

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E572	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2014
NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076		
(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 157 SS=G	<p>Annual Certification Survey Federal Oversight and Support Survey An Extended Survey Was Conducted 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 upon observation, interview and record review, the facility failed to notify and consult the physician of a persistent complaint of pain and failed to notify the psychiatrist of an onset and worsening of a behavior for one resident (R7) in the sample of 18 residents. Because of these deficient practices, R7 suffered negative psychosocial outcomes and as a result, R7 continued to isolate himself and suffered decline in ADLs (Activities of Daily Living) capabilities related to ambulation, toileting, dressing, bathing and transfers.</p> <p>Findings include:</p> <p>On 11/17/14, at 2:00PM, R7 was in his room and did not attend in-house activities. On 11/17/14, at 3:07PM, E12 Activity Director stated R7 prefers to stay in the room because of complain of pain to his legs.</p> <p>On 11/17/14, at 3:45PM, R7 was on his bed, in a bent (fetal) position. R7 stated that he does not go to activities and resident morning meetings because he is stiff and sore. R7 stated that he told the nurse about his complaint of pain.</p> <p>On 11/17/14, at 4:00PM, R7 was on his bed, in a bent (fetal) position. R7 had difficulty changing his position from the bed to standing position. R7 moved slowly, with facial grimacing, while changing his position to grab his walker. R7 was able to get out of bed and stabilize himself in a stooping position. R7 walked approximately three feet distance (from his bed to his dresser) with a slow and wobbly gait using his walker. `</p> <p>On 11/17/14, at 4:30PM, R7 stated that he uses the urinal because it is very difficult for him to go</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>to the washroom because of the pain to his neck, legs and arms. The washroom is approximately five feet away from his bed. R7 stated that he is afraid he might fall if he walks to the washroom. On 11/18/14 at 10:00Am, R7 was in his room and stated that he does not join the house activities because of his aches and pain to his legs, arms, neck and upper back. R7 stated that it is difficult for him to go the patio to smoke because of his pain. R7 stated, " I probably need a power chair to be comfortable. " R7 stated that his inability to do the things he enjoys makes him sad and angry.</p> <p>On 11/18/14, at 10:05AM, E9 RN (Registered Nurse) stated that the doctor should have been notified to obtain order for pain relief when R7 complained of pain. E9 stated, " I am going to assess (R7) right now and will call the doctor. "</p> <p>On 11/18/14, at 10:20AM, R7 was in his room. R7 did not attend on-going activities. R7 stated that the pain to his neck and upper back is worse and R7 has already reported his complaint of pain to the nursing staff.</p> <p>On 11/18/14, at 11:30Am, Z1 (Attending Physician) stated that R7 has chronic pain because of Osteoarthritis. He stated that the facility does not allow PRN pain medications for more than two weeks. Z1 stated that he depends on the nurses to notify him if a resident complains of pain. Z1 stated that he was not aware that R7 was still complaining of pain. Z1 also stated that he would have ordered pain medication for R7 if he was notified earlier. Z1 also stated that he was not aware of R7 ' s overall decline of condition.</p> <p>On 11/19/14, at 10:50AM, E14 C.N.A. (Certified Nursing Assistant) stated that R7 cannot pull his pants and R7 cannot tie his shoes. When asked about grooming, personal hygiene and bathing, E14 stated, " I do everything for him. " E14</p>	F 157			

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F 157	Continued From page 3 stated that " the only thing (R7) can do is brush his teeth " when it comes to personal hygiene. E14 stated that he takes care of R7 ten (10) days out of 14 days. E14 also stated that R7 complains of pain six (6) or more days of the ten (10) days he takes care of him. E14 stated that R7 ' s complains of pain was reported to the Nurse but E14 `does not know what the nurses did after informing them of R7 ' s pain. On 11/19/14, at 11:00AM, E3 ADON (Assistant Director of Nursing) stated that when a resident shows decline of abilities ADLs (Activities of Daily Living), the staff should determine the " kind of decline " , notify the doctor, and discuss appropriate placement. On 11/19/14, at 1:056Pm, E15 PRSC (Psychiatric Rehabilitation Services Coordinator) stated that R7 is not attending psychosocial groups; E15 did not notify the psychiatrist about it. On 11/19/14, at 3:35PM, E16 PRSD (Psychiatric Rehabilitation Services Director) stated that she is not aware that R7 stopped going to psychosocial groups activities. E16 stated that the psychiatrist should have been called when R7 stopped attending psychosocial group activities. On 11/19/14, at 3:46PM, Z2 (Psychiatrist) stated that R7 is being treated biologically through medications, but the facility services should provide psychosocial programs and in-house activities to R7 as a part of his (R7) psychosocial treatment. Z2 stated that she is not aware of R7 ' s isolative behavior, decline in ADL (Activities of Daily Living) capabilities and decline in mood and behavior. Z2 also stated that she was not made aware by the facility staff that R7 stopped going to psychosocial groups and is not participating in-house activities. Z2 stated that the isolative behavior should have been investigated and monitored because of R7 ' s psychiatric	F 157			

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F 157	Continued From page 4 diagnoses which include Schizo-Affective Disorder. Z2 stated that the nursing staff should monitor residents ' behavior using the behavior monitoring tracking so an appropriate plan of care can be created. Z2 stated that if she should have known about the change in R7 ' s behavior and ADLs, she would have ordered R7 for hospitalization and further evaluation. R7 ' s Care Plan initiated on 9/18/14 documents in part: (R7) has severe mental illness; Intervention: Refer to MD (Medical Doctor) for worsening conditions; Intervene when any inappropriate behavior is observed. Psychotropic Medication Record on the following dates documents in part: " 9/30/14 Behavior exhibited- isolative, withdrawn; 10/31/14 Behavior exhibited - remains isolative and withdrawn. " There was no intervention documented. Admission/Initial MDS (Minimum Data Set) dated 12/17/2013 and Quarterly MDS dated 9/17/14 were reviewed. The Quarterly MDs dated 9/17/14 documents in part the following areas of decline in condition in the specific MDS sections: Section C- Presence of signs and symptoms of Delirium-Inattention which was not present during the Admission/Initial comprehensive MDS; Section G - Functional Status: decline in Dressing and Bathing functions (R7) - needs assistance from staff with Dressing and Bathing; Per Initial MDS (12/17/13), R7 was independent with all areas of ADL (Activities of Daily Living) and only needed supervision with Dressing and Bathing; Section E - Behavior/Potential indicator of Psychosis: - Delusion; Per Initial MDS (12/17/13) documents no potential indicator of psychosis; Section D - Mood: Emergence of sad or anxious mood: little interest or pleasure to doing things; feeling down, sad, depressed and helpless; feeling tired and having less energy; feeling bad about himself;	F 157			

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F 157	<p>Continued From page 5</p> <p>trouble concentrating on things; total severity score from zero to 13; Per Initial MDS (12/17/13), R7 did not have any symptom of Mood problem. Acute Care psychiatric hospital discharge instruction dated 12/4/13 documents in part: Notify physician if experiencing any of the following: Recurrence of psychiatric symptoms that led to hospitalization; Inability to care for yourself.</p> <p>Based on observation, interview and record review, the facility failed to notify the psychiatrist with clinical changes in condition for one resident (R9) of five residents reviewed for psychoactive medications in a sample of 18. In addition, the facility failed to notify a physician of the drainage from a dialysis catheter site for one resident (R13) reviewed for dialysis in a sample of 18.</p> <p>Findings include:</p> <p>During the initial tour of the facility on 11/17/14 at 9:25am, R9 stated, "I'm sleepy because of my medication. Prolixin makes me sleepy and I have decreased energy. Today, I'm not going to groups because I'm too tired."</p> <p>On 11/17/14 at 12:45pm, R9 was still in bed and indicated that he felt really weak and sleepy. R9 stated, "I told the nurse." At 1:20pm, R9 asked E24 (RN-Registered Nurse) to take his blood pressure. R9 stated to E24, "I feel weak." As E24 performed R9's blood pressure he stated, "My normal is 120/80 or 120/75." His blood pressure result: 92/60.</p> <p>R9's Physician Order Sheet (POS) dated 11/1/14</p>	F 157			

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F 157	<p>Continued From page 6 through 11/30/14 documents Prolixin medication for a diagnosis of Paranoid Schizophrenia.</p> <p>R9's Psychiatric Progress Note dated 11/13/14 documents that his Prolixin was decreased to 17.5 mg at night.</p> <p>On 11/17/14 at 2:30pm, R9 stated, "I used to be on Prolixin 5 milligrams (mg) in the morning and 10 mg at night. I was less sleepy. But then the Prolixin was changed to 20 mg at night. I was sleepy and weak in the morning. The doctor decreased my Prolixin by 2.5 mg. I was at 20 mg and now I am on 17.5 mg at night. And then she will decrease again so I will be at 15 mg like before. I am still so weak and sleepy and dizzy."</p> <p>On 11/18/14 at 10:30am, R9 was still in bed sleeping. At 12:05pm, R9 stated, "I'm still so sleepy. I tell the nurses all the time that I am sleepy even though my Prolixin was decreased. When the Prolixin was increased from 15 mg a day to 20 mg a day in the first week I was very sleepy and weak. I told (Z2-Psychiatrist) that the dose was too high." At 3:00pm, R9 was in bed complaining of dizziness and sleepiness.</p> <p>R9's Psychiatric Progress Note dated 10/10/14 documents that he requested to have his Prolixin decreased to 15 mg. Z2 did not decrease his Prolixin but instead indicated that R9 will be monitored by staff and will consider decreasing the medication if staff agrees.</p> <p>E24's Nurses' Progress Note dated 11/17/14 at 1:15pm documents that Z1 (Physician) was notified regarding R9's complaints of weakness, sleepiness and low blood pressure. On 11/19/14 at 10:00am, E24 stated, "I did not notify</p>	F 157			

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F 157	<p>Continued From page 7</p> <p>(Z2-Psychiatrist) only (Z1). (Z2) not notified because I was focusing more on medical problems. I should've called (Z2). I missed that. Especially because his Prolixin was decreased in dosage the week prior. I was focusing on his medical condition."</p> <p>On 11/19/14 at 11:40am, E9 (RN) stated, "When they have symptoms, we usually call the psychiatrist first because of the residents psych meds. (R9) complained of weakness and sleepiness on/off."</p> <p>There is no documentation indicating that Z2 was notified of R9's on/off complaints of weakness and sleepiness.</p> <p>On 11/19/14 at 3:41pm, Z2 stated, "I think his increased energy level could be directly correlated to medication reduction. But they need to monitor him for mania. I absolutely would have attempted a further dose reduction of his Prolixin medication had I known earlier or had been contacted earlier regarding his sleepiness, drowsiness and decreased energy level. I did a dose reduction on 11/13/14 but would have done an additional dose reduction had I known."</p> <p>R9's Care Plan regarding psychiatric medication documents: Interventions: Report any side effects of medication to appropriate personnel.</p> <p>The manufacturer specifications for Prolixin (Fluphenazine Decanoate) documents: Adverse Reactions: Central Nervous System: Drowsiness or lethargy, if they occur, may necessitate a reduction in dosage.</p> <p>An undated facility policy titled, "Psychotropic</p>	F 157			

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F 157	<p>Continued From page 8</p> <p>Medication Reduction/Discontinuation Policy" documents: Resident will be observed, assessed, monitored for any inappropriate behavioral or psychosocial display. Psychiatrist will be conferred with if resident is assessed and recommended for psychotropic med reduction/discontinuation program.</p> <p>Physician Order Sheet (POS) denotes R13 was admitted to the facility on 6/27/2007. R13 ' s diagnoses include: Schizo-Affective Disorder Bi-Polar Type, Acute Psychotic Episode, History of Drug Abuse, Alcohol Dependence, Gastro Esophageal Reflux Disease, Diabetes Mellitus, Hypertension, Syncope and Hydronephrosis . R13 ' s Physician Order Sheet (POS) for November 2014 denotes: Dialysis 3 Times per week on Monday-Wednesday-Friday. Site: Dialysis Catheter Dress with Regular Gauze as Needed.</p> <p>November POS does not denote any dialysis site monitoring. On 11/19/14 at 2:20pm R13 was seen in his room to have two dialysis catheter sites. One shunt in the left arm and one sub-clavian port catheter.</p> <p>On 11/18/14 at 1:08pm during the group interview, surveyor observed R13 remove his dressing from his left arm dialysis site. The dressing had small amount of dried exudates adhered to gauze dressing which he removed himself and stated in part that " I always remove the dressing myself. "</p> <p>R13 ' s Dialysis Care Plan initiated 10/14/2014 with a target date of 1/15/2015 denotes that R13</p>	F 157			

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F 157	Continued From page 9 will be able to tolerate dialysis without any complications. Care Plan does not denote that nursing will perform an overall assessment upon return to the facility post dialysis. Care Plan does not denote that dialysis site will be monitored for signs and symptoms of infection such as redness, drainage, pain, localized temperature and bleeding times 24 hours post dialysis. Care plan does not denote that dialysis access site will be checked for bruit and thrill. On 11/19/14 at 2:11pm Z6 (Medical Doctor) was asked about R13 's post dialysis site care and Z6 stated in part they should not check it after every dialysis. It also does not need to be checked daily. Surveyor questioned Z6 what about a site dressing or drainage noted and Z6 responded " why exactly does he have a dressing? I was not notified. If there is a problem with the dressing then definitely the site should be observed for signs and symptoms of infection and be monitored closely. "	F 157			
F 166 SS=D	483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to follow their Grievance policy and failed to respond promptly, resolve complaints regarding cable television made by one resident (R6) in the sample of 18 and one resident (R49) in the supplemental sample , reviewed for	F 166			

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F 166	<p>Continued From page 10</p> <p>grievance resolution.</p> <p>Findings include:</p> <p>On 11/17/14 at 9:44AM, R49 stated that his DVD player was missing and a facility staff member was informed, but does not remember the staff member ' s name. R49 pointed to his dresser/cabinet and stated, " That ' s why I have them put a chain and lock because I am afraid I will lose my nice suits inside. "</p> <p>On 11/17/14, at 1:00PM, R6 stated that he wrote letters of concerns and requests to the facility staff regarding the cable television in the last few weeks. R6 also stated that it was reported during a group meeting with the social worker when she (social worker) asked what is going on. R6 stated that 1/3 of the world news has been eliminated and many residents, as well as staff members feel that it is unfair. R6 stated that he is disappointed because the facility should provide cable stations that provide alternative shows which cater to R6 ' s life experiences. R6 stated that he preferred to stay in his room most of the time, but because of the change in cable service, R6 does not enjoy staying in his room anymore.</p> <p>On 11/17/14, at 2:02PM, E16 PRSD (Psychiatric Rehabilitation Services Director) stated she heard about R49 ' s missing DVD player on 11/17/14 at 7:00AM. E16 stated that the report of the missing DVD player was reported to her by E17 Activity staff. On 11/17/14, at 2:05PM, when asked about R49 ' s missing DVD player, E17 stated that R49 is " having those moments. "</p> <p>Review of the Grievance Book from 10/23/13 was completed. There was no evidence of R49 ' s concern of missing DVD player documented. E16 validated this information on 11/18/14, at 2:05PM. On 11/18/14, at 12:50PM, E11 RN (Registered Nurse) stated that R49 is alert and oriented X3 (to person, time and place), consistent and R49 is</p>	F 166			

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F 166	Continued From page 11 able to verbalize concerns appropriately. E 11 stated that R49 is consistent with his decision-making capacities. R49 ' s Care Plan Cardex documents: " alert and oriented x 3 " with a BIMS score is eleven (11), Social Service progress notes documents in part: " (R49) is alert and oriented in all spheres. " The facility ' s undated policy titled " Grievance Policy and Procedure " states in part: " This facility will make every effort to promptly and satisfactorily resolve any complaint, concern or grievance brought to the attention of administration. This includes grievances concerning missing property. Procedure#1. The appropriate staff member will meet with the complainant to discuss the nature of the complaint, and will act promptly to resolve the matter to the resident or representative ' s satisfaction. " The facility failed to follow this policy.	F 166			
F 224 SS=J	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based upon observation, interview and record review, the facility neglected to comprehensively assess R7 ' s complaint of pain, provide on-going monitoring of R7 ' s complaint of pain., create	F 224			

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F 224	<p>Continued From page 12</p> <p>plan of care to address R7 ' s complaint of pain, investigate R7 ' s refusal to attend activities and psychosocial programming, monitor R7 ' s isolative behavior, implement Care Plan for R7 who has diagnoses of Mental Illness, adapt plan of care to R7 ' s current level of functioning, identify R7 ' s need for additional behavioral attention, notify the physician of R7 ' s complaint of pain and decline in overall function, notify the psychiatrist of R7 ' s isolative behavior and decline in overall function, create a significant change MDS (Minimum Data Set) and plan of care to address significant decline of condition. As a result, R7 suffered negative psychosocial outcomes and R7 continued to isolate himself and suffered decline in ADL (Activities of Daily Living) capabilities related to ambulation, personal hygiene/grooming, toileting, dressing, bathing and transfers.</p> <p>The facility ' s failures resulted in an immediate jeopardy. The immediate jeopardy was determined to have begun on 8/27/14 when R7 ' s doctor created a plan for R7 to have PT (Physical Therapy) for pain for flexibility, posture assistance, neck and back exercises but the plan of care was not followed-up by the facility staff. There is no evidence that R7 received PT after 8/27/14.</p> <p>On 11/20/14, at 11:15 AM, E1 Administrator was notified of the immediate jeopardy once it was determined that R7 pain and subsequent continued decline was not addressed.</p> <p>While the immediacy was removed on 11/20/14 at 6:00 PM, the facility remains out of compliance at a Severity Level 2 as the facility continues to educate their staff and implement interventions from their abatement plan.</p> <p>Findings include: R7 is a 62-year old resident who was admitted to</p>	F 224			

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F 224	<p>Continued From page 13</p> <p>the facility on 12/4/13 from acute care psychiatric hospital with diagnoses of Spine Injury, Paranoid Schizophrenia, Herniated cervical disk, C3-C4 Decompression. R7 ' s PAS/MH (Pre-admission Screening/Mental Health) dated 12/6/13 documents in part: Special Services- Professional Observation by MD/RN (Medical Doctor/Registered Nurse) for medication monitoring, adjustment and stabilization, community re-integration activities, Instrumental Activities of Daily Living training/reinforcement and Mental Health Rehabilitation activities. The acute care psychiatric hospital discharge instruction dated 12/4/13 documents in part: " Notify physician if experiencing any of the following: Recurrence of psychiatric symptoms that led to hospitalization; Inability to care for yourself. "</p> <p>On 11/17/14, at 9:30 AM, during the initial tour with E2 DON (Director of Nursing), R7 was in his room while the residents ' morning meeting was in progress. E2' stated that all residents attend resident morning meeting every day in the front room.</p> <p>On 11/17/14, at 2:00 PM, R7 was in his room and did not attend in-house activities.</p> <p>On 11/17/14, at 3:07 PM, E12 Activity Director stated R7 prefers to stay in the room because of complain of pain to his legs.</p> <p>On 11/17/14, at 3:45 PM, R7 was on his bed, in a bent (fetal) position. R7 stated that he does not go to activities and resident morning meetings because he is stiff and sore. R7 stated that he told the nurse about his complaint of pain.</p> <p>On 11/17/14, at 4:00 PM, R7 was on his bed, in a bent (fetal) position. R7 had difficulty changing his position from the bed to standing position. R7 moved slowly, with facial grimacing, while changing his position to grab his walker. R7 was</p>	F 224			

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F 224	<p>Continued From page 14</p> <p>able to get out of bed and stabilize himself in a stooping position. R7 walked approximately three feet distance (from his bed to his dresser) with a slow and wobbly gait using his walker.</p> <p>On 11/17/14, at 4:30 PM, R7 stated that he uses the urinal all the time because it is very difficult for him to go to the washroom because of the pain to his neck, legs and arms. The washroom is approximately five feet away from his bed. R7 stated that he is afraid he might fall if he walks to the washroom. R7 ' s Care Plan initiated on 9/18/14 documents in part: " Urinals provided at HS (at night). Refer to MD (Medical Doctor) for worsening conditions. " There is no evidence that the doctor was notified of the change - that R7 now uses the urinal all the time.</p> <p>On 11/18/14 at 10:00 Am, R7 was in his room and stated that he does not join the house activities because of his aches and pain to his legs, arms, neck and upper back. R7 stated, " I probably need a power chair to be comfortable. " R7 stated that he likes walking and he used to walk around the facility when he " was not in so much pain. " R7 stated that it is also difficult for him to go the patio to smoke because of his pain. R7 stated that his inability to do the things he enjoys makes him sad and angry. R7 stated, " I just want to move out of here and go to another nursing home. "</p> <p>On 11/18/14, at 10:05 AM, E9 RN (Registered Nurse) stated that R7 complains of pain sometimes and it is charted in the nurses ' notes. E9 stated that there is no Pain Assessment completed for R7 monthly or quarterly after E9 checked R7 ' s chart. E9 also stated that the doctor should have been notified to obtain order when R7 complained of pain. E9 checked the MAR (Medication Administration Record) and</p>	F 224			

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F 224	<p>Continued From page 15</p> <p>confirmed that Motrin was administered to R7 on 11/15/14 without a doctor ' s order and there was no documentation in the nurses ' notes. E9 stated that the facility ' s policy was to complete a pain assessment but confirmed that pain assessment not completed. E9 stated, " We have a form that we use. " E9 stated, " I am going to assess (R7) right now and will call the doctor. "</p> <p>On 11/18/14, at 10:20 AM, R7 was in his room. R7 did not attend on-going activities. R7 stated that the pain to his neck and upper back is worse and R7 has already reported his complaint of pain to the nursing staff.</p> <p>On 11/18/14, at 11:30 Am, Z1 (Attending Physician) stated that R7 has chronic pain because of Osteoarthritis. He stated that the facility does not allow PRN pain medications for more than two weeks. Z1 stated that he depends on the nurses to notify him if a resident complains of pain. Z1 stated that he was not aware that R7 was still complaining of pain. Z1 also stated that he would have ordered pain medication for R7 if he was notified earlier. Z1 also stated that he was not aware of R7 ' s overall decline of condition.</p> <p>On 11/19/14, at 10:50 AM, E14 C.N.A. (Certified Nursing Assistant) stated, " I do everything for him; (R7) cannot even pull his pants or tie his shoes; he used to. " When asked about grooming, personal hygiene and bathing, E14 stated, " I do everything for him. " E14 stated that " the only thing (R7) can do is brush his teeth " when it comes to personal hygiene. E14 stated that he takes care of R7 ten (10) days out of 14 days. E14 also stated that R7 complains of pain six (6) or more days of the ten (10) days he takes care of him. E14 stated that R7 ' s</p>	F 224			

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F 224	<p>Continued From page 16</p> <p>complains of pain was always reported to the Nurse but E14 does not know what the nurses did after informing them of R7 ' s pain.</p> <p>On 11/19/14, at 11:00 AM, E3 ADON (Assistant Director of Nursing) stated that when a resident shows decline of abilities ADL's (Activities of Daily Living), the staff should determine the " kind of decline ", notify the doctor, and discuss appropriate placement. When asked if the facility provide ADL (Activities of Daily Living) programs to prevent ADL decline, E3 stated, " We don ' t have that. " E3 stated that anything that the staff does pertaining to ADL should be documented in the Care Plan. E3 also stated, " We don ' t chart complaints of pain daily. " E3 also stated that the nurses should call the doctor if there is no relief. There was no Care noted addressing R7 ' s decline of abilities to perform his ADL's. This finding was confirmed by E3.</p> <p>On 11/19/14 at 12:07 PM, E1 (Administrator) stated that when a residents shows a decline of ADL functions, the facility staff uses a holistic approach. E1 further explained that a resident ' s decline in condition should be investigated and addressed. E1 stated that if a resident needs PT (Physical Therapy), the resident can go a skilled nursing facility for outpatient therapy or the resident can be admitted to a skilled nursing facility and return when the resident gets better.</p> <p>On 11/19/14, at 1:05 PM, E7 PRSC (Psychiatric Rehabilitation Services Coordinator) stated that R7 is not attending psychosocial groups anymore. When asked what was done to address it, E7 stated that she charted it but did not notify the psychiatrist about it. E7 stated that R7 is supposed to attend in-house activities. E7 stated that she is not aware of R7 ' s ADL decline of function, but Nursing is the one who makes the</p>	F 224			

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F 224	<p>Continued From page 17</p> <p>determination if R7 needs intervention. E7 also stated that she was not aware if R7 was attending in-house activities.</p> <p>On 11/19/14, at 1:36 PM, E3 (ADON) stated that R7 " can be isolative. " When asked if the isolative behavior is being monitored, E3 stated, " Not really. " The Behavior monitoring Record for the month of November, 2014 was blank. This finding was confirmed by E3.</p> <p>On 11/19/14, at 3:35 PM, E16 PRSD (Psychiatric Rehabilitation Services Director) stated she is not aware that R7 stopped going to psychosocial groups activities. E16 stated that the psychiatrist should have been about it. E16 also stated, " (R7 ' s) isolative Behavior should have been monitored. E16 stated that R7 should be in engaged with in-house activities if R7 is not going to psychosocial programs. E16 was not aware that R7 was not attending in-house activities.</p> <p>General Medicine Outpatient Progress note dates 8/15/14 documents in part: (R7) medical history: Osteoarthritis, Herniated Cervical disk s/p C3-C4 (third 4th Cervical) decompression in 2007... will defer pain control to Nursing Home.</p> <p>Doctor ' s Progress notes dated 8/27/14 documents in part: " (R7) c/o pain " all over " ...interferes with walking. Depressed, Gait-spastic/scissor gait, forward flexed posture ...Chronic Pain: Consider PT (Physical Therapy) for pain at (the facility) for flexibility, posture assistance, neck/back exercises. " There is no evidence that R7 received PT after 8/27/14. On 11/19/14, at 1:36 PM, E3 ADON (Assistant Director of Nursing) validated that the PT was not followed-up by the nursing staff. E3 confirmed that R7 was not referred for PT. E3 stated, " I will call the doctor about it. "</p> <p>Pain Assessment dated 10/20/14 documents in part: Frequent pain on arms, legs and neck</p>	F 224			

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F 224	<p>Continued From page 18</p> <p>areas; stiff and sore. There was no evidence of monitoring of R7 ' s complaint of pain. This finding was validated by E3 on 11/18/14, at 10:25 AM.</p> <p>Per MAR (Medication Administration Record) dated July, 2014, August, 2014, September, 2014 review showed that there is no evidence of pain management. October, 2014 documents that the facility administered Motrin once to R7 - 10/20/14, at 10:40 AM but there is no date or time when R7 was re-assessed after pain medication was administered.</p> <p>There is no care plan to address R7 ' s complains of pain noted in the medical record. On 11/18/14, at 10:25 AM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator stated validated the finding and stated, " I will create a Care Plan for pain today. "</p> <p>Pain Assessment/Management undated facility policy documents in part: " Policy#1. A clinical staff member upon admission, monthly when pain is verbalized. Procedure #2. Formulate care plan accordingly. Notify physician when nursing interventions or ordered medical intervention are not sufficient.</p> <p>Monthly Nursing Summary from July to October, 2014 were reviewed: For both months of July and August, 2014, the records documents mobility/gait as slow and steady with behavior as quiet and pleasant. Monthly Nursing Summary dated 9/12/14 documents Gait: Unsteady; Behavior: delusional and paranoid. Monthly Nursing Summary dated 10/24/14 documents: Gait: Wobbly; Behavior: Delusional and Paranoid. There is no evidence that the changes in gait and behavior were addressed by the facility.</p> <p>Psychotropic Medication Record on the following dated documents in part: 9/30/14 documents in part: Behavior exhibited- isolative, withdrawn.</p>	F 224			

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F 224	<p>Continued From page 19</p> <p>10/31/14 documents in part: Behavior exhibited - remains isolative and withdrawn. There is no evidence that the onset and persistence of isolative and withdrawn behaviors were addressed by the facility.</p> <p>Psychiatric progress notes dated 8/25/14, 9/26/14 and 10/24/14 did not identify R7 ' s isolative and withdrawn behavior. There is no documentation that Z2 was notified of the isolative and withdrawn behavior of R7.</p> <p>Psychotropic Care Plan initiated 9/18/14 documents interventions in part: " Monitor/record occurrence of for target behavior symptoms and document per facility protocol; Update and code behavioral tracking sheets as indicated; Offer specific behavioral counseling and intervention to address mood/behavioral issues. "</p> <p>The facility ' s Behavior Monitoring Records dated from February, 2014 to November, 2014 were reviewed. The following records were blank and uncoded (No specific Behavior being monitored): March, 2014, April, 2014, May, 2014, July, 2014 and November, 2014. On 11/19/14, at 1:36 PM, E3 (ADON) stated that the behavior monitoring tool is used to track resident ' s behavior and the facility ' s monitoring tool to determine significant changes of behavior. E3 stated that information from the Behavior Monitoring Records is used when planning the care or behavior management for a resident.</p> <p>The facility ' s undated policy titled Psychotropic Medications policy documents in part: Guideline #11. Documentation of behavioral monitoring which includes symptoms requiring the use of psychotropic medication, if the symptoms are permanent or transient, other reason as potential causes of the behavior and monitoring of the side effects to the psychotropic medication.</p> <p>The facility ' s undated policy titled Behavior</p>	F 224			

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F 224	<p>Continued From page 20</p> <p>Monitoring Record Policy documents in part: Behavior Monitoring Record is used for antidepressant, antipsychotic, psycho-stimulant, sedative-hypnotic, mood stabilizing and anticonvulsant medications, anti-anxiety medications to record target behaviors, appropriate diagnosis, interventions, outcomes and side effects.</p> <p>Social Service Progress Notes from 5/21/14 - 11/7/14 were reviewed. The documentation reviewed did not identify R7 ' s Isolation and Withdrawn behaviors.</p> <p>Initial Activity History and Assessment dated 12/12/13 documents that R7 is alert and oriented to time, place and person and R7 ' s activity interests include music, reading, writing, walking and being outdoors, talking or conversing, movies, social events/parties, organization like resident ' s council, intellectual games and trivia.</p> <p>Activity Progress Notes dated 9/24/14 documents in part: Resident had been spending a lot of time in bed. There is no evidence of a care plan being created to address R7 ' s " spending a lot of time in bed. "</p> <p>R7 ' s Care Plan dated 9/18/14 documents in part: R7 ' s Care Plan initiated on 9/18/14 documents in part: (R7) has severe mental illness; Intervention: Assign (R7) to group or activities to go to. Intervene when any inappropriate behavior is observed. Focus - (R7) has demonstrated some difficulty adjusting to Long Term Placement; Intervention: Get resident involved in programs and activities. Assign the resident group or activities to go to. Care Plan Activity dated 9/24/14 documents in part: (R7 ' s) Needs- demonstrate poor functioning with peers. There is no intervention/approach documented. There is no plan to adapt activities and psychosocial groups to adapt to R7 ' s current</p>	F 224			

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F 224	<p>Continued From page 21</p> <p>level of function/condition. On 11/19/14 @ 2:05 PM, E12 (Activity Director) validated the absence of plan of care to address R7 ' s activity needs. E12 stated, " I missed it. "</p> <p>Facility ' s undated policy, titled " Activities " documents in part: The facility shall provide an on-going program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident. (e) Activities shall be adapted, as needed, to provide for maximum participation by individual residents. If a particular resident does not participate in at least an average of four (4) activities per day over one week period, the unit director shall evaluate the resident ' s participation and have the available activities modified and/or consult with the interdisciplinary team.</p> <p>Mental Health Progress notes dated 9/2/14 documents R7 ' s is not attending Anger, Men's Health and Stress programs. Men's ' group was documented as " discontinued " but there was no documentation of the reason. There was no evidence of the psychiatrist being notified.</p> <p>The facility ' s undated policy titled Behavior Management and Behavior Health policy documents in part: " Overview: It ' s purpose is to identify residents who demonstrate unstable, chaotic, and disorganized behavior who may demonstrate greater potential for de-compensation including aggression towards oneself and/or other persons. These residents may need additional psychiatric consultation, medication management and/or modifications in their behavioral treatment plan. Problem-solve what the behavior symptoms are communicating. Evaluate resident involvement in on-going psychiatric, psychological. Structure and Function: The staff cooperatively works to identify</p>	F 224			

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F 224	<p>Continued From page 22</p> <p>potential behavioral management challenges and implements plans of action to promote a safe and safety living environment, stressing educational services/training, monitoring the effect of implemented changes and making needed revisions to the action care plans. The IDT, primarily through the social services staff and clinical social work consultant are responsible for identifying residents in need of additional behavioral attention. " There is no evidence that the staff addressed R7 ' s need for additional behavioral attention.</p> <p>Psychiatric Rehabilitation Services policy date 5/11/12 documents in part: " Program goal: engagement of each resident in his/her recovery and rehabilitation. Poor Participation: Staff response shall include appropriate education and counseling about the value of interventions and personal consequences the resident faces for poor engagement. " There is no evidence that appropriate education and counseling was done when R7 stopped participating in psychosocial programming.</p> <p>House Rules & Behavioral Expectations documents in part: Residents are expected to be out of bed in the morning unless evaluated as physically ill by medical personnel. There is no evidence of any type of evaluation performed in relation to R7 ' s being not being out of bed in the morning and not attending residents ' morning meetings.</p> <p>Quarterly MDS (Minimum Data Set) dated 3/17/14 documents the following areas of decline (in comparison with Admission/Initial MDS dated 12/17/2013): ADL function- decline in Dressing and Bathing; new onset of pain - 6/10 with Frequency documented as: occasionally; Change in behavior which was documented as new onset of potential indicators of psychosis - hallucination</p>	F 224			

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F 224	<p>Continued From page 23</p> <p>& delusion; Emergence of sad or anxious mood which included the following documentation: feeling down, sad, depressed and helpless; feeling tired and having less energy, feeling bad about himself; trouble concentrating on things. There was no Significant Change MDS completed. On 11/19/14, a 11:06 AM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator validated that Significant Change MDS was not completed. E8 stated that a significant change MDS (Minimum Data Set) comprehensive assessment should have been done. E8 stated, " We have criteria for that. " E8 stated that a significant change MDS should be done if there is a change in behavior, cognition and ADL's (Activities of daily Living). Immediate Jeopardy was removed on 11/20/14 at 6:00 PM. E1 was notified. However, the facility level remains out of compliance at severity level 2 because of the need to allow for complete interviewing of staff and to evaluate the effectiveness of the plan of correction.</p> <p>The facility submitted the following plan:</p> <ol style="list-style-type: none"> 1. The facility notified the attending physician and obtained an order on 11/20/14 to increase the Motrin to 800 mg (milligrams) from 600 mg TID (Three Times a Day) for weeks. The attending physician planned to see R7 on 11/21/14. 2. The facility notified the psychiatrist on 11/20/14 and was scheduled to see R7 on 11/21/14. 3. Pain Assessment was completed on 11/20/14. 4. A significant change comprehensive assessment will be completed with an ARD (Assessment Reference Date) of 11/20/14. 5. Staff in-service titled: Revised Pain Management Policy was done on 11/20/14. 	F 224			

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F 224	Continued From page 24 6. Care Plan addressing R7 ' s complain of pain was initiated on 11/20/14. 7. Care Plan was addressing R7 ' s self-care performance deficits was initiated on 11/20/14 with a goal for R7 to " not show any further decline in ADL function. " 8. (Activity) Care Plan addressing R7 ' s symptom of isolation, psychosocial/psychiatric impairment was initiated on 11/20/14. 9. Care Plan was updated on 11/20/14 that addressed R7 ' s isolative behavior which included Interventions which includes but not limited to: Do informal one to ones with resident. Invite (R7) to activities if (R7) does not attend groups. Encourage (R7) to attend activities. 10. Care Plan addressing adjustment to Long Term Care placement was updated on 11/20/14 adding a new intervention: Personal invite R7 to an activity, (R7) can have a reward after he attends activity. 11. The facility ' s Pain Management Policy was revised which includes but not limited to: #6 e. Pain level is re-assessed and documented thirty (30) minutes to one (1) hour after administration of the ordered medication. If the pain is not relieved, the MD (Medical Doctor) will be notified by the nurse for a change in medication or increase in dose. For continued pain, alert the physician for further orders. " 12. R7 was referred to PT (Physical Therapy). R7 was evaluated by PT (Physical Therapy) on 11/20/14. 13. The facility staff made an appointment for R7 to have PM & R (Physical Medicine and Rehabilitation) evaluation on 3/11/15.	F 224			
F 226 SS=F	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES	F 226			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 226	<p>Continued From page 25</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to post information regarding the staff ' s obligation to report a suspected crime. Findings Include: During the environmental tour on 11/19/14 that started at 2:00 PM, there was no posting, with information regarding the staff ' s obligation to report a suspected crime, in the staff ' s locker room. On 11/19/14 at 3:16 PM, E26 (Dietary Aide) stated in part that there is no posting with information for staff to follow to report a suspected crime, in the staff ' s locker room. E26 failed to identify where the posting was located in the facility. On 11/19/14 at 3:40 PM, E1 (Administrator) stated in part that there is no posting with information for staff to follow to report a suspected crime, in the facility. E1 has not provided staff training regarding how to report a suspected crime. The facility ' s undated Abuse Prevention Program Facility Procedures, in the orientation and training of employees section, documents in part the following: A notice will be posted stating an employee ' s obligation for reporting a suspected crime and how to file such a report without retaliation.</p>	F 226			

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F 241 F 241 SS=D	Continued From page 26 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a dignified dining experience for one resident (R4) of 18 residents reviewed for dining in a sample of 18. Findings include: On 11/18/14 at 12:06pm, R4 was seated at a table with six residents (R40, R41, R42, R43, R44, R45) waiting for their lunch meal. At 12:08pm, E21 (CNA-Certified Nurse Assistant) and E22 (CNA) began to pass trays to the residents seated at R4's table. R40 received his tray at 12:08pm R41 received his tray at 12:08pm R42 received his tray at 12:10pm R43 received his tray at 12:09pm R44 received his tray at 12:10pm R45 received his tray at 12:08pm R4 watched as R40, R41, R42, R43, R44 and R45 began to eat. At 12:10pm, R4 stated to E22, "I'm hungry." E22 stated, "Your tray is not ready yet." At 12:15pm, R4 stated to the surveyor, "I came down to the dining room at 12:00pm. I've been waiting for 15 minutes. It bothers me that everyone's eating. It's the only thing to look	F 241 F 241			

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F 241	Continued From page 27 forward to."	F 241			
F 248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observation, interview and record review, the facility failed to plan and evaluate resident ' s activity participation and failed to modify activities to meet the needs, abilities and preferences for one resident (R7) in the sample of 18 residents.</p> <p>Findings include: On 11/17/14, at 2:00PM, R7 did not attend on-going in-house activities. On 11/17/14, at 2:30Pm, E32 (Activity Staff) stated that R7 does not attend group activities. On 11/17/14, at 3:07PM, E12 (Activity Director) stated R7 prefers to stay in the room because of complain of pain to his legs. On 11/17/14, at 3:45PM, R7 stated that he cannot</p>	F 248			

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F 248	Continued From page 28 go to activities and the morning meetings because he is stiff and sore. On 11/18/14 at 10:00Am, R7 was in his room and stated that he cannot participate in the house activities because of his aches and pain to his legs, arms, neck and upper back. On 11/18/14, at 10:20AM, R7 did not attend on-going activities. Initial Activity History and Assessment dated 12/12/13 documents that R7 is alert and oriented to time, place and person and R7 ' s activity interests include music, reading, writing, walking and being outdoors, talking or conversing, movies, social events/parties, organization like resident ' s council, intellectual games and trivia. Activity Progress Notes dated 9/24/14 documents in part: " Resident had been spending a lot of time in bed. " There is no evidence of a care plan being created or modified to address R7 ' s " spending a lot of time in bed. " R7 ' s Activity Care Plan dated 9/24/14 did not document any intervention. There is no evidence of one-to-one activities done for R7. On 11/19/14, at 2:05PM, E12 (Activity Director) validated these findings.	F 248			
F 274 SS=G	483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE 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	F 274			

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F 274	<p>Continued From page 29</p> <p>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 upon observation, interview and record review, the facility failed to complete a comprehensive assessment to address significant decline of condition for one resident (R7) in the sample of 18 residents. This failure resulted in R7 negative psychosocial outcome, increased isolation and decline in activities of daily living (ADL) related to ambulation, incontinence, dressing, bathing and transfers. Findings include: On 11/17/14, at 2:00PM, R7 was in his room and did not attend in-house activities. On 11/17/14, at 3:07PM, E12 Activity Director stated R7 prefers to stay in the room because of complain of pain to his legs. On 11/17/14, at 3:45PM, R7 was on his bed, in a bent (fetal) position. R7 stated that he cannot go to activities and the morning meetings because he is stiff and sore. R7 stated that he told the nurse about his complaint of pain. On 11/17/14, at 4:00PM, R7 was on his bed, in a bent (fetal) position. R7 had difficulty changing his position from the bed to standing position. R7 moved slowly, with facial grimacing, while changing his position to grab his walker. R7 was able to get out of bed and stabilize himself in a stooping position. R7 walked approximately three feet distance (from his bed to his dresser) with a slow and wobbly gait. On 11/17/14, at 4:30PM, R7 stated that he uses the urinal because it is very difficult for him to go to the washroom which is at approximately five</p>	F 274			

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F 274	<p>Continued From page 30</p> <p>feet away from his bed. R7 stated that he is afraid he might fall if he walks to the washroom.</p> <p>On 11/18/14 at 10:00Am, R7 was in his room and stated that he cannot participate in the house activities because of his aches and pain to his legs, arms, neck and upper back. R7 stated that it is difficult for him to go the patio to smoke because of his pain. R7 stated, " I probably need a power chair to be comfortable. " R7 stated that his inability to do the things he enjoys makes him sad and angry.</p> <p>On 11/18/14, at 10:05AM, E9 RN (Registered Nurse) stated that the doctor should have been notified to obtain order when R7 complained of pain. E9 stated, " I am going to assess (R7) right now and will call the doctor. "</p> <p>On 11/18/14, at 10:20AM, R7 was in his room. R7 did not attend on-going activities. R7 stated that the pain to his neck and upper back is worse and R7 has already reported his complaint of pain to the nursing staff.</p> <p>On 11/18/14, at 11:30Am, Z1 (Attending Physician) stated that R7 has chronic pain because of Osteoarthritis. He stated that the facility does not allow PRN pain medications for more than two weeks. Z1 stated that he was not aware that R7 was still complaining of pain. Z1 also stated that he would have ordered pain medication for R7 if he was notified earlier. Z1 also stated that he was not aware of R7 ' s overall decline of condition.</p> <p>On 11/19/14, at 11:00AM, E3 ADON (Assistant Director of Nursing) stated that when a resident shows decline of abilities ADLs (Activities of Daily Living), the staff should determine the " kind of decline " , notify the doctor, and discuss appropriate placement.</p> <p>On 11/19/14, at 10:50AM, E14 C.N.A. (Certified Nursing Assistant) stated that R7 cannot pull his</p>	F 274			

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F 274	<p>Continued From page 31</p> <p>pants and R7 cannot tie his shoes. When asked about grooming, personal hygiene and bathing, E14 stated, " I do everything for him. " E14 stated that " the only thing (R7) can do is brush his teeth " when it comes to personal hygiene. E14 stated that he takes care of R7 ten (10) days out of 14 days. E14 also stated that R7 complains of pain six (6) or more days of the ten (10) days he takes care of him. E14 stated that R7 ' s complains of pain was reported to the Nurse but E14 `does not know what the nurses did after informing them of R7 ' s pain.</p> <p>On 11/19/14, at 1:056Pm, E15 PRSC (Psychiatric Rehabilitation Services Coordinator) stated that R7 is not attending psychosocial groups; E15 did not notify the psychiatrist about it.</p> <p>On 11/19/14, at 3:35PM, E16 PRSC (Psychiatric Rehabilitation Services Director) stated she is not aware that R7 stopped going to psychosocial groups activities. E16 stated that the psychiatrist should have been called when R7 stopped attending psychosocial group activities.</p> <p>On 11/19/14, at 3:46PM, Z2 (Psychiatrist) stated that R7 is being treated biologically through medications, but the facility services should provide psychosocial programs and in-house activities to R7 as a part of his (R7) psychosocial treatment. Z2 stated that she is not aware of R7 ' s isolative behavior, decline in ADL (Activities of Daily Living) capabilities and decline in mood and behavior. Z2 also stated that she was not made aware by the facility staff that R7 stopped going to psychosocial groups and is not participating in-house activities. Z2 stated that the isolative behavior should have been investigated, monitored because of R7 ' s psychiatric diagnoses which include SAD (Schizo-Affective Disorder). Z2 stated that the nursing staff should monitor residents ' behavior using the behavior</p>	F 274			

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F 274	Continued From page 32 monitoring tracking so an appropriate plan of care can be created. Z2 stated that if she should have known about the change in R7 ' s behavior and ADLs, she would have ordered R7 for hospitalization and further evaluation. R7 ' s Care Plan initiated on 9/18/14 documents in part: (R7) has severe mental illness; Intervention: Refer to MD (Medical Doctor) for worsening conditions; Intervene when any inappropriate behavior is observed. Psychotropic Medication Record on the following dates documents in part: " 9/30/14 Behavior exhibited- isolative, withdrawn; 10/31/14 Behavior exhibited - remains isolative and withdrawn. " There was no intervention documented. Admission/Initial MDS (Minimum Data Set) dated 12/17/2013 and Quarterly MDS dated 3/17/14 were reviewed. The Quarterly MDs dated 3/17/14 documents in part the following areas of decline in condition in the specific MDS sections: Section G - Functional Status: decline in Dressing and Bathing functions (R7) - needs assistance from staff with Dressing and Bathing; Per Initial MDS (12/17/13), R7 was independent with all areas of ADL (Activities of Daily Living) and only needed supervision with Dressing and Bathing; Section J - Pain Assessment Review: (R7) complained of pain; 6/10; Frequency: occasionally; Per Initial MDS (12/17/13) documented " No Pain " ; Section E - Behavior/Potential indicator of Psychosis: - hallucination & delusion; Per Initial MDS (12/17/13) documents no potential indicator of psychosis; Section D - Mood: Emergence of sad or anxious mood: feeling down, sad, depressed and helpless; feeling tired and having less energy, feeling bad about himself; trouble concentrating on things; total severity score from zero to 11; Per Initial MDS (12/17/13), R7 did not have any symptom of Mood problem. Similar	F 274			

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F 274	<p>Continued From page 33</p> <p>functional decline were noted in the MDS ' completed on 6/17/14 and 9/17/14.</p> <p>IDT C/P (Interdisciplinary Team Care Plan) Meeting Signature sheet dated 3/20/14 documents eight facility staff ' s signature which includes E16 PRSD (Psychiatric Rehabilitation Services Director) and a E14, C.N.A. (Certified Nursing Assistant) who takes care of R7 signed signifying attendance to the Care Plan meeting. This information was validated by E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator on 11/18/14 at 10:25AM.</p> <p>On 11/19/14 at 11:06AM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator stated, " We hardly have those kind of things here. " When asked about (SCSA) Significant Change in Status Assessment. E8 stated that Significant Change in Status Assessment should be done when there is a decline in behavior, cognition and ADLs. E8 further stated that an SCSA comprehensive MDS should have been done for R7 done instead of the Quarterly, and the Care Plans should have been modified. E8 validated that the Care Plans were not modified according to the areas of decline.</p> <p>Long Term Care Facility Resident Assessment Instrument User ' s Manual, (October, 2014 update) documents in part: " Guidelines for determining a significant change in residents ' status: If the condition has not resolved within two (2) weeks, staff should begin a SCSA (Significant Change in Status Assessment). "</p> <p>On 11/20/14, at 5:30PM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator stated that a significant change comprehensive assessment will be completed with an ARD (Assessment Reference Date) of 11/20/14.</p> <p>On 11/24/14, at 9:30AM, E3 ADON (Assistant Director of Nursing) stated that R7 was admitted</p>	F 274			

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F 274	Continued From page 34	F 274			
F 279	to an acute care hospital for evaluation of behavioral symptoms and pain.				
SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS	F 279			
	<p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to develop a care plan for three residents (R7, R10, R12) in a sample of 18 reviewed which addressed psychosocial, weight loss, and ADL (activities of daily living) needs. Findings include: On 11/18/14, at 9:40am, record review of R10's medical chart indicates R10 did not have a care plan for psychosocial programming and refusal of</p>				

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F 279	<p>Continued From page 35</p> <p>groups and 1:1 sessions with his PRSD (Psycho-social Rehab Services Director). At 9:51am, E16 (PRSD) stated the following: "(R10) is supposed to go to Stress Reduction, Anger & Impulse, Interpersonal 2, Self-Esteem, and Relapse Prevention groups. He is very resistant to groups and has poor impulse control. He does not attend groups. I don't have a care plan on what groups he's supposed to attend. Neither do I have a care plan that states he is refusing groups and 1:1's."</p> <p>During the first three days of the survey, R12 was walking around the facility without wearing a brassiere.</p> <p>An attempt was made to speak to R12 on 11/17/14 at 3:30pm. R12 stated, "I don't want to talk to you or talk about anything."</p> <p>On 11/19/14 at 12:13pm, R12 stated, "I put on a bra but it's uncomfortable. I need a bigger bra."</p> <p>On 11/18/14 at 1:20pm, E23 (Certified Nurse Assistant-CNA) stated, "She refuses to wear a bra. It's been awhile. If you tell her to wear one, she always refuses. I'm not sure why she refuses. I don't ask her."</p> <p>On 11/18/14 at 1:30pm, E8 (Minimum Data Set (MDS) Coordinator) stated, "If someone has a behavior/refusal regarding medications, ADL's (Activities of Daily Living), if behavior is constant should be care planned. If care plan, then able to provide intervention."</p> <p>On 11/18/14 at 2:15pm, E7 (Psychosocial Rehabilitation Services Coordinator-PRSC) stated, "I've known her for 10 years. She barely wears a bra. Only when family comes into town. It's not care planned. I think it's a personal choice. If you want a care plan, I'll make one."</p> <p>On 11/19/14 at 10:45am, the facility presented a care plan for R12's behavior regarding refusal of</p>	F 279			

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F 279	Continued From page 36 wearing a bra. R12's care plan documents an initiated date of 11/18/14. On 11/19/14, at 12:13PM, E24 RN (Registered Nurse) stated that R12 does not eat lunch in the dining room. E24 stated that R12 eats a lot of food from the vending machine. 12 ' s Care Plans were reviewed. R12 ' s care plans do not address R12 ' s eating habits. The finding was validated by E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator on 11/19/14, at 11:06AM. R12 ' s documented needs include but not limited to: Psychosocial/psychiatric impairment. There was no plan documented. This finding was validated by E12 (Activity Director) on 11/19/14, at 2:05PM. Per weight sheet for the year 2014, R7 lost nine (9) lbs. (pounds) in a month. The weight loss was not address. There is no measurable objective or plan to prevent further weight loss. An undated facility policy titled, "Comprehensive/Quarterly Care Plan" documents: 2. Care plan goals and interventions will be formulated. 3. A care plan will meet resident's medical, nursing and psychosocial needs.	F 279			
F 280 SS=E	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending	F 280			

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F 280	<p>Continued From page 37</p> <p>physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to revise care plan interventions related to individualized psycho-social, dietary, activities and toileting for 4 residents(R15,R7,R12,R1) of 18 sampled residents reviewed for resident assessment.</p> <p>Findings Include: R15 is a 58 year old male admitted to the facility with diagnoses that include: Bipolar Affective Disorder, Hepatitis C, spinal stenosis, history of alcohol abuse, and history of prostate cancer On 11/19/14 at 12:59 PM, R15 stated in part that he currently has psychosocial groups scheduled at the facility. R15 goes to anger management, men ' s health, and stress reduction psychosocial groups at the facility. Anger management and stress reduction groups are helpful. Men ' s health topics are interesting. R15 doesn ' t ' t attend psychosocial programming in the community anymore. R15 has had scheduled psychosocial programming at the facility for about 6 months. On 11/24/14 at 9:42 AM, R15 also stated in part</p>	F 280			

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

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F 280	<p>Continued From page 38</p> <p>that he had radiation treatments for 26 weeks that started at the beginning of the year, 2014. R15 was scheduled for psychosocial groups in the community, but he did not attend the groups because of his radiation treatments. R15 was not assigned to psychosocial groups at the facility when he was scheduled for the community psychosocial groups. Since R15 completed the radiation treatments, he has days when he doesn ' t ' t feel good. On the days when R15 doesn ' t ' t feel good, he doesn ' t ' t go the scheduled psychosocial groups in the facility and on the days when R15 feels good, he attends the scheduled psychosocial groups.</p> <p>On 11/20/14 at 12:19 PM, E7 (Psychosocial Rehabilitation Services Coordinator) stated in part that R15 was dropped from the psychosocial groups in the community because he didn ' t attend the groups when he started his radiation treatments (5X/week). R15 has not been attending his scheduled psychosocial groups at the facility. E7 has spoken to R15 about going to the scheduled facility psychosocial groups.</p> <p>On 11/24/14 at 11:21 AM, E7 also stated in part that she has encouraged R15 to attend his scheduled psychosocial groups. E7 has had 1:1 visits with R15 and discussed attending the psychosocial groups but did not review the topics discussed in the groups that R15 missed, during the 1:1 visits. The informal 1:1 visits are to encourage residents to attend the scheduled psychosocial groups and are not documented.</p> <p>On 11/24/14 at 11:21 AM, E16 (Psychosocial Rehabilitation Services Director) stated in part that R15 has not attended his psychosocial groups for several months. R15 was encouraged to attend his scheduled psychosocial groups via 1:1 visits. The topics discussed in the psychosocial groups, that R15 missed, were not</p>	F 280			

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F 280	<p>Continued From page 39</p> <p>discussed with R15 during the 1:1 visits. The facility has no documentation regarding R15 ' s 1:1 visits.</p> <p>Psychosocial annual update dated 8/21/14 indicates that R15 has poor judgment, delusional thoughts, ineffective coping skills, poor verbal skills, poor activities of daily living, difficulty showering, and appears disheveled. R15 has also expressed some paranoid and irrational perceptions about the facility environment. R15 has a history of aggressive, inappropriate behavior due to paranoia and poor social skills. R15 ' s history includes self-harmful ideation and verbal/physical aggression as well as threats towards others.</p> <p>Social service note dated 9/29/14 indicates that R15 is very isolative and doesn ' t ' t come out of his room except for meals and medications and has poor hygiene practices.</p> <p>Social service note dated 10/21/14 indicates that E7 spoke to R15 about attending the psychosocial groups and will encourage R15 to attend activities during the day.</p> <p>On 11/24/14, R15 ' s psychosocial group attendance sheets were requested for June to November, 2014. On 11/24/14, E7 presented the following group attendance sheets for R15:</p> <p>Anger and Impulse Control - one/time week - November, 2014, R15 attended one of three available sessions on 11/19/14</p> <p>Men ' s Health - one time/week - October, 2014 - R15 attended zero of five available sessions and November, 2014, R15 attended zero of three available sessions</p> <p>Stress Reduction - one time/week - September and October, 2014 - R15 attended zero of five available sessions and November, 2014, R15 attended zero of three available sessions</p> <p>Monthly mental health progress notes from July</p>	F 280			

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F 280	Continued From page 40 to November, 2014 indicate that R15 did not attend any psychosocial groups from July to October, 2014. The progress notes also indicate that R15 attended one stress and one men ' s health group in November, 2014. R15 was encouraged to attend the scheduled groups. Care plan initiated on 8/21/14 indicates that R15 expresses debilitating, paranoid thoughts and irrational perceptions and interpretations of his environment and has impaired social skills and difficulty forming interpersonal relationships with others and was scheduled for therapy groups to address his issues (including Anger and Impulse Control, Men ' s Group). R15 makes excuses to avoid group. Implemented interventions include: Psychosocial Rehabilitation Services Coordinator (PRSC) will communicate with group leader regular to discuss resident ' s treatment attendance and participation; Staff will give the resident an activity calendar and encourage resident to participate in activities; Try to motivate the resident to get up and out of his room during rounds/spontaneous visits. R15 ' a care plan review dated 11/20/14, did not contain updated/revised, interventions to address R15 ' s lack of psychosocial group attendance and identified, individualized psychosocial needs. On 12/3/14 at 2:50 PM, E7 stated in part that she is responsible for updating R15 ' s care plan interventions that address R15 ' s psychosocial needs. E7 updates and revises R15 ' s care plan interventions on a quarterly basis. On 12/3/14 at 2:50 PM, E16 stated in part that E4 (Psychosocial Rehabilitation Services Coordinator), E7, and E16 conduct all of the psychosocial groups in the facility. E4, E7, and E16 have care plan meetings on Tuesdays and Thursdays and verbally discuss issues/incidents that occur with residents and concerns with any	F 280			

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F 280	<p>Continued From page 41</p> <p>residents that do not attend the groups. The issues discussed verbally are not documented. R15 ' s care plan interventions should have been revised during the 11/20/14 care plan review. The facility ' s undated Comprehensive/Quarterly Care Plan policy does not indicate when care plan interventions should be revised/updated.</p> <p>R7 ' s Care Plan documents in part: " Urinals provided at HS (at night) " . Intervention documents in part: " Provide urinals at night. " On 11/17/14, at 4:30PM, R7 stated that he uses the urinal all the time because it is very difficult for him to go to the washroom because of the pain to his neck, legs and arms. The washroom is approximately five feet away from his bed. R7 stated that he is afraid he might fall if he walks to the washroom. There is no evidence of review and revision of the care interventions to address R7 ' s current condition.</p> <p>R12 ' s Dietary Care Plan last review and revision was documented as 7/9/14; the care plan was not updated on 10/9/14 as scheduled.</p> <p>R12 ' s Activity Care Plan the last review and revision was documented as 7/8/14; the care plan was not updated on 10/08/14 as scheduled.</p> <p>R1 ' s Dietary Care Plan the last review and revision was documented as 7/9/14; the care plan was not updated on 10/9/14 as scheduled.</p> <p>R1 ' s Activity Care Plan the last review and revision was documented as 7/7/14; the was not updated on 10/08/14 as required by the facility policy;</p> <p>These finding were confirmed by E12 Activity Director on 11/18/14, at 1:30PM and validated by E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator on 11/19/14, at 11:06AM.</p>	F 280			

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F 281 F 281 SS=E	Continued From page 42 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain a physician's order prior to administering medication, failed to follow physician's orders/manufacture specifications when administering insulin and failed to communicate with a dialysis center. These deficient practices affected three residents (R1, R7, R13) in the sample of 18 reviewed for quality of care and three residents (R19, R20, R47) in the supplemental sample. Findings include: During the Medication Pass task, on 11/17/14 at 4:52pm, R20's blood sugar result was 269 mg/dl (milligrams per deciliter). E20 (Licensed Practical Nurse-LPN) administered R20's seven units of Novolog Aspart insulin according to his sliding scale. R20 did not receive his dinner tray until 6:10pm. On 11/17/14 at 5:00pm, R47's blood sugar result was 142 mg/dl. E20 (LPN) administered R47's five units of Novolog insulin via flex pen. R20 did not receive his dinner tray until 6:10pm. R47's Physician Order Sheet (POS) dated 11/1/14 through 11/30/14 documents: Novolog Flex pen inject 5 units subcutaneously three times daily with meals. R47's Care Plan documents: Interventions: Diabetes medication as ordered by doctor.	F 281 F 281			

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F 281	<p>Continued From page 43</p> <p>On 11/19/14 at 11:50am, R19's blood sugar result was 232 mg/dl. E9 (Registered Nurse-RN) indicated that she was going to administer three units of Humalog insulin according to R19's sliding scale plus 12 units of Humalog insulin which was his regularly scheduled insulin with meals. E9 administered 15 units of Humalog Lispro insulin to R19 at 11:52am. R19's POS dated 11/17/14 documents: Increase Humalog 12 units SQ (subcutaneously) with lunch. R19 did not receive his lunch meal until 12:15pm. R19's Care Plan documents: Interventions: Diabetes medication as ordered by doctor.</p> <p>On 11/19/14 at 11:52am, R1's blood sugar result was 220 mg/dl. E9 (RN) indicated that she was going to administer Novolog insulin four units according to R1's sliding scale plus Novolog insulin 22 units which was his regularly scheduled insulin with lunch meals. E9 administered 26 units of Novolog insulin to R1 via flex pen at 11:54am. E9 did not prime the insulin pen before dialing it to the dose of 26 units. E9 did not keep the injector depressed when holding the insulin pen against R1's abdomen for seven seconds. R1 did not receive his lunch meal until 12:13pm. R1's Care Plan documents: Interventions: Diabetes medication as ordered by doctor.</p> <p>On 11/19/14 at 12:55pm, E2 (Director of Nursing-DON) stated, "Insulin should be given with meals or directly after meals. By the time the nurses give the insulin, the trays should be up here already. Resident could experience hypoglycemia."</p> <p>On 11/20/14 at 9:45am, E24 (RN) stated, "Novolog/Humalog insulin is fast acting so we have to give it 5 to 10 minutes before meals or with meals. What could happen? Blood sugar drops." At 12:55pm, E24 stated, "With the insulin flex pen, you should keep your thumb on the end</p>	F 281			

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F 281	Continued From page 44 of the pen, the injector. That's what keeps the needle in the skin. If you let go of the end of the pen, the needle won't be in skin. Resident won't get all of insulin." An undated facility policy titled, "Injections, Subcutaneous" documents: Procedure: 1. Check medication order before preparing drug. a. Order sheet with medication sheet for correct time, drug and dosage. The manufacturer specification for Novolog insulin documents: Because Novolog has a more rapid onset and a shorter duration of activity than human regular insulin, it should be injected immediately (within 5-10 minutes) before a meal. The manufacturer specifications for Novolog FlexPen insulin documents: Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: E. Turn the dose selector to select 2 units G. Keep the needle pointing upwards, press the push button all the way in. The dose selector returns to 0. A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than 6 times. Step 13: Press and hold down the dose button until the dose counter shows "0". Keep the needle in your skin after the dose counter has returned to "0" and slowly count to 6.	F 281			

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F 281	<p>Continued From page 45</p> <p>R13's Physician Order Sheet (POS) denotes diagnoses: Schizo-Affective Disorder Bi-Polar Type, Acute Psychotic Episode, History of Drug Abuse, Alcohol Dependence, Diabetes Mellitus, Hypertension, Syncope and Hydronephrosis .</p> <p>R13 ' s Physician Order Sheet (POS) for November 2014 denotes: Dialysis 3 Times per week on Monday-Wednesday-Friday. Site: Dialysis Catheter Dress with Regular Gauze as Needed.</p> <p>On 11/19/14 at 9:30am E24 (Registered Nurse) was asked about communication between facility and dialysis center. E24 stated in part that " yes, dialysis center sends laboratory values routinely and facility communicates in house in nurses notes. " E24 stated in part " bruit and thrill is checked once in a while but we don ' t really document that. " Surveyor asked E24 if dialysis shunt site dressing is being checked regularly and E24 stated " sometimes, when he asks for it. "</p> <p>Facility ' s Policy titled Policy And Procedure Of Residents On Dialysis states: Purpose: To facilitate care of residents receiving dialysis in a designated dialysis center. Procedure: 4. Upon residents return to the facility, the nurse on duty will do an overall assessment of the resident. 5. Dialysis site will be monitored for signs and symptoms of infection such as redness, drainage, pain, localized temperature and bleeding times 24 hours post dialysis.</p> <p>Contract for Skilled Nursing Facility (SNF) Outpatient Dialysis Services Agreement between facility and local dialysis site denotes 3. Specific Services Provided by the Parties: The nursing facility shall be responsible for ensuring that the resident is medically stable to undergo such transportation and for treatment at the End Stage Renal Disease (ESRD) Dialysis Unit.</p>	F 281			

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F 281	<p>Continued From page 46</p> <p>Contract also states: 5. D. To provide the Nursing Facility information on all aspects of the management of the residents care related to the provision of dialysis services, including directions on management of medical and non- medical emergencies, including but not limited to, bleeding/hemorrhage, infection/bacteria, and care of dialysis success site and disinfection of dialysis access site.</p> <p>R13 ' s Dialysis Care Plan initiated 10/14/2014 with a target date of 1/15/2015 denotes that R13 will be able to tolerate dialysis without any complications. Care Plan does not denote that nursing will perform an overall assessment upon return to the facility post dialysis. Care Plan does not denote that dialysis site will be monitored for signs and symptoms of infection such as redness, drainage, pain, localized temperature and bleeding times 24 hours post dialysis. Care plan does not denote that dialysis access site will be checked for bruit and thrill.</p> <p>On 11/19/14 at 1:10pm E2 (Director of Nursing) DON stated that R13 " has no orders for blood pressure to be taken before leaving the facility and takes no information with him, they have all the records there. " " When R13 returns back to facility there is no clinical assessment we just ask how he is doing and document that in the nursing notes. "</p> <p>On 11/19/14 at 1:55pm Z3 (Registered Nurse) stated in part that there is no communication sent with resident to the dialysis center and nothing is sent back with him. We do send monthly lab results to the facility for their review. Z5 (Nurse/Manager) stated that facility should be checking the bruit and thrill daily and after every treatment when R13 returns to the facility.</p>	F 281			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E572	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2014
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F 281	Continued From page 47 On 11/17/14 at 3:45PM, R7 stated that the nurse gave him Motrin a couple of days ago for pain. (MAR) Medication Administration Record for the month of November, 2014, documents that Motrin was given to R7 on 11/15/14 without a doctor ' s order. There was no documentation in the nurses ' notes about the Motrin being administered on 11/15/14. There was no evidence of pain assessment being completed at that time. Per POS (Physician Order Sheet), Z1 gave an order of Motrin 600mg for two (2) weeks on 10/20/14. This doctor ' s order expired on 11/03/14. On 11/18/14, at 10:00AM, E9 RN (Registered Nurse) confirmed that Motrin was given by a nurse to R7 on 11/15/14 without a doctor ' s order and there was no documentation in the nurses ' notes. E9 stated that the facility policy was to complete a pain assessment but that was not completed. E9 stated, " We have a form that we use. " E9 stated, " I am going to assess (R7) right now and will call the doctor. "	F 281			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement an identified plan of care intervention for one resident (R7) in the sample of 18 residents,	F 282			

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F 282	<p>Continued From page 48 reviewed for resident assessment.</p> <p>Findings include:</p> <p>On 11/17/14, at 4:00PM, R7 had difficulty changing his position from the bed to standing position. R7 changed position: from bed to sitting position slowly, with facial grimacing, while grabbing onto his walker to standing position. R7 stabilize himself in a stooping position with the use of his walker. R7 walked approximately three feet distance (from his bed to his dresser) with a slow and wobbly gait using his walker. R7 claimed that he reported about his complaint of pain to the nursing staff.</p> <p>On 11/17/14, at 4:30PM, R7 stated that he uses the urinal because it is very difficult for him to go to the washroom because of the pain to his neck, legs and arms. The washroom is approximately five feet away from his bed. R7 stated that he is afraid he might fall if he walks to the washroom.</p> <p>On 11/18/14 at 10:00AM, R7 was in his room and stated that he does not join the house activities because of his aches and pain to his legs, arms, neck and upper back. R7 stated that it is difficult for him to go the patio to smoke because of his pain. R7 stated, " I probably need a power chair to be comfortable. " R7 stated that his inability to do the things he enjoys makes him sad and angry.</p> <p>On 11/19/14, at 10:50 AM, E14 C.N.A. (Certified Nursing Assistant) stated that R7 cannot pull his pants and R7 cannot tie his shoes. When asked about grooming, personal hygiene and bathing, E14 stated, " I do everything for him. " E14 stated that " the only thing (R7) can do is brush</p>	F 282			

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F 282	Continued From page 49 his teeth " when it comes to personal hygiene. E14 stated that he takes care of R7 ten (10) days out of 14 days. E14 also stated that R7 complains of pain six (6) or more days of the ten (10) days he takes care of him. E14 stated that R7 ' s complains of pain was reported to the Nurse but E14 `does not know what the nurses did after informing them of R7 ' s pain. Nurses ' Notes dated 8/27/14 documents that R7 went for PM & R (Physical Medicine and Rehabilitation) appointment at an acute care hospital. R7 returned with orders. Z1 was notified of orders. PM &R Doctor ' s Progress notes dated 8/27/14 documents in part: (R7) c/o pain " all over " ...interferes with walking. Depressed, Gait-spastic/scissor gait, forward flexed posture ...Chronic Pain: PT (Physical Therapy) for pain (at the facility) for flexibility, posture assistance, neck/back exercises. There is no evidence that R7 was referred to PT. On 11/19/14, at 1:36PM, E3 ADON (Assistant Director of Nursing) validated that R7 did not receive PT the plan was not followed-up by the nursing staff.	F 282			
F 309 SS=J	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309			

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F 309	<p>Continued From page 50</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>1) Based upon observation, interview and record review, the facility failed to follow their Pain Management Policy; failed to comprehensively assess complaint of pain; failed to provide on-going monitoring of complaint of pain; failed to create plan of care to address complaint of pain; failed to evaluate and modify plan of care to adapt to level of function; failed to notify the physician of complaint of pain and decline in overall function; failed to investigate decline of condition; failed to complete a comprehensive significant change MDS (Minimum Data Set) and plan of care to address significant decline of condition for 1 resident (R7), in a sample of 18, reviewed for quality of care.</p> <p>As a result, R7 suffered negative psychosocial outcomes and R7 continued to isolate himself and suffered decline in ADL (Activities of Daily Living) capabilities related to ambulation, personal hygiene/grooming, toileting, dressing, bathing and transfers.</p> <p>The facility ' s failures resulted in an immediate jeopardy. The immediate jeopardy was determined to have begun on 8/27/14 when R7 ' s doctor created a plan for R7 to have PT (Physical Therapy) for pain for flexibility, posture assistance, neck and back exercises but the plan of care was not followed-up by the facility staff. There is no evidence that R7 received PT after 8/27/14.</p> <p>On 11/20/14, at 11:15 AM, E1 Administrator was notified of the immediate jeopardy. The immediate jeopardy was removed on 11/20/14, at 6:00 PM. While the immediacy was removed, the facility remains out of compliance at level two as the facility continues to implement their abatement plan interventions.</p>	F 309			

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F 309	Continued From page 51 Findings include: R7 is a 62-year old resident who was admitted to the facility on 12/4/13 from acute care psychiatric hospital with diagnoses of Spine Injury, Paranoid Schizophrenia, Herniated cervical disk, C3-C4 Decompression. R7 ' s PAS/MH (Pre-admission Screening/Mental Health) dated 12/6/13 documents in part: Special Services- Professional Observation by MD/RN (Medical Doctor/Registered Nurse) for medication monitoring, adjustment and stabilization, community re-integration activities, Instrumental Activities of Daily Living training/reinforcement and Mental Health Rehabilitation activities. The acute care psychiatric hospital discharge instruction dated 12/4/13 documents in part: " Notify physician if experiencing any of the following: Recurrence of psychiatric symptoms that led to hospitalization; Inability to care for yourself. " On 11/17/14, at 9:30 AM, during the initial tour with E2 DON (Director of Nursing), R7 was in his room while the residents ' morning meeting was in progress. E2' stated that all residents attend resident morning meeting every day in the front room. On 11/17/14, at 2:00 PM, R7 was in his room and did not attend in-house activities. On 11/17/14, at 3:07 PM, E12 Activity Director stated R7 prefers to stay in the room because of complain of pain to his legs. On 11/17/14, at 3:45 PM, R7 was on his bed, in a bent (fetal) position. R7 stated that he does not go to activities and resident morning meetings because he is stiff and sore. R7 stated that he told the nurse about his complaint of pain. On 11/17/14, at 4:00 PM, R7 was on his bed, in a bent (fetal) position. R7 had difficulty changing his position from the bed to standing position. R7	F 309			

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F 309	<p>Continued From page 52</p> <p>moved slowly, with facial grimacing, while changing his position to grab his walker. R7 was able to get out of bed and stabilize himself in a stooping position. R7 walked approximately three feet distance (from his bed to his dresser) with a slow and wobbly gait using his walker.</p> <p>On 11/17/14, at 4:30 PM, R7 stated that he uses the urinal all the time because it is very difficult for him to go to the washroom because of the pain to his neck, legs and arms. The washroom is approximately five feet away from his bed. R7 stated that he is afraid he might fall if he walks to the washroom. R7 ' s Care Plan initiated on 9/18/14 documents in part: " Urinals provided at HS (at night). Refer to MD (Medical Doctor) for worsening conditions. " There is no evidence that the doctor was notified of the change - that R7 now uses the urinal all the time.</p> <p>On 11/18/14 at 10:00 Am, R7 was in his room and stated that he does not join the house activities because of his aches and pain to his legs, arms, neck and upper back. R7 stated, " I probably need a power chair to be comfortable. " R7 stated that he likes walking and he used to walk around the facility when he " was not in so much pain. " R7 stated that it is also difficult for him to go the patio to smoke because of his pain. R7 stated that his inability to do the things he enjoys makes him sad and angry. R7 stated, " I just want to move out of here and go to another nursing home. "</p> <p>On 11/18/14, at 10:05 AM, E9 RN (Registered Nurse) stated that R7 complains of pain sometimes and it is charted in the nurses ' notes. E9 stated that there is no Pain Assessment completed for R7 monthly or quarterly after E9 checked R7 ' s chart. E9 also stated that the doctor should have been notified to obtain order</p>	F 309			

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F 309	<p>Continued From page 53</p> <p>when R7 complained of pain. E9 checked the MAR (Medication Administration Record) and confirmed that Motrin was administered to R7 on 11/15/14 without a doctor ' s order and there was no documentation in the nurses ' notes. E9 stated that the facility ' s policy was to complete a pain assessment but confirmed that pain assessment not completed. E9 stated, " We have a form that we use. " E9 stated, " I am going to assess (R7) right now and will call the doctor. "</p> <p>On 11/18/14, at 10:20 AM, R7 was in his room. R7 did not attend on-going activities. R7 stated that the pain to his neck and upper back is worse and R7 has already reported his complaint of pain to the nursing staff.</p> <p>On 11/18/14, at 11:30 Am, Z1 (Attending Physician) stated that R7 has chronic pain because of Osteoarthritis. He stated that the facility does not allow PRN pain medications for more than two weeks. Z1 stated that he depends on the nurses to notify him if a resident complains of pain. Z1 stated that he was not aware that R7 was still complaining of pain. Z1 also stated that he would have ordered pain medication for R7 if he was notified earlier. Z1 also stated that he was not aware of R7 ' s overall decline of condition.</p> <p>On 11/19/14, at 10:50 AM, E14 C.N.A. (Certified Nursing Assistant) stated, " I do everything for him; (R7) cannot even pull his pants or tie his shoes; he used to. " When asked about grooming, personal hygiene and bathing, E14 stated, " I do everything for him. " E14 stated that " the only thing (R7) can do is brush his teeth " when it comes to personal hygiene. E14 stated that he takes care of R7 ten (10) days out of 14 days. E14 also stated that R7 complains of</p>	F 309			

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F 309	<p>Continued From page 54</p> <p>pain six (6) or more days of the ten (10) days he takes care of him. E14 stated that R7 ' s complains of pain was always reported to the Nurse but E14 does not know what the nurses did after informing them of R7 ' s pain.</p> <p>On 11/19/14, at 11:00 Am, E3 ADON (Assistant Director of Nursing) stated that when a resident shows decline of abilities ADL's (Activities of Daily Living), the staff should determine the " kind of decline " , notify the doctor, and discuss appropriate placement. When asked if the facility provide ADL (Activities of Daily Living) programs to prevent ADL decline, E3 stated, " We don ' t have that. " E3 stated that anything that the staff does pertaining to ADL should be documented in the Care Plan. E3 also stated, " We don ' t chart complaints of pain daily. " E3 also stated that the nurses should call the doctor if there is no relief. There was no Care noted addressing R7 ' s decline of abilities to perform his ADL's. This finding was confirmed by E3.</p> <p>On 11/19/14 at 12:07 PM, E1 (Administrator) stated that when a residents shows a decline of ADL functions, the facility staff uses a holistic approach. E1 further explained that a resident ' s decline in condition should be investigated and addressed. E1 stated that if a resident needs PT (Physical Therapy), the resident can go a skilled nursing facility for outpatient therapy or the resident can be admitted to a skilled nursing facility and return when the resident gets better.</p> <p>On 11/19/14, at 1:05 PM, E7 PRSC (Psychiatric Rehabilitation Services Coordinator) stated that R7 is not attending psychosocial groups anymore. When asked what was done to address it, E7 stated that she charted it but did not notify the psychiatrist about it. E7 stated that R7 is supposed to attend in-house activities. E7 stated</p>	F 309			

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F 309	<p>Continued From page 55</p> <p>that she is not aware of R7 ' s ADL decline of function, but Nursing is the one who makes the determination if R7 needs intervention. E7 also stated that she was not aware if R7 was attending in-house activities.</p> <p>On 11/19/14, at 1:36 PM, E3 (ADON) stated that R7 " can be isolative. " When asked if the isolative behavior is being monitored, E3 stated, " Not really. " The Behavior monitoring Record for the month of November, 2014 was blank. This finding was confirmed by E3.</p> <p>On 11/19/14, at 3:35 PM, E16 PRSD (Psychiatric Rehabilitation Services Director) stated she is not aware that R7 stopped going to psychosocial groups activities. E16 stated that the psychiatrist should have been about it. E16 also stated, " (R7 ' s) isolative Behavior should have been monitored. E16 stated that R7 should be in engaged with in-house activities if R7 is not going to psychosocial programs. E16 was not aware that R7 was not attending in-house activities.</p> <p>On 11/19/14, at 3:46 PM, Z2 stated that R7 is being treated biologically through R7 ' s medications, but R7 also need psychosocial treatment that R7 should get through facility services such as psychosocial programs and in-house activities. Z2 stated that she is not aware of R7 ' s isolative behavior, decline in ADL (Activities of Daily Living) capabilities, stopped going to psychosocial groups and not participating in-house activities. Z2 stated that the isolative behavior should be monitored because of R7 ' s psychiatric diagnoses which include SAD (Schizo-affective Disorder). Z2 stated that the nursing staff should monitor residents ' behavior using the behavior monitoring tracking so an appropriate plan of care can be created. Z2 stated that if she should have known about the change in R7 ' s behavior and ADL's, she would</p>	F 309			

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F 309	<p>Continued From page 56</p> <p>have ordered R7 for hospitalization and further evaluation.</p> <p>General Medicine Outpatient Progress note dates 8/15/14 documents in part: (R7) medical history: Osteoarthritis, Herniated Cervical disk s/p C3-C4 (third 4th Cervical) decompression in 2007... will defer pain control to Nursing Home.</p> <p>Doctor ' s Progress notes dated 8/27/14 documents in part: " (R7) c/o pain " all over " ...interferes with walking. Depressed, Gait-spastic/scissor gait, forward flexed posture ...Chronic Pain: Consider PT (Physical Therapy) for pain at (the facility) for flexibility, posture assistance, neck/back exercises. " There is no evidence that R7 received PT after 8/27/14. On 11/19/14, at 1:36 PM, E3 ADON (Assistant Director of Nursing) validated that the PT was not followed-up by the nursing staff. E3 confirmed that R7 was not referred for PT. E3 stated, " I will call the doctor about it. "</p> <p>Pain Assessment dated 10/20/14 documents in part: Frequent pain on arms, legs and neck areas; stiff and sore. There was no evidence of monitoring of R7 ' s complaint of pain. This finding was validated by E3 on 11/18/14, at 10:25 AM.</p> <p>Per MAR (Medication Administration Record) dated July, 2014, August, 2014, September, 2014 review showed that there is no evidence of pain management. October, 2014 documents that the facility administered Motrin once to R7 - 10/20/14, at 10:40 AM but there is no date or time when R7 was re-assessed after pain medication was administered.</p> <p>There is no care plan to address R7 ' s complains of pain noted in the medical record. On 11/18/14, at 10:25 AM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator stated validated the finding and stated, " I will create a Care Plan for</p>	F 309			

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F 309	Continued From page 57 pain today. " Pain Assessment/Management undated facility policy documents in part: " Policy#1. A clinical staff member upon admission, monthly when pain is verbalized. Procedure #2. Formulate care plan accordingly. Notify physician when nursing interventions or ordered medical intervention are not sufficient. Monthly Nursing Summary from July to October, 2014 were reviewed: For both months of July and August, 2014, the records documents mobility/gait as slow and steady with behavior as quiet and pleasant. Monthly Nursing Summary dated 9/12/14 documents Gait: Unsteady; Behavior: delusional and paranoid. Monthly Nursing Summary dated 10/24/14 documents: Gait: Wobbly; Behavior: Delusional and Paranoid. There is no evidence that the changes in gait and behavior were addressed by the facility. Psychotropic Medication Record on the following dated documents in part: 9/30/14 documents in part: Behavior exhibited- isolative, withdrawn. 10/31/14 documents in part: Behavior exhibited - remains isolative and withdrawn. There is no evidence that the onset and persistence of isolative and withdrawn behaviors were addressed by the facility. Psychiatric progress notes dated 8/25/14, 9/26/14 and 10/24/14 did not identify R7 ' s isolative and withdrawn behavior. There is no documentation that Z2 was notified of the isolative and withdrawn behavior of R7. Psychotropic Care Plan initiated 9/18/14 documents interventions in part: " Monitor/record occurrence of for target behavior symptoms and document per facility protocol; Update and code behavioral tracking sheets as indicated; Offer specific behavioral counseling and intervention to address mood/behavioral issues. "	F 309			

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F 309	<p>Continued From page 58</p> <p>The facility ' s Behavior Monitoring Records dated from February, 2014 to November, 2014 were reviewed. The following records were blank and uncoded (No specific Behavior being monitored): March, 2014, April, 2014, May, 2014, July, 2014 and November, 2014. On 11/19/14, at 1:36 PM, E3 (ADON) stated that the behavior monitoring tool is used to track resident ' s behavior and the facility ' s monitoring tool to determine significant changes of behavior. E3 stated that information from the Behavior Monitoring Records is used when planning the care or behavior management for a resident.</p> <p>The facility ' s undated policy titled Psychotropic Medications policy documents in part: Guideline #11. Documentation of behavioral monitoring which includes symptoms requiring the use of psychotropic medication, if the symptoms are permanent or transient, other reason as potential causes of the behavior and monitoring of the side effects to the psychotropic medication.</p> <p>The facility ' s undated policy titled Behavior Monitoring Record Policy documents in part: Behavior Monitoring Record is used for antidepressant, antipsychotic, psycho-stimulant, sedative-hypnotic, mood stabilizing and anticonvulsant medications, anti-anxiety medications to record target behaviors, appropriate diagnosis, interventions, outcomes and side effects.</p> <p>Social Service Progress Notes from 5/21/14 - 11/7/14 were reviewed. The documentation reviewed did not identify R7 ' s Isolation and Withdrawn behaviors.</p> <p>Initial Activity History and Assessment dated 12/12/13 documents that R7 is alert and oriented to time, place and person and R7 ' s activity interests include music, reading, writing, walking and being outdoors, talking or conversing,</p>	F 309			

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F 309	Continued From page 59 movies, social events/parties, organization like resident ' s council, intellectual games and trivia. Activity Progress Notes dated 9/24/14 documents in part: Resident had been spending a lot of time in bed. There is no evidence of a care plan being created to address R7 ' s " spending a lot of time in bed. " R7 ' s Care Plan dated 9/18/14 documents in part: R7 ' s Care Plan initiated on 9/18/14 documents in part: (R7) has severe mental illness; Intervention: Assign (R7) to group or activities to go to. Intervene when any inappropriate behavior is observed. Focus - (R7) has demonstrated some difficulty adjusting to Long Term Placement; Intervention: Get resident involved in programs and activities. Assign the resident group or activities to go to. Care Plan Activity dated 9/24/14 documents in part: (R7 ' s) Needs- demonstrate poor functioning with peers. There is no intervention/approach documented. There is no plan to adapt activities and psychosocial groups to adapt to R7 ' s current level of function/condition. On 11/19/14 @ 2:05 PM, E12 (Activity Director) validated the absence of plan of care to address R7 ' s activity needs. E12 stated, " I missed it. " Facility ' s undated policy, titled " Activities " documents in part: The facility shall provide an on-going program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident. (e) Activities shall be adapted, as needed, to provide for maximum participation by individual residents. If a particular resident does not participate in at least an average of four (4) activities per day over one week period, the unit director shall evaluate the resident ' s participation and have the available activities modified and/or consult with the interdisciplinary	F 309			

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F 309	Continued From page 60 team. Mental Health Progress notes dated 9/2/14 documents R7 ' s is not attending Anger, Men's Health and Stress programs. Men's ' group was documented as " discontinued " but there was no documentation of the reason. There was no evidence of the psychiatrist being notified. The facility ' s undated policy titled Behavior Management and Behavior Health policy documents in part: " Overview: It ' s purpose is to identify residents who demonstrate unstable, chaotic, and disorganized behavior who may demonstrate greater potential for de-compensation including aggression towards oneself and/or other persons. These residents may need additional psychiatric consultation, medication management and/or modifications in their behavioral treatment plan. Problem-solve what the behavior symptoms are communicating. Evaluate resident involvement in on-going psychiatric, psychological. Structure and Function: The staff cooperatively works to identify potential behavioral management challenges and implements plans of action to promote a safe and safety living environment, stressing educational services/training, monitoring the effect of implemented changes and making needed revisions to the action care plans. The IDT, primarily through the social services staff and clinical social work consultant are responsible for identifying residents in need of additional behavioral attention. " There is no evidence that the staff addressed R7 ' s need for additional behavioral attention. Psychiatric Rehabilitation Services policy date 5/11/12 documents in part: " Program goal: engagement of each resident in his/her recovery and rehabilitation. Poor Participation: Staff response shall include appropriate education and	F 309			

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F 309	<p>Continued From page 61</p> <p>counseling about the value of interventions and personal consequences the resident faces for poor engagement. " There is no evidence that appropriate education and counseling was done when R7 stopped participating in psychosocial programming.</p> <p>House Rules & Behavioral Expectations documents in part: Residents are expected to be out of bed in the morning unless evaluated as physically ill by medical personnel. There is no evidence of any type of evaluation performed in relation to R7 ' s being not being out of bed in the morning and not attending residents ' morning meetings.</p> <p>Quarterly MDS (Minimum Data Set) dated 3/17/14 documents the following areas of decline (in comparison with Admission/Initial MDS dated 12/17/2013): ADL function- decline in Dressing and Bathing; new onset of pain - 6/10 with Frequency documented as: occasionally; Change in behavior which was documented as new onset of potential indicators of psychosis - hallucination & delusion; Emergence of sad or anxious mood which included the following documentation: feeling down, sad, depressed and helpless; feeling tired and having less energy, feeling bad about himself; trouble concentrating on things.</p> <p>There was no Significant Change MDS completed. On 11/19/14, a 11:06 AM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator validated that Significant Change MDS was not completed. E8 stated that a significant change MDS (Minimum Data Set) comprehensive assessment should have been done. E8 stated, " We have criteria for that. " E8 stated that a significant change MDS should be done if there is a change in behavior, cognition and ADL's (Activities of daily Living).</p>	F 309			

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F 309	Continued From page 62 The Immediate Jeopardy was removed on 11/20/14 at 6:00 PM. However, the facility remains out of compliance at Severity Level 2 because of the need to allow for complete interviewing of staff and to evaluate the effectiveness of the plan of correction for F-309. The facility submitted the following plan : 1. The facility notified the attending physician and obtained an order on 11/20/14 to increase the Motrin to 800 mg (milligrams) from 600 mg TID (Three Times a Day) for weeks. The attending physician planned to see R7 on 11/21/14. 2. The facility notified the psychiatrist on 11/20/14 and was scheduled to see R7 on 11/21/14. 3. Pain Assessment was completed on 11/20/14. 4. A significant change comprehensive assessment will be completed with an ARD (Assessment Reference Date) of 11/20/14. 5. Staff in-service titled: Revised Pain Management Policy was done on 11/20/14. 6. Care Plan addressing R7 ' s complain of pain was initiated on 11/20/14. 7. Care Plan was addressing R7 ' s self-care performance deficits was initiated on 11/20/14 with a goal for R7 to " not show any further decline in ADL function. " 8. (Activity) Care Plan addressing R7 ' s symptom of isolation, psychosocial/psychiatric impairment was initiated on 11/20/14. 9. Care Plan was updated on 11/20/14 that addressed R7 ' s isolative behavior which included Interventions which includes but not limited to: Do informal one to ones with resident. Invite (R7) to activities if (R7) does not attend groups. Encourage (R7) to attend activities. 10. Care Plan addressing adjustment to Long Term Care placement was updated on 11/20/14	F 309			

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F 309	<p>Continued From page 63</p> <p>adding a new intervention: Personal invite R7 to an activity, (R7) can have a reward after he attends activity.</p> <p>11. The facility ' s Pain Management Policy was revised which includes but not limited to: #6 e. Pain level is re-assessed and documented thirty (30) minutes to one (1) hour after administration of the ordered medication. If the pain is not relieved, the MD (Medical Doctor) will be notified by the nurse for a change in medication or increase in dose. For continued pain, alert the physician for further orders. "</p> <p>12. R7 was referred to PT (Physical Therapy). R7 was evaluated by PT (Physical Therapy) on 11/20/14.</p> <p>13. The facility staff made an appointment for R7 to have PM & R (Physical Medicine and Rehabilitation) evaluation on 3/11/15.</p> <p>2) Based on interview and record review, the facility failed to follow policy regarding post dialysis care and treatment for 1 resident (R13), in a sample of 18 residents, reviewed for quality of care.</p> <p>Findings Include:</p> <p>Physician Order Sheet (POS) denotes R13 was admitted to the facility on 6/27/2007. R13 ' s diagnoses include: Schizo-Affective Disorder Bi-Polar Type, Acute Psychotic Episode, History of Drug Abuse, Alcohol Dependence, Gastro Esophageal Reflux Disease, Diabetes Mellitus, Hypertension, Syncope and Hydronephrosis . R13 ' s Physician Order Sheet (POS) for November 2014 denotes: Dialysis 3 Times per week on Monday-Wednesday-Friday. Site:</p>	F 309			

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F 309	<p>Continued From page 64</p> <p>Dialysis Catheter Dress with Regular Gauze as Needed.</p> <p>November POS Does not denote any dialysis site monitoring. On 11/19/14 at 2:20pm R13 was seen to have two dialysis catheter sites. One shunt in the left arm and one sub-clavian port catheter.</p> <p>On 11/19/14 at 9:30 am E24 (Registered Nurse) was asked about communication between facility and dialysis center. E24 stated in part that " yes, dialysis center sends laboratory values routinely and facility communicates in house in nurses notes. " E24 stated in part " bruit and thrill is checked once in a while but we don ' t really document that. " Surveyor asked E24 if dialysis shunt site dressing is being checked regularly and E24 stated " sometimes, when he asks for it. "</p> <p>Facility ' s Policy titled Policy And Procedure Of Residents On Dialysis states: Purpose: To facilitate care of residents receiving dialysis in a designated dialysis center. Procedure: 4. Upon residents return to the facility, the nurse on duty will do an overall assessment of the resident. 5. Dialysis site will be monitored for signs and symptoms of infection such as redness, drainage, pain, localized temperature and bleeding times 24 hours post dialysis.</p> <p>Contract for Skilled Nursing Facility (SNF) Outpatient Dialysis Services Agreement between facility and local dialysis site denotes 3. Specific Services Provided by the Parties: The nursing facility shall be responsible for ensuring that the resident is medically stable to undergo such transportation and for treatment at the End Stage Renal Disease (ESRD) Dialysis Unit.</p> <p>Contract also states: 5. D. To provide the Nursing Facility information on all aspects of the management of the residents care related to the</p>	F 309			

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F 309	<p>Continued From page 65</p> <p>provision of dialysis services, including directions on management of medical and non- medical emergencies, including but not limited to, bleeding/hemorrhage, infection/bacteria, and care of dialysis success site and disinfection of dialysis access site.</p> <p>R13 ' s Dialysis Care Plan initiated 10/14/2014 with a target date of 1/15/2015 denotes that R13 will be able to tolerate dialysis without any complications. Care Plan does not denote that nursing will perform an overall assessment upon return to the facility post dialysis. Care Plan does not denote that dialysis site will be monitored for signs and symptoms of infection such as redness, drainage, pain, localized temperature and bleeding times 24 hours post dialysis. Care plan does not denote that dialysis access site will be checked for bruit and thrill.</p> <p>On 11/19/14 at 1:10pm E2 (Director of Nursing) DON stated that R13 " has no orders for blood pressure to be taken before leaving the facility and takes no information with him, they have all the records there. " " When R13 returns back to facility there is no clinical assessment we just ask how he is doing and document that in the nursing notes. "</p> <p>On 11/19/14 at 1:55pm Z3 (Registered Nurse) stated in part that there is no communication sent with resident to the dialysis center and nothing is sent back with him. We do send monthly lab results to the facility for their review. Z5 (Nurse/Manager) stated that facility should be checking the bruit and thrill daily and after every treatment when R13 returns to the facility.</p> <p>On 11/18/14 at 1:08pm during the group interview, surveyor observed R13 remove his dressing from his left arm dialysis site. The dressing had small amount of dried exudates adhered to gauze dressing which he removed</p>	F 309			

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F 309	Continued From page 66 himself and stated in part that " I always remove the dressing myself. " On 11/19/14 at 2:11pm Z6 (Medical Doctor) was asked about R13 ' s post dialysis site care and Z6 stated in part they should not check it after every dialysis. It also does not need to be checked daily. Surveyor questioned Z6 what about a site dressing or drainage noted and Z6 responded " why exactly does he have a dressing? I was not notified. If there is a problem with the dressing then definitely the site should be observed for signs and symptoms of infection and be monitored closely. " On 11/19/14 at 4:50pm E2 (Director of Nursing) and E3 (Assistant Director of Nursing) were asked if staff had had any formal training on medical emergencies related to dialysis complications and E3 stated " no " but they would know what to do in case of a medical emergency. On 11/19/14 at 4:46pm, E27 (Registered Nurse) stated, "We only have one resident that goes to dialysis. That's (R13). When (R13) comes back from dialysis, I just ask him how he is doing. We don't assess his shunt or site. We don't check for bruits or thrills. We have not got any training from the nursing home or the dialysis center on what do if there's an emergency with the shunt or site. But if there was bleeding at the site, I would apply pressure with a sterile dressing or call 911."	F 309			
F 310 SS=G	483.25(a)(1) ADLS DO NOT DECLINE UNLESS UNAVOIDABLE Based on the comprehensive assessment of a resident, the facility must ensure that a resident's abilities in activities of daily living do not diminish	F 310			

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F 310	<p>Continued From page 67</p> <p>unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's ability to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observation, interview and record review, the facility failed to investigate changes of clinical condition and implement interventions to maximize the level of function in ambulation, toileting, dressing, bathing and transfers for one resident (R7) in the sample of 18 residents, reviewed for ADL(Activities of Daily Living) These failures resulted in deterioration in R7 capabilities related to ambulation, toileting, dressing, bathing and transfers.</p> <p>Findings include: On 11/17/14, at 9:30 Am, during the initial tour with E2 DON (Director of Nursing), R7 stayed in his room and did not attend the residents ' morning meeting. E2`stated that all residents attend resident morning meeting every day in the front room.</p> <p>On 11/17/14, at 4:00 PM, R7 was on his bed, in a bent (fetal) position. R7 had difficulty changing his position from the bed to standing position. R7 moved slowly, with facial grimacing, while changing his position to grab his walker. R7 was able to get out of bed and stabilize himself in a stooping position. R7 walked approximately three feet distance (from his bed to his dresser) with a slow and wobbly gait using his walker.</p> <p>On 11/17/14, at 4:30 PM, R7 stated that he uses the urinal all the time because it is very difficult for</p>	F 310			

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F 310	<p>Continued From page 68</p> <p>him to go to the washroom because of the pain to his neck, legs and arms. The washroom is approximately five feet away from his bed. R7 stated that he is afraid he might fall if he walks to the washroom. R7 ' s Care Plan initiated on 9/18/14 documents in part: " Urinals provided at HS (at night). Refer to MD (Medical Doctor) for worsening conditions. "</p> <p>On 11/18/14, at 10:05 AM, E9 RN (Registered Nurse) stated that R7 complains of pain sometimes. E9 stated, " I am going to assess (R7) right now and will call the doctor. "</p> <p>On 11/18/14, at 11:30 Am, Z1 (Attending Physician) stated that R7 has chronic pain because of Osteoarthritis. He stated that the facility does not allow PRN (as needed) pain medications for more than two weeks. Z1 stated that he depends on the nurses to notify him if a resident complains of pain. Z1 stated that he was not aware that R7 was still complaining of pain. Z1 also stated that he would have ordered pain medication for R7 if he was notified earlier.</p> <p>On 11/19/14, at 10:50 AM, E14 C.N.A. (Certified Nursing Assistant) stated, " I do everything for him; (R7) cannot even pull his pants or tie his shoes; he used to. " When asked about grooming, personal hygiene and bathing, E14 stated, " I do everything for him. " E14 stated that " the only thing (R7) can do is brush his teeth " when it comes to personal hygiene. E14 stated that R7 complains of pain during ADL (Activities of Daily Living) care and E14 always report R7 ' s complaint of pain to the Nurse.</p> <p>On 11/19/14, at 11:00 AM, E3 ADON (Assistant Director of Nursing) stated that when a resident shows decline of abilities ADL's the staff should determine the " kind of decline " , notify the</p>	F 310			

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F 310	<p>Continued From page 69</p> <p>doctor, and discuss appropriate placement. When asked if the facility provide ADL (Activities of Daily Living) programs to prevent ADL decline, E3 stated, " We don ' t have that. " E3 stated that anything that the staff does pertaining to ADL should be documented in the Care Plan. E3 also stated, " We don ' t chart complaints of pain daily. " E3 also stated that the nurses should call the doctor if there is no relief. There was no Care noted addressing R7 ' s decline of abilities to perform his ADL's. This finding was confirmed by E3.</p> <p>On 11/19/14 at 12:07 PM, E1 (Administrator) stated that when a residents shows a decline of ADL functions, the facility staff uses a holistic approach. E1 further explained that a resident ' s decline in condition should be investigated and addressed. E1 stated that if a resident needs PT (Physical Therapy), the resident can go a skilled nursing facility for outpatient therapy or the resident can be admitted to a skilled nursing facility and return when the resident gets better. Monthly Nursing Summary records from July to October, 2014 were reviewed: For both months of July and August, 2014, the records documents mobility/gait as slow and steady. Monthly Nursing Summary dated 9/12/14 documents Gait: Unsteady; Monthly Nursing Summary dated 10/24/14 documents: Gait: Wobbly. R7 ' s wobbly gait was observed by the surveyor. There is no evidence that the change in gait was addressed by the facility.</p> <p>Admission/Initial MDS (Minimum Data Set) dated 12/17/2013 documents in part:: Section G - Functional Status: R7 was independent with all areas of ADL (Activities of Daily Living) and only needed supervision with Dressing and Bathing. MDS dated 3/17/14 showed a decline in Dressing and Bathing functions (R7) - needs assistance</p>	F 310			

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F 310	Continued From page 70 from staff with Dressing and Bathing. Similar functional decline were noted in the MDS ' completed on 6/17/14 and 9/17/14. There was no evidence of any type of investigation/evaluation of R7 ' s ADL decline. There is no evidence of plan of care being created to address R7 ' s decline of capabilities and there is no evidence of the facility ' s attempt to prevent further ADL decline. On 11/19/14, at 11:06 AM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator validated these findings. On 11/18/14, at 11:30 Am, Z1 (Attending Physician) stated that he was not aware of R7 ' s overall decline of condition. Z1 stated that he makes rounds in the facilities but the facility staff should have notified him of R7 ' s decline. Z1 further stated that he depends on the staff when it comes to informing him of what is going on with his residents in the facility. On 11/24/14, at 9:30 Am, E3 ADON (Assistant Director of Nursing) stated that R7 was admitted to an acute care hospital for evaluation of behavioral symptoms and pain.	F 310			
F 319 SS=G	483.25(f)(1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem. This REQUIREMENT is not met as evidenced by: Based upon observation, interview and record	F 319			

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F 319	<p>Continued From page 71</p> <p>review, the facility failed to adapt and implement interventions consistent with psychosocial programming needs and current level of capabilities for one resident (R7) in the sample of 18 residents. This failure resulted in decreased psychosocial stimulation and continued isolation, sadness and feeling angry.</p> <p>Findings include:</p> <p>On 11/17/14, at 9:30 AM, during the initial tour with E2 DON (Director of Nursing), R7 was in his room while the residents ' morning meeting was in progress. E2' stated that all residents attend resident morning meeting every day in the front room.</p> <p>On 11/17/14, at 2:00 PM, R7 was in his room and did not attend in-house activities. On 11/17/14, at 3:07 PM, E12 Activity Director stated R7 prefers to stay in the room because of complain of pain to his legs. On 11/17/14, at 3:45 PM, R7 was on his bed, in a bent (fetal) position. R7 stated that he does not go to activities and resident morning meetings because he is stiff and sore. R7 stated that he told the nurse about his complaint of pain.</p> <p>On 11/18/14 at 10:00 Am, R7 was in his room and stated that he does not join the house activities because of his aches and pain to his legs, arms, neck and upper back. R7 stated, " I probably need a power chair to be comfortable. " R7 stated that he likes walking and he used to walk around the facility when he " was not in so much pain. " R7 stated that it is also difficult for him to go the patio to smoke because of his pain. R7 stated that his inability to do the things he enjoys makes him sad and angry. R7 stated, " I just want to move out of here and go to another nursing home. "</p> <p>On 11/18/14, at 10:20 AM, R7 was in his room. R7 did not attend on-going activities. R7 stated</p>	F 319			

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F 319	<p>Continued From page 72</p> <p>that the pain to his neck and upper back is worse and R7 has already reported his complaint of pain to the nursing staff.</p> <p>On 11/19/14, at 1:05 PM, E7 PRSC (Psychiatric Rehabilitation Services Coordinator) stated that R7 is not attending psychosocial groups anymore. When asked what was done to address it, E7 stated that she charted it but did not notify the psychiatrist about it. E7 stated that R7 is supposed to attend in-house activities. E7 stated that she is not aware of R7 ' s ADL decline of function, but Nursing is the one who makes the determination if R7 needs intervention. E7 also stated that she was not aware if R7 was attending in-house activities.</p> <p>On 11/19/14, at 1:36 PM, E3 (ADON) stated that R7 " can be isolative. " When asked if the isolative behavior is being monitored, E3 stated, " Not really. " The Behavior monitoring Record for the month of November, 2014 was blank. This finding was confirmed by E3.</p> <p>On 11/19/14, at 3:35 PM, E16 PRSD (Psychiatric Rehabilitation Services Director) stated she is not aware that R7 stopped going to psychosocial groups activities. E16 stated that the psychiatrist should have been about it. E16 also stated, " (R7 ' s) isolative Behavior should have been monitored. E16 stated that R7 should be in engaged with in-house activities if R7 is not going to psychosocial programs. E16 was not aware that R7 was not attending in-house activities.</p> <p>On 11/19/14, at 3:46 PM, Z2 stated that R7 is being treated biologically through R7 ' s medications, but R7 also need psychosocial treatment that R7 should get through facility services such as psychosocial programs and in-house activities. Z2 stated that she is not aware of R7 ' s isolative behavior, decline in ADL</p>	F 319			

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F 319	<p>Continued From page 73</p> <p>(Activities of Daily Living) capabilities, stopped going to psychosocial groups and not participating in-house activities. Z2 stated that the isolative behavior should be monitored because of R7 ' s psychiatric diagnoses which include SAD. Z2 stated that the nursing staff should monitor residents ' behavior using the behavior monitoring tracking so an appropriate plan of care can be created. Z2 stated that if she should have known about the change in R7 ' s behavior and ADL's, she would have ordered R7 for hospitalization and further evaluation.</p> <p>Psychiatric progress notes dated 8/25/14, 9/26/14 and 10/24/14 did not identify R7 ' s isolative and withdrawn behavior. There is no documentation that Z2 was notified of the isolative and withdrawn behavior of R7.</p> <p>Monthly Nursing Summary records from July to October, 2014 were reviewed: For both months of July and August, 2014, the records documents behavior as quiet and pleasant. Monthly Nursing Summary dated 9/12/14 documents Behavior: delusional and paranoid. Monthly Nursing Summary dated 10/24/14 documents: Behavior: Delusional and Paranoid. There is no evidence that the changes in behavior were addressed by the facility.</p> <p>Psychotropic Medication Record on the following dated documents in part: 9/30/14 documents in part: Behavior exhibited- isolative, withdrawn. 10/31/14 documents in part: Behavior exhibited - remains isolative and withdrawn. There is no evidence that the onset and persistence of isolative and withdrawn behaviors were addressed by the facility.</p> <p>Initial Activity History and Assessment dated 12/12/13 documents that R7 is alert and oriented to time, place and person and R7 ' s activity interests include music, reading, writing, walking</p>	F 319			

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F 319	Continued From page 74 and being outdoors, talking or conversing, movies, social events/parties, organization like resident ' s council, intellectual games and trivia. Activity Progress Notes dated 9/24/14 documents in part: Resident had been spending a lot of time in bed. There is no evidence of a care plan being created to address R7 ' s " spending a lot of time in bed. " R7 ' s Care Plan dated 9/18/14 documents in part: R7 ' s Care Plan initiated on 9/18/14 documents in part: (R7) has severe mental illness; Intervention: Assign (R7) to group or activities to go to. Intervene when any inappropriate behavior is observed. Focus - (R7) has demonstrated some difficulty adjusting to Long Term Placement; Intervention: Get resident involved in programs and activities. Assign the resident group or activities to go to. Care Plan Activity dated 9/24/14 documents in part: (R7 ' s) Needs- demonstrate poor functioning with peers. There is no intervention/approach documented. There is no plan to adapt activities and psychosocial groups to adapt to R7 ' s current level of function/condition. On 11/19/14 @ 2:05 PM, E12 (Activity Director) validated the absence of plan of care to address R7 ' s activity needs. E12 stated, " I missed it. " House Rules & Behavioral Expectations documents in part: Residents are expected to be out of bed in the morning unless evaluated as physically ill by medical personnel. There is no evidence of any type of evaluation performed in relation to R7 ' s being not being out of bed in the morning and not attending residents ' morning meetings. Quarterly MDS (Minimum Data Set) dated 3/17/14 documents the following areas of decline (in comparison with Admission/Initial MDS dated 12/17/2013): Change in behavior which was	F 319			

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F 319	Continued From page 75 documented as new onset of potential indicators of psychosis - hallucination & delusion; Emergence of sad or anxious mood which included the following documentation: feeling down, sad, depressed and helpless; feeling tired and having less energy, feeling bad about himself; trouble concentrating on things. On 11/19/14, at 11:06 AM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator validated that a comprehensive assessment should have been done to address the decline.	F 319			
F 323 SS=E	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 properly secure a disposable lighter which has the potential to cause an accident/hazard for two residents (R8, R13) in the sample of 18 residents reviewed for accidents/hazards and six residents (R32, R33, R36, R39, R46, R47) in the supplemental sample. Findings include: On 11/17/14 at 9:45 am, during the Initial Tour of the 100 unit with E24 (RN-Registered Nurse), a red disposable lighter was on R13's bed side	F 323			

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F 323	Continued From page 76 table. E24 stated, "The residents are taught that lighters should be kept locked." E24 immediately removed the lighter. On 11/17/14 at 9:48 am, R13 stated, "Store them in a cool place. It's supposed to be kept in a locked place." R13 indicated that he did not know how long the lighter was on his bedside table. On 11/17/14 at 2:45pm, E4 (Psychosocial Rehabilitation Services Coordinator-PRSC) stated, "Lighters should not be out. Confused people may come and pick it up. They should be locked or in a safe place." On 11/17/14 at 3:30pm, E7 (PRSC) stated, "They can have paraphernalia if they are appropriately assessed. Items have to be secured." On 11/18/14, the facility submitted a document titled, "List of Consumers with Moderately Impaired Cognition". The document listed: R8, R32, R33, R36, R39, R46, R47. An undated facility policy titled, "Smoking Policy" documents: Residents who may pose a hazard to themselves and others with smoking materials may have their cigarette, lighters and matches removed from them and kept at a designated location for safety, until such time as the resident demonstrates responsible smoking habits in compliance with facility safety rules.	F 323			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -	F 325			

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F 325	<p>Continued From page 77</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observation, interview and record review, facility failed to prevent significant weight loss for one of four residents (R2), in a total sample of 18 reviewed for weight loss. Findings include: R2's Physician Order Sheet (POS) denotes diagnoses: Paranoid Schizoaffective Chronic Type, History Alcohol Abuse, Hepatitis B, Anxiety, Prostate Cancer and Chronic Obstructive Pulmonary Disease. The POS for November 2014 denotes R2 ' s diet order: Regular, Decrease Caffeine Intake, and Yogurt at Breakfast, Lunch and Dinner. Six ounces Yogurt for bedtime Snack. On the October POS telephone order denotes to discontinue a lunchmeat sandwich at the hour of sleep (HS). On 11/18/14 at 2:57pm E13 (Registered Nurse) stated (R2) " was refusing or giving away his night sandwich which was noticed by the certified nursing assistant on three or four instances " and E13 requested that the sandwich be discontinued.. R2 ' s 2014 monthly weight history is as follows: January 179 pounds, February 171 lbs, March 170 lbs, April 171 lbs, May 166 lbs, June 165 lbs, July 163 lbs, August 160 lbs, September 155 lbs,</p>	F 325			

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F 325	<p>Continued From page 78</p> <p>October 152 lbs, November 155 lbs. Overall R2 has lost 24 pounds year to date.</p> <p>Nutritional progress Note dated 3/10/14 identifies R2 weight of 170 lbs. triggering a 10.9 percent significant weight loss at six months. Dietitian noted 170 pounds to be a good weight for R2 and stated to continue present diet plan. No interventions noted.</p> <p>Nutritional Progress Note dated 10/13/14 denotes R2 ' s height is 71 inches; Ideal Body Weight (IBW) is 172 lbs, plus or minus 10 percent for an ideal body weight range (IWBR) of 155 pounds to 189 pounds.</p> <p>Nutritional progress Note dated 10/13/14 identifies R2 ' s weight of 152 lbs triggered a significant 19 pound weight loss at six months. Dietitian met with R2 who stated in part that " I should lose weight. " Dietitian explained that R2 was on the " thin side " and needed to gain weight. Dietitian Followed up with R2 ' s food delivery concerns but made no recommendations for increasing the food / caloric content of R2 ' s diet.</p> <p>R2 ' s understanding of what his ideal body weight is and should be is not evident in R2 ' s nutritional care plan. Dietitians note 3/10/14 states she believes 170 lbs is a good weight for R2. Dietitian ' s note dated 10/13/14 states in part of R2 " I should lose weight. " Monthly Record Of Vital Signs (V/S) and Weights for 2014 denotes R2 ' s October weight 152 lbs; 3 lbs below Ideal Body Weight Range 155 to 189 pounds.</p> <p>Minimum Data Set (MDS) for R2 ' Brief Interview For Mental Status (BIMS) assessment with reference date 11/12/14 denotes a summary score of 11 indicating cognition as moderately impaired.</p> <p>R2 ' s Social Services care plan initiated 11/13/14</p>	F 325			

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F 325	<p>Continued From page 79</p> <p>with a target date 2/12/15 states: R2 has severe cognitive impairment as it relates to thought process and decision making. R2 has low motivation and is resistant to care.</p> <p>Physicians ' progress note from 8/12/14 states in part, R2 ' s appetite is good but does not like the nursing home food. Physicians same note states R2 stated weight of 158 pounds " perfect for me " . States he does not want to be on the Remeron as he was gaining weight. Monitor for further weight loss.</p> <p>Physicians ' progress note 8/29/14 states in part his weight continues to decline. Latest weight is 160 pounds. He (R2) continues to exhibit poor oral intake. I discussed with the patient, in great detail, necessity to maintain adequate oral intake. He will continue to follow up with psychiatrist regarding his psychiatric issues. Strongly encourage to maintain adequate oral intake</p> <p>Physicians ' progress note from 9/28/14 states in part, " He continues to have poor oral intake. His weight is 155 pounds. Patient lost 24 pounds in 9 months. He simply refuses to eat. Strongly encourage to comply with diet. Maintain normal oral intake. "</p> <p>On 11/20/14 at 12:30pm Z7 (Consultant Dietitian) covering for the facility ' s dietitian who was unavailable stated in part that her stance would be that the weight loss was desired by the resident noted in a nurses note.</p> <p>On 11/19/14 at 11:00 am R2 stated that his appetite is good and that he doesn ' t t like the food. He did like the chocolate ice cream supplement though. R2 stated he doesn ' t t like the liquid supplements to drink, likes yogurt and would eat more. He doesn ' t t get up for breakfast. Don ' t usually eat breakfast I am not hungry in the morning.</p> <p>On 11/20/14, after interview with consultant</p>	F 325			

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F 325	Continued From page 80 dietitian, Dietitians note by Z7 states Z7 met with R2 and discussed nutritional approaches to advance residents weight toward the mid-point of residents ' Ideal Body Weight Range. Resident was willing to try double portions of meat at lunch and dinner. Dietitian will also add multi vitamin to assure needs.	F 325			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow their policy on CPAP (Continuous Positive Airway Pressure) machine for one resident (R1) in a sample of 18 residents, reviewed for respiratory care. Findings include: On 11/17/14, at 9:20 AM, during the initial tour with E2 DON (Director of Nursing), R1 ' s CPAP (Continuous Positive Airway Pressure) machine was noted exposed, uncontained on top of the dresser. The machine was visibly dirty and dusty. The mask was visibly dirty and noted with light brown discoloration and was placed on top of the	F 328			

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F 328	Continued From page 81 machine. The chin straps were also visibly dirty and dusty; the tubing was visibly dirty and was dangling on the side of the dresser. E2 stated that it should be bagged when not in use. E2 stated that R1 probably forgot, but the staff should take care of it. E2 also stated that the staff is responsible for cleaning the machine. The facility ' s undated policy titled CPAP Cleaning Instructions for Masks and Tubing & Headgear documents in part: " These items should be cleaned at a minimum of once a week or as needed. Unused CPAP shall be placed back in plastic bag that is labeled with the resident ' s name and room number. "	F 328			
F 329 SS=D	483.25(I) 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			

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

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F 329	Continued From page 82 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to identify and monitor a resident's side effects from a psychoactive medication. This deficient practice affected one resident (R9) of five residents reviewed for psychoactive medications in a sample of 18. Findings include: During the initial tour of the facility on 11/17/14 at 9:25 am, R9 stated, "I'm sleepy because of my medication. Prolixin makes me sleepy and I have decreased energy. Today, I'm not going to groups because I'm too tired." On 11/17/14 at 12:45pm, R9 was still in bed and indicated that he felt really weak and sleepy. R9 stated, "I told the nurse." At 1:20pm, R9 asked E24 (RN-Registered Nurse) to take his blood pressure. R9 stated to E24, "I feel weak." As E24 performed R9's blood pressure he stated, "My normal is 120/80 or 120/75." His blood pressure result: 92/60.	F 329			
F 332 SS=E	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.	F 332			

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F 332	<p>Continued From page 83</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure proper administration of insulin medications to four residents (R1, R19, R20, R47) in the sample of eight residents observed during medication pass. There were six medication errors among 32 observations, yielding a medication error rate of 18.75%.</p> <p>Findings include: During the Medication Pass task, on 11/17/14 at 4:52pm, R20's blood sugar result was 269 mg/dl (milligrams per deciliter). E20 (Licensed Practical Nurse-LPN) administered R20's seven units of Novolog Aspart insulin according to his sliding scale. R20 did not receive his dinner tray until 6:10pm.</p> <p>On 11/17/14 at 5:00pm, R47's blood sugar result was 142 mg/dl. E20 (LPN) administered R47's five units of Novolog insulin via flex pen. R20 did not receive his dinner tray until 6:10pm. R47's Physician Order Sheet (POS) dated 11/1/14 through 11/30/14 documents: Novolog Flex pen inject 5 units subcutaneously three times daily with meals. R47's Care Plan documents: Interventions: Diabetes medication as ordered by doctor.</p> <p>On 11/19/14 at 11:50 am, R19's blood sugar result was 232 mg/dl. E9 (Registered Nurse-RN) indicated that she was going to administer Humalog insulin three units according to R19's sliding scale plus Humalog insulin 12 units which was his regularly scheduled insulin with meals. E9 administered 15 units of Humalog Lispro insulin to R19 at 11:52 am. R19's POS dated 11/17/14 documents: Increase Humalog 12 units SQ (subcutaneously) with lunch. R19 did not receive his lunch meal until 12:15pm. R19's Care</p>	F 332			

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F 332	<p>Continued From page 84</p> <p>Plan documents: Interventions: Diabetes medication as ordered by doctor.</p> <p>On 11/19/14 at 11:52 am, R1's blood sugar result was 220 mg/dl. E9 (RN) indicated that she was going to administer Novolog insulin four units according to R1's sliding scale plus Novolog insulin 22 units which was his regularly scheduled insulin with lunch meals. E9 administered 26 units of Novolog insulin to R1 via flex pen at 11:54 am. E9 did not prime the insulin pen before dialing it to the dose of 26 units. E9 did not keep the injector depressed when holding the insulin pen against R1's abdomen for seven seconds. R1 did not receive his lunch meal until 12:13pm. R1's Care Plan documents: Interventions: Diabetes medication as ordered by doctor.</p> <p>On 11/19/14 at 12:55pm, E2 (Director of Nursing-DON) stated, "Insulin should be given with meals or directly after meals. By the time the nurses give the insulin, the trays should be up here already. Resident could experience hypoglycemia."</p> <p>On 11/20/14 at 9:45 am, E24 (RN) stated, "Novolog/Humalog insulin is fast acting so we have to give it 5 to 10 minutes before meals or with meals. What could happen? Blood sugar drops. If blood sugar drops or if meals are not given and the resident already received insulin then we monitor and observe." At 12:55pm, E24 stated, "With the insulin flex pen, you should keep your thumb on the end of the pen, the injector. That's what keeps the needle in the skin. If you let go of the end of the pen, the needle won't be in skin. Resident won't get all of insulin."</p> <p>The manufacturer recommendation for Novolog insulin documents: Because Novolog has a more rapid onset and a shorter duration of activity than human regular insulin, it should be injected immediately (within 5-10 minutes) before a meal.</p>	F 332			

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F 332	Continued From page 85 The manufacturer specifications for Novolog FlexPen insulin documents: Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: E. Turn the dose selector to select 2 units G. Keep the needle pointing upwards, press the push button all the way in. The dose selector returns to 0. A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than 6 times. Step 13: Press and hold down the dose button until the dose counter shows "0". Keep the needle in your skin after the dose counter has returned to "0" and slowly count to 6. An undated facility policy titled, "Policy and Procedures of Flex Pen Use" documents: It is the policy of the facility to ensure safe delivery of insulin with the use of the flex pen when it is prescribed by a physician to a particular resident. When flex pen is ordered, the staff nurse shall follow the following procedure: 4. Dial 2 units. 5. Hold the syringe with needle pointing up and tap gently to remove air bubbles. 6. Press the button down on your syringe as far as it will go until a drop of insulin appears. 9. Inject the insulin by pressing the button all the way in. Leave the needle for at least 6 seconds after injecting the insulin.	F 332			
F 333 SS=E	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 333			

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F 333	<p>Continued From page 86</p> <p>review, the facility failed to ensure that residents are free from significant medication errors for one resident (R1) in a sample of 18 and three residents (R19, R20, R47) in the supplemental sample who were receiving insulin injections. The facility failed to administer insulin injections at the time ordered and failed to follow manufacturer's specifications. This has the potential to affect the 12 residents receiving insulin injections in the facility.</p> <p>Findings include:</p> <p>During the Medication Pass task, on 11/17/14 at 4:52pm, R20's blood sugar result was 269 mg/dl (milligrams per deciliter). E20 (Licensed Practical Nurse-LPN) administered R20's seven units of Novolog Aspart insulin according to his sliding scale. R20 did not receive his dinner tray until 6:10pm.</p> <p>On 11/17/14 at 5:00pm, R47's blood sugar result was 142 mg/dl. E20 (LPN) administered R47's five units of Novolog insulin via flex pen. R20 did not receive his dinner tray until 6:10pm. R47's Physician Order Sheet (POS) dated 11/1/14 through 11/30/14 documents: Novolog Flex pen inject 5 units subcutaneously three times daily with meals. R47's Care Plan documents: Interventions: Diabetes medication as ordered by doctor.</p> <p>On 11/19/14 at 11:50 am, R19's blood sugar result was 232 mg/dl. E9 (Registered Nurse-RN) indicated that she was going to administer three units of Humalog insulin according to R19's sliding scale plus 12 units of Humalog insulin which was his regularly scheduled insulin with meals. E9 administered 15 units of Humalog Lispro insulin to R19 at 11:52 am. R19's POS dated 11/17/14 documents: Increase Humalog 12</p>	F 333			

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F 333	<p>Continued From page 87</p> <p>units SQ (subcutaneously) with lunch. R19 did not receive his lunch meal until 12:15pm. R19's Care Plan documents: Interventions: Diabetes medication as ordered by doctor.</p> <p>On 11/19/14 at 11:52 am, R1's blood sugar result was 220 mg/dl. E9 (RN) indicated that she was going to administer Novolog insulin four units according to R1's sliding scale plus Novolog insulin 22 units which was his regularly scheduled insulin with lunch meals. E9 administered 26 units of Novolog insulin to R1 via flex pen at 11:54 am. E9 did not prime the insulin pen before dialing it to the dose of 26 units. E9 did not keep the injector depressed when holding the insulin pen against R1's abdomen for seven seconds. R1 did not receive his lunch meal until 12:13pm. R1's Care Plan documents: Interventions: Diabetes medication as ordered by doctor.</p> <p>On 11/19/14 at 12:55pm, E2 (Director of Nursing-DON) stated, "Insulin should be given with meals or directly after meals. By the time the nurses give the insulin, the trays should be up here already. Resident could experience hypoglycemia."</p> <p>On 11/19/14 at 1:15pm, Z4 (Pharmacy Manager) stated, "Within 10 to 15 minutes of insulin administration, the residents should be eating. Ideally, immediately after administration."</p> <p>On 11/20/14 at 9:45 am, E24 (RN) stated, "Novolog/Humalog insulin is fast acting so we have to give it 5 to 10 minutes before meals or with meals. What could happen? Blood sugar drops." At 12:55pm, E24 stated, "With the insulin flex pen, you should keep your thumb on the end of the pen, the injector. That's what keeps the needle in the skin. If you let go of the end of the pen, the needle won't be in skin. Resident won't get all of insulin."</p> <p>On 11/20/14 at 2:45pm, Z1 (Physician) stated,</p>	F 333			

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F 333	<p>Continued From page 88</p> <p>"Novolog and Humalog are short acting insulin's. Should be given before meals but not more than 30 minutes. It it's ordered with meals then the insulin should be given with the meals, not before. The insulin will work within 15 minutes. It's an issue if insulin works in 15 minutes and meal is delayed, then blood sugar will begin to drop rapidly."</p> <p>The manufacturer recommendation for Novolog insulin documents: Because Novolog has a more rapid onset and a shorter duration of activity than human regular insulin, it should be injected immediately (within 5-10 minutes) before a meal.</p> <p>The manufacturer specifications for Novolog FlexPen insulin documents: Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: E. Turn the dose selector to select 2 units G. Keep the needle pointing upwards, press the push button all the way in. The dose selector returns to 0. A drop of insulin should appear at the needle tip. If not, change the needle and repeat the procedure no more than 6 times. Step 13: Press and hold down the dose button until the dose counter shows "0". Keep the needle in your skin after the dose counter has returned to "0" and slowly count to 6.</p> <p>An undated facility policy titled, "Policy and Procedures of Flex Pen Use" documents: It is the policy of the facility to ensure safe delivery of insulin with the use of the flex pen when it is prescribed by a physician to a particular resident. When flex pen is ordered, the staff nurse shall follow the following procedure: 4. Dial 2 units. 5. Hold the syringe with needle pointing up and tap gently to remove air bubbles. 6. Press the button down on your syringe as far as it will go until a drop of insulin appears. 9. Inject the insulin by pressing the button all the way in. Leave the</p>	F 333			

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F 333	Continued From page 89 needle for at least 6 seconds after injecting the insulin.	F 333			
F 364 SS=F	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, facility failed to prevent the prolonged holding of cooked food, follow standardized recipes, and serve food at the proper serving temperature. This failure has the potential to affect all 90 residents residing in the facility. Findings include: On Monday 11/17/14 facility menu for the Supper Meal included: Fish Sticks with Tartar Sauce, Red Bean Salad, Creamy Macaroni Salad, Peaches and Pears, Bread, Margarine, Milk and Choice of Beverage. On 11/17/14 at 2:30pm breaded fish sticks for the supper meal were observed being held in a two thirds full, full size six inch deep steam table pan in a combination oven/ steamer. The temperature was taken by E25 (am cook) who noted the temperature to be 207 degrees Fahrenheit. In another standard oven was another full size steam table pan three quarter full of cooked fish sticks which were 148 degrees Fahrenheit. Surveyor inquired of E17 (Dietary Manager) why the food was cooked two and one-half hours before the meal was served. E17	F 364			

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F 364	<p>Continued From page 90</p> <p>stated " we are allowed four hours. " Surveyor inquired if the cook drives the time the food is cooked and E17 stated ' yes. " E17 stated " it depends on how the cook ' s day is going and how much work they have to do. "</p> <p>The supper menu called for Creamy Macaroni Salad to be prepared with elbow pasta and mayonnaise type salad dressing. What was prepared was bow tie pasta with a vinegar and oil salad dressing. The recipe for the Red Bean Salad for supper meal was not followed. This recipe called for medium hard cooked eggs and a mayonnaise type salad dressing to be included in the recipe. For this recipe, the hard cooked eggs were omitted and a vinegar and oil salad dressing was substituted for a mayonnaise type salad dressing.</p> <p>On 11/18/14 at 2:20pm E17 stated in part that E19 (PM cook) decided to adjust the recipe because they were out of mayonnaise type salad dressing for both recipes and because there were no hard cooked eggs available to include in the Red Bean Salad recipe. Surveyor inquired if E19 had told anyone at the time of preparation that he had substituted recipe ingredients and E17 stated " no. "</p> <p>On 11/17/14 at 3:00pm with E17, Surveyor observed the Macaroni Salad for the Supper meal stored in the walk in cooler. There were two full size six inch deep steam table pans filled to the very top with the prepared salads and covered with plastic film. E17 took the temperature of the macaroni salad which was 76.3 degrees Fahrenheit and same pan, in another location was a temperature of 74.7 degrees Fahrenheit. A second pan with macaroni salad was noted to be 73.4 degrees Fahrenheit. E19 (PM cook) stated that he had prepared the salad at 1:15pm on 11/17/14. At 4:45pm on 11/17/14, after the</p>	F 364			

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F 364	Continued From page 91 food was transported to the receiving kitchen, temperatures were taken again prior to the dinner meal being served. On 11/17/14 at E10 (Food Service Supervisor) took the macaroni salad temperature which was noted to be 69.2 degrees Fahrenheit with a digital thermometer and Surveyors stem thermometer registered 65.0 degrees Fahrenheit. The red bean salad was noted to be 48 degrees Fahrenheit with Surveyors metal stem thermometer. Facility policy titled: Procedure for Transferring Prepared Foods from Kitchen to Kitchen dated March, 2014 states: Procedure: 7. When arriving at the destination kitchen cold foods will have their temperature taken to ensure they started below the baseline temperature. If they are above the baseline temperature, the foods will be quick chilled to the proper temperature immediately. Facility undated, Standardized Recipe Policy states: It is the policy of the Dietary Department to utilize standardized recipes as a means to ensure the delivery of consistent food products.	F 364			
F 371 SS=L	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371			

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F 371	<p>Continued From page 92</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review facility failed to implement procedures to assure that potentially hazardous foods (PHF) are properly cooled down to prevent the rapid growth of micro-organisms ', sanitize food preparation equipment and food preparation surfaces and follow policy ' s for taking food temperatures. As a result of not implementing procedures for potentially hazardous food (PHF) cool down policies, all 90 residents who were to receive the meal were at risk for a food borne illness. This was identified as an Immediate Jeopardy on 11/17/14 at 5:00pm. E1 (Administrator) was informed of the Immediate Jeopardy. While the immediacy was removed on 11/17/14 at 5:20 PM, the facility remains out of compliance at a Severity Level 2 as the facility continues to implement their abatement plan interventions. While the immediacy was removed on 11/17/14 at 5:20 PM, the facility remains out of compliance at a Severity Level 2 as the facility continues to implement their abatement plan interventions. Findings include: On 11/17/14 at 3:00pm Surveyor and E17 (Dietary Manager) offsite kitchen were checking the temperature of two pans of macaroni salad that was prepared on 11/17/14 at 1:15pm by E19 (PM Cook) earlier in the day. Macaroni salad was being stored in six inch deep full size stainless steel pans. Both pans of macaroni salad were filled to the very top and covered with plastic film. E17 checked the temperature of the macaroni salad with the facilities ' digital thermometer. Two temperature readings in one pan were 76.3 degrees Fahrenheit and 74.7 degrees Fahrenheit. E17 stated " that can ' t be right. " The second full pan was 73.4 degrees Fahrenheit and E17</p>	F 371			

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F 371	<p>Continued From page 93</p> <p>stated " that ' s still too high. " E17 instructed E25 (AM Cook) " got to get it in the freezer right now ", " that ' s been sitting way too long. " E25 placed the whole pan into the reach in freezer that was full with boxes of food from a delivery earlier in the day. Surveyor observed that the freezer was filled and that there was limited air circulation around the full size pan which was placed directly on top of a box of frozen food. Surveyor inquired if E17 thought it was going to make it? Meaning 41 degrees or below before serving time 5:00pm and E17 stated " he (E19) knows the procedure, cooks just didn ' t ' t pay attention to the clock. In addition, a red bean salad was on the supper menu for the dinner meal. E19 (PM Cook) stated that the red bean salad was prepared at 1:00pm on 11/17/14. On 11/17/14 at 1:55pm Surveyor inquired E17 (Dietary Manager) about the roast beef served on the lunch menu today. E17 stated that the roast beef had been cooked on Sunday 11/16/14 by E18 (AM Cook). Surveyor questioned E17 if they utilized and documented any cool down activities for Potentially Hazardous Foods (PHF) and E17 stated " No we don ' t keep any records; should we? E17 indicated that Roast Pork, Pork Loin, Roast Beef and Corned Beef were items served on the four week cycle menu and all cooked the day prior to being served.</p> <p>Surveyor inquired regarding the Hazard Analysis Critical Control Point (HACCP) documentation for the two-stage cool down process, and E17 stated in part that the process was documentation heavy and that E17 didn ' t ' t trust staff to complete the documentation accurately. Surveyor questioned E17 if he had any records of any Potentially Hazardous Food (PHF) cool down activities in the department and E17 stated " no. "</p> <p>On 12/20/14 at 10:15 am Z8 (Consultant</p>	F 371			

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F 371	<p>Continued From page 94</p> <p>Dietitian) in-serviced the cook staff regarding the Cool Down Policy. The undated Two Step Cool Down Procedure states: Cooked food will be cooled down from 130 degrees Fahrenheit to 70 degrees Fahrenheit within two hours and from 70 degrees Fahrenheit to 41 degrees Fahrenheit or below within four hours (or within a total of 6 hours). Once the food comes out of the oven, or is removed from the steam-table, use an active cooling method to reach 135 degrees Fahrenheit. On 11/17/14 at 4:45pm, both hot and cold food prepared for the dinner meal was transported to the facility kitchen from the offsite kitchen in a plastic thermal cabinet. Macaroni salad temperatures were taken by E10 (Food Service Supervisor) using a digital thermometer and by Surveyor using a calibrated metal stem thermometer. Digital temperature was 69.2 degrees Fahrenheit and the metal stem thermometer reading was 65.0 degrees Fahrenheit. The metal stem thermometer reading for the red bean salad was 48 degrees Fahrenheit.</p> <p>Surveyor asked E10 if the temperatures were acceptable and E10 stated " of course they are not acceptable, they should be less than 40 degrees Fahrenheit. " E10 stated I am going to put a lid on this and put it in the freezer until we serve. "</p> <p>On 11/17/14 at 5:15pm both prepared salads had been in the Danger Zone, greater than 41 degrees Fahrenheit for more than four hours with greater risk for growth of harmful pathogens. Facility recipes dated January 27, 2014 for both macaroni salad and red bean salad state: Danger Zone: Do not hold foods between 41 degrees Fahrenheit and 135 degrees's Fahrenheit longer than four hours.</p>	F 371			

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F 371	<p>Continued From page 95</p> <p>While the immediacy was removed on 11/17/14 at 5:20 PM, the facility remains out of compliance at a Severity Level 2 because of the need to allow for complete interviewing of dietary staff and to evaluate the effectiveness of the plan of correction for F-371.</p> <p>The facility submitted the following plan:</p> <ol style="list-style-type: none"> The food left out (bean salad and pasta salad) were discarded on 11/17/14 at 5:20pm. Staff was in-serviced on Cool Down Policy and Food Temperature Procedure. Daily temperature logs for food will be kept on file for one year. Cooks will use the two step cool down label and will complete the Food Temperature Cooling Log. The food temperature cooling log will serve as a communication document between the two kitchens and will be sent to the facility when such item is being served. The facility Administrator will obtain a weekly list of all foods that will be cooled down properly and schedule self to observe that the cool down process is being performed accurately. Administrator has developed a form for Monitoring of Cooling Down which will be done one times weekly for one month, two times weekly for one month and then monthly thereafter. Dietary consultants will be observing staff during their monthly visits. Food Preparation and Food temperature Policy will be discussed in the Quarterly Quality Assurance Meeting. <p>Although the immediacy is removed, harm remains at the second level until all staff on duty can be in-serviced. On 11/17/14 at 11:55pm with E10, E26 (Dietary</p>	F 371			

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F 371	<p>Continued From page 96</p> <p>Aide) checked the food preparation surface sanitizer bucket and determined that it was at or less than 10 parts per million (ppm). Facility policy for Chemical Sanitizing For Wiping Cloths states: Wiping cloths should be stored in a bucket of water at 75 degrees Fahrenheit with the following concentrations: Chlorine 100 ppm. On 11/17/14 at 2:20pm Surveyor and E17 offsite kitchen along with E25 (am cook) checked the bucket sanitizing solution in the cook ' s area. E17 stated that they use that bucket to sanitize the thermometers ' metal probes in between taking food temperatures. E17 stated in part that he understood that if alcohol was used to wipe down tables that it leaves a residue behind and stated that using bleach water would be better idea than using a alcohol swab cloth to sanitize the thermometer probe. E25 tested the bleach water for sanitizing temperature probes stated in part, there ' s barely anything, maybe 20 parts per million.</p> <p>Undated Food Temperature Procedure states: 2. Fill sanitizing bucket with proper mix of water and sanitizing solution and place on rear table out of the way. 3. using a digital probe-type thermometer, take the temperature of the first food placed in the steam table. Record the temperature on the Daily temperature Log in the proper location. Rinse and sanitize the thermometer probe after each use.</p> <p>On 11/17/14 at 2:25pm observed an aluminum four quart measuring container with five french knives inside tip down. Surveyor asked E17 if theses knives were clean and E17 stated there supposed to be clean, that ' s the way it is. E25 interjected and stated in part that ' s where we store the dirty knives. E17 asked, " When did that get switched? " E25 stated in part, we use all the knives until no clean ones are left and then</p>	F 371			

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F 371	<p>Continued From page 97</p> <p>wash them all at one time. Facility presented a Knife Cleaning and Storage Policy on 11/18/14. On 11/17/14 at 2:45pm observed E19 (PM cook) washing pots and pans in the three compartment sink. Observed the immersion time to be less than 10 seconds, E19 was continuously moving pans from the rinse to through the sanitizer to the drain board without required sanitizer contact time.</p> <p>On 11/17/14 at 5:50pm off site kitchen, Surveyor asked E25 to explain the two step cool down process for cooked pasta. E25 stated in part that you would wait two hours for the product to be 40 degrees Fahrenheit. If not 40 degrees, separate into smaller portions put into freezer or a container with ice to cool faster. Surveyor questioned concerning a meat item and E25 stated cook to an internal temperature of 145 to 165 degrees Fahrenheit. Then cut in half and cool to 70 degrees in two hours. If not 70 degrees, cut into quarters, put in cooler or on ice until 41 to 40 degrees Fahrenheit. E25 stated " four hours for the whole process, yes to get the right temperature. "</p> <p>On 11/17/14 at 5:55pm Surveyor asked E19 to explain the two step cool down process for roast beef. E19 stated in part, to remove from oven at 145 to 150 degrees Fahrenheit. Put roast beef in a shallow pan and cool down for 3 hours at room temperature. Then cut into four to six pieces to cool, then just put in cooler.</p> <p>Offsite kitchen food temperature logs for 2014 September, October and November showed that September was missing 21 meals where no food temperatures were recorded, October noted 25 meals missing temperatures and November noted 7 meals served with no temperatures documented.</p> <p>Facility Procedure for Transferring Prepared</p>	F 371			

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F 371	Continued From page 98 Foods form Kitchen to Kitchen, dated March, 2014 states: 1. When picking up hot foods the temperature will be taken to ensure that they are at or above the base temperature of 140 degrees Fahrenheit. If not, they must be reheated to above 140 degrees Fahrenheit before leaving the kitchen. Facility Pick Up Temperature Logs for November show no Dinner Pick Up temperatures noted for hot or cold food on 11/1, 11/2, 11/4, 11/6, 11/7, and 11/10/2014. Facility Policy dated March, 2014 states: Procedure #6 states: When arriving at the destination kitchen hot foods will have their temperature taken to ensure no heat loss occurred during the transfer. If there is heat loss, the food will be re heated to the proper temperature immediately. Procedure # 7 states: When arriving at the destination kitchen cold foods will have their temperature taken to ensure they started below the baseline temperature. If they are above the baseline temperature, the foods will be quick chilled to the proper temperature immediately.	F 371			
F 372 SS=F	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based upon observation and record review facility failed to properly contain and cover refuse in the outside storage dumpster. This has the potential to affect all 90 residents in the facility. Findings include:	F 372			

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F 372	Continued From page 99 On 11/17/14 at 8:50 am the facility dumpster was overflowing with accumulated bags of garbage and refuse. The lid to the refuse dumpster was propped open two or more feet into the air because of the volume of refuse in the dumpster. The undated facility policy titled: Policy for Trash and Recycle Materials states: Skokie Meadows leases (1) one 8 yard dumpster (trash / waste) disposal. Pick up is six days a week, Monday through Saturday. Skokie Meadows also leases (3) three recycle bins (for papers / cardboard's) which will be picked up one time a week. Both pickups are due by 8:00 am on scheduled days.	F 372			
F 406 SS=G	483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services. This REQUIREMENT is not met as evidenced by: 1) Based upon observation, interview and record review, the facility failed to identify and treat underlying factors of behavioral changes and failed to identify need for additional behavioral attention for one resident (R7) in a sample of 18 residents. This failure resulted in decreased psychosocial stimulation and continued isolation, sadness and feeling angry.	F 406			

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F 406	Continued From page 100 Findings include: On 12/4/13, R7 was admitted to the facility with diagnoses of Spine Injury, Paranoid Schizophrenia, Herniated cervical disk, C3-C4 Decompression. R7 ' s PAS/MH (Pre-admission Screening/Mental Health) dated 12/6/13 documents in part: Special Services- Professional Observation by MD/RN (Medical Doctor/Registered Nurse) for medication monitoring, adjustment and stabilization, community re-integration activities, Instrumental Activities of Daily Living training/reinforcement and Mental Health Rehabilitation activities. The acute care psychiatric hospital discharge instruction dated 12/4/13 documents in part: " Notify physician if experiencing any of the following: Recurrence of psychiatric symptoms that led to hospitalization; Inability to care for yourself. " On 11/17/14, at 9:30 AM, during the initial tour with E2 DON (Director of Nursing), R7 was in his room while the residents ' morning meeting was in progress. E2' stated that all residents attend resident morning meeting every day in the front room. On 11/17/14, at 2:00 PM, R7 was in his room and did not attend in-house activities. On 11/17/14, at 3:07 PM, E12 Activity Director stated R7 prefers to stay in the room because of complain of pain to his legs. On 11/17/14, at 3:45 PM, R7 was on his bed, in a bent (fetal) position. R7 stated that he does not go to activities and resident morning meetings because he is stiff and sore. R7 stated that he told the nurse about his complaint of pain. On 11/18/14 at 10:00 Am, R7 was in his room and stated that he does not join the house activities because of his aches and pain to his	F 406			

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F 406	<p>Continued From page 101</p> <p>legs, arms, neck and upper back. R7 stated, " I probably need a power chair to be comfortable. " R7 stated that he likes walking and he used to walk around the facility when he " was not in so much pain. " R7 stated that it is also difficult for him to go the patio to smoke because of his pain. R7 stated that his inability to do the things he enjoys makes him sad and angry. R7 stated, " I just want to move out of here and go to another nursing home. "</p> <p>On 11/18/14, at 10:20 AM, R7 was in his room. R7 did not attend on-going activities. R7 stated that the pain to his neck and upper back is worse and R7 has already reported his complaint of pain to the nursing staff.</p> <p>On 11/19/14 at 12:07 PM, E1 (Administrator) stated that a resident ' s decline in condition should be investigated and addressed.</p> <p>On 11/19/14, at 1:05 PM, E7 PRSC (Psychiatric Rehabilitation Services Coordinator) stated that R7 is not attending psychosocial groups anymore. When asked what was done to address it, E7 stated that she charted it but did not notify the psychiatrist about it. E7 stated that R7 is supposed to attend in-house activities. E7 stated that she is not aware of R7 ' s ADL decline of function, but Nursing is the one who makes the determination if R7 needs intervention. E7 also stated that she was not aware if R7 was attending in-house activities.</p> <p>On 11/19/14, at 1:36 PM, E3 (ADON) stated that R7 " can be isolative. " When asked if the isolative behavior is being monitored, E3 stated, " Not really. " The Behavior monitoring Record for the month of November, 2014 was blank. This finding was confirmed by E3.</p> <p>On 11/19/14, at 3:35 PM, E16 PRSD (Psychiatric Rehabilitation Services Director) stated she is not</p>	F 406			

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F 406	<p>Continued From page 102</p> <p>aware that R7 stopped going to psychosocial groups activities. E16 stated that the psychiatrist should have been about it. E16 also stated, " (R7 ' s) isolative Behavior should have been monitored. E16 stated that R7 should be in engaged with in-house activities if R7 is not going to psychosocial programs. E16 was not aware that R7 was not attending in-house activities. On 11/19/14, at 3:46 PM, Z2 stated that R7 is being treated biologically through R7 ' s medications, but R7 also need psychosocial treatment that R7 should get through facility services such as psychosocial programs and in-house activities. Z2 stated that she is not aware of R7 ' s isolative behavior, decline in ADL (Activities of Daily Living) capabilities, stopped going to psychosocial groups and not participating in-house activities. Z2 stated that the isolative behavior should be monitored because of R7 ' s psychiatric diagnoses which include SAD (Schizo-affective Disorder). Z2 stated that the nursing staff should monitor residents ' behavior using the behavior monitoring tracking so an appropriate plan of care can be created. Z2 stated that if she should have known about the change in R7 ' s behavior and ADL's, she would have ordered R7 for hospitalization and further evaluation.</p> <p>Monthly Nursing Summary records from July to October, 2014 were reviewed: For both months of July and August, 2014, the records documents behavior as quiet and pleasant. Monthly Nursing Summary dated 9/12/14 documents Behavior: delusional and paranoid. Monthly Nursing Summary dated 10/24/14 documents: Behavior: Delusional and Paranoid. There is no evidence that the changes in behavior were addressed by the facility.</p> <p>Psychotropic Medication Record on the following</p>	F 406			

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F 406	<p>Continued From page 103</p> <p>dated documents in part: 9/30/14 documents in part: Behavior exhibited- isolative, withdrawn. 10/31/14 documents in part: Behavior exhibited - remains isolative and withdrawn. There is no evidence that the onset and persistence of isolative and withdrawn behaviors were addressed by the facility.</p> <p>Psychiatric progress notes dated 8/25/14, 9/26/14 and 10/24/14 did not identify R7 ' s isolative and withdrawn behavior. There is no documentation that Z2 was notified of the isolative and withdrawn behavior of R7.</p> <p>Psychotropic Care Plan initiated 9/18/14 documents interventions in part: " Monitor/record occurrence of for target behavior symptoms and document per facility protocol; Update and code behavioral tracking sheets as indicated; Offer specific behavioral counseling and intervention to address mood/behavioral issues. "</p> <p>The facility ' s Behavior Monitoring Records dated from February, 2014 to November, 2014 were reviewed. The following records were blank and uncoded (No specific Behavior being monitored): March, 2014, April, 2014, May, 2014, July, 2014 and November, 2014. On 11/19/14, at 1:36 PM, E3 (ADON) stated that the behavior monitoring tool is used to track resident ' s behavior and the facility ' s monitoring tool to determine significant changes of behavior. E3 stated that information from the Behavior Monitoring Records is used when planning the care or behavior management for a resident.</p> <p>Social Service Progress Notes from 5/21/14 - 11/7/14 were reviewed. The documentation reviewed did not identify R7 ' s Isolation and Withdrawn behaviors.</p> <p>Initial Activity History and Assessment dated 12/12/13 documents that R7 is alert and oriented to time, place and person and R7 ' s activity</p>	F 406			

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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076		
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F 406	Continued From page 104 interests include music, reading, writing, walking and being outdoors, talking or conversing, movies, social events/parties, organization like resident ' s council, intellectual games and trivia. Activity Progress Notes dated 9/24/14 documents in part: Resident had been spending a lot of time in bed. There is no evidence of a care plan being created to address R7 ' s " spending a lot of time in bed. " R7 ' s Care Plan dated 9/18/14 documents in part: R7 ' s Care Plan initiated on 9/18/14 documents in part: (R7) has severe mental illness; Intervention: Assign (R7) to group or activities to go to. Intervene when any inappropriate behavior is observed. Focus - (R7) has demonstrated some difficulty adjusting to Long Term Placement; Intervention: Get resident involved in programs and activities. Assign the resident group or activities to go to. Care Plan Activity dated 9/24/14 documents in part: (R7 ' s) Needs- demonstrate poor functioning with peers. There is no intervention/approach documented. There is no plan to adapt activities and psychosocial groups to adapt to R7 ' s current level of function/condition. On 11/19/14 @ 2:05 PM, E12 (Activity Director) validated the absence of plan of care to address R7 ' s activity needs. E12 stated, " I missed it. " Facility ' s undated policy, titled " Activities " documents in part: The facility shall provide an on-going program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident. (e) Activities shall be adapted, as needed, to provide for maximum participation by individual residents. If a particular resident does not participate in at least an average of four (4) activities per day over one week period, the unit director shall evaluate the resident ' s	F 406			

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F 406	Continued From page 105 participation and have the available activities modified and/or consult with the interdisciplinary team. Mental Health Progress notes dated 9/2/14 documents R7 ' s is not attending Anger, Men's Health and Stress programs. Men's ' group was documented as " discontinued " but there was no documentation of the reason. There was no evidence of the psychiatrist being notified. The facility ' s undated policy titled Behavior Management and Behavior Health policy documents in part: " Overview: It ' s purpose is to identify residents who demonstrate unstable, chaotic, and disorganized behavior who may demonstrate greater potential for de-compensation including aggression towards oneself and/or other persons. These residents may need additional psychiatric consultation, medication management and/or modifications in their behavioral treatment plan. Problem-solve what the behavior symptoms are communicating. Evaluate resident involvement in on-going psychiatric, psychological. Structure and Function: The staff cooperatively works to identify potential behavioral management challenges and implements plans of action to promote a safe and safety living environment, stressing educational services/training, monitoring the effect of implemented changes and making needed revisions to the action care plans. The IDT, primarily through the social services staff and clinical social work consultant are responsible for identifying residents in need of additional behavioral attention. " There is no evidence that the staff addressed R7 ' s need for additional behavioral attention. Psychiatric Rehabilitation Services policy date 5/11/12 documents in part: " Program goal: engagement of each resident in his/her recovery	F 406			

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F 406	<p>Continued From page 106</p> <p>and rehabilitation. Poor Participation: Staff response shall include appropriate education and counseling about the value of interventions and personal consequences the resident faces for poor engagement. " There is no evidence that appropriate education and counseling was done when R7 stopped participating in psychosocial programming.</p> <p>Quarterly MDS (Minimum Data Set) dated 3/17/14 documents the following areas of decline (in comparison with Admission/Initial MDS dated 12/17/2013): Change in behavior which was documented as new onset of potential indicators of psychosis - hallucination & delusion; Emergence of sad or anxious mood which included the following documentation: feeling down, sad, depressed and helpless; feeling tired and having less energy, feeling bad about himself; trouble concentrating on things. There was no Significant Change MDS completed. On 11/19/14, at 11:06 AM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator validated that a comprehensive assessment should have been done.</p> <p>On 11/24/14, at 9:30 AM, E3 ADON (Assistant Director of Nursing) stated that R7 was admitted to an acute care hospital for evaluation of behavioral symptoms and pain.</p> <p>2) Based on observation, interview, and record review, the facility failed to ensure that 3 residents (R2, R10, R15), in a sample of 18, reviewed for psychosocial rehabilitative services, received specified interventions to address their individualized mental health needs.</p> <p>Findings Include: R15 is a 58 year old male admitted to the facility with diagnoses that include: Bipolar Affective</p>	F 406			

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F 406	<p>Continued From page 107</p> <p>Disorder, Hepatitis C, spinal stenosis, history of alcohol abuse, and history of prostate cancer</p> <p>On 11/19/14 at 12:59 PM, R15 stated in part that he currently has psychosocial groups scheduled at the facility. R15 goes to anger management, men ' s health, and stress reduction psychosocial groups at the facility. Anger management and stress reduction groups are helpful. Men ' s health topics are interesting. R15 doesn ' t ' attend psychosocial programming in the community anymore. R15 has had scheduled psychosocial programming at the facility for about 6 months.</p> <p>On 11/24/14 at 9:42 AM, R15 also stated in part that he had radiation treatments for 26 weeks that started at the beginning of the year, 2014. R15 was scheduled for psychosocial groups in the community, but he did not attend the groups because of his radiation treatments. R15 was not assigned to psychosocial groups at the facility when he was scheduled for the community psychosocial groups. Since R15 completed the radiation treatments, he has days when he doesn ' t ' feel good. On the days when R15 doesn ' t ' feel good, he doesn ' t ' go the scheduled psychosocial groups in the facility and on the days when R15 feels good, he attends the scheduled psychosocial groups.</p> <p>On 11/20/14 at 12:19 PM, E7 (Psychosocial Rehabilitation Services Coordinator) stated in part that R15 was dropped from the psychosocial groups in the community because he didn ' t ' attend the groups when he started his radiation treatments (5X (5 times) /week). R15 has not been attending his scheduled psychosocial groups at the facility. E7 has spoken to R15 about going to the scheduled facility psychosocial groups.</p> <p>On 11/24/14 at 11:21 AM, E7 also stated in part</p>	F 406			

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F 406	<p>Continued From page 108</p> <p>that she has encouraged R15 to attend his scheduled psychosocial groups. E7 has had 1:1 visits with R15 and discussed attending the psychosocial groups but did not review the topics discussed in the groups that R15 missed, during the 1:1 visits. The informal 1:1 visits are to encourage residents to attend the scheduled psychosocial groups and are not documented. On 11/24/14 at 11:21 AM, E16 (Psychosocial Rehabilitation Services Director) stated in part that R15 has not attended his psychosocial groups for several months. R15 was encouraged to attend his scheduled psychosocial groups via 1:1 visits. The topics discussed in the psychosocial groups, that R15 missed, were not discussed with R15 during the 1:1 visits. The facility has no documentation regarding R15 ' s 1:1 visits.</p> <p>Psychosocial annual update dated 8/21/14 indicates that R15 has poor judgment, delusional thoughts, ineffective coping skills, poor verbal skills, poor activities of daily living, difficulty showering, and appears disheveled. R15 has also expressed some paranoid and irrational perceptions about the facility environment. R15 has a history of aggressive, inappropriate behavior due to paranoia and poor social skills. R15 ' s history includes self-harmful ideation and verbal/physical aggression as well as threats towards others.</p> <p>Social service note dated 9/29/14 indicates that R15 is very isolative and doesn ' t come out of his room except for meals and medications and has poor hygiene practices.</p> <p>Social service note dated 10/21/14 indicates that E7 spoke to R15 about attending the psychosocial groups and will encourage R15 to attend activities during the day.</p> <p>On 11/24/14, R15 ' s psychosocial group</p>	F 406			

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F 406	Continued From page 109 attendance sheets were requested for June to November, 2014. On 11/24/14, E7 presented the following group attendance sheets for R15: Anger and Impulse Control - one/time week - November, 2014, R15 attended one of three available sessions on 11/19/14 Men ' s Health - one time/week - October, 2014 - R15 attended zero of five available sessions and November, 2014, R15 attended zero of three available sessions Stress Reduction - one time/week - September and October, 2014 - R15 attended zero of five available sessions and November, 2014, R15 attended zero of three available sessions Monthly mental health progress notes from July to November, 2014 indicate that R15 did not attend any psychosocial groups from July to October, 2014. The progress notes also indicate that R15 attended one stress and one men ' s health group in November, 2014. R15 was encouraged to attend the scheduled groups. Care plan initiated on 8/21/14 indicates that R15 expresses debilitating, paranoid thoughts and irrational perceptions and interpretations of his environment and has impaired social skills and difficulty forming interpersonal relationships with others. R15 was scheduled for therapy groups to address his issues (including Anger and Impulse Control, Men ' s Group). R15 makes excuses to avoid group. Implemented interventions include: Psychosocial Rehabilitation Services Coordinator (PRSC) will communicate with group leader regular to discuss resident ' s treatment attendance and participation; Staff will give the resident an activity calendar and encourage resident to participate in activities; Try to motivate the resident to get up and out of his room during rounds/spontaneous visits. R15 ' a care plan review dated 11/20/14, did not	F 406			

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F 406	<p>Continued From page 110</p> <p>contain updated/revised, interventions to address R15 ' s lack of psychosocial group attendance and identified, individualized psychosocial needs. On 12/3/14 at 2:50 PM, E7 stated in part that she is responsible for updating R15 ' s care plan interventions that address R15 ' s psychosocial needs. E7 updates and revises R15 ' s care plan interventions on a quarterly basis.</p> <p>On 12/3/14 at 2:50 PM, E16 stated in part that E4 (Psychosocial Rehabilitation Services Coordinator), E7, and E16 conduct all of the psychosocial groups in the facility. E4, E7, and E16 have care plan meetings on Tuesdays and Thursdays and verbally discuss issues/incidents that occur with residents and concerns with any residents that do not attend the groups. The issues discussed verbally are not documented. R15 ' s care plan interventions should have been revised during the 11/20/14 care plan review. The facility ' s undated Comprehensive/Quarterly Care Plan policy documents in part: Resident ' s care plan will be assessed and evaluated quarterly depending on change of level of care. The policy does not indicate when care plan interventions should be revised/updated.</p> <p>On 11/18/14, at 9:51 am, E16 (Psycho-social Rehab Services Director) stated the following: "(R10) is supposed to go to Stress Reduction, Anger & Impulse, Interpersonal 2, Self-Esteem, and Relapse Prevention groups. He is very resistant to groups and has poor impulse control. He does not attend groups. I don't have a care plan on what groups he s supposed to attend. Neither do I have a care plan that states he is refusing groups and 1:1's." R10's physician order sheet denotes in part the</p>	F 406			

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F 406	Continued From page 111 following diagnoses: Bipolar Disorder and Depression. Record review of R10's medical chart indicates lack of interventions to encourage R10 to try alternative strategies in place of psychosocial groups. E16 stated, "I don't have 1:1's documented anywhere for (R10). I do see (R10) in my office and I talk to him occasionally." Facility's policy titled One to One Intervention Protocol: Structured Professional Counseling Format denotes in part: "The purpose is to provide a personalized forum for residents with specific psychosocial needs who are not appropriate for group intervention due to medical, behavioral, and/or extreme psychosocial withdrawal, mood state-related problems. Recommended scheduled therapeutic sessions are 1-3x (3 times) /week." On 11/9/14 at 10:30 am, E1 (Administrator) stated, "The PRSC's (Psycho-social Rehab Services Counselor) and PRSD should be documenting their 1:1's in a timely manner. The residents are required to go to groups, but they are not required to go to activities. If they refuse groups, the PRSC's and PRSD should be doing 1:1's." At 10:52 am, E2 (Director of Nursing) stated, "The PRSC and PRSD should be encouraging the residents to get out of bed and go to groups. They are required to do 1:1 documentation which is kept in the chart if the residents refuse."	F 406			

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F 406	Continued From page 112 Physician Order Sheet (POS) denotes R2 ' s diagnoses to include but not limited to Paranoid Schizoaffective Chronic Type, History Alcohol Abuse, Hepatitis B and Prostate Cancer. On 11/17/14 at 12:55pm R2 stated in part that he has formal programming three times a week, " no Monday groups. " On 11/18/14 at 10:30 am asked R2 about groups and he stated " don ' t know. " R2 was in attendance for stress reduction. R2 ' s Mental Health progress Note for the months of September and October 2014 denotes that R2 has six formal programs listed: Smoking Cessation, Stress reduction, Interpersonal Skills II, Self Esteem, Men ' s health and Anger and Impulse Management. E16 stated in part that each program generally meets four times a month. Attendance and Participation denote that R2 did not attend any formal programs at any time in the month of September and October. On 12/3/14 at 11:50 am E16 (Psychological Rehabilitation Services Director) stated in part that if residents refuse to attend their formal rehabilitative programming, they receive basic encouragement through a one to one where each resident is encouraged get up, possibly out of bed, be active and socialize, attend leisure activities which are listed on the monthly and daily calendar. E16 indicated that the content of the formal programming was not reviewed in the one to one, only encouragement to be engaged and active in some meaningful activity. R2 ' s Social services care plan initiated 11/13/14 to 2/12/15 states that R2 would benefit from in house psychological social rehabilitative groups.	F 406			

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F 406	Continued From page 113 Care plan interventions do not denote how R2 will receive those beneficial services if he does not attend formal programming and one to ones don ' t cover any of the formal program content.	F 406			
F 441 SS=F	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 hand washing is indicated by accepted professional practice. (c) Linens	F 441			

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F 441	<p>Continued From page 114</p> <p>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, interview and record review, the facility failed to follow standard infection control practices by failing to: properly sanitize blood glucose machines, perform hand hygiene during medication administration/distribution of meals and perform proper hand sanitization with hand gel. These deficient practices affected three residents (R1, R8, R14) of 18 residents in the sample reviewed for infection control and 22 residents (R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, R36, R37, R38, R39, R47, R48) in the supplemental sample. In addition, the facility failed to store/handle clean linen properly. This deficient practice had the potential to affect all 90 residents in the facility. Findings include: On 11/17/14 at 4:38pm, E20 (LPN-Licensed Practical Nurse) was gloved and prepared to perform R20's blood glucose test. E20 realized that she had to retrieve R20's blood glucose machine from a locked compartment on the cart. With her gloves on, E20 reached into her uniform pocket for the keys and unlocked the cart. E20 did not remove her gloves. E20 continued to perform R20's blood glucose test. During blood glucose monitoring on 11/19/14 at 11:42 am, E9 (RN-Registered Nurse) used hand sanitizer, rubbed her hands together for two seconds and gloved. E9 performed R38's blood glucose test. E9 removed her gloves, used hand</p>	F 441			

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F 441	Continued From page 115 sanitizer and rubbed her hands for two seconds. E9 did not clean R38's blood glucose machine after use. E9 used her bare hands to place R38's dirty machine on the cart next to R19's monitor. E9 indicated that she cleans all the blood glucose machines after she performs all the testing. At 11:46 am, R19 entered the room for his blood glucose test. E9 used hand sanitizer and rubbed her hands for two seconds. With visibly wet hands, E9 gloved and performed R19's blood glucose test. With bare hands, E9 placed R19's dirty machine on the clean surface in between R38's dirty machine and R1's clean machine. E9 did not clean R19's machine after use. At 11:52 am, E9 hand gelled for two seconds, gloved and administered R19's Humalog insulin. At 11:52 am, R1 entered the room for his blood glucose test. E9 used hand sanitizer and rubbed her hands together for three seconds. E9 gloved immediately and performed R1's blood glucose test. E9 removed her gloves and sanitized her hands for four seconds. With bare hands, E9 placed R1's dirty monitor on the clean cart in between R19's dirty machine and R39's clean machine. E9 applied gloves to administer R1's Novolog insulin via flex pen. E9 removed her gloves and sanitized her hands for three seconds. At 11:58 am, E9 gloved and performed R39's blood glucose test. E9 removed her gloves, used hand sanitizer and rubbed her hands together for two seconds. At 12:00pm, E9 began to clean the blood glucose machines for R1, R19, R38 and R39. E9 rubbed R39's machine with a disinfectant cloth for one minute. E9 did not allow time for air drying. With R39's blood glucose machine visibly wet, E9 placed it in a black zipper case. E9 repeated the same process for R1, R19 and R38's blood glucose machines. E9 stored the	F 441			

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F 441	<p>Continued From page 116</p> <p>blood glucose machines while visibly wet, not allowing time for the machines to air dry.</p> <p>On 11/18/14 at 8:35 am, during the Medication Pass task, E9 applied gloves without the benefit of hand hygiene prior to administering R14's Advair oral inhalation medication. E9 held the Advair diskus up to R14's mouth while he inhaled. An undated facility policy titled, "Hand Hygiene" documents: 2. If hands are not visibly soiled, use alcohol-based waterless antiseptic agent for routinely decontaminating hands in all other clinical situations. Some of these situations are between patients, before putting gloves on, after taking off gloves, and before handling an indwelling catheter and in between medication pass. 1. The CDC (Center for Disease Control) guidelines on Hand Hygiene gave the following recommendations for hand hygiene technique: 1. Using a waterless alcohol-based agent - if an adequate volume of agent is used, it should take 15 - 25 seconds for hands to dry. a. Apply product to palm of one hand and rub hands together. b. Cover all surfaces of hands and fingers. c. Continue to rub until hands are dry.</p> <p>An undated facility policy titled, "Inhalations (Oral and Nasal) Administration Procedure" documents: Procedures: Oral Inhalation 1. Cleanse hands before and after medication administration.</p> <p>On 11/24/14 at 11:10 am, E3 (ADON-Assistant Director of Nursing) stated, "Glucometers should be cleaned immediately after use. The staff has been inserviced."</p> <p>An undated facility policy titled, "Blood Glucose Meter Cleaning Protocol" documents: 4. Treated surface must remain visibly wet for a full two (2) minutes and let it air dry. *Each glucose meter should be cleaned per above protocol after use</p>	F 441			

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F 441	<p>Continued From page 117 and replaced in its original container. A manufacturer specifications document for the blood glucose meters used in the facility denotes: Caring for your Blood Glucose Meter in a LTC (Long Term Care) Setting: 4. Wipe the meter thoroughly; the treated surface must remain visibly wet for 2 full minutes to attain complete disinfection. 6. Air dry the meter to sanitize completely before the next use.</p> <p>On 11/17/14 at 12:18pm, E21 (CNA-Certified Nurse Assistant) was in the dining room located towards the back of the facility. E21 stood with his arms crossed and put his hands in/out of his uniform pockets. E21 did not perform hand hygiene prior to the passing of lunch trays. E21's process was to serve residents as they came to the dining room and to receive dirty trays from residents simultaneously. At 12:18pm, E21 handled R21's dirty tray and handed R24 his lunch tray. There was no hand hygiene in between contact with a dirty tray and clean tray. At 12:22pm, E21 scratched his ear and touched his cheek. At 12:23pm, E21 grabbed R21's coffee mug by the rim and served him coffee. At 12:28pm, E21 handled R36 and R1's dirty trays. At 12:30pm, E21 served R22 coffee. At 12:37pm, E21 took R8's dirty tray and served coffee to R23. E21's left thumb came into contact with the inside of R23's cup. At 12:39pm, E21 served R25 his lunch tray.</p> <p>On 11/18/14 at 5:05pm, E31 (CNA) leaned against a wall with his hands behind his back. E31 touched his hair and nose. E31 ran to retrieve the dinner cart and wheeled it down the hallway. E31 did not perform hand hygiene prior to serving trays. E31 passed dinner trays from 5:07pm-5:10pm to R1, R8, R14, R22, R23, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34,</p>	F 441			

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F 441	<p>Continued From page 118</p> <p>R36, R37, R47 and R48. At 5:12pm, E7 (PRSC-Psychosocial Rehabilitation Services Coordinator) entered the dining room from her office. E7 did not perform hand hygiene prior to grabbing R26 and R32's glasses by the rim and filling it with water. At 5:15pm, E31 handled R31's dirty tray. E31 did not perform hand hygiene before opening R22's milk carton and touching the spout. E31 then handled R8's dirty tray and opened R26's carton of milk.</p> <p>On 11/19/14 at 2:30pm, E21(CNA) stated, "I should leave the dirty trays, wash hands or hand gel before giving clean trays. It's hard to run back and forth to wash hands. There's not enough places to wash hands. Maybe I could hand gel in between taking dirty trays and giving clean trays."</p> <p>On 11/24/14 at 10:55am, E3 (ADON-Assistant Director of Nursing) stated, "The CNA's should not multitask while passing trays. Inservice on hand sanitization was done."</p> <p>On 11/18/14 at 2:30pm, E5 (CNA), E21 (CNA), E22 (CNA) and E30 (CNA Support) were unloading the clean linen from a large grey bin and placing in a linen closet. E21 and E30 were standing closest to the closet. All four employees were simultaneously removing linens from the large bin. As E5 and E22 waited for E21 and E30 to take linens from them, they continued to remove clean linens and drape them over their arms. Then clean linens were coming in contact with their uniforms. E5 and E22 were folding large blankets in half and draping them over the side of the grey bin. The outside of the grey bin was visibly dirty.</p> <p>An undated facility policy titled, "Linen" documents: 7) Linens-soiled or clean are not to touch staff's clothing. They are to be held away from the body.</p>	F 441			

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F 441	Continued From page 119 On 11/17/14 at 9:30 am, three dirty linen carts were noted between two large linen carts carrying clean linens and towels. The carts containing clean linens and towels were in contact with the carts containing soiled linens and other items to be laundered. E2 (DON-Director of Nursing) indicated that the clean linen carts should be separated from the dirty linen carts. E2 immediately separated the clean linen carts from the dirty linen carts. E2 also informed E21 (CNA) to send the linens that were in the clean linen carts to the laundry. An undated facility policy titled, "Linen" documents: 10) The clean linen carts must not be placed in the area where contact between clean and soiled linens is possible. On 11/17/14, at 9:30 AM, three (3) dirty linen carts were noted between two (2) large linen carts carrying clean linens and towels. The carts containing clean linens and towels were in contact with the carts containing soiled linens and other items to be laundered. E2 DON (Director of	F 441			

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F 441	Continued From page 120 Nursing) indicated that the clean linen carts should be separated from the dirty linen carts. E2 proceeded to separate the clean linen carts from the dirty linen carts. E2 also informed E21 C.N.A. (Certified Nursing Assistant) to send the linens that were in the clean linen carts to the laundry. The facility ' s undated policy titled Linen Policy documents in part: " Procedure #10. The clean linen carts must not be placed in the area where contact between clean and soiled linens is possible. "	F 441			
F 458 SS=E	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide the required minimum space per resident for 12 out of 19 resident rooms (104, 105, 106, 108, 110, 111, 114, 115, 116, 118, 119 ,and 120) Findings Include: During the environmental tour on 11/19/14 that started at 2:00 PM, 12 rooms in the 100 corridor were noted to have two to three residents' beds in a linear position that measured 56-74 square feet of living space per resident. On 12/4/14 at 3:28 PM, E1 (Administrator) stated in part that there are 16 rooms on there 100 corridor that have 3 resident beds in a linear	F 458			

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F 458	Continued From page 121 position that measure 56 to 74 square feet of living space per resident. None of the multi-resident rooms on the 200 corridor have 80 square feet of living space per resident. The private rooms on the 200 corridor don't have 100 square feet of living space either. E1 is aware of the rooms not meeting the square footage requirements in the resident rooms.	F 458			
F 465 SS=F	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the environment in a functional and sanitary manner and safely secure hazardous material (charcoal). These failures have the potential to affect 3 residents (R3, R8, R10) in the sample of 18 and 12 residents (R24, R27, R32, R33, R36, R39, R46, R47, R48, R49, R50, and R51) in the supplemental sample. Findings Include: On 11/19/14 at 2:00 PM, E28 (Maintenance Supervisor) stated in part, that the facility has no outstanding repairs, that he knows of. The environmental tour was conducted on 11/19/14 at 2:00 PM, with E28. During the tour the following areas were noted to be in need of repair: 1. In room 122 - there were gray stains on 8 floor tiles between R48 's and R46 's beds. 2. In room 120 - the baseboard at the foot of	F 465			

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F 465	Continued From page 122 R49 ' s bed was pushed in, there were gray stains on 4 floor tiles at the foot of R10 ' s bed, and the ceiling vent above R10 ' s bed contained an accumulation of dust. 3. In rooms 118, 109, 107, 206, and 215 - the ceiling vents above R50 ' s, R27 ' s, R3 ' s, R51 ' s, R8 ' s, and R24 ' s beds contained an accumulation of dust: 4. In the women ' s shower room in the 100 corridor - there was a brown discoloration on one of two shower rods. In the unlocked storage closet next to room 200, there was one opened 20 pound bag of charcoal, ½ full and one unopened 20 pound bag of charcoal. The unsecured hazardous material has the potential to affect all 7 moderately impaired residents: R8, R32, R33, R36, R39, R46, and R47. On 11/19/14 at 2:36 PM, E28 stated in part that the housekeeping department is responsible for cleaning ceiling vents in the residents ' rooms. On 11/19/14 at 5:05 PM, E29 (Housekeeper) stated in part that the housekeepers are responsible for cleaning the ceiling vents in the residents ' rooms. The housekeepers clean the ceiling vents every 2 - 3 months and when the housekeepers see that the vents are dusty.	F 465			
F 514 SS=E	483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient	F 514			

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F 514	<p>Continued From page 123</p> <p>information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to consistently document behavior monitoring, activity and psychosocial group participation for four residents (R7,R15,R10,R2) in the sample of 18 residents, reviewed for resident records.</p> <p>Findings include:</p> <p>The facility ' s Behavior Monitoring Records from February, 2014 to November, 2014 were reviewed. The records were blank and not coded (no resident behavior was documented) for the months of: March, 2014, April, 2014, May, 2014, July, 2014 and November, 2014.</p> <p>On 11/19/14, at 1:36 PM, E3 ADON (Assistant Director of Nursing) validated this information. E3 stated that the behavior monitoring tool is used to track if a resident ' s behavior is increasing or decreasing. The monitoring tool is used to determine significant changes of behavior.</p> <p>On 11/19/14, at 3:35 PM, E16 PRSD (Psychiatric Rehabilitation Services Director) stated that the Behavior Tracking is very important when assigning residents to groups and when creating a care plan.</p> <p>R7 ' s Psychotropic Care Plan initiated on 9/18/14 documents intervention in part: " Monitor/record</p>	F 514			

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F 514	<p>Continued From page 124</p> <p>occurrence of target behavior symptoms. Update/code behavioral tracking sheets as indicated.</p> <p>On 11/17/14, at 3:07 PM, E12 Activity Director stated R7 was receiving one-to-one activities. There was no documentation presented pertaining to the one-to-one activities being completed.</p> <p>The facility ' s undated policy titled Psychotropic Medications policy documents in part: Guideline no. 11: Document behavioral monitoring which includes symptoms requiring the use of psychotropic medication, if the symptoms are permanent or transient, other reason as potential causes of the behavior and monitoring of the side effects to the psychotropic medication .</p> <p>The facility ' s undated policy titled Behavior Monitoring Record Policy documents in part: Behavior Monitoring Record is used for antidepressant, antipsychotic, psycho-stimulant, sedative-hypnotic, mood stabilizing and anticonvulsant medications, anti-anxiety medications to record target behaviors, appropriate diagnosis, interventions, outcomes and side effects.</p> <p>The facility ' s undated policy, titled Activities documents in part: The facility shall maintain current records of resident participation in the activity program.</p> <p>Findings Include: R15 is a 58 year old male admitted to the facility with diagnoses that include: Bipolar Affective Disorder, Hepatitis C, spinal stenosis, history of alcohol abuse, and history of prostate cancer On 11/20/14 at 12:19 PM, E7 (Psychosocial Rehabilitation Services Coordinator) stated in part that R15 was dropped from the psychosocial</p>	F 514			

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F 514	<p>Continued From page 125</p> <p>groups in the community because he didn ' t ' t attend the groups when he started his radiation treatments (5X/week). R15 has not been attending his scheduled psychosocial groups at the facility. E7 has spoken to R15 about going to the scheduled facility psychosocial groups. On 11/24/14 at 11:21 AM, E7 also stated in part that she has encouraged R15 to attend his scheduled psychosocial groups. E7 has had 1:1 visits with R15 and discussed attending the psychosocial groups but did not review the topics discussed in the groups that R15 missed, during the 1:1 visits. The informal 1:1 visits are to encourage residents to attend the scheduled psychosocial groups and are not documented. On 11/24/14 at 11:21 AM, E16 (Psychosocial Rehabilitation Services Director) stated in part that R15 has not attended his psychosocial groups for several months. R15 didn ' t feel good most of the time. R15 was encouraged to attend his scheduled psychosocial groups via 1:1 visits. The topics discussed in the psychosocial groups, that R15 missed, were not discussed with R15 during the 1:1 visits. The facility has no documentation regarding R15 ' s 1:1 visits. Review of R15 ' s medical record indicated no documentation of R15 ' s 1:1 visits with E7 or E16.</p> <p>Findings include: On 11/18/14, at 9:40 am, record review of R10's medical chart did not contain any 1:1 documentation for R10. On 11/18/14, at 9:51 am, E16 (Psycho-social Rehab Services Director) stated the following: "(R10) is supposed to go to Stress Reduction, Anger & Impulse, Interpersonal</p>	F 514			

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F 514	<p>Continued From page 126</p> <p>2, Self-Esteem, and Relapse Prevention groups. He is very resistant to groups and has poor impulse control. He does not attend groups." R10's physician order sheet denotes in part the following diagnoses: Bipolar Disorder and Depression. Record review of R10's medical chart indicates lack of interventions to encourage R10 to try alternative strategies in place of psychosocial groups. E16 stated, "I don't have 1:1's documented anywhere for (R10). I do see (R10) in my office and I talk to him occasionally." Facility's policy titled One to One Intervention Protocol: Structured Professional Counseling Format denotes in part "The purpose is to provide a personalized forum for residents with specific psychosocial needs who are not appropriate for group intervention due to medical, behavioral, and/or extreme psychosocial withdrawal, mood state-related problems. Recommended scheduled therapeutic sessions are 1-3x/week."</p> <p>On 11/9/14 at 10:30 am, E1 (Administrator) stated, The PRSC's (Psycho-social Rehab Services Counselor) and PRSD should be documenting their 1:1's in a timely manner. The residents are required to go to groups, but they are not required to go to activities. If they refuse groups, the PRSC's and PRSD should be doing 1:1's. " At 10:52 am, E2 (Director of Nursing) stated, "The PRSC and PRSD should be encouraging the residents to get out of bed and go to groups. They are required to do 1:1 documentation which is kept in the chart if the residents refuse. "</p> <p>Physician Order Sheet (POS) denotes R2 ' s diagnoses to include but not limited to Paranoid</p>	F 514			

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F 514	<p>Continued From page 127</p> <p>Schizoaffective Chronic Type, History Alcohol Abuse, Hepatitis B and Prostate Cancer.</p> <p>R2 ' s Mental Health Progress Note for the months of September and October 2014 denotes that R2 has six formal programs listed: Smoking Cessation, Stress reduction, Interpersonal Skills II, Self Esteem, Men ' s health and Anger and Impulse Management</p> <p>On 11/17/14 at 12:55pm R2 stated in part that he has formal programming three times a week, " no Monday groups. " On 11/18/14 at 9:30 am was in bed with knit hat on. Surveyor asked R2 about groups today and he stated " don ' t know. " On 11/18/14 at 10:30 am R2 was in attendance for his stress reduction program.</p> <p>On 12/2/14 at 11:50 am E16 (Psychosocial Rehabilitative Services Director) PSRD stated in part that each program generally meets four times a month. Monthly Mental Health Progress note for program compliance indicates " poor compliance. " Attendance and Participation denote that R2 did not attend any formal programs at any time in the month of September and October.</p> <p>On 12/3/14 at 11:50 am E16 (Psychological Rehabilitation Services Director) stated in part that if residents refuse to attend their formal rehabilitative programming, they receive basic encouragement through a one to one where each resident is encouraged get up, possibly out of bed, be active and socialize, attend leisure activities which are listed on the monthly and daily calendar.</p> <p>On 12/3/14 at 11:50 am E16 indicated that the content of the formal programming is not reviewed in the one to one, only encouragement to be engaged and active in some beneficial or meaningful activity.</p> <p>R2 ' s Social services care plan initiated 11/13/14</p>	F 514			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E572	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2014
NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I		STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076		
(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 514	Continued From page 128 to 2/12/15 states that R2 would benefit from in house psychological social rehabilitative groups. Care plan interventions do not denote how R2 will receive those beneficial services if he does not attend formal programming and one to ones don ' t cover any of the formal program content.	F 514		