

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

PRINTED: 03/31/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146056</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/25/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PRESENCE HERITAGE VILLAGE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 NORTH ENTRANCE AVENUE KANKAKEE, IL 60901</b>			
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F 000	INITIAL COMMENTS			F 000			
F 157 SS=D	<p>- Annual Certification Survey.</p> <p>- Complaint #1671352/IL83989 - F157 and F314 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>			F 157			

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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F 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to immediately inform residents legal representative or an interested family member of a change in skin integrity/development of a pressure ulcer. This applies to two of three residents (R10 and R8) reviewed for pressure sore development in the sample of 10 and one resident (R11) in the supplemental sample.</p> <p>The Findings include; 1. R10 was discharged from the facility on 3/8/16. On 3/17/16 at 10:45 AM Z2 (physician) stated she was not notified of R10's skin problem and/or pressure sores. R10's caregiver found multiple pressure sores on R10's buttocks the next day (3/9/16). R10 was brought to the hospital where he was found with multiple stage III pressure ulcers on the buttocks. On 3/23/16 from 1:00 PM to 3:30 PM, staff were interviewed regarding R10's skin condition of his buttocks. E8 and E9 (Certified Nursing Assistant/CNA) both said they observed redness on R10's buttocks and nurses are aware of it. E9 also stated, she (E9) took care of R10 two days prior to his discharge and saw R10's buttocks with redness and skin peeling on the buttocks at the time of discharge. E9 stated she notified the nurse but was unable to recall who the nurse was. On 3/24/16 at 11:30 AM E2 (Director of Nursing/DON) said, staff assess resident's skin during shower, incontinence and grooming care. The CNA should notify nurses of any skin changes. When nurses are notified of skin changes, nurses should do skin assessments</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>then notify physician, family members or legal representative then implement what the physician orders.</p> <p>R10's Care Plan dated 2/1/16 indicates: Problem: R10 is at risk for impaired skin integrity. Intervention: Daily skin inspection, report any changes in skin or signs of possible skin breakdown or redness.</p> <p>The Facility's Policy for Notification of Changes indicates: Policy: Physicians, responsible family members or legal representatives shall be notified as soon as possible, or within 24 hours, of any changes in the resident's condition.</p> <p>R10's progress notes from 1/26/16 through 3/8/16 have no indication R10's physician or legal representative were notified of R10 ' s alteration in skin condition.</p> <p>R10's discharge summary does not address any skin care instruction.</p> <p>2) R8's January 24, 2016 re-admission assessment and January 23, 2016 nursing note states "skin of coccyx and buttocks / groin dry and intact. No pressure sores present.</p> <p>R8's January 29, 2016 minimum data set assessment (MDS), section M (skin condition) documents no pressure ulcers, skin rashes or unhealed wounds other than a surgical wound.</p> <p>R8's January 29, 2016 impaired skin integrity care plan states at risk for impaired skin integrity.</p> <p>R8's wound assessment form documents a newly acquired pressure sore on the coccyx identified on February 17, 2016.</p>	F 157			

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F 157	Continued From page 3 R8's medical records failed to include any documentation R8's family / legal representative was immediately notified of the February 17, 2016 acquired coccyx wound.  During March 24, 2016 3:30 PM interview, E2 (director of nurses), stated R8's medical records do not include family notification of the February 17, 2016, newly acquired stage two pressure ulcer on the coccyx.  3) R11's February 11, 2016 readmission assessment documents the presence of a stage 2 coccyx pressure ulcer and an abrasion on the right buttocks.  R11's March 09, 2016 wound assessment form documents two newly acquired pressure sores (a stage 2 on right buttocks and a stage one on left buttocks) identified on March 09, 2016.  R11's medical records failed to include any documentation that R11's family / legal representative was immediately notified of the March 09, 2016 acquired pressure ulcers.  During March 24, 2016 3:30 PM interview, E2 (director of nurses), stated R11's medical records do not include family notification of the March 09, 2016, newly acquired pressure ulcers.	F 157			
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS  A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.	F 311			

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F 311	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to perform restorative assessments, identify and provide individualized treatment/services to maintain or enhance three residents physical mobility and incontinence. This applies to three residents (R2, R3 and R4) of four residents in the sample of 10 residents, who are dependent upon staff to complete activities of daily living such as incontinent care, transferring and mobility.</p> <p>The findings include:</p> <p>Review of the facility's Restorative Nursing Policy, dated 3/25/2016, showed: "... Restorative nursing focuses on achieving and maintaining optimal physical, mental and psychological functioning of the resident... Recommended Procedure I. Restorative nursing services are provided by Restorative Nursing Assistants (RNAs). Certified Nursing Assistants (CNAs)... II Restorative Nursing is under nursing supervision... III Every resident who receives restorative nursing has a care plan with individualized, measurable goals and interventions... VII. Specific components of the restorative nursing program include: ROM, Scheduled toileting, Bladder Training, Training and skill practice in Transfers..."</p> <p>The facility did not follow this policy by not having a restorative nurse, certified restorative CNA's, and assessments to identified services with individualized interventions, which could achieve and maintain residents optimal functioning in the above areas.</p>	F 311			

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F 311	<p>Continued From page 5</p> <p>1. On 3/22/2016 at 1:22 PM, R2 was observed being transferred from her wheel chair to bed by two CNA's (E10) and E15). E10 and E15 did not use a gait belt during transfer. E15 said R2's skin will tear easily and they did not feel comfortable using a gait belt. E10 and E15 stated R2 was dependent upon staff to be transferred and did not walk.</p> <p>E11 was interviewed on 3/22/2016 at 12:35 PM. E11 is the nurse for R2. E11 stated R2 is total care and incontinent for bowel and bladder. E11 said she believes R2 is check and change every 2 hours. E11 stated, "I don't know if she goes on the toilet.</p> <p>The director of Physical therapy (E13) was interviewed on 3/24/2016 at 12:20 PM. E13 reported R2 was last seen in physical therapy on 5/06/2016 because she had decrease in ability to perform activities of daily living, balance, strength and endurance. E13 stated we got her back to dressing and bathing with verbal cues. E13 stated R2 walked from 50 to 75 feet. E13 said R2 was not able to independently do range of motion (ROM), so we put her on a ROM program. E13 stated the discharge recommendation for R2 was for her (R2) to continue with a nursing restorative program.</p> <p>E14 is the MDS (Minimum Data Set) Coordinator. E14 was interviewed on 3/23/2016 at 12:30 PM. E14 was asked to present R2's restorative assessments, including any Bowel and Bladder assessment. R2's restorative assessments, bowel and bladder assessments would identify treatment and services R2 needed to be safely transferred, manage her incontinence and other nursing interventions needed to try to prevent</p>	F 311			

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F 311	<p>Continued From page 6</p> <p>possible decline in R2's mobility. E14 said she could not present a current or past restorative assessment or bowel and bladder assessments for R2. E14 stated R2 had no restorative assessments because the facility has been without a restorative nurse for one year. E14 said since the facility had no restorative nurse, no one has been completing the restorative assessments and bowel and bladder assessments for R2.</p> <p>Review of R2's Face Sheet showed R2 is was admitted to the facility on 2/04/2014 with the following diagnosis. Alzheimer Disease and History of Hip Fracture.</p> <p>Review of R2's Physical Therapy Progress Note, dated 7/10/2015, showed: "Patient (R2) has reached maximal potential with PT (physical therapy) goals; ...D/C (Discontinue) skilled PT with residents to remain at ...(facility) and continue with restorative program.</p> <p>Review of R2's care plan, dated 1/24/2016, identified that R2 is "Frequently incontinent". The goal in R2's care was to: "Have less incontinence episodes through next review on 4/24/2016." This care plan identified R2 would be provided with nursing interventions such as 3 day bladder assessment, check for incontinence when toileted, and report to nurse if incontinent prior to scheduled toileting time established. R2's care plan failed to identify the toileting time schedule for R2 or a 3 day bladder assessment was done. Also, R2's plan of services was not individualized and continues interventions no longer possible for her, such as: "Check immediate environment for barriers to mobility." R2 did not walk independently and required staff to toilet her. R2's care plan noted she was "occasional incontinent</p>	F 311			

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F 311	<p>Continued From page 7</p> <p>on 4/30/2016 and at risk for incontinence. R2's care plan goals and nursing interventions showed no changes in services/nursing interventions were made to try to slow or address her decline in continence.</p> <p>R2's care plan also identified she had impaired mobility related to interocantheric fracture, dated 1/24/2016. The goal was: "Will not experience decline in mobility 4/24/2016. One nursing interventions was: "Assess and document resident motor strength, joint range and balance. The facility did not have evidence of restorative assessment being done to achieve these interventions. R2's care plan identifies the need for: "Evaluate the use of assistive devices for ambulation" and "Walk to Dine." But, the facility had no restorative assessment / evaluations done to identify what services and care R2 now required.</p> <p>2. R3 was observed to be alert, but had some problems verbally expressing his needs. R3 observed wearing adult incontinent pad and being toileted by staff.</p> <p>The MDS Coordinator / E14 was interviewed on 3/24/2016 at 1 PM. E14 said she did not have a restorative assessments for R3 including his (R3's) 3 day bowel and bladder assessment, or any type of assessment identifying the type of incontinence R3 had or potential for improvement.</p> <p>Review of R3's Face Sheet showed R3 was admitted to the facility on 2/24/2016, with the following diagnosis: Cardiovascular Accident.</p> <p>Review of R3's Initial MDS Assessment, dated</p>	F 311			



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F 311	<p>Continued From page 8</p> <p>3/08/2016, showed R3 was alert and oriented. R3's MDS assessment showed he was incontinent of bowel and bladder and dependent upon one staff to assist him to the bathroom. R3's MDS showed he (R3) did not have a trial toileting program (such as scheduled toileting, prompted voiding or bladder training) and he is not in a toileting program to manage his bowel continence.</p> <p>Review of R3's care plan, dated 3/01/2016, showed urinary incontinence was an area of concern in his care, but the nursing interventions were not individualized or identified what services were needed to manage his incontinence. R3's care plan showed R3 had: "Alteration in urinary elimination: experiences loss of urine due to mobility barriers." The goal for R3 was "no complications related to incontinence through next review 6/01/2016." The nursing interventions was a preprinted set of interventions observed in other resident's care plans and did not identify specific toileting schedule for R3 or plan to manage his incontinence.</p> <p>R3's Urinary Incontinence Screening, dated 2/24/2016, showed he was identified as incontinent and was wearing adult incontinent pads. R3's screening did not identify what cause or type of incontinence R3 was experiencing. R3's Urinary Incontinence Screening did not show if he (R3) was a candidate who would benefit from participation in a toileting program to improve his condition. R3's lack of a comprehensive restorative assessment did not ensure R3 received the service and care he needed.</p> <p>3. R4 was observed on 3/22/2016 and</p>	F 311			

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F 311	<p>Continued From page 9</p> <p>3/23/2016. R4 is alert, but a confused resident. R4 was observed sleeping in her room in the morning, getting up for meals, then going back to bed. R4 was dependent upon staff to transfer her from her bed to her wheel chair.</p> <p>E14 is the MDS Coordinator. E14 was interviewed on 3/23/2016 at 12:30 PM. E14 was also asked to present R4's restorative assessments, including any Bowel and Bladder assessment, which identify treatment and services R4 needed. E14 said she did not have any current or pass assessment for R4, which would show the service and care R4 needed.</p> <p>E17 is R4's CNA. E17 was interviewed on 3/22/2016 at 12:30 PM. E17 said she was not aware of R4 being in a restorative program. E17 stated she checks and changes R4 every two hours, depending on what R4 is doing at the time. E17 said PT may do ROM with her, but she does not do it with R4.</p> <p>Another CNA working with R4 is E10, E10 was interviewed on 3/24/2016 at 11:15 AM E10 said R4 was usually incontinent and likes to lay in bed a lot. E10 said she did not do any ROM or restorative care with R4. E10 stated PT will do ROM with the residents, and restorative CNA's were not on duty in the facility.</p> <p>Review of R4's Face Sheet showed R4 was admitted to the facility on 7/07/2007 with diagnosis including Dementia, Arthritis, and Osteoporosis.</p> <p>Review of R4's care plan, dated 1/26/2016 showed R4 had: "Impaired mobility related to increased weakness and safety awareness,</p>	F 311			

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F 311	<p>Continued From page 10</p> <p>decreased ability to perform activities ..." The goal was: "R4 will not experience decline in mobility through next review 4/26/2016." Another care plan issues, dated 1/26/2016 showed: R4 had a potential for decline in ability to ambulate to and from dining room related to weakness to lower extremities." However, no restorative assessment were being done to assessed R4 for improvement or decline. There was no evidence of a restorative program being implemented for R4, which would ensure she maintain her abilities as much as possible.</p> <p>During the Daily Status Meeting with administrative staff (including E1/administrator and E2/director of nursing) on 3/24/2016 and 3/25/2016, the surveyor team asked for evidence that residents (including E2, E3 and E4) were provident with restorative assessments and services. E1 stated the facility did not have a restorative nurse for about a year and she did not present the requested evidence of restorative care being provided for residents in the facility.</p> <p>Review of the facility's Restorative Nursing Policy, dated 3/25/2016, showed: "... Restorative nursing focuses on achieving and maintaining optimal physical, mental and psychological functioning of the resident... Recommended Procedure I. Restorative nursing services are provided by Restorative Nursing Assistants (RNAs). Certified Nursing Assistants (CNAs)... II Restorative Nursing is under nursing supervision... III Every resident who receives restorative nursing has a care plan with individualized, measurable goals and interventions... VII. Specific components of the restorative nursing program include: ROM, Scheduled toileting, Bladder Training, Training</p>	F 311			

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NAME OF PROVIDER OR SUPPLIER  <b>PRESENCE HERITAGE VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 NORTH ENTRANCE AVENUE KANKAKEE, IL 60901</b>		
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F 311	Continued From page 11 and skill practice in Transfers..."	F 311			
F 314 SS=D	<p>The facility did not follow this policy by not having a restorative nurse, certified restorative CNA's, and assessments to identified services with individualized interventions/ achieve and maintain residents optimal functioning.</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review facility failed to thoroughly assess, monitor and document alterations in a residents' skin integrity for changes and / or development of a pressure ulcer. This applies to two of three residents (R10 and R8) reviewed for pressure sore development in the sample of 10 and one resident (R11) in the supplemental sample.</p> <p>The Findings include: 1) R10 was discharged from the facility on 3/8/16. R10's caregiver found multiple pressure sores on R10's buttocks the next day (3/9/16). R10 was brought to the hospital where he was found with</p>	F 314			

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F 314	<p>Continued From page 12</p> <p>multiple stage III pressure ulcers on the buttocks. On 3/17/16 at 10:45 AM Z2 (physician) stated she was not notified of R10's skin problem and/or pressure sores.</p> <p>On 3/23/16 at 2:45 PM E8 (Certified Nursing Assistant/CNA) stated the following: Staff gives showers to residents twice a week and assesses resident's skin during shower and incontinence care. E8 also stated she (E8) found skin redness and irritation on R10's buttocks a few days before he was discharged. E8 reported it to the nurse but was unable to remember who the nurse was and when it happened.</p> <p>On 3/23/16 at 3:23 PM E9 (Certified Nursing Assistant/CNA) stated the following: R10 is incontinent of bowel and bladder and needs assistance with changing incontinence brief. E9 took care of R10 two days prior to his discharge and saw R10's buttocks with redness and looking sore. E9 reported it to the nurse but was unable to recall who the nurse was. E9 again gave a shower to R10 on the day of discharge and E9 noted the same redness in R10's buttocks with some area of peeling skin. The person who picked up R10 was in a hurry and E9 was unable to tell the person about R10's buttocks.</p> <p>On 3/24/16 at 11:30 AM E2 (Director of Nursing/DON) said, staff assess resident's skin during shower, incontinence and grooming care. The CNA should notify nurses for any skin changes. When nurses are notified of skin changes, nurses should do skin assessments then notify physician, family members or legal representative then implement what the physician ordered. Comprehensive skin assessments should be made upon admission, and for every skin changes or alteration in skin condition. R10's Minimum Data Set (MDS) Section M (Skin Condition) dated 2/21/16 showed R10 is at risk</p>	F 314			

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F 314	<p>Continued From page 13 for developing pressure ulcer. Facility presented only four shower documentations which showed skin assessments done on 2/16/16, 2/19/16, 2/23/16, all with no skin problem on the buttocks and one undated shower form done by E8 which showed redness in the buttocks. There was no evidence of documentation that comprehensive skin re-assessment was made for R10. R10's progress notes from 1/26/16 through 3/8/16 has no documentation addressing R10's skin condition.</p> <p>2) R8's January 24, 2016 re-admission assessment states skin intact, no pressure sores identified.</p> <p>R8's January 23, 2016 nursing note states "skin of coccyx and buttocks / groin dry and intact.</p> <p>R8's January 29, 2016 minimum data set assessment (MDS), section M (skin condition) documents no pressure ulcers, skin rashes or unhealed wounds other than a surgical wound.</p> <p>R8's January 29, 2016 impaired skin integrity care plan states at risk for impaired skin integrity.</p> <p>R8's shower skin reports, completed by nurses aides included February 07, 2016 redness and cracked sores on coccyx / buttocks area. There is no nursing assessment of these skin alterations until February 17, 2016.</p> <p>R8's wound assessment form documents a newly acquired pressure sore on the coccyx identified on February 17, 2016.</p>	F 314			

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F 314	<p>Continued From page 14</p> <p>3) R11's February 11, 2016 readmission assessment documents the presence of a stage 2 coccyx pressure ulcer and an abrasion on the right buttocks.</p> <p>R11's medical records failed to include a thorough wound assessment of the skin alterations between February 12 through March 8, 2016.</p> <p>R11's February 11 through March 10, 2016 nursing progress notes had inconsistent documentation about the status of R11's impaired skin integrity.</p> <ul style="list-style-type: none"> <li>- February 11, 2016 stage two on coccyx and right buttocks abrasion.</li> <li>- February 26, 2016 skin intact</li> <li>- February 29, 2016 stage two on buttocks but no documented description.</li> <li>- March 02.2016 skin with a non-described stage two wound on "buttocks".</li> <li>- March 05 and 06, 2016 stage two on coccyx, one wound.</li> <li>- March 9, 2016 skin intact, no pressure sores.</li> <li>- March 10, 2016 skin intact, no pressure sores.</li> </ul> <p>R11's March 09, 2016 wound assessment forms documents two newly acquired pressure sores:</p> <p>1) right buttocks stage two, open wound (1.3 centimeters - cm x 1.6 cm x 0 cm). Peri-wound erythema 50% intact and 50% redness.</p> <p>2) left buttocks stage one (1.6 cm x 2.0 cm x 0 cm), peri-wound erythema 50% intact and 50% non-blanchable.</p>	F 314			

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F 314	Continued From page 15 During March 24, 2016, 10:30 AM interview, E2 (director of nurses's), stated R11 was readmitted to facility February 11, 2016 with a stage two pressure ulcer on the coccyx but the wound nurse (E6), did not assess R11's wounds until March 09, 2016. E2 said sometimes nurses call coccyx area wounds, buttocks wounds. E2 also said it all depends on the which nurse is assessing the wound.  During March 18, 2016, 3:00 PM interview, E6 stated on February 11, 2016, R11 was re-admitted with a stage two pressure ulcer on the right buttocks. E6 stated "I did not assess R11's stage two wound until March 09, 2016." E6 said "I identified R11's right buttocks pressure ulcer as an acquired wound because it was not assessed until March 09, 2016."	F 314			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain resident accessible areas free of accident hazards. This applies to two of two sampled residents (R1 and R4) reviewed for supervision and one resident in the supplemental sample (R13).	F 323			



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F 323	<p>Continued From page 16</p> <p>The Findings include;</p> <p>On March 22, 2016 between 9:30 AM and 10:30 AM and March 23, 2016 at 10:16 AM, a aerosol can of air deodorizer was observed placed on the hand rail over R14's bathroom toilet.</p> <p>R14's bedroom door was open and un-supervised.</p> <p>During March 24, 2016 2:00 PM interview, E2 (director of nurses), stated there are only three independently ambulatory residents with brief interview mental status (BIMS), score less than 8 (moderately cognitively impaired). E2 provided the names of the three cognitively impaired residents who self propel wheel chairs or ambulate throughout facility (R1, R4 and R13).</p> <p>On March 22, 2016 between 9:30 AM and 10:16 AM, R1 and R4 observed independently self propelling wheel chair throughout skilled care section hallways (units 600, 700 and 800). On 3/23/16 at 9:50am, 3/25/16 at 2:20pm in the main corridor accessed by residents, a 'bathing room' had easy access by not having a locked door. On 3/26/16, the door to this room was wide open at 9:10am and 11:15am. The shower inside this room was observed with a spray bottle of chlorine bleach and 2 spray bottles of disinfectant setting on a waist high grab bar. Also inside the room are several pieces of equipment including wheelchairs, metal tables on wheels and large scales. This bathing room had areas that are not visible from the doorway and required one to walk around the shower to an obscure section behind the shower.</p>	F 323			

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F 323	<p>Continued From page 17</p> <p>-On 3/23/2016 at 8:30 AM, E16 (nurse) was in a room administering medication to a resident. E16 had left the medication cart unlocked and not within her line of sight or physical control. The director of nursing (E2) was passing by the cart and locked it. When asked, E2 stated E16 should lock the medication cart.</p> <p>Later on 3/23/2016 during the 4 PM medication pass, E16 was observed going into resident's rooms and leaving the medication cart unlocked in the hallway, as she went inside of resident's rooms. While E16 was in resident's rooms, she did not have visual or physical control of the medication cart nor the drugs available within it (medication cart).</p>	F 323			