

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

PRINTED: 08/20/2015
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 08/14/2015 |
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| 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 312 SS=D | <p>Annual Licensure and Certification Survey</p> <p>Licensure Survey for Subpart S: SMI 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the Facility failed to provide complete incontinent care for 2 of 4 (R1, R2) residents reviewed for incontinent care in the sample of 14.</p> <p>Finding include:</p> <p>1. R1's Minimum Data Set (MDS) dated 7/10/2015 documents, R1 is always incontinent of urine and is totally dependent on 2 staff members for hygiene.</p> <p>On 8/12/15 at 9:40 AM, E5, Certified Nurses Aide (CNA), and E6, CNA, performed incontinent care for R1. E5 removed R1's visibly urine saturated blue jeans and cloth incontinent brief. E6 performed incontinent care, but did not wash R1's left buttock or left thigh which had been in direct contact with urine.</p> <p>On 8/12/15 at 9:50 AM, E6, stated, "I usually do wash both buttocks and thighs I was just</p> | F 312 | | | |

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 312 | <p>Continued From page 1 nervous."</p> <p>2. R2's MDS, dated 7/13/2015, documents R2 requires assistance from staff for personal hygiene and is incontinent of bowel and bladder. The CAA (Care Area Assessment), dated 7/14/2015, documents, in part, "(R2) is dependent on staff to cleanse her after each incontinent episode. Staff must provide personal hygiene." The Braden Scale, dated 7/14/2015, documents R2 is a moderate risk for skin breakdown.</p> <p>On 8/11/2015 at 11:57 AM, R2 walked into the dining room with the stand by assist of E10, CNA, and a wheeled walker. R2 sat in a chair. R2 slept in the chair through most of the lunch period. At 1:32 PM, E10 woke R2 up and with cueing, R2 stood and walked to the bathroom into her room. R2's incontinent brief and pants were heavily soaked with urine. The chair in which R2 had been sitting was soaked with urine. The back of R2's pants was wet with urine down to her knees. E10 assisted R2 onto the toilet where she voided again. R2 smelled strongly of urine. R2 then stood holding onto the wheeled walker with no pants on. E10 wiped R2's vagina and rectal area twice, changing toilet paper after each wipe. E10 then removed her gloves and put a gown on R2 and assisted her to bed. E10 covered R2, put the call light within her reach and washed her hands. E10 left R2's room without providing any incontinent care. E10 used no soap, water, perineal wash or linens to cleanse R2's perineal area, rectal area, buttocks or the back of the thighs that had been soaked with urine.</p> <p>On 8/13/2015 at 10:30 AM, E2, Director of Nurses (DON), stated, "I expect staff to clean all areas of</p> | F 312 | | | |

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| F 312 | Continued From page 2 the resident that have been soiled by incontinence." The facility's undated Incontinence Care policy and procedure documents, in part, "Turn the resident to one side. Wash exposed area of the resident's buttocks with soap and water. Rinse and dry well. Apply lotion, as needed. Turn the resident to the opposite side and wash the remainder of the buttock and perineal area." | F 312 | | | |
| F 329 SS=E | 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. | F 329 | | | |

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| F 329 | <p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the Facility failed to conduct resident specific behavior tracking for 5 of 5 residents (R2, R4, R7, R9, R12) reviewed for antipsychotic medications in the sample of 14.</p> <p>Findings include:</p> <p>1. R7's Minimum Data Set (MDS), dated 7/5/2015, documents, in part, R7 was admitted 03/25/2007, and has diagnoses of Schizophrenia and Manic Depression. R7's August 2015 Physician Order Sheet (POS) documents R7 has an order for Risperidone (an antipsychotic medication) 8 milligrams (mg) by mouth (po) every (q) day at hour of sleep (hs).</p> <p>R7's Care Plan / Behavior Tracking Record documents, in part, "Problem Statement (R7) has a history of showing episodes of Delusions."</p> <p>On 8/12/2015 at 11:40 AM, E7, Licensed Practical Nurse (LPN), stated, "I am unsure what type of delusions (R7) has. I have worked here for 2 years and have never seen (R7) exhibit delusions."</p> <p>On 8/12/2015 at 12:40 PM, E8, Social Service Assistant, stated, "I haven't seen (R7) exhibit any delusions in a long time. Sometimes he thinks he needs to use the restroom when he has already went if that is a delusion."</p> <p>On 8/12/2015 at 1:00 PM, E3, Assistant Director of Nurses (ADON), stated, "When he (R7) first came to us, he would think some of the staff were</p> | F 329 | | | |

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| F 329 | <p>Continued From page 4</p> <p>his girlfriends, but that was a long time ago."</p> <p>On 8/13/2015 at 10:30 AM, E3 stated, " I understand that (R7's) behavior tracking should be specific to the delusion he (R7) has and we are in the process of changing all of our behavior tracking sheets."</p> <p>2. R4's POS, dated 07/29/15, documents (in part) R4's diagnoses of Major Depressive Disorder Recurrent with Psychosis and Generalized Anxiety Disorder. R4's POS also documents the orders for Seroquel (an antipsychotic medication) 25 mg q morning (AM), Seroquel 100 mg q hs, Lorazepam (an antianxiety medication) 0.5 mg twice daily (BID), and Lorazepam 0.25 mg intramuscularly (IM).</p> <p>R4's Psychiatric Progress Notes, dated 05/08/15, 06/07/15 and 07/03/15, have no documentation of any abnormal psychotic thoughts. R4's Psychiatric Progress Note, dated 10/13/14, documents R4 received Seroquel 25 mg in the am and 25mg at 4 PM. R4's Psychiatric Progress Note, dated 03/10/15, documents R4 was receiving Seroquel 25mg BID, and 50 mg q hs. R4's current dosage is Seroquel 25 mg in the morning, and 100 mg q hs. R4's Psychiatric Progress Notes do not document an attempt of gradual dose reduction (GDR).</p> <p>R4's Care Plan, dated 12/15/14, documents R4 receives psychotropic medications daily placing her at risk for adverse side effects and will be free of side effects by the next review date. R4's Care Plan does not document any psychotic behaviors.</p> <p>R4's Behavior Tracking for July and August 2015 documents R4 is tracked for hitting, biting, and</p> | F 329 | | | |

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| F 329 | <p>Continued From page 5</p> <p>scratching during activities of daily living, yelling out "I have to go potty," combative behavior, and cursing at others. R4's Behavior Tracking does not document any tracking of psychotic symptoms.</p> <p>On 08/11/15 at 11:20 AM, R4 was in the dining room sitting in her wheel chair. R4 was not observed responding to any internal stimuli.</p> <p>On 08/12/15 at 1:00 PM, E16, Licensed Practical Nurse (LPN), stated " I have not seen any psychotic behaviors, but (R4) does yell out at the staff to stay away."</p> <p>On 08/12/15 at 1:20 PM, E2, Director of Nursing (DON), and E3 both stated, "(R4) gets agitated and yells out for her dog, and to get the kids on the bus."</p> <p>3. R9's POS, dated 07/29/15, documents (in part) diagnoses of Depression, Dementia with Agitation, Schizoaffective Disorder, Generalized Anxiety Disorder, and Alzheimers. R9's POS also documents the orders for Seroquel 50 mg at bedtime, Sertraline (an antidepressant medication) 25 mg to be taken with a 50 mg tablet at bedtime, and lithium (an antimanic medication) 300 mg twice daily.</p> <p>R9's Care Plan, dated 05/13/15, documents (R9) receives psychotropic medications daily placing her at risk for adverse side effects and (R9) will remain free of side effects until the next review date. R9's Care Plan also documents (R9) can become agitated with staff during care, and will yell and curse staff. R9's Care Plan does not document any psychotic behaviors.</p> | F 329 | | | |

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| F 329 | <p>Continued From page 6</p> <p>R9's Psychiatric Progress Notes, dated 06/07/15 and 07/10/15, document R9 does not have any abnormal psychotic thoughts.</p> <p>R9's Behavior Tracking for July and August 2015 documents that R9 is tracked for wandering in other residents rooms, yelling and cursing staff members.</p> <p>On 8/12/15 at 1:15 PM, E2 and E3 both stated, "When she first came (R9) was agitated and wanted to go home. R9 is now pleasant and doing well."</p> <p>4. R2's 8/2015 POS documents the diagnoses, in part, of Anxiety, Paranoid Schizophrenia and Psychosis. The POS also documents R2 receives: Divalproex (a mood stabilizer) 125 mg in the morning and 375 mg in the evening, Lorazepam 1 mg twice daily and Risperidone 1.5 mg daily. The POS also documents R2 has been receiving these psychotropic medications since April 2014.</p> <p>Throughout the day on 8/11 and 8/12/2015, R2 isolated herself in her room and would not speak to staff unless questioned. R2 refused to speak to the surveyor. R2 slept through most of her lunch meal on 8/11, 8/12 and 8/13/2015, requiring staff to repeatedly wake her in an attempt to get R2 to eat. After meals, R2 would isolate herself in her room, and had no participation in activities.</p> <p>The Care Plan/Behavior Tracking Records for 2015 documents the problem statements for R2, "(R2) may resist care, may hit, swing at staff, and will yell, curse at staff." The Behavior Tracking Records fail to document any targeted, individualized psychotic behaviors or symptoms</p> | F 329 | | | |

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| F 329 | <p>Continued From page 7</p> <p>of schizophrenia, symptoms of anxiety or mood changes R2 has experienced or may display. There is no documented interventions to address R2's mental illness with the associated symptoms.</p> <p>The Psychiatric Note for R2, dated 6/08/2015 documents, in part, "Speech scarce. Internally occupied."</p> <p>The monthly Medication Regimen Review from the pharmacy for R2 do not have documentation of a recommendation or review of a GDR of the psychotropic medications.</p> <p>5. R12's 8/2015 POS documents diagnoses, in part, as Paranoid Schizophrenia, Catatonic Type Schizophrenia, Depression and Anxiety. The POS documents R12 daily receives the antidepressants, Trazodone 50 mg at bedtime, Venlafaxine ER (extended release) 150 mg daily, and the antipsychotic medication, Abilify 2 mg at bedtime.</p> <p>The annual MDS, dated 3/29/2015, documents R12 has no impairment with cognition with no indicators of psychosis, including no delusions or hallucinations.</p> <p>R12's Care Plan, dated 3/30/2015, documents, in part, "(R12) at times exhibits extreme concerns for others." R12's monthly Care Plan/Behavior Tracking Record for 2015 only targets this behavior of concern for others. There are no symptoms of depression, paranoia, catatonia or psychosis documented as targeted behaviors for R12 in the behavior tracking.</p> <p>On 8/13/2015 at 1:00 PM, R12 reported she has</p> | F 329 | | | |

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| F 329 | Continued From page 8 a long history of mental illness, but no longer sees a psychiatrist since 4/2015. On 8/14/2015, at 10:30 AM, E13, Social Service Director reported she is unaware of what R12's history of psychotic or depressive symptoms are. The facility's undated Behavior Tracking policy and procedure documents, in part, "Purpose: To provide a means to collect data regarding individual resident behavior. This data will be used for the following reasons: To collect a baseline to determine the extent of the problem(s). To monitor the effectiveness of the plan of care developed. To monitor for behavior (including problems individuals have been placed on psychotropic medications for). To monitor for changes in a behavior. Format: A behavior monitoring chart will be individualized to the resident. At a minimum, the monitoring charting includes frequency of the behavior, interventions used, and effectiveness used. Monitoring: Behavior tracking will be monitored for completion and accuracy by the Social Service Director and Director of Nurses. Periodic monitoring will also be done by the Social Service Consultant, and this will consist of review of the tracking sheets and interviews of direct care staff." | F 329 | | | |
| F 411 SS=C | 483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care. A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this | F 411 | | | |

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| F 411 | <p>Continued From page 9</p> <p>part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Facility failed to assist a resident in obtaining needed dental services. This has the potential to affect all 53 residents living in the Facility.</p> <p>Finding include:</p> <p>On 08/13/2015 at 1:05 PM, R12 stated her bottom gums were sore and her denture was not fitting properly. "When I told the Facility, they told me I have to get my own dentist to have my dentures looked at and I am not sure where to go."</p> <p>On 08/13/2015 at 3:30 PM, E13, Social Service Director stated the Facility does not employ a staff dentist or have a contract or arrangement with any dentist to provide services to the resident. When asked what a resident does for obtaining routine dental care and or emergency services, E13 stated if residents need a dentist, they would tell the resident to call one of the two dentists near the facility, but E13 was unsure if either of the dentists would see the residents if they could not pay out of pocket.</p> | F 411 | | | |

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| F 411 | Continued From page 10 No protocol for dental services or referrals for dental services was provided by the Facility after requested from E13 on 8/13/15 at 3:30 PM. | F 411 | | | |
| F 441 SS=E | The Resident Census and Condition of Residents, CMS 672, dated 08/11/2015 documents that the Facility has 53 residents living in the Facility. 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which | F 441 | | | |

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| F 441 | <p>Continued From page 11 hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the Facility failed to clean and disinfect a glucometer after use and to wear gloves when giving injections for 5 residents, (R15-R19) in the supplemental sample.</p> <p>Findings include:</p> <p>1. On 8/12/2015 at 11:20 AM, E9, Licensed Practical Nurse (LPN) removed a glucometer from the top drawer of the medication cart for the 200 hall. E9 wiped the glucometer with a bleach wipe for less than 10 seconds and entered R15's room. E9 lanced R15's right middle finger to obtain a blood sample while wearing gloves. After obtaining the result of the blood testing, E9 placed the glucometer on top of the medication cart, removed the bleach wipe from the container, and wiped the glucometer rapidly, for less than 5 seconds. E9 then left the glucometer on top of the medication cart to air dry at 11:28 AM.</p> <p>2. On 8/12/2015 at 11:31 AM, E9 used the same glucometer from the top of the medication cart and entered R16's room. E9 applied gloves and lanced R16's left ring finger to obtain a blood sample. At 11:32 AM, E9 placed the glucometer</p> | F 441 | | | |

| 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 08/14/2015 |
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| NAME OF PROVIDER OR SUPPLIER MAR KA NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 SOUTH 10TH STREET MASCOUTAH, IL 62258 | | |
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| F 441 | <p>Continued From page 12</p> <p>on the top of the medication cart without cleansing it. After E9 administered insulin to R16 without wearing gloves, E9 placed the glucometer into the top drawer of the medication without sanitizing it. E9 cleansed her hands with an alcohol based sanitizer.</p> <p>3. On 8/12/2015 at 11:50 AM, E9 removed the same glucometer from top drawer of the medication cart, applied gloves and lanced R17's right forefinger to obtain a blood sample. E9 placed the glucometer on top of the cart without cleaning it. E9 removed her gloves and sanitized her hands. E9 then placed the glucometer into the top drawer of the medication cart.</p> <p>4. On 8/12/2015 at 12:11 PM, E9 removed the glucometer from the top drawer of the medication cart and placed it on the top of the cart. E9 gloved and used the glucometer to lance R18's left thumb at 12:13 PM. After obtaining the result of the test, E9 removed the gloves, placed the glucometer on top of the cart, then placed it back into the top of the medication cart without sanitizing it. Without donning gloves, E9 drew up 6 units of Novolog insulin, touched R18's abdomen with her left hand and administered the insulin subcutaneously into R8's left lower abdomen. E9 failed to sanitize or wash her hands after the administration of insulin.</p> <p>5. On 8/12/2105 at 12:20 PM, E9 removed the same glucometer from the top drawer of the medication cart and placed it on top of the cart while she applied gloves. E9 then entered R19's room and lanced R19's left forefinger. E9 removed her gloves and placed the glucometer on the top of the cart. Without applying gloves, E9</p> | F 441 | | | |

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

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OMB NO. 0938-0391

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| F 441 | Continued From page 13 placed the glucometer back into the top drawer of the medication cart without sanitizing it. E9 prepared 4 units of Novolog insulin in a syringe and injected the insulin to R19. E9 then prepared an oral medication of Hydralazine 10 mg (milligram) and administered it to R19 before sanitizing her hands. The manufacturer's guidelines for use of the bleach wipe documents, in part, "Wipe for 30 seconds and allow to air dry for 3 minutes." The facility's undated Glucometer Cleansing and Disinfection policy and procedure documents, in part, "Purpose: To prevent cross contamination of blood borne pathogens. Procedure: Wipe all surfaces of glucometer with bleach wipe. Wait for glucometer to dry. Glucometer is to be cleaned after each use." The facility's undated Injection (Subcutaneous) policy and procedure does not address or document the use of gloves during the injection of medication under the skin. The procedure documents, in part, "Accumulate a well-defined roll of skin with thumb and index finger and insert needle to its full length. Inject slowly and remove needle quickly. Apply pressure to the injection site with an antiseptic wipe. Assess the area for bleeding. Discard equipment properly. Wash your hands." | F 441 | | | |
| F 499 SS=E | 483.75(g) EMPLOY QUALIFIED FT/PT/CONSULT PROFESSIONALS The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. | F 499 | | | |

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| F 499 | <p>Continued From page 14</p> <p>Professional staff must be licensed, certified, or registered in accordance with applicable State laws.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the Facility failed to ensure hair services were provided by a licensed cosmetology professional for 3 of 14 residents (R4, R9, R10) in the sample of 14 and 10 residents (R18, R19, R23, R30, R31, R32, R34, R36, R37, R38) in the supplemental sample.</p> <p>Findings include:</p> <p>On 08/12/2015 at 8:50 AM, E15, Housekeeper was in the beauty shop combing out and rolling R32's hair while R19 was sitting under the hair dryer with rollers in her hair.</p> <p>On 08/12/15 at 9:02 AM, R30 was sitting under the hairdryer with services being provided by E15.</p> <p>On 08/12/2015 at 10:20 AM, R32 was getting her hair rolled by E15.</p> <p>On 08/12/15 at 9:00 AM, E15, Housekeeper, stated, "I provide hair care services including: washing, styling and hair permanents to residents on Tuesdays and Wednesdays. I have been providing hair services to the residents for the past eight years and the Facility pays me to perform these hair services." E15 also stated, "I keep a schedule and usually see eight to nine residents a day when I work." E15 stated, "I am not a licensed cosmetologist."</p> | F 499 | | | |

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| F 499 | <p>Continued From page 15</p> <p>A Beauty Shop schedule for 08/12/15 was provided by E15 with the names of the residents receiving hair services for 08/12/2015. R10, R18, R19, R30, R32, and R34 were documented as residents receiving hair services for that day.</p> <p>An additional Beauty Shop schedule for 8/11/15 was provided that documented R4, R9, R23, R31, R36, R37, and R38 as being scheduled for hair services that day.</p> <p>On 8/12/15 at 3:30 PM, E3, Assistant Director of Nursing, was asked for a policy for contracted services such as for a beautician. E3 stated, they did not have one.</p> | F 499 | | | |