

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

PRINTED: 08/06/2014
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145518 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/31/2014 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER MAR KA NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 SOUTH 10TH STREET MASCOUTAH, IL 62258 | | |
| (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 000 | INITIAL COMMENTS | F 000 | | | |
| F 274 SS=D | <p>Minimum Data Set Focus Survey</p> <p>483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE</p> <p>A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure Minimum Data Set assessments (MDS) accurately reflect residents' with significant change in assessment status for 2 of 22 residents (R33, R54) reviewed for accuracy of assessments in a sample of 22.</p> <p>The findings are:</p> <p>1. R33 sustained a Fracture of the Right Hip from a fall at the facility on 1/4/14 as noted in the Nurses Notes and on a facility Incident Investigation dated 1/4/14. R33 was discharged to the hospital on 1/4/14 and returned to the facility on 1/8/14 as noted in the Nurses Notes.</p> | F 274 | | | |

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 274 | <p>Continued From page 1</p> <p>A Quarterly MDS dated 12/3/14, prior to the fall, was reviewed and compared with a 2/24/14 MDS, completed after the fall, which was coded as a Quarterly MDS also. R33 was noted to have gone from supervision to extensive assist in 4 areas's of the Activities of Daily Living Section G, and gone from supervision for ambulating in room, to activity not occurring at all. These changes showed that a significant change MDS should have been completed within 14 days, once the facility had identified a significant change. This was not done and additionally an MDS completed on 5/13/14, was coded as an Annual. This MDS continued to show the need for extensive assist and balance problems that were not present on the 12/3/14 MDS.</p> <p>E4, MDS Coordinator, verified on 7/31/14 at 3:00 pm that a significant change MDS was not completed as required by the Resident Assessment Instrument (RAI) manual.</p> <p>The Resident Assessment Instrument Manual (RAI) dated 5/2012 states, "A significant change is a decline or improvement in resident's status that will not normally resolve itself...impacts more than one area of the resident's health status..." The RAI manual also states, "A SCSC (significant change in status assessment) is appropriate when: When there is a determination that a significant change in a resident's condition from his/her baseline has occurred as indicated by comparison of the resident's current status to the most recent comprehensive assessment and any subsequent quarterly assessments; and the resident's condition is not expected to return to baseline within two weeks...A SCSC is</p> | F 274 | | | |

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| F 274 | Continued From page 2 appropriate is there are either two or more areas of decline." 2. R54 sustained a Fracture of the Right Hip from a fall at the facility on 1/5/14 as noted in the Nurses Notes and on a facility Incident Investigation dated 1/5/14. R54 was discharged to the hospital on 1/5/14 and returned to the facility on 1/10/14 as noted in the Nurses Notes. A quarterly MDS was completed on 2/2/14 which documented changes in 2 or more areas of Section G- Activities of Daily Living, with bed mobility going from extensive to total assist, transfer changing from limited assist to total assist, and limited assist for ambulating in room to not occur. Section H- Bladder and Bowel documented that R54 had changed from occasionally incontinent to using a indwelling urinary catheter and Bowel had changed from being continent to always incontinent. These changes showed that a significant change MDS should have been completed within 14 days, once the facility had identified a significant change. E2, Director of Nurses, stated on 7/31/14 at 5 pm that R54 was admitted to in facility Hospice care on 2/4/14. E2 verified that a significant MDS assessment should have been completed for R54 after return from the hospital. | F 274 | | | |
| F 278 SS=E | 483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. | F 278 | | | |

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| F 278 | <p>Continued From page 3</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure Minimum Data Set assessments accurately reflected residents' status for seven of 22 residents (R4, R22, R25, R27, R33, R35, R46) reviewed for accuracy of assessments in a sample of 22.</p> <p>Findings include:</p> <p>1. A Physician's Orders Sheet (POS) dated 6-15-14 documented R22 had a diagnosis of Urinary Tract Infection (UTI) and was prescribed the medication Cephalexin 500 mg (milligrams) two times daily. A nurse's note dated 6-12-14 documented R22 was complaining of urgency</p> | F 278 | | | |

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| F 278 | <p>Continued From page 4 and frequency during urination. A laboratory culture and sensitivity report dated 6-15-14 documented R22's urine culture was positive for the bacteria Escherichia Coli.</p> <p>R22's Minimum Data Set (MDS) assessment dated 6-16-14 does not include in section I Active Diagnosis, the diagnosis of Urinary Tract Infection.</p> <p>On 7-31-14 at 5:00p.m. E4 (Minimum Data Set Assessment Coordinator) stated the facility uses the Resident Assessment Instrument (RAI) user's manual as it's policy for ensuring accurate coding of residents' Minimum Data Set assessments.</p> <p>A RAI (Resident Assessment Instrument) Manual dated 5/2013 chapter 3 Item I2300 Urinary tract infection (UTI) state states, " The UTI has a look-back period of 30 days for active disease instead of 7 days. Code only if all the following are met</p> <ol style="list-style-type: none"> 1. Physician, nurse practitioner, physician assistant, or clinical nurse specialist or other authorized licensed staff as permitted by state law diagnosis of a UTI in last 30 days, 2. Sign or symptom attributed to UTI, which may or may not include but not be limited to: fever, urinary symptoms (e.g., peri-urethral site burning sensation, frequent urination of small amounts), pain or tenderness in flank, confusion or change in mental status, change in character of urine (e.g., pyuria), 3. " Significant laboratory findings " (The attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained), and 4. Current medication or treatment for a UTI in | F 278 | | | |

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| F 278 | <p>Continued From page 5 the last 30 days.'</p> <p>On 7-31-14 at 5:05p.m. E4 (Minimum Data Set Assessment Coordinator) verified R22's diagnosis of Urinary Tract Infection should have been added to R22's 6-16-14 MDS under Active Diagnosis.</p> <p>2. A Physician's Orders Sheet dated 4-01-14 to 6-30-14 document R46 has medications which include the antipsychotic Seroquel which is taken two times each day.</p> <p>R46's Minimum Data Set dated 6-29-14 section N0300 Medications, does not indicate antipsychotic medications were administered during the the date of the MDS or the six days prior to the assessment reference date.</p> <p>On 7-31-14 at 5:00p.m. E4 (Minimum Data Set Assessment Coordinator) stated the facility uses the Resident Assessment Instrument (RAI) user's manual as it's policy for ensuring accurate coding of residents' Minimum Data Set assessments.</p> <p>A RAI (Resident Assessment Instrument) Manual dated 4/2012 section N0410A, Antipsychotic says, "Record the number of days an antipsychotic medication was received by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days)."</p> <p>On 7-31-14 at 5:05p.m. E4 verified that R46's Minimum Data Set assessment (MDS) dated 6-29-14 should have indicated R46 received antipsychotic medications during the last seven days prior to the assessment.</p> | F 278 | | | |

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| F 278 | <p>Continued From page 6</p> <p>3. A 4/28/14 Nurses Note documented that R27 was admitted to the hospital with a diagnosis of urosepsis. The Hospital History and Physical dated 4/27/14 documented that R27's chief complaint was UTI (Urinary Tract Infection) and altered mental status. R27 returned to the facility on 5/2/14 as noted in the Nurses Notes with documentation that R27 was receiving an antibiotic for a UTI.</p> <p>A quarterly Minimum Data Set (MDS) completed on 5/19/14 does not document the presence of the UTI even though it was an active diagnosis during the 30 day look back time frame required in Section I of the MDS 3.0. A discharge MDS completed on 6/2/14 also did not document the presence of the UTI which was still an active diagnosis during the 30 day look back period for this MDS.</p> <p>E4, MDS Coordinator verified on 7/31/14 at 3:00 pm that the MDS had been coded incorrectly due to an oversight.</p> <p>4. A 5/2/14 11:30 am Nurses note documented that R33 was yelling at another resident and hitting at staff. A 7:00 pm Nurses Note documented that an order was obtained from R33's physician to obtain a urinalysis with a culture and sensitivity (C&S) if indicated. The 5/3/14 urinalysis and C&S report indicated greater than 100,000 Escherichia Coli. E5, Licensed Practical Nurse, stated that the yelling and hitting was not normal behavior for R33, and a UTI was suspected. R33 began an antibiotic for treatment of a UTI on 5/5/2014.</p> <p>An annual Minimum Data Set (MDS) completed</p> | F 278 | | | |

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| F 278 | <p>Continued From page 7</p> <p>on 5/13/14 does not document the presence of the UTI even though it was an active diagnosis during the 30 day look back time frame required in Section I of the MDS 3.0.</p> <p>E4, MDS Coordinator verified on 7/31/14 at 3:00 pm that the MDS had been coded incorrectly due to an oversight.</p> <p>5. R35 was diagnosed with a Urinary Tract Infection on 5/8/2014 after having an abnormal White Blood Count (WBC) reported to R35's physician and a urinalysis with C&S ordered, as noted on a 5/6/2014 Nurse Practitioner progress note and a 5/8/2014 physician telephone order. R35 began treatment with an antibiotic on 5/8/2014 as noted on the May 2104 Physician Order Sheet.</p> <p>An Initial minimum Data Set (MDS) completed on 5/09/14 does not document the presence of the UTI even though it was an active diagnosis during the 30 day look back time frame required in Section I of the MDS 3.0. Subsequent MDS's completed on 5/14/14 and 5/29/14 also did not document the presence of the UTI which continued as an active diagnosis during the 30 look back time frame for each of these.</p> <p>6. R4 sustained a Fracture of the Right Cheek Bone on 3/19/14 after a fall, as noted in the documentation on the facility Incident Investigation dated 3/20/14. A Discharge MDS was completed on 3/19/14 when R4 was transferred to the hospital. R4 returned on 3/20/14 as noted in the Nurses Notes with a diagnosis of a Fracture to the Right Cheek Bone. The 3/19/14 MDS does not code the injury as a Major Injury which is required for bone fractures,</p> | F 278 | | | |

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| F 278 | Continued From page 8 as noted in the Resident Assessment Instrument Manual for coding of Section J on the MDS 3.0. E4, stated on 7/31/2014 3:00 pm that at the time of the discharge, she had not yet been made aware of the diagnosed fracture and verified that a modification of the discharge MDS was not done when the diagnosis was reported to the facility. | F 278 | | | |
| F 520 SS=F | 7. R25's June 2014 Physician Order Sheet indicated that R25 was receiving the antipsychotic medication Abilify and had been receiving since at least last December 2013. The Medication Administration Record for June 2014 verified that R25 had received the Abilify from 6/9/14 thru 6/15/14, which was the 7 day look back period for the MDS completed on 6/15/14. Section N of the 6/15/14 MDS was coded 0, which indicated that R25 did not receive an antipsychotic medication during the look back period. E4 verified on 7/31/14 at 3:00 pm that this was a coding error. 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. | F 520 | | | |

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| F 520 | <p>Continued From page 9</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to have a quality assessment assurance system in place to ensure accurate coding of the Minimum Data Set 3.0 Resident Assessment. This has the potential to affect all 53 residents living in the facility.</p> <p>The findings are:</p> <p>1. R33 sustained a Fracture of the Right Hip from a fall at the facility on 1/4/14 as noted in the Nurses Notes and on a facility Incident Investigation dated 1/4/14. R33 was discharged to the hospital on 1/4/14 and returned to the facility on 1/8/14 as noted in the Nurses Notes.</p> <p>A Quarterly MDS dated 12/3/14, prior to the fall, was reviewed and compared with a 2/24/14 MDS, completed after the fall, which was coded as a Quarterly MDS also. R33 was noted to have gone from supervision to extensive assist in 4 areas's of the Activities of Daily Living Section G, and gone from supervision for ambulating in room, to activity not occurring at all. These changes</p> | F 520 | | | |

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| F 520 | <p>Continued From page 10</p> <p>showed that a significant change MDS should have been completed within 14 days, once the facility had identified a significant change. This was not done and additionally an MDS completed on 5/13/14, was coded as an Annual. This MDS continued to show the need for extensive assist and balance problems that were not present on the 12/3/14 MDS.</p> <p>E4, MDS Coordinator, verified on 7/31/14 at 3:00 pm that a significant change MDS was not completed as required by the Resident Assessment Instrument (RAI) manual.</p> <p>The Resident Assessment Instrument Manual (RAI) dated 5/2012 states, "A significant change is a decline or improvement in resident's status that will not normally resolve itself...impacts more than one area of the resident's health status..." The RAI manual also states, "A SCSC (significant change in status assessment) is appropriate when: When there is a determination that a significant change in a resident's condition from his/her baseline has occurred as indicated by comparison of the resident's current status to the most recent comprehensive assessment and any subsequent quarterly assessments; and the resident's condition is not expected to return to baseline within two weeks...A SCSCA is appropriate is there are either two or more areas of decline."</p> <p>2. R54 sustained a Fracture of the Right Hip from a fall at the facility on 1/5/14 as noted in the Nurses Notes and on a facility Incident Investigation dated 1/5/14. R54 was discharged to the hospital on 1/5/14 and returned to the facility on 1/10/14 as noted in the Nurses Notes. A</p> | F 520 | | | |

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| F 520 | <p>Continued From page 11</p> <p>quarterly MDS was completed on 2/2/14 which documented changes in 2 or more areas of Section G- Activities of Daily Living, with bed mobility going from extensive to total assist, transfer changing from limited assist to total assist, and limited assist for ambulating in room to not occur. Section H- Bladder and Bowel documented that R54 had changed from occasionally incontinent to using a indwelling urinary catheter and Bowel had changed from being continent to always incontinent. These changes showed that a significant change MDS should have been completed within 14 days, once the facility had identified a significant change. E2, Director of Nurses, stated on 7/31/14 at 5 pm that R54 was admitted to in facility Hospice care on 2/4/14. E2 verified that a significant MDS assessment should have been completed for R54 after return from the hospital.</p> <p>3. A Physician's Orders Sheet (POS) dated 6-15-14 documented R22 had a diagnosis of Urinary Tract Infection (UTI) and was prescribed the medication Cephalexin 500 mg (milligrams) two times daily. A nurse's note dated 6-12-14 documented R22 was complaining of urgency and frequency during urination. A laboratory culture and sensitivity report dated 6-15-14 documented R22's urine culture was positive for the bacteria Escherichia Coli.</p> <p>R22's Minimum Data Set (MDS) assessment dated 6-16-14 does not include in section I Active Diagnosis, the diagnosis of Urinary Tract Infection.</p> <p>On 7-31-14 at 5:00p.m. E4 (Minimum Data Set Assessment Coordinator) stated the facility uses the Resident Assessment Instrument (RAI) user's</p> | F 520 | | | |

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| F 520 | <p>Continued From page 12 manual as it's policy for ensuring accurate coding of residents' Minimum Data Set assessments.</p> <p>A RAI (Resident Assessment Instrument) Manual dated 5/2013 chapter 3 Item I2300 Urinary tract infection (UTI) state states, " The UTI has a look-back period of 30 days for active disease instead of 7 days. Code only if all the following are met:</p> <ol style="list-style-type: none"> 1). Physician, nurse practitioner, physician assistant, or clinical nurse specialist or other authorized licensed staff as permitted by state law diagnosis of a UTI in last 30 days, 2). Sign or symptom attributed to UTI, which may or may not include but not be limited to: fever, urinary symptoms (e.g., peri-urethral site burning sensation, frequent urination of small amounts), pain or tenderness in flank, confusion or change in mental status, change in character of urine (e.g., pyuria), 3). " Significant laboratory findings " (The attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained), and 4). Current medication or treatment for a UTI in the last 30 days.' <p>On 7-31-14 at 5:05p.m. E4 (Minimum Data Set Assessment Coordinator) verified R22's diagnosis of Urinary Tract Infection should have been added to R22's 6-16-14 MDS under Active Diagnosis.</p> <p>4. A Physician's Orders Sheet dated 4-01-14 to 6-30-14 document R46 has medications which include the antipsychotic Seroquel which is taken two times each day.</p> | F 520 | | | |

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| F 520 | <p>Continued From page 13</p> <p>R46's Minimum Data Set dated 6-29-14 section N0300 Medications, does not indicate antipsychotic medications were administered during the the date of the MDS or the six days prior to the assessment reference date.</p> <p>On 7-31-14 at 5:00p.m. E4 (Minimum Data Set Assessment Coordinator) stated the facility uses the Resident Assessment Instrument (RAI) user's manual as it's policy for ensuring accurate coding of residents' Minimum Data Set assessments.</p> <p>A RAI (Resident Assessment Instrument) Manual dated 4/2012 section N0410A, Antipsychotic says, "Record the number of days an antipsychotic medication was received by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days)."</p> <p>On 7-31-14 at 5:05p.m. E4 verified that R46's Minimum Data Set assessment (MDS) dated 6-29-14 should have indicated R46 received antipsychotic medications during the last seven days prior to the assessment.</p> <p>5. A 4/28/14 Nurses Note documented that R27 was admitted to the hospital with a diagnosis of urosepsis. The Hospital History and Physical dated 4/27/14 documented that R27's chief complaint was UTI (Urinary Tract Infection) and altered mental status. R27 returned to the facility on 5/2/14 as noted in the Nurses Notes with documentation that R27 was receiving an antibiotic for a UTI.</p> <p>A quarterly Minimum Data Set (MDS) completed</p> | F 520 | | | |

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| F 520 | <p>Continued From page 14</p> <p>on 5/19/14 does not document the presence of the UTI even though it was an active diagnosis during the 30 day look back time frame required in Section I of the MDS 3.0. A discharge MDS completed on 6/2/14 also did not document the presence of the UTI which was still an active diagnosis during the 30 day look back period for this MDS.</p> <p>E4, MDS Coordinator verified on 7/31/14 at 3:00 pm that the MDS had been coded incorrectly due to an oversight.</p> <p>6. A 5/2/14 11:30 am Nurses note documented that R33 was yelling at another resident and hitting at staff. A 7:00 pm Nurses Note documented that an order was obtained from R33's physician to obtain a urinalysis with a culture and sensitivity (C&S) if indicated. The 5/3/14 urinalysis and C&S report indicated greater than 100,000 Escherichia Coli. E5, Licensed Practical Nurse, stated that the yelling and hitting was not normal behavior for R33, and a UTI was suspected. R33 began an antibiotic for treatment of a UTI on 5/5/2014.</p> <p>An annual Minimum Data Set (MDS) completed on 5/13/14 does not document the presence of the UTI even though it was an active diagnosis during the 30 day look back time frame required in Section I of the MDS 3.0.</p> <p>E4, MDS Coordinator verified on 7/31/14 at 3:00 pm that the MDS had been coded incorrectly due to an oversight.</p> <p>7. R35 was diagnosed with a Urinary Tract Infection on 5/8/2014 after having an abnormal White Blood Count (WBC) reported to R35's</p> | F 520 | | | |

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| F 520 | <p>Continued From page 15</p> <p>physician and a urinalysis with C&S ordered, as noted on a 5/6/2014 Nurse Practioner progress note and a 5/8/2014 physician telephone order. R35 began treatment with an antibiotic on 5/8/2014 as noted on the May 2104 Physician Order Sheet.</p> <p>An Initial minimum Data Set (MDS) completed on 5/09/14 does not document the presence of the UTI even though it was an active diagnosis during the 30 day look back time frame required in Section I of the MDS 3.0. Subsequent MDS's completed on 5/14/14 and 5/29/14 also did not document the presence of the UTI which continued as an active diagnosis during the 30 look back time frame for each of these.</p> <p>8. R4 sustained a Fracture of the Right Cheek Bone on 3/19/14 after a fall, as noted in the documentation on the facility Incident Investigation dated 3/20/14. A Discharge MDS was completed on 3/19/14 when R4 was transferred to the hospital. R4 returned on 3/20/14 as noted in the Nurses Notes with a diagnosis of a Fracture to the Right Cheek Bone. The 3/19/14 MDS does not code the injury as a Major Injury which is required for bone fractures, as noted in the Resident Assessment Instrument Manual for coding of Section J on the MDS 3.0. E4, stated on 7/31/2014 3:00 pm that at the time of the discharge, she had not yet been made aware of the diagnosed fracture and verified that a modification of the discharge MDS was not done when the diagnosis was reported to the facility.</p> <p>9. R25's June 2014 Physician Order Sheet indicated that R25 was receiving the antipsychotic medication Abilify and had been receiving since at</p> | F 520 | | | |

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| F 520 | <p>Continued From page 16</p> <p>least last December 2013. The Medication Administration Record for June 2014 verified that R25 had received the Abilify from 6/9/14 thru 6/15/14, which was the 7 day look back period for the MDS completed on 6/15/14. Section N of the 6/15/14 MDS was coded 0, which indicated that R25 did not receive an antipsychotic medication during the look back period. E4 verified on 7/31/14 at 3:00 pm that this was a coding error.</p> <p>A Resident List Report dated 7/30/14 documents that the facility census was 53.</p> <p>E1, Administrator, verified at 6:15 pm on 7/31/14 that the facility did not have a program in place to ensure the accuracy of the MDS assessments. E4, MDS Coordinator stated on 7/31/14 at 5:00 pm that the MDS is completed using the requirements in the RAI Manual (Resident Assessment Instrument).</p> | F 520 | | | |