sample of 24 residents. Findings include: R19 is 63 years old and is alert and oriented to person, place and time. According to the electronic face sheet, R19 has diagnoses which include Heart Failure, Glaucoma and Blindness in one eye, Schizoaffective Disorder and Depressive Disorder. R19 has resided at the facility for a little more than a year. Per the admission progress note, R19 was able to give history information independently. On 8/8/16, 11:05 AM, R19 stated	F 176		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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that she is totally blind in one eye and partially blind in the other eye. In the presence of E15, MDS (Minimum Data Set) Co-Ordinator, there were three containers of prescription eye drops on R19's bedside table. They were:Latanoprost Solution 0.00, Brimonidine Tartrate Solution 0.2%, Dorzolamide HCL Solution 2 %.

When questioned about why the eye drops were there, R19 stated that she puts them into her eyes herself. When asked about the time she administers the eye drops, E19 stated, "I put them in twice a day. I don't know what time. I did not put them in yet because I'm waiting for my morning medication." R19 also said she puts one drop from each container into both eyes.

At 11:15, E18, Nurse explained that the eye drops were left just a few minutes earlier when R19 was administered her morning medications. R19 refuted E15's statement, saying, I have not received my morning medications, so I have not taken my eye drops yet. E18 was observed taking medications to R19 at 11:23 AM.

On 8/12/16, 10:26 AM, E3, Acting DON (Director of Nursing) stated that R19 refused to allow staff to touch her face to administer the eye drops. E3 stated that R19 should have been assessed for the self - administration of medications when that information was acknowledged by nursing.

Review of the POS (Physician Order Sheet) for August, 2016 showed the correct dosage and administration times for the eye drop - Latanoprost Solution 0.005% instill one drop in left eye one time a day related to glaucoma. Brimonidine Tartrate Solution 0.2% instill one drop in left eye two times a day related to

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F 176	Continued From page 2 glaucoma. Dorzolamide HCL Solution 2%, instill one drop in both eyes two times a day related to glaucoma. Review of the facility policy, Self Administration of MedicationsProcedures indicates. The purpose of the policy is to provide procedures for determining if the resident can safely self - administer and store medications in their room. The procedure includes Resident who request to self - administer drugs will be assessed at the time of admission or thereafter, to determine if the practice is safe. The assessment results will be discussed with the attending physician and an order obtained to self - administer, if appropriate. Bedside storage of prescription and non - prescription drugs may be permitted when the assessment demonstrates the practice is safe.	F 176		
F 250 SS=E	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review, the facility failed to track and meaure no changes or declines progress in psychosocial care plan interventions for 4 (R2, R9, R10, R21) of 17 residents reviewed for psychosocial/social service needs in the sample of 24 residents. The findings include:	F 250		

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On 8/9/16 during the initial tour (10:50 AM to 11:45 AM) with E4 (Assistant Director of Nursing), R2 was in the bed asleep.

On 8/11/16 at 10:35 AM, R2 was in the bed receiving incontinence care from E9 and E10, both certified nurses aides. R2 stated she does not get out of bed much and prefers to stay in bed because there is no reason to get out of bed. R2 stated that she does not have the strength to pull herself up. R2 was able to roll from side to side in the bed during incontinence care. R2 stated she is able to tell when she needs to use the toilet.

On 8/11/16 at 12:24 PM, E6 (Psychiatric Rehabilitation Service Counselor/PRSC) stated R2 is here due to her mental illness. E6 stated that R2 is working on social interaction due to her isolative behavior. E6 stated R2 refuses to do psychosocial (P/S) groups so E6 does 1:1 (one to one) with R2. E6 stated R2 has made slight improvement in coming out of her room. It usually depends on R2's mood if she is going to come out of room. E6 stated that she knows of no triggers of why R2 stays in her room. E6 stated she is unable to say quantitatively how much R2 has improved. E6 stated R2's incontinence is a nursing issue and does not see it as a behavior problem. E6 stated that R2 is to participate in restorative therapy but is not compliant and states she will only do restorative with certain individuals and refuses therapy. R2 will say that the restorative staff never came to her. E6 stated she is unable to say how often R2 participates in restorative services. E6 stated R2 has been on her caseload for 1 year.

R2's care plan (original date 4/21/15) revised on

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3/7/16 documents R2 has a psychosocial well-being problem related to lack of motivation, lack of acceptance to current condition, and has the inability to problem solve in regards to her obesity and independence. The approaches are to encourage, redirect and assist resident. The care plan (original date 7/1/15) revised 3/7/16 documents R2's deficit area per her Skilled Level of Functioning (SLOF) is social and interpersonal skills due to resident isolating self in her room daily. The approaches are to encourage R2 to attend 1:1 sessions and prompt R2 to attend activities.

R2's social service notes 7/29/16, 6/29/16, 5/14/16 and 4/30/16 fail to document the progress or lack of progress in measurable terms for the isolative behavior and interpersonal skills. The notes document R2 prefers to stay in her room and watch television and read. R2 reports she has low energy and difficulty falling asleep and staying asleep at night everyday. R2 continues to refuse to attend socialization skills training group and is met 1:1 instead. Will continue to record attendance/participation. The notes document R2 is orient times three.

R2's quarterly minimum data set (MDS) dated 4/30/16 documents R2 is orient with a BIMS (brief interview mental score) of "14", is extensive care for transfers, ambulation, grooming/bathing and is frequently incontinent of bowel and bladder. R2 is a 60 year old female who was admitted on 12/21/11. R2's diagnoses include Major Depression, Diabetes Mellitus, Deep Vein Thrombosis and Chronic Obstructive Pulmonary Disease.

On 8/10/16 at 11:40 AM, R10 was in the bed

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receiving incontinence care.

On 8/11/16 at 10:30 AM, R10 was in the 2nd floor dayroom seated in a high back wheelchair with nasal cannula delivery oxygen, looking at newspaper and not interacting with any peers. R10 stated she is hungry and takes nothing by mouth due to being on an G.T. (gastronomy tube). R10 stated she goes back to the hospital at the end of the month to be evaluated for the G.T. which she says she wants out. R10 stated she has been on the G.T. since January 2016. R10 stated she use to go to P/S groups but does not attend P/S groups now. At 10:55 AM, R10 remained in the dayroom and not interacting with peers.

On 8/11/16 at 12:30 PM, E6 stated R10 is in the facility due to her altered thought process. R10 believes she is still working as a nurse, is a social service staff member here at the facility and has a daughter and husband. E6 stated that none of this is true. E6 stated that when she tries to discuss reality based information with resident, R10 becomes agitated. E6 stated that delusions are not fixed but fluctuates. When E6 was questioned about R10's anxiety, E6 stated that she only notices that R10 always wants a magazine to look through but no other anxiety noticed. R10 has been on her caseload for 1 year.

R10's care plan initiated on 7/24/15 and revised on 2/17/16 documents R10 demonstrates a pattern of situational and/or coping problems in psychosocial well-being, mood state and behavioral symptoms. These behaviors relate to the Bipolar disorder. The approaches are to administer her medications, encourage resident

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to participate in therapeutic programs to address her symptoms and behaviors and to intervene and re-direct resident. Another problem is her delusional thought of leaving the facility to go work as a nurse which was initiated on 1/31/16 and revised 2/17/16. The approaches are to provide medication when needed, monitor resident and provide reality reorientation. Another area initiated on 7/24/15 and revised on 2/17/16 is not attending activities regularly and the need to interact with peers during activities. The approaches are encourage, provide activity calendar, praise and thank her when she attends. Discharge potential according to psych discharge potential initiated on 1/31/16 and revised on 2/17/16 documents R10 has poor insight into her mental illness. The approaches are to assess resident every quarter, annually and significant changes.

R10's social service notes dated 7/1/16, 4/24/16 and 3/31/16 document R10 is orient times three per her BIMS of 15. R10 presents with moderate-severe depression symptoms and functions at usual baseline. R10 is to socialize with peers by actively participating in afternoon activities 4 times per week. R10 does not attend P/S groups at this time but seen weekly for 1:1. R10 presents with delusions and continues to lack skills needed in an independent setting. Holds beliefs that are not true in nature such as, returning to work as a nurse. Has bizarre thoughts not consistent with reality. Has episodes of mania where R10 has rapid speech and verbose speech an increased delusional thought content.

The social service notes lack information on what R10's baseline is, how often does she attend

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activities and interact with peers, if at all. The notes are not in measurable terms of her progress.

R10's quarterly MDS dated 7/1/16 documents her to be orient with a BIMS of 15, extensive assistance with transfers, dressing, hygiene/bathing and incontinent of bowel and bladder. R10 is 66 year old female who was admitted on 8/11/09 with diagnoses that include Bipolar Psychotic Disorder, Anxiety, Chronic Obstructive Pulmonary Disease and dependent on oxygen and seizure disorder.

On 8/11/16 at 10:25 AM, R9 was seated in regular chair in the 2nd floor dining room. R9 was difficult to understand due to his mumbling. R9 stated he has lived in the facility for 3 years and does not know his social service counselor. R9 stated he does not attend P/S groups and just hangs out watching television and smoking outside. R9 was not interacting with anyone. At 10:55 AM, R9 was laying down on his bed resting.

On 8/11/16 at 12:37 PM, E6 stated that R9 is not on her caseload but she is very familiar with R9. E6 stated that E5 (Psychiatric Rehabilitation Service Director/PRSD) was her counselor but that 8/10/16 was her last day of employment. E6 stated that they are working on R9's concentration, behavior and attendance for groups. E6 stated that R9 says he does not like to be around other people so 1:1 are done with him. E6 stated that his attendance to groups varies and his concentration has improved with writing his poetry. R9 use to spend 5 minutes on writing poetry but now spends 15 minutes on his poetry. As for R9's behavior of wandering into other

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resident's rooms without permission, it fluctuates. E6 stated she will continue to support and encourage R9.

R9's care plan initiated on 5/29/15 and revised on 12/3/15 with a target date of 12/6/16 documents R9 displays motor agitation, socially inappropriate/maladaptive behavior and poor impulse control. Approaches are educate, encourage, give psychoactive medication, intervene and document behavior and reaction to intervention. Another problem is money management initiated on 5/29/15 and revised on 4/11/16 that R9 spends his money immediately upon receiving it and gives it away to peers. The approaches are to give R9 $3 per day but signs out $1 at a time, help R9 identify priority purchases and their cost and provide guidance. Counsel R9 in not to engage in any type of borrowing or landing with others. Another problem initiated and revised on 6/28/16 is R9's self care deficit due to poor grooming, bathing/hygiene and requiring frequent reminders, prompting and encouragement. The approaches are to have R9 bathe 6 days a week, pick out appropriate clothes, put on his socks and shoes with prompting, shave with less assistance, wash his face and comb his hair in the morning. Another problem area is his behavior of "tinkering" with facility property which was initiated on 5/29/15 and revised on 3/1/16. The approaches are encourage him to attend P/S groups and activities, intervene when R9 is inappropriate and communicate he is responsible for exercising control over impulses and behaviors and give psychosocial medications. Another problematic area is R9's short attention span which was initiated and revised on 2/22/16 which includes R9 washing and rinsing mouth

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and making improvements with his putting on and removing his clothes. The approaches are provide explanation of task, break task down into smaller sub-tasks, provide cues and hand over hand assistance.

R9's social service notes dated 8/8/16, 7/13/16, 6/29/16 (quarterly), 6/22/16, 6/16/16 (quarterly), 5/25/16 (quarterly) document reviewing appropriate boundaries and not entering others space without appropriate authorization. Not sure why there are so many entries labeled quarterly. All were entered by E5 who's last day of employment was 8/10/16. The quarterly notes document R9 presents with moderate depression symptoms which is slight from previous quarter. R9 reports not being interested in activities though seen playing piano, writing, attending groups and activities but is inconsistent. R9 has difficulty maintaining focus by evidence of restlessness and self-reporting. R9 paces the facility without interest in activities or groups. Recently increased response to encouragement to attend to attend P/S groups. Several episodes of bizarre behaviors of unintentional destruction of property and poor boundaries but has decreased such behaviors since last quarter. The notes fail to document R9 progress in measurable goals for the identified P/S problems.

R9's quarterly MDS dated 6/29/16 documents to be a 65 year old ambulatory male who is oriented with a BIMS of 14 and requires supervision with transfers, ambulation, dressing, eating and requires extensive assistance with hygiene and bathing. R9 is continent of bowel and bladder. R9 was admitted to the facility 1/14/13 with diagnoses that include Schizophrenia, anxiety, depression, insomnia and extrapyramidal

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F 250	Continued From page 10 movement disorder. The facility's list of severe mentally ill residents include R2, R9, R10 and R21. The facility's policy on Level of Functioning/Skills Assessment Protocol documents where the resident is presently on the "motivational continuum". The scale moves from poorly motivated and poorly committed to change to actually having made significant life changes and improvements and focusing on keeping the changes in place. There are 5 stages : pre-contemplation where there is intention of change behavior; contemplation where resident is aware of the problems and are thinking about overcoming it but has not committed to take action; preparation is where intention and behavioral criteria are combined. The resident is intending to take action but has been unsuccessful in taking action in the past year. Action is where the individual modifies their behavior and environment to overcome their problems and maintenance where the resident works to prevent relapse and consolidates the gains attained during action. None of the social service notes reflect where the individual is in progress per this policy.	F 250		